

**2022**

**GENDER-BASED VIOLENCE SURVIVOR SERVICES**

**Mobile Flexible Advocacy, Shelter/Housing, Therapeutic Services, Civil Legal Aid, Specialized Services for Marginalized Populations**

**REQUEST FOR PROPOSALS (RFP)**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2022 Gender-Based Violence Survivor Services RFP. The RFP Guidelines is a separate document that provides background on HSD’s guiding principles and results-based accountability framework, and an overview of the RFQ program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)[[1]](#footnote-2) provides additional information on: Agency eligibility; data collection and reporting; contracting; appeals; expectations for culturally responsive services; and the process for selecting successful applications.

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| 1. **Submission Instructions & Deadline** |

**Completed application packets are due by 12:00 PM (Pacific Time) on Monday, August 8, 2022.**

Proposals must be submitted through the HSD Online Submission System or via email. No hand delivered, faxed, or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx)>HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an  
issue with your internet connectivity. HSD is not responsible for ensuring that applications are received  
by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher  
at [sola.plumacher@seattle.gov](mailto:sola.plumacher@seattle.gov).

2. **Via Email** (HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov)  
Email attachments are limited to 30 MB. The subject heading must be titled**: 2022 Gender-Based Violence Services RFP**. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

Choose either the online or email submission method – not both. If for any reason a proposal is submitted twice, the last submission received will be the one accepted for review by the rating panel.

Applicants should ensure that applications are received by HSD by the deadline, regardless of the submission method selected. When using HSD’s Online Submission System, it is advisable to upload application documents **several hours prior to the deadline** in case you encounter an issue with your internet connectivity which impacts your ability to upload documents. HSD is not responsible for ensuring that applications are received by the deadline.

**Proposals must be received, and date/time stamped by the 12:00 PM (Pacific Time) deadline on Monday, August 8, 2022.** ***Late or incomplete proposals or proposals that do not meet the minimum eligibility requirements outlined in this funding opportunity will not be accepted or reviewed for funding consideration.***

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| 1. **Format Instructions** |

1. Applications will be rated only on the information requested and outlined in this funding opportunity, including any clarifying information requested by HSD. Do not include a cover letter, brochures, or letters of support. Applications that do not follow the required format may be deemed ineligible and may **not** be rated.
2. The application should be typed, double-sided on letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and an 11-point font.
3. **The application Core Narrative may not exceed a total of ten (10) pages.** **Each Strategy Specific Narrative may not exceed four (4) pages per strategy.** Pages which exceed the page limitation will not be included in the rating. Attachments required by HSD do not count toward the total page limit.
4. Organize your application according to the section headings that follow in Section III. For the narrative questions, please include section titles, and question numbers. You do not need to rewrite the questions for specific elements of each question but be clear to differentiate between each program strategy that is being applied for each question being asked.

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| 1. **Proposal Narrative & Rating Criteria** |

The application consists of core narrative questions and strategy specific narrative questions that each organization must complete. Applicants may apply for one, two, three, four, or all five strategies.

Organizations must also complete the strategy specific narrative questions for each strategy they wish to receive funding to implement. **Applicants applying for more than one program within the same strategy, must also complete a separate service strategy narrative for each (e.g., multiple shelter or housing programs).**

**Core Narrative Questions**

Write a core narrative response to sections A – C. Answer each section completely. Do not exceed a total of ten (10) pages for sections A – D combined. Each organization should answer these core narrative questions once.

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| **Core Narrative Questions** |
| 1. **agency description *(10 POINTS)***    1. Provide a high-level overview of your organization’s mission and its vision. Describe your organization’s historical success providing Gender-Based Violence supportive Services or comparable services. (2.5 points)    2. As listed in Section IV of the funding guidelines, define the priority population(s), and focus population(s) you are intending to serve. (5 points) 2. Describe the type(s) of gender-based violence (domestic violence, sexual assault and/or commercial sexual exploitation) and experiences of the specific population(s) you intend to serve. Identify the programs’ strengths, assets, challenges, and concerns. 3. If the population to be served is not listed as a focus population for this RFP, describe the significant need this population has that you intend to address, and how they are disparately impacted. 4. Describe how you will reach your priority and focus population(s), and how will you address any barriers that might prevent them from accessing your services (barriers could include language, transportation, geographic region, or any other defining attributes).    1. How has your organization met the unique service needs of clients, including this RFP’s priority populations, during the COVID-19 pandemic? Please describe any programming adaptations that affected both programming and staffing. (2.5 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The agency has history and/or experience in providing work addressing gender-based violence, especially important to have this be reflected in the agency’s mission and vision. * The population description shows a strong understanding of the population(s) the applicant will serve, and an understanding of their unique characteristics, experiences, strengths, needs, and concerns. * Populations to be served are from the priority and/or focus populations listed in the Guidelines. If the applicant intends to serve populations not listed as priority or focus for this RFP, they have provided specific details and qualitative or quantitative data clearly describing a significant need and disparate impact. * Applicant provides realistic, logical, and specific examples of how they will implement a collaborative, seamless, survivor centered GBV survivor service delivery system. |
| 1. **organizational Cultural RESPONSIVENESS *(20 points)***    1. Describe your organization’s experience providing culturally and linguistically relevant services to the populations you propose serving. (5 points)    2. Describe how the needs of the priority and focus populations are unique.    3. Describe how your organization’s experience meeting those needs. Using specific examples, describe how you will meet those needs.    4. If your organization’s experience with this priority and/or focus population is limited, what steps will you take to provide culturally and linguistically competent services?    5. What challenges and successes have you experienced, or do you anticipate, in providing culturally relevant and inclusive services to people from a wide array of cultural and economic backgrounds?    6. Describe how your organization’s staff, volunteers and board members represent the cultural, linguistic, and socioeconomic background of the survivors in the priority and focus populations who will be receiving services from your organization. (5 points)    7. Describe your agency’s policies for providing Gender –Based Survivor services that empower low-income Black, Indigenous and People of Color (BIPOC) as well as those who have also historically have also experienced oppression such as Individuals living with disability, LGBTQIA+, and Immigrants/Refugees. (5 points) 2. Describe how your organization makes sure the cultures and languages of the survivors you serve are present in the design and delivery of your services. Provide specific examples. 3. Describe your program’s strategy for ensuring cultural and linguistic competence is infused through your policies, procedures, and practices. What kinds of training does your agency offer to employees (and other partners if relevant).    1. What equity-based community outcomes does your agency hope to achieve through services- based programming? Describe how your agency will monitor and evaluate these goals to be accountable to its stakeholders. (5 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant has a demonstrated the ability to provide culturally and linguistically responsive services to diverse priority and focus populations or has a logical plan in place to begin offering culturally and linguistically relevant services. * Applicant understands why there is a need for priority and focus populations in this RFP. * Applicant’s staff, volunteers and Board of Directors reflect the cultural and linguistic characteristics of the priority and focus populations. * Applicant demonstrates the use of client input and provides specific examples of how this information informs their program design and delivery of services. * Applicant demonstrates the ability to provide culturally competent services within diverse communities and shows an understanding of the challenges. * Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate competency, respect, and appreciation for the cultural and linguistic characteristics of the priority population(s) and focus population(s). * Applicant demonstrates a commitment to ongoing training, development, and quality assurance within the organization to promote and support culturally humble and inclusive service delivery. |
| 1. **AGENCY STAFFING, data, and financial management *(20 POINTS)***    1. Describe your organization’s interest in building capacity to collect, report, and use data for continuous improvement of services. If your organization has already engaged in this type of work, please give examples. If your organization has not used data for continuous improvement previously, please give examples of ways that you would like to use data to inform programming in the future. (5 points)    2. Collecting, storing, analyzing, and reporting client and program data every month will be a requirement for all organizations. (5 points) 2. Describe your organization’s experience with data management – collecting, storing, and analyzing client information and program activities to evaluate and improve service delivery. 3. What is your technical capacity for tracking client information and producing reports, while ensuring that Personal data (also known as personal information or personally identifiable information (PII) is private and maintains client confidentiality requirements? 4. Describe your organization’s experience with data management of confidential information. Who will be responsible for collecting data, entering it into the database, and submitting the data every month to HSD?    1. Describe your organization’s financial management system. How does your organization establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded through this RFP? (5 points) 5. If you are working with a Fiscal Sponsor, please include a signed Memorandum of Agreement. It will not be counted toward the maximum page limit. Please note that the Fiscal Sponsor will need to provide information for this question. 6. HSD reimburses organizations a month after services have been delivered. Describe how your agency has the capability to meet program expenses in advance of reimbursement. 7. If your agency has previously received funding from HSD MODVSA, please describe in depth the last four years previous funding. If your agency has underspent more than 10% of its funding, please provide a detailed explanation. 8. If applicable, describe your organization’s capacity to ensure flexible client assistance will be delivered quickly and administered, monitored, and tracked appropriately.    1. Describe your plan for staff recruitment, training, supervision, and retention for the proposed program. Complete the Proposed Personnel Detail Budget (Attachment 4) per strategy. Budget worksheets will not count toward the 6-page strategy specific narrative limit. (5 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates an understanding of and capacity for confidential data management and reporting. * The applicant has demonstrated fiscal capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded through this RFP or has identified a fiscal agent who can do so. * The program(s) description demonstrates the applicant’s experience in delivering the service for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service and how this service will be integrated with other GBV services if currently provided. * Applicant demonstrates successful experience adapting to changes in funds and community needs. * Applicant’s leadership is likely to provide strong ongoing support for the service(s) proposed. * Applicant describes processes for maintaining quality staff that matches the levels needed to run the program (s) as described. * Applicant demonstrates an understanding of and capacity for data management and reporting, as well as the importance of maintaining the privacy and confidentiality of clients served. Agency expresses the importance of data’s relationship to program evaluation and service delivery. |
| 1. **PartnErships and collaboration *(10 POINTS)*** 2. Describe how the proposed program collaborates with other agencies/programs to deliver a survivor-driven, culturally relevant network of GBV services. (5 points)    * + 1. Please identify any areas that will strengthen partnerships and move toward a coordinated regional response to GBV.        2. What are the benefits of this effort for survivors?        3. If your strategy (i.e., Civil Legal Services, Shelter/Housing, Therapeutic) does not address all forms of GBV or supportive survivor services to ensure that services provided are survivor-centered, describe how you will refer clients to other GBV programs and agencies in a proactive, seamless, survivor-centered manner.        4. Describe how you will refer clients to other GBV programs and agencies in a proactive, seamless, survivor-centered manner. Provide specific examples. 3. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. (5 points)    1. Provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit.    2. How will the budget and decision-making tasks be equitable for both your organization and the partnering organization?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes effective partnerships and collaborations that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program participants. * Applicant has submitted signed letters of intent from partners. * Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. |
| **Total = 60 points** |

**Mobile Advocacy with Flexible Client Assistance, Shelter and Housing, Therapeutic Services, Civil Legal Aid, and Specialized Services for Marginalized Population Strategy STRATEGY-SPECIFIC NARRATIVE QUESTIONS**

If your organization is requesting funding for more than one strategy available, fill-in a separate service strategy profile for each strategy and/or program. Answer each section completely. Do not exceed a total of four (4) pages for sections E – F combined for each strategy and/or program.

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| **service strategy Profile** |
| **Check all that apply:**    **Strategy: Select which strategy you are applying for:**  Mobile Flexible Advocacy  Shelter/Housing  Therapeutic Services  Civil Legal Aid  Specialized Services for Marginalized Populations  **City of Seattle Funding Support: Select the status of current funding for this program**  New Program/Services; Not currently funded by HSD  Existing Program/Services; Currently funded by HSD  Other Sources of Funding/Match if Applicable per strategy:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Location: Select the area where your services will be delivered:**  North Seattle  South Seattle  Central Seattle  West Seattle Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please also identify your program location’s** [**Council District**](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Gender-based Violence Type: Select which form(s) of gender-based violence you intend to address:**  Domestic Violence  Sexual Assault  Commercial Sexual Exploitation  **Population: Select the focus and priority population(s) you intend to serve through this strategy:**  American Indian/Alaska Native/Indigenous Communities  Asian/Asian American  Black/African American Hispanic/Latino/Latin X  Native Hawaiian or Other Pacific Islander LGBTQIA+  Immigrant  Refugee  People living with a disability  **Numbers Served: How many survivors do you plan to serve annually?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **strategy Narrative Questions** |
| 1. **Program Design Description *(25 POINTS)***    1. Describe your organization’s success providing the service strategy you are requesting funding to implement. (5 points) 2. Include your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support. 3. If your agency has no experience delivering the strategy, describe any related experience and a plan for rapid development of service capacity. 4. If you will be offering new services, attach a startup timeline. This timeline will not count towards the 6-page narrative limit.    1. Describe your program model and outline the proposed activities in your GBV Survivor Services - Mobile Advocacy with Flexible Client Assistance, Shelter/Housing, Therapeutic Services, Civil Legal Aid, and Specialized Services for Marginalized Populations service strategy described in the Guidelines Section IV. (5 points)    2. Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.    3. Include the anticipated number of clients to be served annually.    4. Describe how these proposed activities will help your program achieve the required outcomes.    5. Indicate which, if any, of the proposed activities are new for your organization.    6. Provide a list of and a brief job description for all key personnel who will have a significant role in program coordination and service delivery. Job Descriptions will not count towards the 6-page service strategy narrative. (5 points)    7. Describe the focus population(s) and priority population(s) to be served through this strategy. (5 points) 5. Describe how your program (s) will recruit the focus population(s) and priority populations listed in Sections IV and VI of the funding Guidelines and any other priority population(s) or focus population(s). What specific policies and procedures will your program implement to increase access. 6. Describe your understanding of the unique characteristics and experiences of these populations such as strengths, needs, concerns, geographic region, age, ethnicity, language, and other defining attributes. 7. Describe how you will incorporate feedback from the focus and priority populations to inform your ongoing program design and service delivery for this strategy.    1. Describe how your program model and service components will contribute to enhance partnerships that will move towards a more coordinated regional response to support survivors of GBV. (5 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of the program(s) that includes an understanding of the service components and evidence of likely success in meeting outcomes. * Applicant demonstrates an ability to build upon existing service delivery systems and has a clear access plan for focus priority and focus populations. * Applicant demonstrates an ability to comply with program requirements. * Applicant clearly defines the priority population(s) and focus population(s). * The program description shows a strong connection with the priority population(s) and focus population(s) and an understanding of their strengths, needs, and concerns. * Applicant demonstrates an understanding of the unique characteristics and experiences of the priority population(s) and focus population(s). * Applicant demonstrates a plan to incorporate input from program participants and those with lived experience. * The program has enough qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity in a short time. * The program has shown adaptability to meet service needs and accommodate staff during the COVID-19 pandemic, maintaining the safety and well –being of their community. |
| 1. **Budget and Leveraging *(15 POINTS)*** 2. Complete the Proposed Program Budget (Attachment 3). The costs reflected in this budget should be for each strategy, not your total agency budget or combined strategies. Budget worksheets will not count toward the 6-page limit. (5 points) 3. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program. (5 points) 4. Identify the minimum amount of funding necessary to implement and deliver the strategy described. (5 points)   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Costs are reasonable and appropriate given the nature of the service, the priority population(s) and focus population(s), the proposed level of service, and the proposed outcomes. * The proposed program is realistic and cost effective given the type, quantity, and quality of services. * The applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence that these funds are sustainable. * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded under the terms of this funding opportunity. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. * The applicant has shown the ability to meet the needs of GBV survivors through responsible expenditure of funds. |
| **Total = 40 points** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

To be considered Complete, your application packet must include all of the following items, or the application may be deemed incomplete and may not be rated:

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).
5. Roster of your agency’s current Board of Directors.
6. Minutes from your agency’s last three Board of Directors meetings.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
10. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of intent or collaboration from that agency’s Director or other authorized representative.

**AFTER MINIMUM ELIGIBILITY SCREENING AND DETERMINATION OF A COMPLETED APPLICATION**

If HSD does not already have them on file, any or all of the following documents may be requested after applications have been determined eligible for review and rating. Agencies have four (4) business days from the date of written request to provide requested documents to the R coordinator:

1. A copy of the agency’s current fiscal year’s financial statements reports, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. A copy of the agency’s most recent audit report.
3. A copy of the agency’s most recent fiscal year-ending Form 990 report.
4. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency’s insurance must conform to MASA requirements at the start of the contract.

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| 1. **List of Attachments & Related Materials** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2022 Gender-Based Violence Survivor Services RFP: Mobile Flexible Advocacy, Shelter/Housing, Therapeutic Services, Civil Legal Aid, Specialized Services for Marginalized Populations**

**APPLICANT CHECK LIST**

This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

**Read and understood the following additional documents found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

**Completed and signed the 2-page Application Cover Sheet (Attachment 2)?\***

* If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.

**Completed each section of the Narrative response?**

* Must not exceed 30 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins.
* Page count does not include the required forms (Attachments 2, 3 and 4) and supporting documents requested in this funding opportunity.
* A completed narrative response addresses all of the following:
* **agency description (10 POINTS)**
* **organizational Cultural RESPONSIVENESS (20 points)**
* **AGENCY STAFFING, data, and financial management (20 POINTS)**
* **PartnErships and Collaboration *(10 POINTS)***
* **Program Design Description *(25 POINTS)***
* **Budget and Leveraging *(15 POINTS)***

**Completed the full Proposed Program Budget (Attachment 3)?\***

**Completed the full Proposed Personnel Detail Budget (Attachment 4)?\***

**Attached the following supporting documents?\***

Roster of your current Board of Directors

Minutes from your agency’s last three Board of Directors meetings

Current verification of nonprofit status or evidence of incorporation or status as a legal entity

If your agency has an approved indirect rate, have you attached a copy of proof that the rate is approved by an appropriate federal agency or another entity?

**If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning January 1, 2023?\***

**If you are proposing a significant collaboration with another agency, have you attached a signed letter of intent from that agency’s Director or other authorized representative?\***

**\****These documents do not count against the page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 PM (Pacific Time) on Monday, August 8, 2022.** Application packets received after this deadline will not be considered. See Section I for submission instructions.

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**City of Seattle**

**Human Services Department**

2022 Gender-Based Survivor Services RFP:

Mobile Flexible Advocacy, Shelter/Housing, Therapeutic Services, Civil Legal Aid, Specialized Services for Marginalized Populations

**APPLICANT COVER SHEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Organization Type | | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | | Public Agency | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | | |  | | | | | | | | | | |
| 1. Proposed Program Name: | | | | | | |  | | | | | | | | | | |
| 1. Program Type: (Check all that apply) | | | | | | | Mobile Flexible Advocacy  Shelter/Housing  Therapeutic Services  Civil Legal Aid  Specialized Services for Marginalized Communities | | | | | | | | | | |
| 1. Priority Population(s) program will serve: | | | | | | |  | | | | | | | | | | |
| 1. Focus Population(s) program will serve: | | | | | | |  | | | | | | | | | | |
| 1. Funding Amount Requested: | | | | | | |  | | | | | | | | | | |
| 1. # Of clients to be served: | | | | | | |  | | | | | | | | | | |
| 1. In which City Council District is your program located?   [Council district search page](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember) | | | | | | |  | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
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| **Authorized physical signature of applicant/lead organization** | | | | | | | | | | | | | | | | | |
| *To the best of my knowledge and belief, all information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all contractual obligations if the applicant is awarded funding.* | | | | | | | | | | | | | | | | | |
| Name and Title of Authorized Representative: | | | | | | | | | |  | | | | | | | |
| Signature of Authorized Representative: | | | | | | | | |  | | | | | | | Date: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2022 Gender-Based Violence Survivor Services RFP**

**Proposed Program Budget**

**January 1, 2023-December 31, 2023**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  |  |
| 1300 Fringe Benefits |  |  |  |  |  |
| 1400 Other Employee Benefits2 |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL SERVICES** |  |  |  |  |  |
| **2000 - SUPPLIES** 2100 Office Supplies |  |  |  |  |  |
| 2200 Operating Supplies3 |  |  |  |  |  |
| 2300 Repairs & Maintenance Supplies |  |  |  |  |  |
| **SUBTOTAL – SUPPLIES** |  |  |  |  |  |
| **3000 - 4000 OTHER SERVICES & CHARGES** 3100 Expert & Consultant Services |  |  |  |  |  |
| 3140 Contractual Employment |  |  |  |  |  |
| 3150 Data Processing |  |  |  |  |  |
| 3190 Other Professional Services4 |  |  |  |  |  |
| 3210 Telephone |  |  |  |  |  |
| 3220 Postage |  |  |  |  |  |
| 3300 Automobile Expense |  |  |  |  |  |
| 3310 Convention & Travel |  |  |  |  |  |
| 3400 Advertising |  |  |  |  |  |
| 3500 Printing & Duplicating |  |  |  |  |  |
| 3600 Insurance |  |  |  |  |  |
| 3700 Public Utility Services |  |  |  |  |  |
| 3800 Repairs & Maintenance |  |  |  |  |  |
| 3900 Rentals – Buildings |  |  |  |  |  |
| Rentals - Equipment |  |  |  |  |  |
| 4210 Education Expense |  |  |  |  |  |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  |  |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  |  |
| **SUBTOTAL - OTHER SERVICES & CHARGES** |  |  |  |  |  |
| **TOTAL EXPENDITURES** |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Other Employee Benefits - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 3 Operating Supplies - Itemize below (Do Not Include Office Supplies): | |  | 4 Other Professional Services - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
| 5 Other Miscellaneous Expenses - Itemize below: | |  | 6 Administrative Costs/Indirect Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

6 Administrative Costs/Indirect Costs: Human Services Department policy places a fifteen percent (15%) cap on reimbursement for agency indirect costs, based on the total contract budget. Restrictions related to federal approved rates and grant sources still apply.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Does the agency have a federally approved rate? | |  | Yes |  | No |
| If yes, provide the rate. |  | | | | |

**2022 Gender-Based Violence Survivor Services RFP**

**Proposed Personnel Detail Budget**

**January 1, 2023-December 31, 2023**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)

|  |  |
| --- | --- |
| **Applicant Agency Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# Of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
| **Subtotal – Salaries & Wages** | | | | | | |  |  |  |  |  |
| **Personnel Benefits:** | | | | | | | | | | | |
| **FICA** | | | | | | |  |  |  |  |  |
| **Pensions/Retirement** | | | | | | |  |  |  |  |  |
| **Industrial Insurance** | | | | | | |  |  |  |  |  |
| **Health/Dental** | | | | | | |  |  |  |  |  |
| **Unemployment Compensation** | | | | | | |  |  |  |  |  |
| **Other Employee Benefits** | | | | | | |  |  |  |  |  |
| **Subtotal – Personnel Benefits:** | | | | | | |  |  |  |  |  |
| **Total Personnel Costs (Salaries & Benefits):** | | | | | | |  |  |  |  |  |

1. Seattle Human Services. HSD Funding Opportunities. <https://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities> [↑](#footnote-ref-2)