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**2023 Food Systems**

**Request for Qualifications (RFQ)**

**Application**

**Due: April 11, 2023**

**12:00 noon P.T.**

APPLICATION

## HOW TO COMPLETE THE APPLICATION 1

ATTACHMENT 1 – APPLICATION CHECKLIST 9

ATTACHMENT 2 – APPLICATION COVER PAGE 10

ATTACHMENT 3 – PROPOSED PROGRAM BUDGET 12 - 19

ATTACHMENT 4 – PROPOSED PERSONNEL DETAIL BUDGET 14 - 20

**Funding Process Coordinator:**

Tan Mei Teo

[tan-mei.teo@seattle.gov](mailto:tan-mei.teo@seattle.gov)

206-386-1142

**Application**

## HOW TO COMPLETE THE APPLICATION

Answer all questions in the core narrative section. Answer questions in the respective service area for which you are seeking funding. The Funding Process Coordinator may request additional information in order to clarify your answers to the questions. Applications will be rated only on the information requested in this RFQ and shall include any clarifying information requested by HSD. Do not include any materials not requested with your application, or any private personal identifiable information that would constitute special handling or breach of confidentiality. Applications that do not follow the required format may lose points. *Late proposals will not be accepted or reviewed for funding consideration.*

Required format for written application:

* typed and formatted to letter-size (8 ½ x 11-inch) document
* use one-inch margins, single spacing, and minimum size11-pointfont

## Completed Application Requirements

The proposal **must** be complete and include:

|  |  |
| --- | --- |
| Application Cover Sheet | Attachment 2 |
| Proposed Program Budget | Attachment 3 |
| Proposed Personnel Detail Budget | Attachment 4 |
| Core Narrative Response |  |
| Service Areas (select all that apply): |  |
| * Nutritious Food Sourcing   (formerly Bulk Buy) | * customer service request tracking tool example * program policies and procedures |
| * Transportation of Procured Food |  |
| * Network Administrative Support |  |
| Significant Partnership/Subcontracting with another agency (if applicable) | * signed letter(s) of commitment from that agency’s Director or other authorized representative |

## Scoring

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SECTION** | | **PROPOSAL NARRATIVE** | **SCORE** | **TOTAL** |
| *All applicants to complete.* | Core Narrative  (3-page limit) | 1. Agency and History | 7 | **50** |
| 1. Racial Equity | 15 |
| 1. Data and Evaluation | 12 |
| 1. Fiscal Management | 10 |
| 1. Budget | 6 |
| *Complete based on the service area you are seeking for funding.* | Nutritious Food Sourcing (formerly Bulk Buy)  (5-page limit) | 1. Services To Be Funded | 28 | **50** |
| 1. Customer Service | 22 |
| Transportation of Procured Food  (3-page limit) | 1. Services To Be Funded | 28 | **50** |
| 1. Customer Service | 22 |
| Network Administrative Support  (2-page limit) | 1. Services To Be Funded | 20 | **30** |
| 1. Customer Service | 10 |

1. **Proposal Narrative & Rating Criteria**

|  |  |
| --- | --- |
| **CORE NARRATIVE (ALL APPLICANTS TO COMPLETE)**  **3-PAGE LIMIT** - requested attachments do not count toward the page limit. | |
| 1. **AGENCY AND HISTORY (7 POINTS)** | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. What is your agency’s background and its different programs?   What makes your agency well-suited to provide these services? (7 points) | * Applicant provides ample information on its background and the various programs it offers. Applicant provides a strong case of suitability and experience. (7 points) |
| 1. **RACIAL EQUITY (15 points)** | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. What are your agency’s existing policies and practices on racial equity and inclusion? (5 points) 2. How will you ensure your agency meets specific cultural needs of Seattle Food Committee and/or Meals Partnership Coalition clients and communities? Describe the cultural, language, diversity and lived experience of your board, leadership and staff which make you well-suited to provide this service. Indicate how they bring diverse perspectives and ideas that reflect the populations being served. (10 points) | * Agency’s policies and practices center on equity and inclusion. (5 points) * Applicant clearly describes how racial equity is incorporated into their agency work and provides specific examples of existing policies and practices. Board of directors, executive leadership and staff reflect the cultural, language, and lived experience of the populations to be served and they bring diversity towards the populations served. (10 points) |
| 1. **DATA AND EVALUATION (12 points)** |  |
| 1. What data do you collect and when and how do you collect it? (3 points) 2. Give an example of how you have used data to improve services. (3 points) 3. How are you currently evaluating the quality of your services? How will you meet the performance commitments listed in *Table 1. Expected Performance Commitments on pg. 4 of the* *Guidelines?* (6 points) | * Applicant has experience collecting data and identifies the specific data sets and its frequency. (3 points) * Applicant also provides an example of how they have successfully used data to improve services. (3 points) * Applicant clearly describes how they evaluate the quality of their services. Applicant describes which performance commitments they will meet and how. (6 points) |
| 1. **FISCAL MANAGEMENT (10 points)** | **RATING CRITERIA - A strong application meets all the criteria below.** |
| * 1. Describe your agency’s financial health, including other fund sources contributing to the program. Are you financially able to incur expenses needed to provide services and then submit invoices for reimbursement? Do you have contingency plans if fund sources were lost? (6 points)   2. How do you manage finances and does your agency make sure General Accepted Accounting Principles are in place to safeguard any HSD funding award? (4 points) | * Applicant adequately describes its financial health, revenue and other fund sources. Applicant can incur expenses and submit invoices for reimbursement and has contingency plans in place in case of lost funding. (6 points) * Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles to safeguard all funds that may be awarded under the terms of this funding opportunity. (4 points) |
| 1. **BUDGET (6 points)** | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. Complete separate Proposed Program and Personnel Budget (Attachments 3 and 4) for each service area to be funded, including other funding sources you receive for the program. Do not provide your total agency’s budget or in-kind sources of funding. Costs should reflect the level of services and the outcomes proposed. Budget attachments do not count toward the page limit. (6 points) | * Costs are reasonable and accurate based on the proposed level of services and outcomes. If applicant is applying for multiple service areas, separate budgets are completed. (6 points) |
| **TOTAL CORE NARRATIVE = 50 points** | |

|  |  |
| --- | --- |
| **NUTRITIOUS FOOD SOURCING (FORMERLY BULK BUY)**  **5-PAGE LIMIT** - requested attachments do not count toward the page limit. | |
| 1. **SERVICES TO BE FUNDED (28** **POINTS)** | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. This awarded contract mandates partnership with Seattle Food Committee (SFC) and/or Meals Partnership Coalition (MPC) Nutritious Food Sourcing (formerly bulk buy) committees. Which network(s) will you be working with? How will your agency effectively work with the Nutritious Food Sourcing committee(s)? List the food banks and/or meal programs you propose serving. What is the history of your working relationship with these agencies and committees? (5 points) 2. Describe your nutritious food sourcing program. How will you account for unique needs of SFC and MPC partner agencies? *\*Provide an attachment of your program policies and procedures detailing food sourcing, allocations, declined food, etc.* (6 points) 3. Does your agency have an annual purchasing calendar? Do you support any partner agencies in making informed decisions on orders? If so, how? (4 points) 4. What is your capacity in terms of logistical planning, facilities, infrastructure, software, and other tracking systems to ensure the timely receipt, allocation and distribution of desired products? How do you ensure food safety? Are there opportunities for convenient pick up? (5 points) 5. How have labor shortages, supply chain issues, high food prices and other issues the result of COVID impacted your program? What adaptations have you made? (3 points) 6. What is your hiring/retention plan to ensure the program will be adequately staffed? How do you maintain institutional knowledge during staff turnover? Describe the staff who will be providing the services. What experience or applicable licensing/certifications do they have? (5 points) | * Applicant states the network(s) and their committees, the food banks and/or meal programs they will be working with and describes how they will work with them effectively. (5 points) * Applicant presents a description of their program and accounts for unique program and coalition needs. Applicant provides an example of their program policies and procedures detailing food sourcing, allocations and declined food, etc. (6 points) * Applicant has annual purchasing calendar and supports partners in making informed decisions with orders. (4 points) * Applicant describes its capacity to provide adequate logistical planning, facilities, infrastructure, software and tracking systems to be successful. Applicant describes how food safety is ensured. Applicant provides opportunities for convenient pick up. (5 points) * Applicant has experience dealing with the impacts of emerging issues. (3 points) * Applicant describes adequate staffing and a hiring and retention staffing plan that ensures their program will run smoothly. Applicant has a mechanism to maintain institutional knowledge. Applicant includes a list of staff who will provide the services. Staff has the applicable licensing or certifications requirements. (5 points) |
| 1. **CUSTOMER SERVICE (22 points)** | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. What is your remedy and communication plan to partners if an item is not available, delivery is delayed, or other logistical issues prevent items from being distributed? What is your process when your agency has planned or unplanned closures and how do you inform agencies and adjust operations to adhere to the agreed distribution of product? (7 points) 2. Describe how you will track customer service requests, resolution status and outcomes. Who is the point person and what processes will be in place to ensure that issues are resolved in a timely manner to maintain satisfaction and quality of your service? How quickly and accurately will issues be resolved? \**Provide an attachment of your customer service request tracking tool.* (10 points) 3. When choosing food vendors, how does your agency, in collaboration with your partners, include values-based principles such as equity, community health, local economy, environmental sustainability, and fair labor? Please share specific examples. (5 points) 4. If your proposed services need a significant partner (defined as critical and without which your program would not be able to provide the services successfully), \**provide signed letters of commitment from that individual or agency describing the specific work or resource(s) they will provide.* If your agency is also listed as a partner in another agency’s application, the services provided, and budget requested should be clearly defined and not duplicative. | * Applicant details how they work with and keep network partners informed when there are logistical issues or food unavailability. Applicant describes its process in the event of closures and how it adjusts operations and informs agencies. (7 points) * Applicant describes how they track customer service requests and has established processes for timely resolution of issues to ensure service quality. Applicant provides an example of the customer service tracking tool. (10 points) * Applicant describes how they and their partners include values-based principles when determining food vendors and includes specific examples. (5 points) * Applicant has submitted signed letters of commitment from partners providing significant resources. If applicant is listed as a partner in another agency’s application, then the services and budget described in each application are not duplicative. |
| **TOTAL = 50 points** | |

|  |  |  |
| --- | --- | --- |
| **TRANSPORTATION OF PROCURED FOOD**  **3-PAGE LIMIT** - requested attachments do not count toward the page limit. | | |
| 1. **SERVICES TO BE FUNDED (28** **POINTS)** | **RATING CRITERIA - A strong application meets all the criteria below.** | |
| 1. Describe in detail your transportation program. Which network(s), Seattle Food Committee and/or Meals Partnership Coalition, will you be working with? List the food banks and/or meal programs you will be transporting food to and how are they selected for transportation. (7 points) 2. How often will food be delivered? Include the geographic areas, or [Seattle neighborhoods](https://www.seattle.gov/neighborhoods/neighborhoods-and-districts), of your reach. (5 points) 3. What is your capacity in terms of logistical planning, vehicles, infrastructure, etc.? (5 points) 4. How have labor shortages, high gas prices and/or other issues the result of COVID impacted your program? What adaptations have you made? (5 points) 5. What is your hiring/retention plan to ensure the program will be adequately staffed? Describe the staff who will be providing the services. What experience or applicable licensing/certifications do they have? (6 points) | * Applicant presents a thorough description of their program, the network they will be working with. Applicant describes the selection process and lists the food banks and/or meal programs they will be transporting food to. (7 points) * Applicant describes the frequencies, locations and/or neighborhoods where food will be delivered. (5 points) * Applicant describes its capacity to provide adequate logistical planning, vehicles, infrastructure to be successful. (5 points) * Applicant has experience dealing with the impacts of emerging issues and increased gas prices. (5 points) * Applicant describes adequate staffing and a hiring and retention staffing plan that ensures their program will run smoothly. Applicant includes a list of staff who will provide the services. Staff has the applicable licensing or certifications requirements. (6 points) | |
| 1. **CUSTOMER SERVICE (22 points)** | **RATING CRITERIA - A strong application meets all the criteria below.** | |
| 1. How will you make timely deliveries while ensuring food safety? What is the process if transportation is delayed, or food delivered to network partners is spoiled or damaged during transit? (8 points) 2. How will you address challenges while working with all your partners? How do you ensure that the services you provide are satisfactory? Who is the point person and what processes will be in place to ensure that issues are resolved in a timely manner to maintain satisfaction and quality of your service? (14 points) 3. If your proposed services need a significant partner (defined as critical and without which your program would not be able to provide the services successfully), \**provide* *signed letters of commitment from that individual or agency describing the specific work or resource(s) they will provide*. If your agency is also listed as a partner in another agency’s application, the services provided, and budget requested should be clearly defined and not duplicative. | * Applicant describes how network partners will receive services in a timely manner that ensures the safety and quality of food. Applicant has a process for dealing with delayed transportation and spoiled food. (8 points) * Applicant is prepared for the challenges they may encounter while providing services. Applicant has established processes for timely resolution of issues to ensure service quality. (14 points) * Applicant has submitted signed letters of commitment from partners providing significant resources. If applicant is listed as a partner in another agency’s application, then the services and budget described in each application are not duplicative. | |
| **TOTAL = 50 points** | | |
| **NETWORK ADMINISTRATIVE SUPPORT**  **2-PAGE LIMIT** - requested attachments do not count toward the page limit. | | |
| 1. **SERVICES TO BE FUNDED (20** **POINTS)** | | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. Which network(s), Seattle Food Committee (SFC) and/or Meals Partnership Coalition (MPC), will you be supporting? Describe in detail your program and working relationship. How will they benefit from working with you? (7 points) 2. How will you build relationships with network partners and foster communication and cooperation among network partners to accomplish the work of SFC and/or MPC? If supporting both SFC and MPC networks, how will you manage competing priorities between the two networks? (7 points) 3. What is your hiring/retention plan to ensure the program will be adequately staffed? Describe the staff who will be providing the administrative support, logistical planning and hosting organizing trainings/workshops. What experience or applicable licensing/ certifications do they have? (6 points) | | * Applicant presents a thorough description of their program and the network(s) they will be working with. Applicant describes how network partners will benefit from its services and their working relationship. (7 points) * Applicant describes approaches to successful relationships and fostering good communication and cooperation to accomplish the work and how work is prioritized. (7 points) * Applicant describes adequate staffing and a hiring and retention staffing plan that ensures their program will run smoothly. Applicant includes a list of staff who will provide the services. Staff has the applicable licensing or certifications requirements. (6 points) |
| 1. **CUSTOMER SERVICE (10 points)** | | **RATING CRITERIA - A strong application meets all the criteria below.** |
| 1. How do you ensure that the services you provide are satisfactory to your network partners? Who is the point person and what processes are in place to ensure that issues are resolved in a timely manner to ensure the quality of your service? (10 points) 2. If your proposed services need a significant partner (defined as critical and without which your program would not be able to provide the services successfully), \**provide signed letters of commitment from that individual or agency describing the specific work or resource(s) they will provide.* If your agency is also listed as a partner in another agency’s application, the services provided, and budget requested should be clearly defined and not duplicative. | | * Applicant has established processes for timely resolution of issues to ensure service quality (10 points) * Applicant has submitted signed letters of commitment from partners providing significant resources. If applicant is listed as a partner in another agency’s application, then the services and budget described in each application are not duplicative. |
| **TOTAL = 30 points** | | |

### Application Submittal

Completed applications are due by **Tuesday, April 11, 2023, 12:00 noon** Pacific Time**.** Application packets received after this deadline will not be considered. Proposals must be submitted through the HSD Online Submission System or via email. No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt. 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.

* + 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 [HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov).

* + 1. **Via Email** ([HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov))

Email attachments are limited to 30 MB. The subject heading must be titled: **2023 Food Systems RFQ**. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

1. **Other Documentation**

If funding is awarded, HSD will request copies of the following documents if they are not already on file. Agencies will have four (4) business days from the date of written request to provide the requested documents to HSD:

1. Current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
2. Most recent audit report.
3. Most recent fiscal year-ending Form 990 report.
4. Current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to [Master Agency Service Agreement](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD_Master_Agency_Services_Agreement_Sample.pdf) requirements at the start of the contract).
5. 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.
6. Proof of federally approved indirect rate, if applicable.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records): Washington

State Law (reference RCW Chapter 42.56, the Public Records Act) states **that all materials received or**

**created by the City of Seattle are considered public records.** These records include but are not limited to:

RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or

electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee

members and all rating committee members must sign and adhere to the [Confidentiality and Conflict of](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd)

[Interest Statement](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd). **Personally identifiable information entered on these materials are subject to the**

**Washington Public Records Act and maybe subject to disclosure to a third-party requestor.**

**2023 Food Systems Request for Qualifications**

**Application Checklist**

**Deadline: Tuesday, April 11, 2023, 12:00 noon (PT)**

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 Application Cover Sheet (Attachment 2)?\*

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

Completed the core narrative and relevant service area questions?

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

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

**IF YOU ARE PROPOSING:**

|  |  |
| --- | --- |
| **Service Areas** | **Required** |
| Nutritious Food Sourcing  (formerly Bulk Buy) | \*customer service request tracking tool example  \*program policies and procedures |
| Transportation of Procured Food |  |
| Network Administrative Support |  |
| Significant Partnership/Subcontracting with another agency (if applicable) | \*signed letter(s) of commitment from that agency’s Director or other authorized representative |

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

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**2023 Food Systems Request for Qualifications**

**Application Cover Sheet**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | |  | | | |
| 1. Network Affiliation: | | | Seattle Food Committee (SFC) | | | Meals Partnership Coalition (MPC) |
| Not a SFC/MPC Member/Affiliate | | | |
| 1. Agency Executive Director: | | |  | | | Email: |
| 1. Agency Primary Contact for this RFP (all correspondences, questions and related documents): | | | | | | |
|  | Name: |  | | | Title: | |
|  | Address: |  | | | | |
|  | Email: |  | | | Phone Number: | |
| 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. Provide a high-level summary (100 words or less) of your proposal: | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Service Areas and Requested Funding | | **Complete all that apply** | **For SFC** | | **Requested HSD Funding** | | **For MPC** | **Requested HSD Funding** |
| Nutritious Food Sourcing (formerly Bulk Buy) |  | | $ | |  | $ |
| Transportation of Procured Food |  | | $ | |  | $ |
| Network Administrative Support |  | | $ | |  | $ |
| **Total Funding Amount Requested** | | | **$** | |  | **$** |
| 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: \_     \_\_  *Add additional sections if more than two partner agencies are applying.* | | | | | | | |
|  |
| **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: | |  |
|  | | | | | | | | |

**2023 Food Systems Request for Qualifications**

**Nutritious Food Sourcing Proposed Program Budget**

**January 1, 2024 - December 31, 2024**

*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 Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding (SFC)** | **Requested HSD Funding (MPC)** | **Other1** | **Other1** | **Total Project** |
| **STAFFING** Salaries (Full- & Part-Time) |  |  |  |  | $ |
| Fringe Benefits |  |  |  |  | $ |
| **SUBTOTAL – STAFFING** | **$** | **$** | **$** | **$** | **$** |
| **SUPPLIES, OTHER SERVICES & CHARGES** Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) |  |  |  |  | $ |
| Operating Expenses2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) |  |  |  |  | $ |
| Rent |  |  |  |  |  |
| Travel (includes mileage, parking) |  |  |  |  | $ |
| Insurance |  |  |  |  | $ |
| Utilities (includes electricity, internet, telephone) |  |  |  |  | $ |
| \*Other Miscellaneous Expenses3 |  |  |  |  | $ |
| Indirect Facilities and Administration (F & A) Costs 4 |  |  |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the "Other" column(s) above: | |  | 2 Operating Expenses - Itemize below (do not include Office Supplies): | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3Other Miscellaneous Expenses - Itemize below: | |  | 4 Indirect Facilities and Administration (F & A) Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

4 Indirect Facilities and Administration (F&A) Costs - Those costs referred to as overhead, overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those Indirect F&A expenses include:

* + General Administration
  + Departmental Administration
  + Operation and Maintenance
  + Building and Equipment Depreciation
* Non-Capitalized Interest

Non-Capitalized Interest

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

**2023 Food Systems Request for Qualifications**

**Nutritious Food Sourcing Proposed Personnel Detail Budget**

**January 1, 2024 - December 31, 2024**

*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 per week | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding (SFC)** | **Requested HSD Funding (MPC)** | **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):** | | | |  |  |  |  |  |

**2023 Food Systems Request for Qualifications**

**Transportation of Procured Food Proposed Program Budget**

**January 1, 2024 - December 31, 2024**

*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 Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding (SFC)** | **Requested HSD Funding (MPC)** | **Other1** | **Other1** | **Total Project** |
| **STAFFING** Salaries (Full- & Part-Time) |  |  |  |  | $ |
| Fringe Benefits |  |  |  |  | $ |
| **SUBTOTAL – STAFFING** | **$** | **$** | **$** | **$** | **$** |
| **SUPPLIES, OTHER SERVICES & CHARGES** Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) |  |  |  |  | $ |
| Operating Expenses2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) |  |  |  |  | $ |
| Rent |  |  |  |  |  |
| Travel (includes mileage, parking) |  |  |  |  | $ |
| Insurance |  |  |  |  | $ |
| Utilities (includes electricity, internet, telephone) |  |  |  |  | $ |
| \*Other Miscellaneous Expenses3 |  |  |  |  | $ |
| Indirect Facilities and Administration (F & A) Costs 4 |  |  |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Operating Expenses - Itemize below (Do Not Include Office Supplies): | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3Other Miscellaneous Expenses - Itemize below: | |  | 4 Indirect Facilities and Administration (F & A) Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

4 Indirect Facilities and Administration (F&A) Costs - Those costs referred to as overhead, overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those Indirect F&A expenses include:

* + General Administration
  + Departmental Administration
  + Operation and Maintenance
  + Building and Equipment Depreciation

Non-Capitalized Interest

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

**2023 Food Systems Request for Qualifications**

**Transportation of Procured Food Proposed Personnel Detail Budget**

**January 1, 2024 - December 31, 2024**

*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 per week | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding (SFC)** | **Requested HSD Funding (MPC)** | **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):** | | | |  |  |  |  |  |

**2023 Food Systems Request for Qualifications**

**Network Administrative Support Proposed Program Budget**

**January 1, 2024 - December 31, 2024**

*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 Name:** |  |
| **Proposed Program Name:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding**  **(SFC)** | **Requested HSD Funding (MPC)** | **Other1** | **Other1** | **Total Project** |
| **STAFFING** Salaries (Full- & Part-Time) |  |  |  |  | $ |
| Fringe Benefits |  |  |  |  | $ |
| **SUBTOTAL – STAFFING** | **$** | **$** | **$** | **$** | **$** |
| **SUPPLIES, OTHER SERVICES & CHARGES** Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) |  |  |  |  | $ |
| Operating Expenses2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) |  |  |  |  | $ |
| Rent |  |  |  |  |  |
| Travel (includes mileage, parking) |  |  |  |  | $ |
| Insurance |  |  |  |  | $ |
| Utilities (includes electricity, internet, telephone) |  |  |  |  | $ |
| \*Other Miscellaneous Expenses3 |  |  |  |  | $ |
| Indirect Facilities and Administration (F & A) Costs 4 |  |  |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | |  | 2 Operating Expenses - Itemize below (Do Not Include Office Supplies): | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| 3Other Miscellaneous Expenses - Itemize below: | |  | 4 Indirect Facilities and Administration (F & A) Costs - Itemize below: | | |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
|  | $ |  |  | | $ |
| **Total** | **$** |  | **Total** | | **$** |

4 Indirect Facilities and Administration (F&A) Costs - Those costs referred to as overhead, overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an organization and are not readily identified with or directly charged to a program, making it difficult to precisely assess each user’s share. Those Indirect F&A expenses include:

* + General Administration
  + Departmental Administration
  + Operation and Maintenance
  + Building and Equipment Depreciation

Non-Capitalized Interest

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

**2023 Food Systems Request for Qualifications**

**Network Administrative Support Proposed Personnel Detail Budget**

**January 1, 2024 - December 31, 2024**

*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 per week | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding (SFC)** | **Requested HSD Funding (MPC)** | **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):** | | | |  |  |  |  |  |