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**2025 Community Safety**

**Request for Proposals**

**September 23, 2025**

# 2025 COMMUNITY SAFETY RFP APPLICATION

**HOW TO COMPLETE THE APPLICATION**

Applications will be rated only on the information requested or referenced in this RFP and may include any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application. Submit applications via HSD Online Submissions System at <http://web6.seattle.gov/hsd/rfi/index.aspx> **OR** Email to [HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov). Applications that do not follow the required format may lose points.

**Complete application packets are due by Wednesday, November 12, 2025 at 12:00pm.**

Required format for written application (i.e. Narrative Response):

* Typed and formatted to letter-size (8 ½ x 11-inch) document.
* One-inch margins, single spacing, and size 11-point font.
* Be no longer than 17 pages (requested attachments will not count towards the page limit).

When submitting documents, name them as follows:

|  |  |
| --- | --- |
| **Document Type** | **Document Name** |
| Narrative Response | Narrative |
| Attachment 2: Application Cover Sheet | Cover Sheet |
| Attachment 3: Proposal Budget | Proposal Budget\* |
| Attachment 4: Proposal Personnel Detail Budget | Personnel Detail Budget\* |
| Fiscal and Contract Standing | Current Fiscal Year’s Financial Statements\*\* |
| Fiscal and Contract Standing | Audit Report\*\* (Most Recent) |
| Fiscal and Contract Standing | Form 990 Report (Most Recent Fiscal Year) |
| Memorandum of Agreement from subcontracted organization | Memorandum of Agreement\*\* |
| Letter of agreement from fiscal sponsor | Letter of Agreement\*\* |
| Letter of collaboration from partner | Letter of Collaboration\*\* |
| Start-up timeline | Start-up timeline\*\* |

\*Submit the Proposal Budget and Personnel Detail Budget in Excel.

\*\*Submit only if applicable.

The [2025 Community Safety RFP Guidelines](https://www.seattle.gov/human-services/for-providers/funding-opportunities/2025-community-safety-rfp) is a separate document that provides background and overview of the RFP program requirements. [HSD’s Funding Opportunities webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) provides additional information on proprietary and confidential information, organization eligibility, Results-Based Accountability framework, data collection and reporting, contracting, appeals, expectations for culturally responsive services, Theory of Change, and the process for selecting successful applications.

**Proposal Narrative & Rating Criteria**

All applicants must complete Core Narrative Questions, Sections A through D, not to exceed more than 5 pages. If applying for Strategy-Specific Section E, responses must not exceed more than 2 pages per sub-strategy (1a., 1b., and/or 1c.), for a minimum of 2 pages and a maximum of 6 pages. If applying for Strategy-Specific Sections F and G, responses must not exceed more than 3 pages per strategy. Narrative proposals will be evaluated against the Rating Criteria rubric listed next to each section of questions. Highly rated narrative proposals will describe how the applicant will meet **all** rating criteria.

**APPLICATION QUESTIONS**

**CORE NARRATIVE QUESTIONS (5 page maximum)**

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| * + - 1. **ORGANIZATION DESCRIPTION** |  | **RATING CRITERIA** | **POINTS: 15** |
| 1. Describe your organization’s mission. How does your history and experience uniquely position you to serve the priority and focus populations? **(5 points)**      1. Describe the root causes (social and structural conditions) that influence community violence in Seattle, in particular, gun violence. Does your organization address root causes? If so, how?  **(5 points)**      1. How do you ensure the communities most impacted by gun violence have a role in developing services? Will they contribute suggestions? How does your organization adapt to strengths, needs, and concerns? **(5 points)** | | 1. Applicant clearly articulates how its mission is aligned with community-led efforts to address gun violence in Seattle. Applicant describes how their experience in community will uniquely serve the focus and priority populations (as listed in Section B of the Funding Guidelines). **(5 points)** 2. Applicant presents a clear understanding of how root causes influence violence and gun violence in Seattle. Applicant describes how their work addresses root causes.  **(5 points)** 3. Applicant describes meaningful involvement by communities most impacted by gun violence in the development and adaptation of services.  **(5 points)** | |

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| * + - 1. **EXPERIENCE** |  | **RATING CRITERIA** | **POINTS: 10** |
| 1. Describe how direct service staff, volunteers, leadership staff, and board of directors represent the cultural, linguistic, and background of program participants. **(5 points)** 2. Describe, using examples, your organization’s ability to provide services within BIPOC – Black, Indigenous, People of Color - communities, and to immigrants and refugees, low-income populations, and English language learners. If experience is limited, what steps will you take to provide culturally relevant services? **(5 points)** | | 1. Applicant describes how staff across all positions within the organization reflect the cultural and linguistic background of program participants. **(5 points)**      1. Applicant can adapt service provision to align with the complex and specific cultural needs within a community. **(5 points)** | |

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| * + - 1. **PARTNERSHIPS & COLLABORATION** |  | **RATING CRITERIA** | **POINTS: 15** |
| 1. Describe how you will work collaboratively with other organizations within the Safety Network in a proactive, seamless, participant-centered manner. **(5 points)**      1. Describe how your organization uses referrals to maximize support of clients. In your description, include: 2. Your organization’s role in the various stages of a referral process (making referrals or receiving referrals). **(5 points)** 3. How your organization defines a ‘completed referral’ and how you verify a participant is connected to a referred resource before identifying it ‘complete.’ Provide an example.   If your organization does not currently do so, please outline the measures your program will take to ensure a connected and viable resource is achieved for a participant during the referral process. **(5 points)**     1. Organizations applying with partner group(s) must identify a lead applicant. If your application includes formal partnerships, applicants will need to identify each partner and describe their roles and responsibilities. Please provide signed letters of intent or memorandums of agreement. These partnership letters will not count toward the page limit. **(No Points)** | | 1. Applicant describes effective ways to collaborate that enhance service quality and minimize duplication within the Safety Network. **(5 points)**      1. Applicant describes how their organization engages in wraparound referral support, including:    1. Clear roles for making and receiving referrals. **(5 points)**    2. A defined and validated referral process ensuring a participant is connected to a viable resource.   **(5 points)** | |

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| * + - 1. **FINANCIAL & DATA** |  | **RATING CRITERIA** | **POINTS: 30** |
| 1. Describe how these funds will be used. Identify other resources and fund sources that will be used to support the participants served by this program. **(5 points)**      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 under the terms of this funding opportunity? Entities without such capabilities may wish to have an established organization act as fiscal agent. **(5 points)**      1. Describe how your organization has the capacity to meet program expenses in advance of reimbursement. If not, please describe the steps your organization will take to ensure this can be accomplished. Entities without such capabilities may wish to have an established organization act as fiscal agent. **(5 points)** 2. Describe how your program will achieve the [expected performance measures](https://www.seattle.gov/documents/Departments/HumanServices/Funding/2025%20Community%20Safety%20RFP/2025-Community-Safety-RFP_Theory-of-Change-a_173392.pdf) while incorporating the strengths, needs, and concerns for the population(s) served. **(10 points)**      1. Describe your organization’s experience with data management, including collecting, storing, and maintaining private participant information. What software and tools does your organization use? How is data evaluated to improve service delivery? **(5 points)** | | 1. Applicant provides a clear overview of what this funding will cover, as well as the other funds and resources that will support participants.  **(5 points)**      1. Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles (GAAP) to safeguard all funds that may be awarded under the terms of this funding opportunity. **(5 points)**      1. Applicant can administer a cost reimbursable contract. If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor. **(5 points)**      1. Applicant can thoroughly describe how their service model provides a person-centered approach that incorporates strengths, needs, and concerns while meeting the performance measures. **(10 points)** 2. Organization has experience with data management, the ability to track data safely, and can evaluate data to improve service delivery.  **(5 points)** | |
| **TOTAL FOR SECTIONS A. – D.** | | **70** | |

**STRATEGY 1: INTERVENTION SERVICES QUESTIONS (2 pages per sub-strategy, 2-6 page maximum)**

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| * + - 1. **PROGRAM DESCRIPTION** | **RATING CRITERIA** | **POINTS: 40-120** |

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| **Provide a response to each specific intervention you are applying for** (e.g., 1a., 1b., 1c.). Please write “N/A” for the sub-strategies you are not applying for.   1. **Hospital-Based Intervention (1a.**): This program model will work in partnership with Harborview Medical Center (HMC). Provide examples of your organization integrating work activities with an entity that has already established operating practices. Include:    1. Key service activities in your program; defined service type (clinical, cultural, therapeutic, etc.); and if services are trauma-informed. **(10 points)**    2. Who you intend to serve (describe demographic, age-specific, and neighborhood-specific) and anticipated number of participants to be served annually. **(10 points)**    3. Who will deliver services, including brief job description for all key personnel who will have a significant role. **(5 points)**    4. How you will prioritize continuity of care between participants, existing service systems, and other community assets. **(5 points)**    5. Describe how your proposal accounts for ramp up time and/or budget for coordinated trainings, background check requirements, and protocol identified in partnership with HMC. **(5 points)**    6. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 17-page narrative limit. The costs reflected in this budget should be for the sub-strategy intervention type you are applying for. The costs reflected in this budget worksheet should not be for your total organization’s budget. **(5 points)** 2. **Intensive Individual Services (1b.):** Describe how your program model builds trust and ensures long-term stability. How will “high contact, intensive social services” differ from regular services? Include:    1. Key service activities in your program; defined service type (clinical, cultural, therapeutic, etc.); and if services are trauma-informed. **(10 points)**    2. Who you intend to serve (describe demographic, age-specific, and neighborhood-specific) and anticipated number of participants to be served annually. **(10 points)**    3. Who will deliver services, including brief job description for all key personnel who will have a significant role. **(5 points)**    4. How you will help participants move from conflict to recovery. **(5 points)**    5. Describe how your proposal accounts for ramp up time and/or budget for coordinated trainings, background check requirements, etc. **(5 points)**    6. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 17-page narrative limit. The costs reflected in this budget should be for the sub-strategy intervention type you are applying for. The costs reflected in this budget worksheet should not be for your total organization’s budget. **(5 points)** 3. **Place-Based Interventions (1c.):** This program model will disrupt the cycle of gun violence in specific neighborhoods. Describe how your intervention services will help move those involved from conflict to recovery. Include:    1. Key service activities in your program; defined service type (clinical, cultural, therapeutic, etc.); and if services are trauma-informed. **(10 points)**    2. Who you intend to serve (describe demographic, age-specific, and neighborhood-specific) and anticipated number of participants to be served annually. **(10 points)**    3. Who will deliver services, including brief job description for all key personnel who will have a significant role. **(5 points)**    4. How you will help participants move from conflict to recovery. **(5 points)**    5. Describe how your proposal accounts for ramp up time and/or budget for coordinated trainings, background check requirements, etc. **(5 points)**    6. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 17-page narrative limit. The costs reflected in this budget should be for the sub-strategy intervention type you are applying for. The costs reflected in this budget worksheet should not be for your total organization’s budget. **(5 points)** | **Apply the rating criteria to each specific intervention that is applied for** (e.g.; 1a., 1b., 1.c).  Applicant can identify the service type, the service delivery model, how they provide trauma-informed services, key populations served and anticipated number to be served, organizational roles, and how services connect into other service models. Costs are reasonable and appropriate given the proposed service, level of service, and expected outcomes. (**40 points)** |
| **TOTAL FOR SECTION E.** | **40-120** |

**STRATEGY 2: SCHOOL SAFETY SERVICES QUESTIONS (3 page maximum)**

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| * + - 1. **PROGRAM DESCRIPTION** |  | **RATING CRITERIA** | **POINTS: 30** |
| 1. Describe your School Safety program model, including:    1. Key service activities in your program (safe passages, conflict mediation, case management, family resource fund screening); defined service type (clinical, cultural, therapeutic, etc.); and if services are trauma-informed.  **(10 points)**    2. Who you intend to serve (describe demographic, age-specific, neighborhood-specific, and school(s)) and anticipated number of participants to be served annually. **(10 points)**    3. Who will deliver services including brief job descriptions for all key personnel who will have a significant role in program coordination and service delivery. **(5 points)**    4. If any of the proposed activities are new for your organization, please attach a start-up timeline that reflects a reasonable projection of time for staffing, training, and the service provision. Requested attachments will not count towards the page limit.  **(No Points)** 2. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 17-page narrative limit. The costs reflected in this budget should be for the services funded by this RFP and reasonably based on the proposed level of activities and outcomes for the proposed program. The costs reflected in this budget worksheet should not be for your total organization’s budget. **(5 points)** | | 1. Applicant presents a thorough description of the school safety program model and outlines key activities in alignment with the strategy. Applicant presents a clear description that includes defining the service modality type, who the program will serve, and anticipated number of participants. The program has enough qualified staff (or partners) to deliver the services as described or a plan to build capacity. **(25 points)** 2. Costs are reasonable and appropriate given the proposed service, level of service, and expected outcomes. **(5 points)** | |
| **TOTAL FOR SECTION F.** | | **30** | |

**STRATEGY 3: SUPPORTIVE SERVICES QUESTIONS (3 page maximum)**

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| * + - 1. **PROGRAM DESCRIPTION** | **RATING CRITERIA** | **POINTS: 30** |
| 1. Describe your Supportive Services program model, including:    1. Key service activities in your program; defined service type (clinical, cultural, therapeutic, etc.); and if services are trauma-informed. **(10 points)**    2. Who you intend to serve (describe demographic, age-specific, and neighborhood-specific) and anticipated number of participants to be served annually. **(10 points)**    3. Who will deliver services, including brief job description for all key personnel who will have a significant role. **(5 points)**    4. If any of the proposed activities are new for your organization, please attach a start-up timeline. Requested attachments will not count towards the page limit.  **(No Points)** 2. Complete the Proposed Program Budget (Attachment 3). Budget worksheets will not count toward the 17-page narrative limit. The costs reflected in this budget should be for the services funded by this RFP and reasonably based on the proposed level of activities and outcomes for the proposed program. The costs reflected in this budget worksheet should not be for your total organization’s budget. **(5 points)** | 1. Applicant presents a thorough description of the supportive services program model and outlines key activities in alignment with the strategy. Applicant presents a clear description that includes the service modality type, who the program will serve, and anticipated number of participants. The program has enough qualified staff (or partners) to deliver the services as described or a plan to build capacity. **(25 points)** 2. Costs are reasonable and appropriate given the proposed service, level of service, and expected outcomes. **(5 points)** | |

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| **TOTAL FOR SECTION G.** | **30** |

**FISCAL AND CONTRACT STANDING RATING**

The fiscal and contract standing rating is a separate component of the application. Information submitted as part of this section will be reviewed and rated by HSD staff on a 70-point scale and will inform overall funding recommendations as well as awardees’ contracting plans.

Scoring Scale:

* 50 – 70 points: If rating committee recommends funding and is approved by the HSD Director

for an award, proceed with standard contract.

* 20 – 49 points: If rating committee recommends funding and is approved by the HSD Director for an award, proceed with contract and include year one Comprehensive Agency Assessment, one additional site visit, and additional five hours of technical support from a Program Specialist.
* 0 – 19: If rating committee recommends funding and is approved by the HSD Director for an award, consider reduced funding and provide a one-time contract. Funding may be renewed and is contingent on organizational and programmatic performance. Additionally, one Comprehensive Agency Assessment, two additional site visits, and additional 10 hours of technical support from a Program Specialist will be required.

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| * + - 1. **FISCAL STANDING** |  | **RATING CRITERIA** | **POINTS: 60** |
| Organization or Fiscal Sponsor has submitted:   1. Current Balance Sheet signed by CFO, Finance Officer, or Board Treasurer. 2. Current Income Statement signed by CFO, Finance Officer, or Board Treasurer. 3. Current Cash Flow Statement signed by CFO, Finance Officer, or Board Treasurer. 4. Most recent audit report. If unavailable submit board approved financial statements for the most recently closed fiscal year. 5. Most recent fiscal year Form 990 filed or relevant tax findings. | | **Documentation Compliance (15 points))**  Balance Sheet provided and signed  5 – Provided, certified/signed, complete  2 – Provided, but missing certification or errors noted  0 – Not provided    Income Statement provided and signed  5 – Provided, certified/signed, complete  2 – Provided, but missing certification or errors noted  0 – Not provided    Cash Flow Statement provided and signed  5 – Provided, certified/signed, complete  2 – Provided, but missing certification or errors noted  0 – Not provided    **Financial Position (12 points)**  Current Ratio (Current Assets ÷ Current Liabilities)  3 – >1.5 (healthy liquidity)  2 – 1.0–1.5 (adequate liquidity)  0 – <1.0 (poor liquidity)  Months of Cash on Hand  3 – >3 months  2 – 1–3 months  0 – <1 month  Debt-to-Net Assets Ratio  3 – <0.5 (low leverage risk)  2 – 0.5–1.0 (moderate leverage risk)  0 – >1.0 (high leverage risk)  Net Assets Trend (3-year)  3 – Steady growth  2 – Fluctuating / flat  0 – Declining significantly    **Revenue and Expenditures (12 points)**  Revenue Diversity (no more than 50% from one source)  3 – Diversified (<50% from one source)  2 – Moderately concentrated (50–75%)  0 – Highly concentrated (≥75%)  Operating Margin (Net Income ÷ Revenue)  3 – Positive (>2%)  2 – Break-even (0–2%)  0 – Negative (deficit spending)  Timeliness of Financial Reporting (prior year audit/unaudited financial statements/990)  3 – On time  1 – 1–3 months late  0 – More than 3 months late  Expenditure Controls (budget-to-actual variance)  3 – Generally within 5% of budget  2 – Minor overruns (5–10%)  0 – Frequent overruns (>10%)    **Audit & Reporting Compliance (21 points)**  **Complete:**  **Option 1:** if an audit report was provided; or  **Option 2:** if financial statements of the most recently closed fiscal year were provided.  **Option 1:** Most Recent Audit Report  7 – Clean/unqualified opinion  5 – Qualified opinion or material weaknesses  3 – Disclaimer/adverse opinion  1 – Missing Report  0 – Multiple Missing Reports  **Option 1:** Audit Findings  7 – No findings  5 – Findings with Corrective Action Plan (CAP) in place  3 – Unresolved findings  1 – Multiple years of unresolved findings  0 – Fraud / Loss of Public Funds  **Option 2:** Financial Statements Accuracy  7 – Clean, complete and fully reliable  5 – Minor errors, discrepancies  3 – Contains several inaccuracies or gaps  1 – Material errors and inconsistencies  0 – Reports not provided  **Option 2:** Financial Statements Fiscal Health  7 – Sufficient revenue to cover expenses, positive net assets, and adequate liquidity  5 – Revenue shortfalls, reliance on reserves  3 – Most recent two to three years of deteriorating fiscal position, material deficits  1 – Recurring losses, depleted unrestricted funds and growing dependence on external financing.  0 – Reports not provided, or negative net assets, liabilities, and insufficient cash to meet short-term obligations  **Complete for All Applicants**  Form 990 Filed and Consistent with Financials  7 – On time and aligned  5 – Inconsistencies and/or errors  3 – Late submission  1 – Missing Report  0 – Multiple Missing Reports | |
| **TOTAL FOR SECTION H.** | | **60** | |

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| **I. CONTRACT STANDING** | **RATING** **CRITERIA** | **POINTS: 10** |

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| 1. Has the organization had any service contract terminated due to non-compliance by any funder in 2024 or 2025? If there was termination, please state the funder and cause. **(5 points)** 2. Has the organization been placed on a contract corrective action plan due to non-compliance by any funder in 2024 or 2025? If so, please state the funder and cause. **(5 points)** | 1. The organization has not had any service contract terminated for non-compliance with any funder in 2024 or 2025. **(5 points)** 2. The organization has not been placed on a contract corrective action plan due to non-compliance with any funder in 2024 or 2025.  **(5 points)** |
| **TOTAL FOR SECTION I.** | **10** |

COMPLETED APPLICATION REQUIREMENTS

**APPLICATION SUBMITTAL**

The proposal **must** include:

* A completed and signed Application Cover Sheet (Attachment 2).
* A completed Narrative Response that is a maximum of 17 pages, not counting the budget and timeline documents.
* A completed Proposal Budget (Attachment 3), in Excel.
* A completed Proposal Personnel Detail Budget (Attachment 4), in Excel.
* If you are proposing to provide any new (for your organization) services, attach a start-up timeline for each service.
* The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement, and Statement of Cash Flow, signed by the organization’s CFO, Finance Officer, or Board Treasurer.
* The most recent audit report. If unavailable, submit board approved financial statements for the most recently closed fiscal year.
* The most recent fiscal year ending Form 990 report or relevant tax filings.
* Signed partnership and/or collaboration letters of intent (LOI) or Memorandum of Understanding (MOU).
* Completed applications are due by **Wednesday, November 12, 2025 at 12:00 p.m.** Pacific Standard Time.
* 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.

*Subcontracting:*

* If you are proposing a subcontract with another organization, attach a signed letter of commitment from that organization’s Director or other authorized representative. The letter should clearly state subcontractor’s responsibilities and expectations, as well as in the narrative responses.

*Fiscal Sponsorship:*

* If you have a fiscal sponsor, attach a signed letter of agreement from that organization’s Director or other authorized representative.

You may apply through **one** of the following methods only. Please note HSD will consider your latest submission as the final submission if there are multiple attempts in applying. Once your proposal has been submitted, you will receive a written confirmation via email:

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).

**OR**

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: 2025 Community Safety 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.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records) Under 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 a Confidentiality and Conflict of Interest Statement. **Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

**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
* Attachment 5: School Safety: Family Resource Fund Information Sheet

**Attachment 1 - Application Checklist**

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 Fiscal Sponsor Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD General Terms and Conditions Sample

HSD Community Safety [Theory of Change](https://www.seattle.gov/documents/Departments/HumanServices/Funding/2025%20Community%20Safety%20RFP/2025-Community-Safety-RFP_Theory-of-Change.pdf)

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

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

If your application names a fiscal sponsor, authorized representatives from this organization must have read and understood the HSD Fiscal Sponsor Requirements document and must sign the application cover sheet.

**Completed each section of the Application Questions?**

* Must not exceed 17 pages (8 ½ x 11), single spaced, size 11 font, with 1-inch margins. Page count does not include the required forms and supporting documents requested in this funding opportunity.

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

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

**Read and provided all required Fiscal and Contract Standing documents? \***

The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement, and Statement of Cash Flow, signed by the organization’s CFO, Finance Officer, or Board Treasurer? \*

The most recent audit report? If unavailable, board-approved financial statements for the audit period are requested. \*

The most recent fiscal year ending Form 990 report or relevant tax filings? \*

**If you are proposing to provide any new services (for your organization), have you attached a start-up timeline for each service, beginning April 1, 2026. \***

**If you are proposing a subcontract with another organization, attach a signed Memorandum of Agreement (MOA) from that organization’s director or other authorized representative. \***

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

**\****These documents do not count against the 17-page limit.*

All applications are due to the City of Seattle Human Services Department by **Wednesday, November 12, 2025, by 12:00 p.m.** See page 10, “How to Complete the Application” for submission instructions.

**Attachment 2 - Application Cover Sheet**

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| 1. Applicant Organization: | | | | | |  | | | | | | |
| 1. Organization Executive Director: | | | | | | Name:  Email: | | | | | | |
| 1. Organization Primary Contact for this RFP: | | | | | | | | | | | | |
|  | Name: |  | | | | | | | Title: |  | | |
|  | Address: |  | | | | | | | | | | |
|  | Phone #: | |  | | | | | | Email: | |  | |
| 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. Focus Population(s) program will serve (age-specific, race-specific, and neighborhood-specific): | | | | | | |  | | | | | |
| 1. Funding Amount Requested: | | | | | | |  | | | | | |
| 1. Minimum funding amount necessary to deliver the strategy(ies) described in your application: | | | | | | |  | | | | | |
| 1. Proposed Services: | | | | | | | Intervention Services (see question 13)  School Safety (see question 13)  Supportive Services | | | | | |
| 1. Staffing Plan Proposed per Neighborhood:   Intervention Services  School Safety | | | | | | | FTE in Neighborhood 1: Central District        FTE in Neighborhood 2: North Seattle (Northgate/Aurora)        FTE in Neighborhood 3: South Seattle (Rainer Beach)        FTE in Neighborhood 4: West Seattle (High Point/Delridge) | | | | | |
| 1. City Council District(s): | | | | | | | 1. Number of people to be served annually: | | | | | |
| 1. Provide a brief (200 words or less) program description: | | | | | | | | | | | | |
| 1. Partner Organization(s) (if applicable):   Contact Name:       Title:  Address:  Email:       Phone Number:  Description of partner organizations’ proposed activities: | | | | | | | | | | | | |
| 1. Fiscal Sponsor (if applicable):   Contact Name:       Title:  Address:  Email:       Phone Number:  *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*  Signature of Fiscal Sponsor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **Authorized physical signature of applicant/lead organization**  *To the best of my knowledge and belief, all the 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 the contractual obligations if the applicant is awarded funding. If awarded funding, I will submit financial documents within 4 business days of request or may forfeit awarded funds.*  Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |

**Attachment 3 - Proposal Budget**

**April 1, 2026 – December 31, 2026**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](https://www.seattle.gov/human-services/for-providers/funding-opportunities/2025-community-safety-rfp)

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Program** |
| **PERSONNEL SERVICES** Salaries (Full- & Part-Time) | $ | $ | $ | $ | $ |
| Fringe Benefits | $ | $ | $ | $ | $ |
| **SUBTOTAL - PERSONNEL SERVICES** | **$** | **$** | **$** | **$** | **$** |
| **SUPPLIES, OTHER SERVICES & CHARGES** Office Supplies (includes printing, postage, and general supplies. Does not include computer or technology expenses) | $ | $ | $ | $ | $ |
| Operating Supplies2 (includes computers, other technology expenses (not internet) and other expenses related to providing services) | $ | $ | $ | $ | $ |
| Rent | $ | $ | $ | $ | $ |
| Contractual Employment/Other Professional Services3 | $ | $ | $ | $ | $ |
| Travel (includes mileage, parking) | $ | $ | $ | $ | $ |
| Insurance | $ | $ | $ | $ | $ |
| Utilities (includes electric, internet, phone) | $ | $ | $ | $ | $ |
| Other Miscellaneous Expenses4 | $ | $ | $ | $ | $ |
| Indirect Facilities and Administration (F &A) Costs5 | $ | $ | $ | $ | $ |
| **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** | | **$** | |  | **Total** | | | **$** |
|  | |  | |  |  |  |  | |
| 3 Contractual Employment/Other Professional Services | | | |  | 4 Other Miscellaneous Expenses- Itemize below: | | | |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
| **Total** | | **$** | |  | **Total** | | | **$** |
|  | |  | |  |  |  |  | |
| 5 Indirect Facilities and Administration (F&A) Costs- Itemize below: | | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
| **Total** | **$** | |

5 Indirect Facilities and Administration (F&A) Costs: Those costs referred to as 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 organization have a federally approved rate? | |  | Yes |  | No |
| If yes, provide the rate. |  | | | | |

**Attachment 4 - Proposal Personnel Detail Budget**

**April 1, 2026 – December 1, 2026**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](https://www.seattle.gov/human-services/for-providers/funding-opportunities/2025-community-safety-rfp)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Organization Name:** |  | | | | | | | |
| **Proposed Program Name:** |  | | | | | | | |
| **Organization’s Full-Time Equivalent (FTE) =** |  | **hours/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** | **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:** | | | | **$** | **$** | **$** | **$** | **$** |
| **Total Personnel Costs (Salaries & Benefits):** | | | | **$** | **$** | **$** | **$** | **$** |

**Attachment 5 – School Safety: Family Resource Fund Information Sheet**

**April 1, 2026 – December 1, 2026**

**Previous School Year - For Reference Only**

**2025 Family Resource Fund: Info Sheet**

1. PURPOSE

The City of Seattle’s [Executive Order 2024-01 Addressing Gun Violence in Schools and Protecting Youth](https://harrell.seattle.gov/wp-content/uploads/sites/23/2024/06/Executive-Order-2024-01-Addressing-Gun-Violence-in-Schools-and-Protecting-Youth.pdf) outlines the City of Seattle’s interdepartmental approach to increase safety at, and adjacent to, schools and to protect students from gun violence. The City Human Services Department is tasked with implementing a coordinated strategy with school personnel and other stakeholders for the 2024-2025 school year’s *Family Resource Fund*.

1. BACKGROUND

The *Family Resource Fund* includes a flexible pool of funds to support students and their families. These funds are designed to be low barrier and to address the root causes of violence in school. Feedback from the local Seattle community, alongside national research, recognizes access as a pillar to stability, safety, and success.

1. ELIGIBLE EXPENSES

Access to [basic needs like shelter, utilities, clothing, health, bus passes, and job readiness](https://www.hhs.gov/sites/default/files/firearm-violence-advisory.pdf) is foundational to safe and stable households.[[1]](#footnote-1) Access to resources that reach beyond basic fundamental needs, such as extracurricular fees, tutoring fees, life coaching, and community workshops, can help students enhance their academic performance, personal well-being, and promote healthy relationships. Access to these opportunities minimize exposure to adverse childhood experiences.

1. FUNDING: **$500,000**

**\*\***The *Family Resource Fund* is not a replacement for financial assets and financial income sources but can be a stabilizing and protective resource for families.

**\*\***Reasonable efforts should be made to exhaust other and most appropriate SPS funds or community resources before referring to the FRF. Collective stewardship of these dollars will ensure the FRF serves as many students as possible.

1. PARTNERS

City of Seattle Human Services Department, Seattle Public Schools (SPS), [InvestEd](https://invested.org/pages/invested-home) (FRF distribution administrator), Seattle School-Based Safety Teams

\*Individuals will be screened and referred by the school-based safety teams and case management services at SPS sites. SPS staff will authorize the purchase on behalf of students’ needs identified on the referral form, in accordance with the InvestED fund portal.

1. ELIGIBILITY

Investing in ALICE (Asset Limited, Income Constrained and Employed) households

1. The U.S. Surgeon General’s Advisory (2024). “Firearm Violence: A Public Health Crisis in America.” [↑](#footnote-ref-1)