

**2018**

**Community Living Connections**

**Request for Qualification**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2018 Community Living Connections RFQ. The RFQ 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) 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 p.m. (noon) on Thursday, November 8, 2018.**

Application packets must be received in person, by mail, or electronic submission. No faxed or e-mailed proposals will be accepted. Proposals must be received and date/time stamped by the 12:00 p.m. (noon) deadline on Thursday, November 8, 2018. *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.*

Applicants must make arrangements to ensure 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 applications are received by the deadline.

* Electronic Submittal: Application packets may be submitted electronically via HSD’s Online Submission System at <http://web6.seattle.gov/hsd/rfi/index.aspx>.
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

Request for Qualification Response – Community Living Connections

Attn: Angela Miyamoto

*Delivery Address Mailing Address*

700 5th Ave., 58th Floor P.O. Box 34215

Seattle, WA 98104-5017 Seattle, WA 98124-4215

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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 or word processed on double-sided, letter-sized (8 ½ x 11-inch) sheets. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. There are 2 sections for the application – Agency Qualification and Service Qualification. The first section, Agency Qualification, may not exceed a total of 8 pages. The second section, Service Qualification, may not exceed a total of one (1) page per service.
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.

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

**Section 1: Agency Qualification**

Write a narrative response to sections A-D. Answer each section completely according to the questions. Do not exceed a total of 8 pages for section A-D combined. Sections A-D is worth a total of 100 points. To be qualified, an agency must be rated a minimum average of 75 points by the rating committee.

**Section 2: Service Qualification**

The second section is comprised of narrative questions for service(s) you intend to perform. Each service is worth up to 10 points and responses may not exceed one (1) page per service. Include a start-up timeline for any new service you intend to provide. The timeline will not count toward your 1-page maximum per service. To be qualified, you must be rated a minimum average of 7.5 points by the rating committee. Each service will be evaluated separately.

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| **Section 1: Agency qualificiation** |
| 1. **Capacity and Experience (35 points)**    1. Give a brief description of your organization, its mission, and values. Further describe your organization’s success providing services to older adults, adults with disabilities, their caregivers, or services to marginalized communities. Describe the populations you intend to serve (race/ethnicity, cultural/language group, region of King County, etc.)    2. Describe 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. Provide a list and brief job description for all key positions that will have a significant role in program coordination and service delivery.    4. Describe your plan for staff recruitment, training, supervision, and retention for the services you intend to deliver.    5. Describe your organization’s experience with data management – collecting, storing, and analyzing participant information and program activities. What is your technical capacity for supporting the IT needs of your staff, tracking participant information, and producing reports?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The agency description demonstrates the applicant’s experience, commitment, and success in delivering services to older adults, adults with disabilities, and/or their caregivers. Applicant thoroughly describes the population they intend to serve including race/ethnicity, cultural/language group, region of King County, etc.) * 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 proposed. * Applicant provides a list and brief job description for all key personnel and describes processes for recruiting and maintaining quality staff that matches the levels needed to run the program as described. * Applicant has experience and capacity for data management and reporting. Agency has adequate staff to support IT functions. |
| 1. **Partnerships and Collaboration (30 points)**    1. Describe your agency’s experience collaborating with other agencies. How was the collaboration beneficial to program participants? Please provide examples.    2. Describe the benefits and challenges of collaborating with other agencies. How do you address issues and challenges when expectations are not met? Please provide examples.    3. Describe how you will refer participants to other agencies qualified to provide services through this funding opportunity in a proactive, seamless, participant-friendly manner.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes experience collaborating with other agencies and provides examples of how the collaboration was beneficial to participants. * Applicant describes benefits and challenges and how they address issues when expectations are not met. Examples are provided. * Applicant describes how participants will be referred to other programs and agencies in a proactive, seamless, participant-friendly manner. |
| 1. **Cultural Relevancy and responsiveness (20 points)**    1. Describe your experience providing services to diverse groups, including racial and ethnic minorities, immigrants and refugees, low-income populations, limited English proficient, and other cultural groups. If experience is limited, what steps will you take to provide culturally relevant services?    2. How does your organization demonstrate a commitment to racial equity and social justice and dismantling institutional racism? Please provide examples.    3. What challenges and successes have you experienced, or do you anticipate, in providing services to people from diverse cultural and economic backgrounds? How will you address these challenges?    4. Describe how the agency board and staff represent the cultural, linguistic, and socio-economic background of program participants.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates understanding of cultural relevancy and describes how cultural relevancy is incorporated into the program and service delivery. * Applicant provides examples that demonstrate their commitment to racial equity and social justice and dismantling institutional racism. * Applicant has a proven track record of providing culturally and linguistically relevant services to diverse priority community(ies) and focus population(s). Applicant demonstrates the ability to provide culturally relevant and inclusive services within diverse communities and shows an understanding of the challenges. * Applicant’s staff composition reflects the cultural and linguistic characteristics of the priority community(ies) and focus population(s). Applicant’s board composition reflects the cultural and linguistic characteristics of the priority community(ies) and focus population(s). |
| 1. **Finance management and leveraging Resources (15 points*)***    1. Describe your organization’s financial management system. How does your agency 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 agency act as fiscal agent.    2. Describe your agency’s ability to leverage other funding to support the participants served by this program.    3. Describe how your agency has the capability to meet program expenses in advance of reimbursement.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The applicant has a demonstrated capacity to ensure adequate administrative and accounting procedures and controls necessary to safeguard all funds that may be awarded by ADS in the future. * Applicant is able to leverage other funds to support program activities. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. |
| **Total = 100** |

**Section 2: Service Qualification**

The second section is comprised of narrative questions for service you intend to perform. Each service is worth up to 10 points may not exceed one (1) page per service. Include a start-up timeline for any new service you intend to provide. This will not count toward your 1-page maximum per service. To be qualified, you must be rated a minimum average of 7.5 points by the rating committee. Each service will be evaluated separately.

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| **Section 2: Service qualificiation** |
| **Service Description *–* (10 points)**  Answer the following questions for each service you intend to provide. Note: You do not need to provide all of the 11 services listed. Each service is worth a total of 10 points. Your answer for each service cannot exceed one (1) page and you must have a separate page for each service. Complete the summary of proposed services (Attachment 8) for each service you intend to provide. The summary of proposed services will not count toward your maximum number of pages. Include a start-up timeline for any new service you intend to provide. The timeline will not count toward your maximum number of pages, or your 1-page per service.   * + - 1. **Information, Assistance, and Outreach**  1. Where will you provide information and assistance in the community? Include when and where (locations, times, days of the week) and population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and adults with disabilities. Please include any other defining characteristics of your population. 2. If the service site differs from your agency location, provide a letter of intent from the facility. 3. Describe your experience providing information and assistance or similar service to older adults and/or adults with disabilities -including the specific demographic population(s) you serve.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly states where and when information and assistance will be provided in the community. Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Letter of intent is provided if services are delivered at a facility that differs from the agency location. * Applicant describes experience providing information and assistance or similar service and shows a strong connection with the population they intend to serve including an understanding of their strengths, needs, and concerns.   + - 1. **Options Counseling**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and adults with disabilities. Please include any other defining characteristics of your population. 2. Describe your experience providing options counseling or similar service to your population.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant describes experience providing options counseling or similar service and shows a strong connection with the population they intend to serve including an understanding of their strengths, needs, and concerns.   + - 1. **Care Coordination**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and adults with disabilities. Please include any other defining characteristics of your population. 2. Describe your experience providing care coordination or similar service to your population. 3. Describe the unique challenges in serving your population and how you overcome barriers to provide excellent care coordination service. 4. Describe your experience tracking budgets and verifying that a good or service has been delivered.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant describes experience providing care coordination or similar service and shows a strong connection with the population they intend to serve including an understanding of their strengths, needs, and concerns. * Applicant describes challenges in serving their population and successful ways to overcome barriers. * Applicant describes experience with tracking budgets and verifying that a good or service has been delivered.   + - 1. **Regional Coordination**  1. Describe your experience convening a diverse group of stakeholders serving older adults, adults with disabilities, and their caregivers, including agencies serving different language/cultural groups, the health care industry, housing and transportation providers, or any other entities. 2. Where is your office located? Please include the name of the building, address, and office hours. 3. Describe your agency’s experience providing services in the region in which you are applying. 4. Describe your agency’s experience providing presentations to older adults, adults with disabilities, and their caregivers about community resources.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant describes experience successfully convening a diverse group of stakeholders. * Applicant has an office in the region in which they are applying to be the regional coordinators. Office hours are sufficient to have a strong presence in the community. * Applicant has a history of providing services in the region in which they are applying to be the regional coordinator. * Applicant describes experience providing presentations about community resources for older adults, adults with disabilities, and their caregivers.   **Specialized Services for Caregivers:**   * + - 1. **Information, Assistance, and Outreach for Caregivers**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. Describe your experience providing information and assistance or similar service to these caregivers. 3. Describe the unique challenges in serving your caregiver population and how you overcome barriers to provide excellent service.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant describes experience providing information and assistance to caregivers or similar service and shows a strong connection with the population they intend to serve including an understanding of their strengths, needs, and concerns. * Applicant describes challenges in serving their population and successful ways to overcome barriers.   + - 1. **TCARE® - Caregiver Assessment**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. Describe the unique challenges, if any, administering an evidence-based tool to your focus population and how you overcome barriers to engage your caregivers. If you do not have any challenges, please describe how you maintain fidelity to evidence-based tools. 3. Describe your staff capacity and experience providing TCARE® or similar service to your focus population. Please indicate if TCARE® is a new service for your agency. 4. Describe your agency’s technical capacity for IT support.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant clearly describes challenges and ways to overcome barriers when using an evidence-based tool. If using an evidence-based tool is not challenging, applicant clearly describes how they maintain fidelity to the tool. * Applicant describes experience providing TCARE® or similar service and shows a strong connection with the population they intend to serve including an understanding of their strengths, needs, and concerns. * Applicant has IT support to help troubleshoot technical issues and challenges.   + - 1. **Emergency Respite Coordination**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. Describe your experience administering emergency respite or similar funds, including how you recruit participants and vendors, verify that a good or service has been delivered, and track budgets.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant clearly describes experience administering emergency respite funds or similar funds, including recruiting participants and vendors, verifying that a good or service has been delivered, and tracking budgets.   + - 1. **Respite Coordination**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. Describe your experience providing respite authorization or similar service including tracking budgets, documenting and coordinating services, and communicating with agencies and participants about services. 3. Describe your organizations technical capacity for IT support.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant clearly describes experience coordinating respite authorizations or similar service including tracking budgets, documenting and coordinating services, and communicating with agencies and participants about services. * Applicant has IT support to help troubleshoot technical issues and challenges.   + - 1. **Caregiver Counseling**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. Describe your experience providing counseling to these caregivers. Include specific examples of successes and challenges. 3. What are the unique characteristics of this population and how is your staff equipped to serve the population?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant describes experience providing caregiver counseling and includes specific examples of successes and challenges. * Applicant describes unique characteristics of the population they intend to serve and staff experience and training to serve the population.   + - 1. **Caregiver Support Groups**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. Describe your experience providing caregiver support groups including successes and challenges. Provide examples. 3. Where will your support groups be held? Please include the name and address of the facility. If the facility differs from your agency location, provide a letter of intent from the facility.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant describes experience providing caregiver support groups including successes and challenges. Examples are provided. * Applicant clearly states where the caregiver support group will be provided in the community. * Letter of intent is provided if services are delivered at a facility that differs from the agency location.   + - 1. **Caregiver Training/Consultation**  1. Describe the population you intend to serve including race/ethnicity, specific language or cultural groups, region of King County, and people caring for adults with disabilities and/or specific diseases. Please include any other defining characteristics of your population. 2. If you intend to provide caregiver training, list the workshops and your agency’s experience providing the workshops. 3. If you intend to provide consultation, describe your agency’s experience providing consultation to caregivers.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant clearly defines the priority population(s) and focus population(s) including other defining characteristics of the population they intend to serve. * Applicant lists workshops and clearly describes experience providing the workshops to caregivers if applying for caregiver training. * Applicant clearly describes experience providing consultation to caregivers if applying for caregiver consultation. |

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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:

1. A completed and signed Application Cover Sheet (Attachment 2).
2. A completed Narrative response for the Agency Qualification (one per agency) and Service Qualification (one page for each service provided).
3. A completed Summary of Proposed Services for each service you are applying (Attachment 8).
4. Roster of your agency’s current Board of Directors.
5. Minutes from your agency’s last three Board of Directors meetings.
6. 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.
7. If your agency has an approved indirect rate, a copy of proof the rate is approved by an appropriate federal agency or another entity.
8. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
9. If you are proposing to use another organization’s facility to deliver your services, attach a signed letter of intent from that agency’s Director or other authorized representative.
10. A copy of the agency’s current fiscal year’s financial statement reports, consisting of the Balance Sheet, Income Statement, and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
11. A copy of the agency’s most recent audit report.
12. A copy of the agency’s most recent fiscal year-ending Form 990 report.
13. A current certificate of commercial liability insurance. Note: if selected to receive funding, the agency and its 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: Application Cover Sheet Sample

Attachment 4: Community Living Connections Program Model

Attachment 5: Care Coordination Best Practices

Attachment 6: Cities by Region of King County

Attachment 7: Data Security Requirements

Attachment 8: Summary of Proposed Services

Attachment 9: Summary of Proposed Services Sample