

**2020 Geographic Specific – Delridge, Georgetown, South Park -**

**Food Bank Services**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2020 Geographic Specific Food Bank Services RFP. The RFP Guidelines is a separate document that provides background on HSD’s guiding principles and Results Based Accountability framework, and an overview of the RFP 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 Tuesday, March 24, 2020**

Application packets must be received in person, by mail, or via 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 **Tuesday,** **March 24, 2020**. *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 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 that 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>; or
* Hand Delivery or US Mail: The application packet can be hand-delivered or mailed to:

Seattle Human Services Department

RFP Response – 2020 Geographic Specific Food Bank Services

Attn: Amaury Avalos

*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) paper. Please use one-inch margins, single spacing, and minimum size 11-point font.
3. The application may not exceed a total of 10 pages including the narrative sections and attachments (unless the attachment is requested and specifically states that it will not count toward the page limit). Pages which exceed the page limitation will not be included in the rating.
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. Do not rewrite the questions for specific elements of each question.

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

Write a narrative response to all sections A – G. Answer each section completely according to the questions. Do not exceed a total of 10 pages total.

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| **Narrative Questions** |
| **A. Program Design AND Description (20 POINTS)**  1. Describe the Food Bank Services for which you are requesting funding. Include when and where (locations, times, days of week, etc.) all services will take place and by whom they will be delivered, including services with partners.   * + - Describe key services (e.g., operations, meal programs, home delivery of food, nutrition education, etc.) you will implement and how these services will best serve priority and focus populations.     - If requesting funding for multiple services, describe how the services will be integrated to better serve your community.     - Indicate which services are new for your agency. Please attach a separate start-up timeline chart for each new service. Your timeline(s) will not count towards the 10-page total narrative limit.     - Include the anticipated number of unduplicated priority and focus population clients to be served annually for each service.   2. Provide a brief job description for all key personnel who will have a significant role in program coordination and service delivery.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of the services that include an understanding of the service components and evidence of likely success in serving priority and focus populations. * Applicant clearly states the number of unduplicated priority and focus population clients to be served annually for each service. * If the applicant is requesting funding for multiple services, each service is described, and the services are integrated in a logical way to better serve the community. * If the applicant is requesting funding for new services, a separate start-up timeline is included for each new service. * The agency has identified roles and responsibilities of key staff needed for program coordination and service delivery. |
| **B. POPULATION NEEDS (15 points)**  1. As listed in Section IV of the funding guidelines, define the priority and focus populations you intend to serve:   * Describe the experiences of the specific population(s) you intend to serve. * Identify their strengths, assets, challenges, and concerns. * If the population to be served is not a focus population for this RFP, describe the significant need this population has that you intend to address and how they are disparately impacted. * Describe how you will reach your priority and focus population(s) and how you will address any barriers that might prevent them from accessing your services (e.g. language, transportation, cultural difference, etc.).   ***Rating Criteria – A strong application meets all the criteria below.***   * The applicant describes a strong understanding of the population(s) they intend to serve and identifies their unique experiences, strengths, assets, challenges, and concerns. * Populations to be served are from the priority and/or focus populations listed in the guidelines. If the applicant intends to serve populations not listed as priority or focus populations for this RFP, the response includes specific details and qualitative or quantitative data clearly describing a significant need and disparate impact. * The applicant describes how priority and focus population(s) will be reached and how barriers to accessing services will be addressed. |
| **C. Cultural Competency, RACE AND SOCIAL JUSTICE (15 points)**  1. How do you center your program on participant needs and respond to their feedback? Provide examples of how this is accomplished.  2. Describe how the agency’s board, staff, and volunteers represent the cultural, linguistic, and socio-economic background of participants.  3. Describe how your organization takes an anti-racist approach through your policies, procedures, and practices.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant demonstrates the ability to center community needs and respond to feedback. * Applicant’s board, staff, and volunteers reflect the cultural and linguistic characteristics of the priority and focus populations. * Applicant describes their anti-racist approach with their existing policies, procedures, and practices. If not, they describe a strategy to implement an anti-racist approach with their policies, procedures, and practices. |
| **D. Capacity and Experience (15 POINTS)**   * 1. Describe your organization’s success in providing the Food Bank Services you are applying for. * If your agency has no experience with food bank services, describe any related experience and a plan for development of service capacity.   1. Describe your organization’s capacity to ensure services will be delivered quickly and administered, monitored, and tracked appropriately. Include recruitment, training, and staff retention strategies implemented to ensure staff skills align with service provision.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The examples and descriptions demonstrate the applicant’s experience in delivering the services. * Applicants delivering the services or service for the first time present a clear and realistic description of related experience for launching a new service. * Applicant describes processes for recruitment, training, and staff retention that matches the needs of the services. * Applicant’s leadership is likely to provide strong ongoing support for the services proposed. |
| **E. Partnerships and Collaboration (15 POINTS)**   1. Describe your partnerships, including the names of the organizations, identified to deliver the services.  * Explain the roles and responsibilities of the various partners. Describe specific staff positions within the partnering agency(ies) and their role(s) in delivering services, managing data, and reporting. * Describe your agency’s ability to oversee and monitor partner agencies in the delivery of services. * How will collaboration enhance services to benefit clients? * How does collaboration streamline services and build efficiencies? * Provide signed letters of intent from any partner providing key program elements. Letters of intent will not be counted toward the 10-page total narrative limit.  1. Describe how you will refer clients to other food and nutrition programs and agencies in a proactive, seamless, client-friendly manner.   ***Rating Criteria – A strong application meets all the criteria listed below.***   * Applicant describes effective partnerships that enhance service quality, minimize duplication, and enhance available resources. * Applicant describes partner agency staff positions and responsibilities in delivering services, managing data, and reporting. * Applicant describes ability to oversee and monitor partner agencies, and how collaboration benefits program participants, streamlines services, and builds efficiencies. * Applicant submitted signed letters of intent from partners. * Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. |
| **F. BUDGET AND LEVERAGING (10 POINTS)**  1. Complete a **separate** Proposed Program Budget (Attachment 3) **for each** service in your proposal. Budget worksheets will not count toward the 10-page total narrative limit. The costs reflected in the budget(s) should be for the service(es) you are applying for, not for your total agency budget.  2. List expenses in your budget(s), including other resources and amounts that will be used to support the clients served by this service in the appropriate columns of the budget worksheets. The ***Other*** columns are for grants, dedicated funding sources, or listing funds provided through your agency’s fundraising mechanisms. Describe the sustainability of the other funding sources listed in your budget(s) supporting the service(es).  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Separate budgets are submitted for each service outlined in the proposal. * Costs are reasonable and appropriate given the nature of the service, the priority and focus populations, and the proposed level of service. Costs are also effective given the type, quantity, and quality of services. * The applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal and provides evidence these funds are sustainable. |
| **G. DATA and FISCAL MANAGEMENT (10 points)**  1. Describe your organization’s experience and capacity to collect and manage data, including confidential data.   * What demographic data does your organization collect and how often is it collected? * Describe the systems and/or databases your organization uses to collect data for each of the services. How will you collect, maintain, and report data for each service? * What challenges does your organization experience in collecting and managing data?   2. 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 sponsor.  ***Rating Criteria – A strong application meets all the criteria listed below.***   * The applicant describes data collection and management practices, including protection of confidential data. * The applicant identifies demographic data collected, frequency for collecting demographic data, specific systems/databases and methods used, and any challenges to collecting and managing data.   Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles. If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor. |
| **Total: 100 Points** |

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| 1. **Completed Application Requirements** |

**AT APPLICATION SUBMITTAL**

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

1. Completed and signed two-page Application Cover Sheet (Attachment 2).
2. Completed narrative response (see Sections II & III for instructions).
3. Completed Proposed Program Budget(s) (Attachment 3), one for each service.
4. Completed Proposed Personnel Detail Budget(s) (Attachment 4), one for each service.
5. Roster of your agency’s current Board of Directors. If your organization does not have a Board of Directors, please submit a roster of your management or leadership team individuals. Rosters should include first and last names, and title/role, as it pertains to the Board or leadership team.
6. Minutes from your agency’s last three Board of Directors meetings. If you do not have Board of Directors meetings, please include management or leadership team meeting minutes that demonstrate the overall health, stability, and solvency of your agency.
7. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency, or your fiscal sponsor, must have a federal tax identification number/employer identification number.
8. If your agency has an approved indirect rate, a copy of proof that the rate is approved by an appropriate federal agency or another entity.
9. If you are proposing to provide any new (for your agency) services, attach a separate start-up timeline for each service.
10. If you are proposing a significant collaboration or subcontracting relationship with another agency, attach a signed letter of intent from that agency’s Director or other authorized representative confirming the partnership.

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

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

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

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

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2020 Geographic Specific Food Bank RFP 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)**?**

Proprietary and Confidential Information

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

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

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

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

* Must not exceed 10 pages (8 ½ x 11), single spaced, double-sided, size 11 font, with 1-inch margins.
* Page count does not include the required forms (Attachments 2, 3 and 4) or the supporting documents requested in this funding opportunity.
* A completed narrative response addresses all of the following:

Program Design (20 POINTS)

Population Needs (15 POINTS)

Cultural Competency, Race and Social Justice (15 POINTS)

Capacity and Experience (15 POINTS)

Partnerships and Collaboration (15 POINTS)

Budget and Leveraging (10 POINTS)

Data and Fiscal Management (10 POINTS)

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

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

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

Roster of your current Board of Directors or comparable roster as outlined in Section IV of the application.

Minutes from your agency’s last three Board of Directors meetings or comparable minutes as outlined in Section IV of the application.

Current verification of your agency’s or your fiscal sponsor’s nonprofit status or evidence of incorporation or status as a legal entity

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

**If you are proposing to provide any new services (for your agency), have you attached a separate start-up timeline for each service, beginning July 1, 2020?\***

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

**\****These documents do not count against the 10-page narrative limit.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (Noon) on Tuesday, March 24, 2020.** Application packets received after this deadline will not be considered. See Section I for submission instructions.

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**City of Seattle**

**Human Services Department**

**2020 Geographic Specific Food Bank RFP Application Cover Sheet**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | | |  | | | | | | | | | | | |
| 1. Agency Executive Director: | | | | | |  | | | | | | | | | | | |
| 1. Agency Primary Contact: | | | | | | | | | | | | | | | | | |
|  | Name: |  | | | | | | | | | Title: | |  | | | | |
|  | Address: |  | | | | | | | | | | | | | | | |
|  | Email: |  | | | | | | | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | | | | | | | |
| 1. Organization Type: | | | | | | | | | | | | | | | | | |
|  | Non-Profit | | | For Profit | | | | Public Agency | | | | Other (Specify): | | | | | |
| 1. Federal Tax ID or EIN: | | | | |  | | | | | | 1. DUNS Number: | | | |  | | |
| 1. WA Business License Number: | | | | | | |  | | | | | | | | | | |
| 1. Proposed Services check all that apply) | | | | | | | ☐ Food Bank Basic Services  ☐ Home Food Delivery  ☐ Meal Program  ☐ Weekend Hunger or Backpacks  ☐ Nutrition Education  ☐ Social Service Navigation  ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 1. Proposed Program Name: | | | | | | |  | | | | | | | | | | |
| 1. Priority Population(s) | | | | | | |  | | | | | | | | | | |
| 1. Focus Population(s) | | | | | | | ☐ American Indian/Alaska Native  ☐ Black/African American  ☐ Native Hawaiian/Pacific Islander  Hispanic/Latinx | | | | | | | | | | |
| 1. Funding Amount Requested | | | | | | |  | | | | | | | | | | |
| 1. # of Unduplicated clients served | | | | | | |  | | | | | | | | | | |
| 1. In which City Council District(s) is your program located?   [Council district search page](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember) | | | | | | |  | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed services: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | |
|  |
| 1. Partner Agency (if applicable): | | | | | | |  | | | | | | | | | | |
|  | Contact Name: | |  | | | | | | | | Title: | |  | | | | |
|  | Address: | |  | | | | | | | | | | | | | | |
|  | Email: | |  | | | | | | | | Phone Number: | | |  | | | |
|  | Description of partner agency proposed services: | | | | | | | | | | | | | | | | |
|  | Signature of partner agency representative: Date:  Add additional sections if more than two partner agencies are applying. | | | | | | | | | | | | | | | | |
|  |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | 17. Fiscal Sponsor (if applicable): | | | | | |  | Contact Name: |  | Title: |  | | Address: |  |  |  | | Email: |  | Phone Number: |  | | Signature of fiscal sponsor representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| **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: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2020 Geographic Food Bank RFP Proposed Program Budget**

**July 1, 2020 – December 31, 2020**

***Six Month Budget***

**Note: Complete a separate budget form for each service.**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Fund Source 1** | **Fund Source 2** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  | $ |
| 1300 Fringe Benefits |  |  |  |  | $ |
| 1400 Other Employee Benefits2 |  |  |  |  | $ |
| **SUBTOTAL - PERSONNEL SERVICES** | **$** | **$** | **$** | **$** | **$** |
| **2000 - 4000 - SUPPLIES, OTHER SERVICES & CHARGES** 2100 Office Supplies |  |  |  |  | $ |
| 2200 Operating Supplies3 |  |  |  |  | $ |
| 2300 Repairs & Maintenance Supplies |  |  |  |  | $ |
| 3100 Expert & Consultant Services |  |  |  |  | $ |
| 3140 Contractual Employment |  |  |  |  | $ |
| 3150 Data Processing |  |  |  |  | $ |
| 3190 Other Professional Services4 |  |  |  |  | $ |
| 3210 Telephone |  |  |  |  | $ |
| 3220 Postage |  |  |  |  | $ |
| 3300 Automobile Expense |  |  |  |  | $ |
| 3310 Convention & Travel |  |  |  |  | $ |
| 3400 Advertising |  |  |  |  | $ |
| 3500 Printing & Duplicating |  |  |  |  | $ |
| 3600 Insurance |  |  |  |  | $ |
| 3700 Public Utility Services |  |  |  |  | $ |
| 3800 Repairs & Maintenance |  |  |  |  | $ |
| 3900 Rentals - Buildings |  |  |  |  | $ |
| Rentals - Equipment |  |  |  |  | $ |
| 4210 Education Expense |  |  |  |  | $ |
| 4290 Other Miscellaneous Expenses5 |  |  |  |  | $ |
| 4999 Administrative Costs/Indirect Costs6 |  |  |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

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

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

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

**2020 Geographic Specific Food Bank RFP**

**Proposed Personnel Detail Budget**

**July 1, 2020 – December 31, 2020**

***Six Month Budget***

**Note: Complete a Separate Proposed Personnel Detail Budget Page for each service.**

*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:** | |  | | | | | | | | | |
| **Please indicate the number of hours a week considered full time by your agency:** | | | | | | **Amount by Fund Source(s)** | | | | | |
| **Position Title** | **Staff Name** | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Fund Source 1** | **Fund Source 2** | | **Other1** | **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):** | | | | | |  |  | |  |  |  |