

**2020**

**Homeless Investments to Serve American Indians and Alaska Natives**

**Request for Proposal**

**Application**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the 2020 Homeless Investments to Serve American Indians and Alaska Natives 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. on March 24, 2020.** Please submit one complete application packet for each investment area. For example, if you are requesting funds for Rapid Re-Housing and Emergency Shelter, submit a complete application packet for each.

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

* 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

RFP Response – 2020 Homeless Investments to Serve American Indians and Alaska Natives

Attn: Seán Walsh

*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. The application may not exceed a total of 8 pages of responses to narrative sections and does not include attachments. 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. You do not need to rewrite the questions for specific elements of each question.

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

Write a narrative response to Narrative Sections A-G **for EACH Project Area you are applying for**. See Section IV: Completed Application Requirements of this document for further instructions.

Answer each section completely according to the questions. Do not exceed a total of 8 pages for Narrative Sections A-G combined.

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| **Narrative Questions** |
| 1. **PROJECT AREA (UNSCORED)**   Name which project area you are applying for **(if you are submitting applications for multiple project areas, please submit a separate application for each project area**). Choose from: Day Center, Emergency Shelter, Homelessness Prevention, Outreach, Permanent Supportive Housing, Rapid Re-Housing, Transitional Housing. Note that HSD is interested in investing in enhanced services that support exits to permanent housing. Basic services such as hygiene centers, basic day centers and shelters that do not include services to exit households to permanent housing will not be prioritized.  *\*Funds to support diversion services can be included in budgets for Day Center, Emergency Shelter, and/or Outreach* |
| 1. **PRIOR PROGRAM PERFORMANCE *(40 points)***   HSD will pull and review each applicant’s HMIS data from January 1, 2019-December 31, 2019 and compare with [Minimum Performance Standards and Target Performance Standards](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/System-Wide_and_City-of-Seattle-HSD_Performance-Standards.pdf). Program performance will comprise 40 points (40%) of this proposal’s score.    If you would like to offer narrative to explain any context for your performance data, please include it in your narrative response. (narrative context for data is unscored). |
| 1. **Program Design Description *(20 points)***    1. Describe how your program model aligns with best practices of person-centered, Housing First, and harm-reduction case management, and outline the key service components in your program. Include when and where (locations, times, days of week, etc.) services will be delivered and by whom.       * Describe how these service components will help your program achieve the required outcomes and deliverables.    2. Describe how your program will meet the needs of the focus population(s) and priority populations listed in Sections IV of the funding Guidelines.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of the program that includes an understanding of the service components and evidence of likely success in meeting outcomes. * Applicant demonstrates an ability to build upon existing service delivery systems. * Applicant demonstrates an ability to comply with program requirements. * The program description shows a strong connection with the priority population(s) and focus population(s) and an understanding of their strengths, needs, and concerns. * Applicant demonstrates an understanding of the unique characteristics and experiences of the priority population(s) and focus population(s). * Applicant demonstrates a realistic description of start-up planning and timeline, as needed. |
| 1. **Capacity and Experience *(15 points)***    1. Describe your organization’s success providing homeless services to American Indians and Alaska Natives. Include your organization’s ability to address changes in funding, staffing, changing needs in the community, and developing and/or maintaining board or leadership support. If your agency has no experience delivering the specific service intervention you are applying for, describe any related experience and a plan for rapid development of service capacity, and attach a start-up timeline.    2. Describe your plan for staff recruitment, training, supervision and retention for the proposed program. Complete the Proposed Personnel Detail Budget (Attachment 4) Budget worksheets will not count toward the 8-page narrative limit).    3. Describe your organization’s experience with data management and specifically the Homelessness Management Information System (HMIS) – collecting, storing, and analyzing client information and program activities. What is your technical capacity for tracking client information and producing reports?   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * The program description demonstrates the applicant’s experience in delivering the service for at least two years, OR (for applicants providing the service for the first time) the applicant presents a clear and realistic description and timeline for launching a new service. * 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 describes processes for maintaining quality staff that matches the levels needed to run the program as described. * Applicant demonstrates an understanding of and capacity for data management and reporting. |
| 1. **Partnerships and Collaboration *(5 bonus points)***    1. If the proposal includes collaborations and/or partnerships, name the partners in this arrangement. Explain the roles and responsibilities of the various partners. Please provide signed letters of intent from any partner providing key program elements. Partnership letters will not be counted toward the maximum page limit.    2. Describe how you will refer clients to other homeless services programs and agencies in a proactive, seamless, client-friendly manner.   ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant has submitted signed letters of intent from partners if applicable. * Applicant describes roles of partner(s), and describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. |
| 1. **RACIAL EQUITY & SOCIAL JUSTICE *(15 points)***    1. Describe how your organization demonstrates a commitment to racial equity, social justice, and dismantling structural and institutional racism, particularly related to American Indian and Alaska Native individuals.    2. Describe how your organization incorporates client/resident voice in program services, policies, and decision-making. Provide an example of a decision that was made or influenced by client/resident voice. What are you trying that’s different as a result?    3. Describe how the agency board and staff represent the cultural, linguistic and socio-economic background of program participants.    4. Describe your program’s strategy for ensuring cultural and linguistic support is infused through your policies, procedures and practices.   ***Rating Criteria – The strongest application meets all the criteria listed below.***   * Demonstrates understanding and application of anti-racist principles and values in program design and operation. * Provides examples of program or policy changes based on client feedback. * Applicant’s board and staff composition reflects the cultural and linguistic characteristics of the priority population(s) and focus population(s). * Applicant describes existing policies and procedures, or a strategy to develop policies and procedures that demonstrate competency, respect, and appreciation for the cultural and linguistic characteristics of the priority population(s) and focus population(s). |
| 1. **Budget and Leveraging *(10 points)***    1. Complete the Proposed Program Budget (Attachment 3) for **EACH** proposed project area. Budget worksheets will not count toward the 8-page narrative limit). The costs reflected in this budget should be for the service area only, not your total agency budget.    2. Describe how these funds will be used and identify other resources and amounts that will be used to support the clients served by this program.    3. Describe how your organization will continue or ramp down services beyond 2020, when one-time funds are no longer available (assume approximately 40% of funds will not be available next year).    4. 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.***   * Costs are reasonable and appropriate given the nature of the service, the priority population(s) and focus population(s), the proposed level of service, and the proposed outcomes. * The proposed program is cost effective given the type, quantity, and quality of services. * The applicant identifies other funds to be used with any funds awarded from this funding opportunity for providing the services described in the proposal, and provides evidence that these funds are sustainable. * The applicant demonstrates the capability to meet program expenses in advance of reimbursement. |
| **Total = 100 points (plus 5 bonus 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 **for each project applied for** or the application may be deemed incomplete and may not be rated.

1. A completed and signed two-page Application Cover Sheet (Attachment 2).
2. A completed Narrative response (see Sections II & III for instructions).
3. A completed Proposed Program Budget (Attachment 3).
4. A completed Proposed Personnel Detail Budget (Attachment 4).

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 comparable management or leadership team individuals. Rosters should include first and last names, and any Board or leadership team title and/or role they hold (e.g. Treasurer, Chair, etc.)

1. Minutes from your agency’s last three Board of Directors meetings.
2. 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.
3. 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.
4. If you are proposing to provide any new (for your agency) services, attach a start-up timeline for each service.
5. If you are proposing a significant collaboration or subcontract with another agency, attach a signed letter of intent or collaboration from that agency’s Director or other authorized representative.

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

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

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

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2020 Homeless Investments to Serve American Indians and Alaska Natives 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 Fiscal Sponsor Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD Master Agency Services Agreement Sample

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

* If your application names specific partner agencies, representatives from these agencies must also sign the application cover sheet.
* If your application names a fiscal sponsor, authorized representatives from this agency must have read and understood the HSD Fiscal Sponsor Requirements document and must sign the application cover sheet.

**Completed each question from the Narrative response?**

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

Project Area (unscored/40%)

Prior Program Performance (40 points/0%)

Program Design Description (20 points/20%)

* + *There should be a separate section for each service component you have selected. To avoid repeating yourself, it is acceptable to refer to a previous service component where appropriate (e.g. “same as previous component”).*

Capacity and Experience (15 points/15%)

Partnership and Collaboration (bonus up to 5 points)

Cultural Competency (15 points/15%)

Budget and Leveraging (10 points/10%)

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

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

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

Roster of your current Board of Directors 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 nonprofit status or evidence of incorporation or status as a legal entity

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

**If you are proposing to provide any new services (for your agency), have you attached a start-up timeline for each service, beginning April 15, 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 8 page limit for the proposal narrative section.*

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. on March 24, 2020**. Application packets received after this deadline will not be

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**City of Seattle**

**Human Services Department**

**2020 Homeless Investments to Serve American Indians and Alaska Natives 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 Program Name: | | | | | | | | |  | | | | | | | | | | | | |
| 1. Priority Population(s) program will serve: | | | | | | | | |  | | | | | | | | | | | | |
| 1. Focus Population(s) program will serve: | | | | | | | | |  | | | | | | | | | | | | |
| 1. Funding Amount Requested:   **Choose One** | | | | | | | | | - Day Center (enhanced models prioritized over basic)        - Emergency Shelter (enhanced models prioritized over basic)        - Homelessness Prevention        - Outreach        - Permanent Supportive Housing        - Rapid Re-Housing        - Transitional Housing  *\*Funds for diversion assistance can be included in budgets for Day Center, Emergency Shelter, and/or Outreach* | | | | | | | | | | | | |
| 1. # of clients to be served: | | | | | | | | |  | | | | | | | | | | | | |
| 1. In which City Council District is your program located?   [Council district search page](http://www.seattle.gov/council/meet-the-council/find-your-district-and-councilmember) | | | | | | | | |  | | | | | | | | | | | | |
| 1. Partner Agency (if applicable): | | | | | | | | |  | | | | | | | | | | | | |
|  | | Contact Name: | |  | | | | | | | | | Title: | | |  | | | | | |
|  | | Address: | |  | | | | | | | | | | | | | | | | | |
|  | | Email: | |  | | | | | | | | | Phone Number: | | | |  | | | | |
|  | | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | | | | |
|  | | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | | | | |
|  | |
| 1. Partner Agency (if applicable): | | | | | | | | |  | | | | | | | | | | | | |
|  | | Contact Name: | |  | | | | | | | | | Title: | | |  | | | | | |
|  | | Address: | |  | | | | | | | | | | | | | | | | | |
|  | | Email: | |  | | | | | | | | | Phone Number: | | | |  | | | | |
|  | | Description of partner agency proposed activities: | | | | | | | | | | | | | | | | | | | |
|  | | Signature of partner agency representative: Date: | | | | | | | | | | | | | | | | | | | |
|  | |
| 16. 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 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 Homeless Investments for American Indians and Alaska Natives RFP**

**Proposed Program Budget**

**January 1, 2020-December 31, 2020 (contract April 15-December 31, 2020)**

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

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Amount by Fund Source** | | | |  |
| **Item** | **Requested HSD Funding** | **Other1** | **Other1** | **Other1** | **Total Project** |
| **1000 - PERSONNEL SERVICES** 1110 Salaries (Full- & Part-Time) |  |  |  |  | $ |
| 1300 Fringe Benefits |  |  |  |  | $ |
| 1400 Other Employee Benefits2 |  |  |  |  | $ |
| **SUBTOTAL - PERSONNEL SERVICES** | **$** | **$** | **$** | **$** | **$** |
| **2000 - 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 Homeless Investments for American Indians and Alaska Natives RFP**

**Proposed Personnel Detail Budget**

**January 1, 2020-December 31, 2020 (contract April 15-December 31, 2020)**

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

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

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Agency’s Full-Time Equivalent (FTE) =** | |  | **hours/week** | | | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | | | **FTE** | **# of Hours Employed** | **Hourly Rate** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  | | |  |  |  |  |  |  |  |  |
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|  |  | | |  |  |  |  |  |  |  |  |
|  |  | | |  |  |  |  |  |  |  |  |
| **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):** | | | | | | |  |  |  |  |  |