

**2021 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 2021 Geographic Specific Food Bank Services RFP. The RFP Guidelines is a separate document that provides background on HSD’s guiding principles 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. **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. Please use one-inch margins, single spacing, minimum size 11-point font, and letter sized (8 ½ x 11) formatting.
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.

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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. Describe how these services 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, service delivery and evaluation.  ***Rating Criteria – A strong application meets all of the criteria listed below.***   * Applicant presents a thorough description of the services and staff involved in proposal, including an understanding of the service components, evidence of likely success in providing services, and why these are the best services for serving priority and focus populations. * 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. * Applicant clearly states the number of unduplicated priority and focus population clients to be served annually for each service. * Job descriptions are clear and align with service areas for which funding is requested.   **High (15-20)**: Demonstrates excellence in all and/or most of the criteria  **Med (7-14):** Adequately addresses some of the criteria  **Low (1-6):** Does not meet and/or address the criteria |
| **B. POPULATION NEEDS (20 points)**  1. As listed in Section II of the funding guidelines, define the priority and focus populations you intend to serve:   * Describe the strengths, assets, challenges, and concerns of the specific population(s) you intend to serve. * 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.***   * Agency provides food bank services to the Delridge, Georgetown, South Park neighborhoods of Seattle. * 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. * Applicant outlines an approach to outreach that is collaborative and culturally responsive.   **High (15-20)**: Demonstrates excellence in all and/or most of the criteria  **Med (7-14):** Adequately addresses some of the criteria  **Low (1-6):** Does not meet and/or address the criteria |
| **C. Cultural Competency, RACE AND SOCIAL JUSTICE (20 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 incorporate feedback into their program. * Applicant demonstrates the ability to maintain a continuous feedback loop of communication between agency and population served. * 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.   **High (15-20)**: Demonstrates excellence in all and/or most of the criteria  **Med (7-14):** Adequately addresses some of the criteria  **Low (1-6):** Does not meet and/or address the criteria |
| **D. Capacity and Experience (10 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 developing service capacity within the first two months of operations.   1. Describe your organization’s capacity to ensure services will be delivered quickly and administered, monitored, and tracked appropriately. Include role of leadership in successful program implementation, 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 service(s) 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. * Applicant clearly demonstrates how organizational capacity ensures services will be delivered quickly and effectively.   **High (7-10)**: Demonstrates excellence in all and/or most of the criteria  **Med (4-6):** Adequately addresses some of the criteria  **Low (1-3)**: Does not meet and/or address the criteria |
| **E. Partnerships and Collaboration (10 POINTS)**   1. Describe and list the partners 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 including, but not limited to, provision of food, delivery of food, or social services navigation. 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 key partners. * Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.   **High (7-10)**: Demonstrates excellence in all and/or most of the criteria  **Med (4-6):** Adequately addresses some of the criteria  **Low (1-3)**: Does not meet and/or address the criteria |
| **F. BUDGET AND LEVERAGING (10 POINTS)**  1. Complete a **separate** Proposed Program Budget worksheet for each service outlined in the proposal (Attachment 3). Budget worksheets will not count toward the 10-page total narrative limit. The costs reflected in the budget(s) should be for the service(s) 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(s).  ***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.   **High (7-10)**: Demonstrates excellence in all and/or most of the criteria  **Med (4-6):** Adequately addresses some of the criteria  **Low (1-3)**: Does not meet and/or address the criteria |
| **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? * How does your agency incorporate community voice into your data collection, particularly through participatory and qualitative data collection? * 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 elect 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. * The applicant demonstrates incorporation of community voice in data collection. * 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 and provides a letter of agreement from the sponsor.   **High (7-10)**: Demonstrates excellence in all and/or most of the criteria  **Med (4-6):** Adequately addresses some of the criteria  **Low (1-3)**: Does not meet and/or address the criteria |
| **Total: 100 Points** |

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| 1. **Completed Application Requirements** |

**Completed application packets are due by 12:00 p.m. (Noon) PST on Wednesday, March 24, 2021**

Application packets must be received via email or the [HSD Online Submission System](http://web6.seattle.gov/hsd/rfi/index.aspx). Proposals must be received, and date/time stamped by the 12:00 p.m. (Noon) PST deadline on **Wednesday,** **March 24, 2021**. No faxed or mailed proposals will be accepted.

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.

1. **Via Email** (email to [HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov)) Any risks associated with submitting a proposal by email are borne by the applicant. Email attachments are limited to 30 MB. The subject heading must be titled: 202101 Geographic Specific Food Bank Services RFP.
2. **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.

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

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

1. 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. Most recent audit report.
3. Most recent fiscal year-ending Form 990 report.
4. Current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to [Master Agency Service Agreement](http://www.seattle.gov/Documents/Departments/HumanServices/Funding/NOFA/HSD_Master_Agency_Services_Agreement_Sample.pdf) requirements at the start of the contract).
5. Current verification of nonprofit status or evidence of incorporation or status as a legal entity. Your agency must have a federal tax identification number/employer identification number.
6. Federally approved indirect rate, if applicable.[[1]](#footnote-1)
7. **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:

1. RFP/Q narrative responses,
2. budget worksheets,
3. board rosters,
4. other RFP/Q materials, including written/or electronic correspondence.

In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the [Confidentiality and Conflict of](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd) [Interest Statement](http://www.seattle.gov/humanservices/funding-and-reports/how-to-do-business-with-hsd).

**Personal identifiable information entered on these materials are subject to the Washington Public Records Act and maybe subject to disclosure to a third-party requestor.**

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| 1. **List of Attachments & Related Materials[[2]](#footnote-2)** |

Attachment 1: Application Checklist

Attachment 2: Application Cover Sheet

Attachment 3: Proposed Program Budget

Attachment 4: Proposed Personnel Detail Budget

**2021 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 & Description (20 POINTS)

Population Needs (20 POINTS)

Cultural Competency, Race and Social Justice (20 POINTS)

Capacity and Experience (10 POINTS)

Partnerships and Collaboration (10 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?\***

**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, 2021?\***

**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?\***

All applications are due to the City of Seattle Human Services Department by **12:00 p.m. (Noon) PST on Wednesday, March 24, 2021.** Application packets received after this deadline will not be considered. See Section I for submission instruction.

**  
City of Seattle**

**Human Services Department**

**2021 Geographic Specific Food Bank RFP Application Cover Sheet**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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  ☐ Community Connector/Social Service Navigation  ☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| 1. Proposed Program Name: | | | | | | |  | | | | | | | | | | |
| 1. Priority Population(s) | | | | | | |  | | | | | | | | | | |
| 1. Focus Population(s) | | | | | | | ☐ American Indian/Alaska Native  ☐ Black/African American  Hispanic/Latinx  ☐ Native Hawaiian/Pacific Islander | | | | | | | | | | |
| 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: |  |
|  | | | | | | | | | |  | | | | | |  |  |

**2021 Geographic Food Bank RFP Proposed Program Budget**

**July 1, 2021 – December 31, 2021**

***Six Month Budget***

**Note:** *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** |
| **– STAFFING** 1110 Salaries (Full- & Part-Time) |  |  |  |  | $ |
| 1300 Fringe Benefits |  |  |  |  | $ |
|  |  |  |  |  | $ |
| **SUBTOTAL – STAFFING** | **$** | **$** | **$** | **$** | **$** |
| **SUPPLIES, OTHER SERVICES & CHARGES** Office Supplies (includes printing, postage and general supplies. Does not include computer or technology expenses) |  |  |  |  | $ |
| Operating Expenses2 (includes computers, tech expenses (not internet) and other expenses related to implementing services) |  |  |  |  | $ |
| Rent |  |  |  |  |  |
| Travel (includes mileage, parking) |  |  |  |  | $ |
| Insurance |  |  |  |  | $ |
| Utilities (includes electric, internet, phone) |  |  |  |  |  |
| Other Miscellaneous Expenses |  |  |  |  | $ |
| Indirect Facilities and Administration (F & A) Costs4 |  |  |  |  | $ |
| **SUBTOTAL - SUPPLIES, OTHER SERVICES & CHARGES** | **$** | **$** | **$** | **$** | **$** |
| **TOTAL EXPENDITURES** | **$** | **$** | **$** | **$** | **$** |

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

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

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

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

**2021 Geographic Specific Food Bank RFP**

**Proposed Personnel Detail Budget**

**July 1, 2021 – December 31, 2021**

***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):** | | | | | |  |  | |  |  |  |

1. HSD is piloting a new indirect policy that will be assessed throughout 2021 and may impact how indirect is calculated in future contracts. HSD applicants with an approved federally negotiated indirect cost rate may charge indirect cost using the approved rate*.* [↑](#footnote-ref-1)
2. These documents do not count against the 10-page narrative limit. [↑](#footnote-ref-2)