**2024 GENDER-BASED VIOLENCE PREVENTION SERVICES RFP APPLICATION**

## HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this RFP and may include any clarifying information requested by HSD. Answer each question completely. Do not include any materials not requested with your application. Submit applications via HSD Online Submissions System at <http://web6.seattle.gov/hsd/rfi/index.aspx> **OR** Email to [HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov). Applications that do not follow the required format may lose points. **Complete application packets are due by Friday, May 31 12:00 p.m. (noon).**

Required format for written application:

* Typed and formatted to letter-size (8 ½ x 11-inch) document.
* One-inch margins, single spacing, and size 11-point font.
* Be no longer than 10 pages (requested attachments will not count towards the page limit).

When submitting documents, name them as following:

|  |  |
| --- | --- |
| **Document Type** | **Document Name** |
| Narrative Response | Narrative |
| Attachment 2: Application Cover Sheet | Cover Sheet |
| Attachment 3: Proposal Budget | \*Proposal Budget |
| Attachment 4: Proposal Personnel Detail Budget | \*Personnel Detail Budget |
| Start-up Timeline | \*\*Start-up Timeline |
| Letter(s) of Commitment from Subcontracted Organization(s) | \*\*Letter(s) of Commitment(s) |
| Letter of Agreement from Fiscal sponsor | \*\*Letter of Agreement |
| Letter(s) of Collaboration from Partner(s) | \*\*Letter(s) of Collaboration(s) |

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

\*\*If applicable.

The RFP process 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 proprietary and confidential information, agency eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, [Theory of Change](https://www.seattle.gov/documents/Departments/HumanServices/Funding/2024%20Gender-Based%20Violence%20Prevention%20Services/2024%20GBV%20Prevention%20Theory%20of%20Change.pdf), and the process for selecting successful applications.

**PROPOSAL NARRATIVE & RATING CRITERIA**

Applicant’s narrative proposals will be comprised of both a core section and a strategy section. All applicants need to complete the “Core Application Questions” which include Sections A and B. The core section is worth up to 50 points.

The primary prevention strategy application questions are in Section C and Section D. Complete Section C if applying under the “Education Programming for Youth” Strategy. Complete Section D if applying under the “Building Community Resiliency” Strategy. Complete Sections C **and** D if submitting a proposal for both strategies. Each strategy section will be scored separately with a maximum of 50 points for each section. Each strategy section (up to 50 points) will be added to the applicant’s core section (up to 50 points) of your application for a total of up to 100 points per proposal. If applying to both strategies, you will have two proposals with the maximum of 100 points for each proposal.

Narrative responses should fully answer each question, but do not exceed a total of 10 pages. Proposals will be evaluated against the rating criteria listed next to each section of questions. Highly rated proposals will describe how the applicant meets **all** rating criteria.

## APPLICATION QUESTIONS

**CORE APPLICATION QUESTIONS**

|  |  |
| --- | --- |
| **A. ORGANIZATION AND PARTNERSHIPS** | **RATING CRITERIA POINTS: 32** |
| 1. State your organization's mission, vision and services offered.  1a. 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 your organization's experience and history in providing gender-based violence prevention services, violence prevention programming and/or gender-based violence intervention services. If your agency has no experience delivering these services, describe any related experience and a plan for development of service capacity (e.g. hiring and training of staff) and attach a start-up timeline. Timeline will not be counted toward the maximum page limit.  3. How does your organization describe racial equity and social justice? How does your organization incorporate racial equity and social justice in its programming?  4. How does your organization’s board of directors and leadership staff reflect the priority and/or focus populations stated in Section D of the Funding Guidelines? | 1. Applicant presents a thorough description of their organization. **(6 points)**  1a. If the proposal includes formal collaborations and/or partnerships, partners in this arrangement are identified. Applicant describes roles and responsibilities of partners and/or subcontractors of the project. Signed letter of collaboration is included with key program elements included.  2. Applicant describes their experience and history providing GBV prevention services, other applicable violence prevention programs and/or GBV response programs. If no prior experience providing services, applicant provides a clear plan for development of service capacity, and a start-up timeline is included.  **(10 points)**  3. Applicant describes racial equity and social justice, and how they incorporate racial equity and social justice in its programs. **(10 points)**  4. Applicant’s board of directors and leadership staff reflect the priority and/or focus populations stated in Section D of the Funding Guidelines. **(6 points)** |
|
|
| **B. FISCAL AND DATA MANAGEMENT** | **RATING CRITERIA POINTS: 18** |
| 1. Complete the Proposed Program Budget (Attachment 3). The costs reflected in this budget should be for the service area only, not your total organization budget (Budget worksheets will not count toward the 10-page narrative limit).  2. How does your organization maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to administer funding.  3. Describe your organization’s experience with data management, including collecting, storing, and maintaining private participant information and program activities. What tools does your organization use? How is data evaluated to improve service delivery? | 1. Costs are reasonably based on the proposed level of activities and outcomes for the proposed program. Budget math is accurate.  **(6 points)**  2. Organization has the necessary accounting and administrative controls to ensure funds are allocated appropriately. **(6 points)**  3. Organization has experience with data management, ability to track data safely and can evaluate data to improve service delivery.  **(6 points)** |
| **TOTAL CORE SECTION** | **50 POINTS** |

**EDUCATION PROGRAMMING FOR YOUTH APPLICATION QUESTIONS**

|  |  |
| --- | --- |
| **C. PROGRAMMING AND STAFFING** | **RATING CRITERIA POINTS: 50** |
| 1. Describe who the proposed program will serve (e.g demographics, community) and geographic area(s) services will be provided. State the priority and/or focus population(s) listed in Section D of the Funding Guidelines that your program will serve.  2. Describe the risk factors (the conditions that make it more likely that people will act violently or experience violence) and intersectionality that influence gender-based violence specific to the youth and the priority and/or focus population(s) the program will serve.  3. Describe the GBV youth prevention program you will implement (goals, objectives, activities) and how you will incorporate the program requirements outlined in **Section III. B.1.**  4. Describe how the proposed program will impact participants' protective factors (conditions that make it less likely that people will experience violence or increase resiliency) on an individual, relationship, community and/or societal level? Describe what data you plan to collect to determine the intended impact, and how it will be used.  5. Describe the staff that will do this work. How do they reflect the population(s) you intend to serve? What experience and skills do they/will they possess?  6. What kind of technical assistance would your organization benefit from? What kind of support would your organization need to carry out proposed activities? | 1. Applicant is clear on who the program is serving and where services will be provided. Applicant states the focus and priority populations (as listed in Section D of the Funding Guidelines) the program will serve.  **(7 points)**  2. Applicant clearly describes the risk factors that influence gender-based violence specific to the youth and the population served. Applicant describes multi-layered risk factors or intersectionality of the population served. **(8 points)**  3. Applicant clearly describes proposed program, is applicable to the “Education Programming For Youth” strategy and meets program requirements as outlined in **Section III. B.1. (20 points)**  4. Applicant clearly describes how proposed program will impact participants’ protective factors on an individual, relationship, community and/or societal level. Applicant has a data plan to measure impact.  **(10 points)**  5. Staff reflect the population(s) the program will serve. Organizations have staff/expect to hire staff who have experience with, and the skills needed to implement the services described. **(5 points)**  6. Not scored |
|
|
|
| **EDUCATION PROGRAMMING FOR YOUTH SECTION TOTAL** | **50 POINTS** |

**BUILDING COMMUNITY RESILIENCY APPLICATION QUESTIONS**

|  |  |
| --- | --- |
| **D. PROGRAMMING AND STAFFING** | **RATING CRITERIA POINTS: 50** |
| 1. Describe who the proposed program will serve (e.g demographics, community) and geographic area(s) services will be provided. State the priority and/or focus population(s) listed in Section D of the Funding Guidelines that your program will serve.  2. Describe the risk factors (the conditions that make it more likely that people will act violently or experience violence) and intersectionality that influence gender-based violence specific to the priority and/or focus population(s) the program will serve.  3. Describe the program you will implement (goals, objectives, activities) and how you will incorporate the program requirements outlined in **Section III. B.2.**  4. Describe how the proposed program will impact participants ' protective factors (conditions that make it less likely that people will experience violence or increase resiliency) on an individual, relationship, community and/or societal level? Describe what data you plan to collect to determine the intended impact and how it will be used.  5. Describe the staff that will do this work. How do they reflect the communities you intend to serve? What experience and skills do they/will they possess?  6. What kind of technical assistance would your organization benefit from? What kind of support would your organization need to carry out proposed activities? | 1. Applicant is clear on who the program is serving and where services will be provided. Applicant states the focus and priority populations (as listed in Section D of the Funding Guidelines) the program will serve.  **(7 points)**  2. Applicant clearly describes the risk factors that influence gender-based violence specific to youth and the population served. Applicant describes multi-layered risk factors or intersectionality of the population served **(8 points)**  3. Applicant clearly describes proposed program, is applicable to the “Building Community Resiliency” strategy and meets program requirements as outlined in **Section III. B.2. (20 points)**  4. Applicant clearly describes how proposed program will impact participants’ protective factors on an individual, relationship, community and societal level. Applicant has a data plan to measure impact.  **(10 points)**  5. Staff reflect the communities the organization intends to serve. The most qualified organizations will have staff/expect to hire staff who have experience and the skills needed to implement the services described.  **(5 points)**  6. Not scored |
|
|
| **BUILDING COMMUNITY RESILIENCY SECTION TOTAL** | **50 POINTS** |

# COMPLETED APPLICATION REQUIREMENTS

## Application Submittal

The proposal **must** include:

* A completed and signed Application Cover Sheet (Attachment 2).
* A completed Narrative Response that is a maximum of ten (10) pages, not counting the budget and other documents.
* A completed Proposal Budget (Attachment 3), in Excel.
* A completed Proposal Personnel Detail Budget (Attachment 4), in Excel.
* If you are proposing to provide any new (for your organization) services, attach a start-up timeline for each service. This will not count towards the ten-page limit for your narrative.
* Signed partnership letters and/or collaboration letters of intent.
* Completed applications are due by **Friday, May 31 at 12:00 p.m.** Pacific Standard Time.
* Proposals must be submitted through the HSD Online Submission System **OR** Email.

No faxed or mailed proposals will be accepted. Allow ample time for uploading and confirmation receipt.

*Subcontracting:*

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

*Partnerships:*

* If you are proposing a substantial partnership with (an)other organization(s) or individual(s), attach signed letter(s) of collaboration

*Fiscal Sponsorship:*

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

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

1. **Via HSD Online Submission System** (<http://web6.seattle.gov/hsd/rfi/index.aspx>). HSD advises uploading proposal documents several hours prior to the deadline in case you encounter an issue with your internet connectivity. HSD is not responsible for ensuring that applications are received by the deadline. If you encounter issues with the online submission system, please email Sola Plumacher at [sola.plumacher@seattle.gov](mailto:sola.plumacher@seattle.gov).

**OR**

1. **Via Email** [**HSD\_RFP\_RFQ\_Email\_Submissions@seattle.gov**](mailto:HSD_RFP_RFQ_Email_Submissions@seattle.gov)**.**  Email attachments are limited to 30 MB. **The subject heading must be titled: 2024 Gender-Based Violence Prevention Services RFP**. Any risks associated with submitting a proposal by email are borne by the applicant. Applicants will receive an email acknowledging receipt of their application.

**HSD Proprietary and Confidential Information**

The State of Washington’s Public Records Act (Release/Disclosure of Public Records) Under Washington State Law (reference RCW Chapter 42.56, the Public Records Act) states that all materials received or created by the City of Seattle are considered public records. These records include but are not limited to: RFP/Q narrative responses, budget worksheets, board rosters, other RFP/Q materials, including written/or electronic correspondence. In addition, HSD RFP/Q application materials are released to rating committee members and all rating committee members must sign and adhere to the Confidentiality and Conflict of Interest Statement. **Personal identifiable information entered on these materials is subject to the Washington Public Records Act and may be subject to disclosure to a third-party requestor.**

If funding is awarded, 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 the written request to provide the requested documents.

* 1. The current fiscal year’s financial statements, consisting of the Balance Sheet, Income Statement and Statement of Cash Flows, certified by the agency’s CFO, Finance Officer, or Board Treasurer.
  2. The most recent audit report.
  3. The most recent fiscal year-ending Form 990 report.
  4. A current certificate of commercial liability insurance (if awarded, the agency’s insurance must conform to General Terms and Conditions 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. Proof of federally approved indirect rate, if applicable.

## List of Attachments & Related Materials

* Attachment 1: Application Checklist
* Attachment 2: Application Cover Sheet
* Attachment 3: Proposed Program Budget
* Attachment 4: Proposed Personnel Detail Budget

### Attachment 1 - Application Checklist

This checklist is to help you ensure your application is complete prior to submission. Please do not submit this form with your application.

**Have you….**

**Read and understood the following additional documents found on the** [Funding Opportunities Webpage](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities)**?**

HSD Agency Minimum Eligibility Requirements

HSD Client Data and Program Reporting Requirements

HSD Contracting Requirements

HSD Fiscal Sponsor Requirements

HSD Funding Opportunity Selection Process

HSD Appeal Process

HSD Commitment to Funding Culturally Responsive Services

HSD Guiding Principles

HSD General Terms and Conditions Sample

HSD 2024 Gender-based Violence (GBV) Prevention Services RFP [Theory of Change](https://www.seattle.gov/documents/Departments/HumanServices/Funding/2024%20Gender-Based%20Violence%20Prevention%20Services/2024%20GBV%20Prevention%20Theory%20of%20Change.pdf)

**Completed and signed the 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 section of the Application Questions?**

* Must not exceed 10 pages (8 ½ x 11), single spaced, size 11 font, with 1-inch margins. Page count does not include the required forms and supporting documents requested in this funding opportunity.

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

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

**If you are proposing to provide any new services (for your agency), have you attached a start-**

**up timeline for each service, beginning January 1, 2025\***

**If you are proposing a subcontract with another agency, attach a signed Letter of Commitment from that**

**organization’s director or other authorized representative.\***

**If you are proposing a significant collaboration with another agency, have you attached a**

**signed Letter of Collaboration from that agency’s Director or other authorized representative? \***

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

All applications are due to the City of Seattle Human Services Department by **Friday, May 31 at 12:00 p.m. (noon)**. See Section I for submission instructions.

### Attachment 2 - Application Cover Sheet

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Agency: | | | | |  | | | | | | |
| 1. Agency Executive Director: | | | | |  | | | | | | |
| 1. Agency Primary Contact: | | | | | | | | | | | |
|  | Name: |  | | | | | | Title: |  | | |
|  | Address: |  | | | | | | | | | |
|  | Email: |  | | | | | | | | | |
|  | Phone #: |  | | | | | | | | | |
| 1. Agency 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. Which strategy or strategies you are applying for? | | | | | | * Education Programming for Youth * Building Community Resiliency | | | | | |
| 1. Estimated Annual Deliverables for each strategy you are applying for | | | | | | **Education Programming for Youth**  #       of youth participating in GBV prevention program  **Building Community Resiliency**  #       of individuals participating in GBV prevention program | | | | | |
| 1. What area of GBV are you focused on preventing? (GBV crime types should match what you describe in your application) | | | | | | * Domestic Violence or Dating Violence * Sexual Assault * Commercial Sexual Exploitation * All types of GBV | | | | | |
| 1. Priority Population(s) program will serve (check all that apply); those checked should match who you describe serving in your application: | | | | | | * LGBTQIA+ * Youth and Young Adults * Women * Immigrants/Refugees * Homeless/ unhoused Individuals * People living with disabilities * People who are low-income * Limited English speakers | | | | | |
| 1. Focus Population(s) program will serve (check all that apply); those checked should match who you describe serving in your application: | | | | | | * Black / African American/ African Decent * American Indian / Alaska Native * Native Hawaiian / Pacific islander * Hispanic / Latinx * Asian * Others\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| 1. Funding Amount Requested: | | | | | |  | | | | | |
| 1. Provide a high- level (200 words or less) program description: | | | | | | | | | | | |
| 1. Partner Agency (if applicable):   Contact Name:       Title:  Address:  Email:       Phone Number:  Description of partner agency proposed activities: | | | | | | | | | | | |
| 1. Fiscal Sponsor (if applicable):   Contact Name:       Title:  Address:  Email:       Phone Number:  *I have read and understood the Fiscal Sponsor Requirements document and will comply with all obligations if the applicant is awarded funding.*  Signature of Fiscal Sponsor Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Authorized physical signature of applicant/lead agency.**  *To the best of my knowledge and belief, all the information in this application is true and correct. The document has been duly authorized by the governing body of the applicant who will comply with all the contractual obligations if the applicant is awarded funding. If awarded funding, I will submit financial documents within 4 business days of request or may forfeit awarded funds.*  Name and Title of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |

### Attachment 3 - Proposal Budget

**January 1, 2025-December 31, 2025**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.seattle.gov%2Fdocuments%2FDepartments%2FHumanServices%2FFunding%2F2024%2520Gender-Based%2520Violence%2520Prevention%2520Services%2F2024GBVPreventionServicesBudgetSheetsExcel2%2520%25282%2529.xlsx&wdOrigin=BROWSELINK)

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

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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Identify specific funding sources included under the"Other" column(s) above: | | | |  | 2 Operating Expenses- Itemize below (Do not include Office Supplies): | | | |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
| **Total** | | **$** | |  | **Total** | | | **$** |
|  | |  | |  |  |  |  | |
| 3 Contractual Employment/Other Professional Services | | | |  | 4 Other Miscellaneous Expenses- Itemize below: | | | |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
|  | | $ | |  |  | | | $ |
| **Total** | | **$** | |  | **Total** | | | **$** |
|  | |  | |  |  |  |  | |
| 5 Indirect Facilities and Administration (F&A) Costs- Itemize below: | | |
|  | $ | |
|  | $ | |
|  | $ | |
|  | $ | |
| **Total** | **$** | |

5 Indirect Facilities and Administration (F&A) Costs: Those costs referred to as overhead costs, or administrative costs. These are actual costs incurred to conduct the normal business activities of an agency 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. |  | | | | |

### Attachment 4 - Proposal Personnel Detail Budget

**January 1, 2025-December 31, 2025**

*Excel versions of the budget templates can be found on the application page of the* [*HSD Funding Opportunity Webpage*](https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fwww.seattle.gov%2Fdocuments%2FDepartments%2FHumanServices%2FFunding%2F2024%2520Gender-Based%2520Violence%2520Prevention%2520Services%2F2024GBVPreventionServicesBudgetSheetsExcel2%2520%25282%2529.xlsx&wdOrigin=BROWSELINK)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Agency Name:** |  | | | | | | | |
| **Proposed Program Name:** |  | | | | | | | |
| **Agency’s Full-Time Equivalent (FTE) =** |  | **hours/week** | | **Amount by Fund Source(s)** | | | | |
| **Position Title** | **Staff Name** | **Hourly Rate** | **How many hours a week this funding will pay for** | **Requested HSD Funding** | **Other Fund Source** | **Other Fund Source** | **Other Fund Source** | **Total Program** |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
|  |  |  |  |  |  |  |  | $ |
| **Subtotal – Salaries & Wages** | | | | **$** | **$** | **$** | **$** | **$** |
| **Personnel Benefits:** | | | | | | | | |
| **FICA** | | | |  |  |  |  | $ |
| **Pensions/Retirement** | | | |  |  |  |  | $ |
| **Industrial Insurance** | | | |  |  |  |  | $ |
| **Health/Dental** | | | |  |  |  |  | $ |
| **Unemployment Compensation** | | | |  |  |  |  | $ |
| **Other Employee Benefits** | | | |  |  |  |  | $ |
| **Subtotal – Personnel Benefits:** | | | | **$** | **$** | **$** | **$** | **$** |
| **Total Personnel Costs (Salaries & Benefits):** | | | | **$** | **$** | **$** | **$** | **$** |