

**2019**

**Outreach**

**Request for Qualification**

 **APPLICATION**

**Instructions and Materials**

This Application Instructions and Materials packet contains information and materials for respondents applying for the City of Seattle Human Services Department (HSD) 2019 Outreach Request for Qualification. All accepted application packets will be reviewed by a rating committee that will forward its funding recommendations to the HSD Director for final award decisions. [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**
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 **Completed application packets must be submitted by Tuesday, March 12, 2019 at 4:00 p.m.**

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 4:00 p.m. deadline on Tuesday, March 12, 2019. *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

Request for Qualification Response – Outreach

Attn: Jess Chow

*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**
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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 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. You do not need to rewrite the questions for specific elements of each question.

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| 1. **Completed Application Requirements**
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**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:

* Application Cover Sheet (Word document)
* Completed Application (Word document)
* Proposed Project Budget and Proposed Personnel Detail for 12 Months of Outreach Services (Excel document)
* Roster of your agency’s current Board of Directors.
* Minutes from your agency’s last three Board of Directors meetings.

All documents are available on the HSD [Funding Opportunities](http://www.seattle.gov/humanservices/funding-and-reports/funding-opportunities) webpage.

**AFTER INITIAL SCREENING AND DETERMINATION OF A COMPLETED APPLICATION**

If HSD does not already have them on file from the 2017 Homeless Investments RFP process, any 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 RFQ Coordinator, Jess Chow:

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.
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. Copy of Proof of Indirect Rate (if Agency has an approved indirect rate)

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| 1. **Proposal Narrative & Rating Criteria**
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Write a narrative response to sections A – C. Answer each section completely according to the questions. Do not exceed a total of 10 pages for sections A – C combined.

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| **NARRATIVE QUESTIONS** | **Points** |
| 1. **PROJECT DESIGN DESCRIPTION**
2. Provide a general description of your outreach services. What days of the week and hours of the day will you provide outreach? Does this cover weekend and/or evening hours? What geographic areas will you cover and how? How will someone experiencing homelessness in the neighborhood(s) benefit from your outreach services?
3. How will people not experiencing homelessness, including business owners and patrons, benefit from your outreach services? What are your proposed ways of working with the individuals or groups in the neighborhood?

***Rating Criteria – A strong application meets all of the criteria listed below.**** Applicant clearly describes their outreach availability (days and hours). The geographic area includes one or more of the neighborhoods for this RFQ. Applicant provides at least three concrete examples of how their outreach will benefit people experiencing homelessness in the neighborhood(s).
* Applicant explains how outreach services will benefit non-homeless people and businesses in the selected neighborhood(s). Explains proposed ways of working with individuals or groups in the neighborhood.
 | **22** |
| 1. **COMMITMENT TO RACIAL EQUITY AND PERSON-CENTERED CARE**
	1. How will your outreach work address and/or reduce racial and health disparities for homeless people who may live with disabilities, have limited English proficiency, and may be part of historically marginalized groups such as LGBTQ youth and adults, immigrants and refugees, and people of color living in Seattle?
	2. What qualifications or qualities are most important to your agency when hiring outreach staff? How do these attributes benefit the participants?
	3. How do you train and support both clients and staff in best practices in outreach and self-care?
	4. How does your agency ask for and incorporate participant feedback about outreach services in the program design, policies, and/or procedures? Please provide examples.
	5. Describe how your program will coordinate ongoing care with participants and other providers to make sure referrals are made and completed with minimal disruptions to health and housing needs.

***Rating Criteria – A strong application meets all of the criteria listed below.**** Project demonstrates an understanding of systemic oppressions and resulting disparities for homeless people. Applicant explains how they will address unique needs among homeless people.
* Applicant is intentional about what qualifications they look for in outreach staff and how those qualities translate to quality, culturally responsive services that benefit participants. Specific details are provided.
* Applicant describes specific trainings and best practices such as Harm Reduction, Person-Centered Approach, Trauma-Informed Care, Motivational Interviewing, Undoing Institutionalized Racism, etc. to address client and provider trauma and burn out.
* Applicant provides detailed information about the strategies it will use to ask for and incorporate participant feedback in ongoing project development and decision-making.
* Applicant describes details of a larger system to coordinate current and future care, and what it takes to support follow-through on and completion of referrals.
 | **22** |
| 1. **BUDGET**
2. Complete the attached budget proposal sheets for 12 months of services. The costs in this budget should be for the project only, not your total agency budget.
3. In a budget narrative, explain how these funds will be used and identify other fund sources and amounts that will be used to support the participants served by this project. For each line item listed with a dollar figure (except totals) provide a brief narrative detailing how the item relates to the proposed service and the method used to determine the cost.\**The Proposed Project Budget and Proposed Personnel Detail Budget pages are not included in the 10-page narrative limit.*

***Rating Criteria – A strong application meets all of the criteria listed below.**** Budget forms are complete for 12 months of outreach services. Funding amounts reflect the outreach services project only.
* Costs are reasonable and appropriate given project scope, people to be served, and proposed outcomes. Applicant includes a budget narrative which identifies and justifies how funds will be used.
 | **6** |
| **TOTAL** | **50** |

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**2019 Outreach Request for Qualification
Application Cover Sheet**

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| --- | --- |
| 1. Applicant Agency:
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| 1. Agency Executive Director:
 |       |
| 1. Agency Primary Contact:
 |
|  | Name:       |  Title:       |  |  |
|  | Address:       |  Email:       Phone #:       |
| 1. Organization Type: [ ]  Non-Profit [ ]  Other (Specify):
 |
| 1. Federal Tax ID or EIN:
 |       | 1. DUNS Number:
 |       |
| 1. WA Business License Number:
 |       |
| 1. Proposed Project Name:
 |       |
| 1. Population(s) project will serve:
 |       |
| 1. Funding Amount Requested:
 |       |
| 1. Approximate # of people to be served in 2019:Approximate # people projected to be served in 2020:
 |            |
| 1. Neighborhood where the activities/project will take place.
 |       |
| 1. Who is the target population the outreach is designed to serve?

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| --- | --- |
| [ ] All populations[ ]  LGBTQ[ ]  People living with disabling health conditions[ ]  People living with drug or alcohol addiction(s)[ ]  People living with mental illness[ ]  Older adults (55+ y.o.) | [ ]  Veterans and/or their families[ ] Young adults (18-24 y.o.)[ ]  Youth (under 18 y.o.)[ ]  Cultural/ethnic communities (please list)                     |

 |
| 1. Partner Agency (if applicable):

Contact Name:       Title:       Address:       Email:        Phone Number:       Description of partner agency proposed activities:      Signature of partner agency representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**2019 Outreach Request for Qualification
Proposed Program Budget**

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

|  |  |
| --- | --- |
| **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. |       |

**2019 Outreach Request for Qualification
Proposed Personnel Detail Budget**

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

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

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

**2019 Outreach Request for Qualification**

**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 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?\***

* If your application names specific partner agencies, 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 and supporting documents requested in this funding opportunity.
* A completed narrative response addresses all the following:

[ ]  Program Design Description (22 points)

* + *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”).*

[ ]  Commitment to Racial Equity and Person-Centered Care (22 points)

[ ]  Budget (6 points)

[ ]  **Completed the full Proposed Program Budget?\***

[ ]  **Completed the full Proposed Personnel Detail Budget?\***

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

[ ]  Roster of your current Board of Directors

[ ]  Minutes from your agency’s last three Board of Directors meetings

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

All applications are due to the City of Seattle Human Services Department by **4:00 p.m. on Tuesday, March 12, 2019.** Application packets received after this deadline will not be considered. See Section I for submission instructions.