

**2025 Commercial Sexual Exploitation Survivor Services**

**Request for Proposal**

**June 16, 2025**

**Amended: July 3, 2025**

# 2025 Request For Proposal APPLICATION

## HOW TO COMPLETE THE APPLICATION

Applications will be rated only on the information requested in this Request for Proposal 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 12:00pm PST, July 14, 2025.**

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 **8 pages if applying to one strategy, or 13 pages if applying to both strategies** (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 |
| ~~Attachment 5: Summary of Proposal Deliverables~~ | ~~Summary of Proposal Deliverables~~ |
| Memorandum of Agreement from subcontracted organization(s) | Memorandum of Agreement |
| Letter of agreement from fiscal sponsor | Letter of Agreement |
| Letter of collaboration from partner | Letter of Collaboration |

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

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 proprietary and confidential information, agency eligibility, data collection and reporting, contracting, appeals, expectations for culturally responsive services, [Theory of Change](https://seattlegov.sharepoint.com/:w:/r/sites/HSD_DPE_GRP/_layouts/15/Doc.aspx?sourcedoc=%7B459BAD86-7754-4D01-B61C-380565B6F99B%7D&file=HSD_TheoryOfChange_Table_MODVSA-CSE_Updated.docx&wdLOR=c3CE1BFC6-AA48-42D8-B55E-B70598AB0649&action=default&mobileredirect=true), and the process for selecting successful applications.

**PROPOSAL NARRATIVE & RATING CRITERIA**

Applicant’s narrative proposals will be comprised of a core section and one or two strategy sections. All applicants must complete the “Core Application Questions” which include Sections A and B. The core section is worth up to 50 points. The service strategy application questions are in Section C and Section D. Complete Section C if applying under the “Mobile Flexible Advocacy Strategy.” Complete Section D if applying under the “Shelter/Housing Strategy.” Complete Sections C and D if submitting a proposal for both strategies.

Each service strategy section will be scored separately with a maximum of 50 points for each section. Each service strategy proposal score (up to 50 points), will be added to the core section score (up to 50 points) for a total of up to 100 points per strategy proposal.

Narrative responses should fully answer each question and not exceed a total of 8 pages if applying to one strategy, or thirteen (13) if applying for both strategies.

|  |  |
| --- | --- |
| Option 1  Applying to provide  both strategies | A+B = 3 pages  C+D = 10 pages  **Total = 13 pages** |
| Option 2  Apply to provide one strategy | A+B = 3 pages  C (or) D = 5 pages  **Total = 8 pages** |

Applications 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**

|  |  |  |
| --- | --- | --- |
| * + - 1. **ORGANIZATION DESCRIPTION AND PARTNERSHIPS:** |  | **RATING CRITERIA POINTS: 25** |
| 1. Briefly state your organization's mission, vision, and services. Describe how these align with increasing access to services to individuals harmed by commercial sexual exploitation. **(5 points)**  2. Describe your organization’s history and experience providing CSE-specific services. **(15 points)**  Include:   1. How long has your organization provided CSE-specific services? 2. What is your track record, history, and/or experience in serving CSE survivors and those from the focus and priority populations described in Section D of the Funding Guidelines? 3. What service gaps or unique needs of CSE survivors does your organization address? 4. How does your organization ensure culturally responsive, survivor-centered, and trauma-informed care to clients to meet service gaps and needs of CSE survivors? 5. What is your experience with and approach to partnering and/or coordinating with law enforcement and other government and/or criminal-legal system entities to meet the needs of CSE survivors?   3. Describe your organization’s leadership, board, and frontline staff, highlighting if/how they reflect the population being served, and/or are reflective of the focus and priority populations described in Section D of the Funding Guidelines. Describe your organization’s strategies for recruiting and retaining experienced and diverse staff. Describe your onboarding and ongoing training program for staff. **(5 points)** | | 1. Applicant clearly articulates how its mission, vision, and services are aligned with increasing access to services for those harmed by commercial sexual exploitation. **(5 points)**  2. Applicant demonstrates experience and expertise (min. 2 years) working with survivors of commercial sexual exploitation, including those from focus and priority populations as described in Section D of the Funding Guidelines. **(15 points)**  Applicant describes how their organization meets a service gap or unique need of CSE survivors.  Applicant describes how their organization provides culturally responsive, survivor-centered, and trauma-informed care.  Applicant describes experience working with relevant criminal-legal system entities in support of CSE survivor needs.  3. Applicant’s board of directors and/or staff are reflective of the population they are serving, and/or of the focus and priority populations describe in Section D of the Funding Guidelines. Applicant describes practical and realistic strategies that build staff expertise and promote staff retention and commitment. Applicant prioritizes training and support for staff. **(5 points)** |

|  |  |  |
| --- | --- | --- |
| * + - 1. **FINANCIAL AND DATA MANAGEMENT** |  | **RATING CRITERIA POINTS: 25** |
| 1. Describe your organization’s financial management system. How does your organization establish and maintain general accounting principles to ensure adequate administrative and accounting procedures and internal controls necessary to safeguard all funds that may be awarded under the terms of this funding opportunity? Entities without such capabilities may wish to have an established organization act as a fiscal agent. **(10 points)**  2. Is your organization able to administer a cost reimbursable contract with invoices submitted once a month for payment of services?  (Organizations without such capabilities may wish to have an established organization act as fiscal agent.) **(10 points)**  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? **(5 points)** | | 1. Applicant has a fiscal management system which maintains checks and balances and follows Generally Accepted Accounting Principles (GAAP) to safeguard all funds that may be awarded under the terms of this funding opportunity. **(10 points)**  2. Applicant can administer a cost reimbursable contract. If applicant lacks fiscal management capabilities, applicant identifies its fiscal sponsor.  **(10 points)**  3. Applicant has experience with data management, has the ability to track data safely and can evaluate data to improve service delivery. **(5 points)** |

**SERVICE STRATEGY APPLICATION QUESTIONS**

|  |  |  |
| --- | --- | --- |
| **C. MOBILE FLEXIBLE ADVOCACY STRATEGY** |  | **RATING CRITERIA POINTS: 50** |
| 1. Provide an overview of your program, including: **(35 points)**   1. Key service components the (described in Section B of the Funding Guidelines). 2. How the organization will collect data to measure success. 3. Who you intend to serve (describe demographic information). 4. When and where (locations, times, days of the week, etc.) services will be delivered. 5. Who will deliver services (brief job description for all key personnel who will have a significant role in program coordination and service delivery). 6. Anticipated number of clients to be served, annually. 7. If your proposal includes formal partnerships, identify each partner and describe their roles and responsibilities. Include signed letters of intent for any partners providing key program elements.   2. How do you ensure that your program is culturally appropriate and addresses disparities for BIPOC, LGBTQIA+ individuals, individuals with mobility limitations, and other historically underserved groups? **(10 Points)**  3. Describe how you envision working collaboratively with other CSE service providers and stakeholders - including law enforcement and other systems partners who will participate in the HSD CSE Collaborative - to ensure comprehensive support for clients. Describe how you will make and receive survivor-centered referrals, and what benefits this coordination brings to clients. **(5 points)**  4. Complete the Proposed Program Budget (Attachment 3) Budget worksheets will not count toward the 5-page narrative limit. The costs reflected in this budget should be for the service area only, not your total organizational budget. **(Not scored)** | | 1. Applicant has an understanding of the key service components and demonstrates how the program will collect data to measure program effectiveness.  Applicant presents a thorough description of the program that includes details of who program will serve, when, and anticipated number of clients served. The program has enough qualified staff (or partners) to deliver the services as described, or a plan to build staff capacity. **(35 points)**  If the proposal includes formal collaborations and/or partnerships, partners in this arrangement are identified. Applicant clearly describes roles and responsibilities of partners and/or subcontractors of the project. Signed letter of collaboration is included.  2. Applicant demonstrates a strong commitment to cultural relevancy and inclusivity, with specific strategies to address disparities. Demonstrates a commitment to welcoming and supporting marginalized communities. **(10 Points)**  3. Applicant describes effective partnerships and collaborations with all required CSE Collaborative partners that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program clients. Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner. **(5 points)**  4. Costs are reasonable and appropriate given the proposed service, level of service, the priority population(s) and focus population(s), and expected outcomes. **(Not scored)** |

|  |  |  |
| --- | --- | --- |
| **D. SHELTER/HOUSING SERVICES STRATEGY** |  | **RATING CRITERIA POINTS: 50** |
| 1. Describe your organization’s proposed site location, and what steps your organization has taken to set up and prepare the site and to serve CSE survivors? If your organization does not have a site located, please specify (i.e. propose how you would locate a site and/or plan to locate a site in partnership with another organization). Describe your organization’s safety plan for fires and other emergencies, and how is the plan shared with staff?  **(15 Points)**  2. Provide a detailed description of your program, including:  **(20 points)**   1. Key service components of the housing/shelter program (described in Section B of the Funding Guidelines). 2. How the organization will collect data to measure success. 3. Who you intend to serve (describe demographic information). 4. When and where services will be delivered (locations, times, days of the week, etc.), and number of beds/units will be provided. 5. Who will deliver services (brief job description for all key personnel who will have a significant role in program coordination and service delivery). 6. Anticipated number of clients to be served, annually. 7. How your program leads to exits into permanent housing or overcome barriers to service engagement? 8. If your proposal includes formal partnerships, identify each partner and describe their roles and responsibilities. Include signed letters of intent for any partners providing key program elements.   3. How do you ensure that your shelter/housing program is culturally appropriate and addresses disparities for BIPOC, LGBTQIA+ individuals, individuals with mobility limitations, and other historically underserved groups? **(10 Points)**  4. Describe how your organization partners with local CSE service providers and other stakeholders (including law enforcement and other system partners who will participate in the HSD CSE Collaborative) to ensure comprehensive support for clients. Describe how you will make and receive survivor-centered referrals, and what benefits this coordination brings to clients. **(5 points)**  5. Complete the Proposed Program Budget (Attachment 3) Budget worksheets will not count toward the 5-page narrative limit). The costs reflected in this budget should be for the service area only, not your total organizational budget.  **(Not scored)** | | 1. Applicant has planned for a site for the operation of the shelter/housing units, located in the city of Seattle. Preference is given to organizations that have located a site. Applicant provided details about the safety plans for fires and other emergencies, and provided specific examples of how the plan is communicated to staff. **(15 Points)**  2. Applicant has an understanding of the key service components and demonstrates how the program will collect data to measure program effectiveness. **(20 points)**  Applicant presents a thorough description of the program that includes details of who the program will serve, when, where, and anticipated number of bed/units and clients served.  The program has enough qualified staff (or partners) to deliver the services (24/7 staffing if emergency shelter) as described, or a plan to build staff capacity.  Applicant describes how they utilize on-site case management to ensure individuals receive resources needed including medical, behavioral health, and housing programs.  If the proposal includes formal collaborations and/or partnerships, partners in this arrangement are identified. Applicant clearly describes roles and responsibilities of partners and/or subcontractors of the project. Signed letter of collaboration is included  3. Applicant demonstrates a strong commitment to cultural relevancy and inclusivity, with specific strategies to address disparities. Demonstrates a commitment to welcoming and supporting marginalized communities. **(10 Points)**  4. Applicant describes effective partnerships and collaborations with all required CSE Collaborative partners that enhance service quality, minimize duplication, enhance the resources available and provide benefit to program clients. Applicant describes how clients will be referred to other programs and agencies in a proactive, seamless, client-friendly manner.  **(5 points)**  5. Costs are reasonable and appropriate given the proposed service, level of service, priority population(s) and focus population(s), and expected outcomes. **(Not scored)** |

|  |  |
| --- | --- |
| **TOTAL** | **100 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 eight (8) pages if applying to one strategy or thirteen (13) pages if applying to both strategies, not counting the budget and other documents.
* A completed Proposal Budget for each strategy (Attachment 3), in Excel.
* A completed Proposal Personnel Detail Budget for each strategy (Attachment 4), in Excel.
* Signed partnership letters and/or collaboration letters of intent.
* Completed applications are due by **July 14, 2025 at 12:00 p.m.** Pacific Standard Time.
* Proposals must be submitted through the HSD Online Submission System **OR** via 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.

*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: 2025 Commercial Sexual Exploitation Survivor Services Request for Proposal**. 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](https://www.seattle.gov/documents/Departments/HumanServices/Funding/Proprietary-and-Confidential-Information-2020.pdf). **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 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 organization’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 organization’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 organization 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 2025 Commercial Sexual Exploitation Survivor Services [Theory of Change](https://seattlegov.sharepoint.com/:w:/r/sites/HSD_DVSAP_GRP/Shared%20Documents/Planning%20and%20RFPs/2.%20Funding%20Processes/2025%20CSE%20RFP/CSE%20Survivor%20Services_Theory%20Of%20Change_6.6.25.docx?d=w203e0ebcda7547519129959d95fabe9c&csf=1&web=1&e=CxmreK)

**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 organization 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 8 pages if applying to one strategy, or 13 pages if applying to both strategies

(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 per strategy proposal (Attachment 3)? \***

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

**If you are proposing a subcontract with another organization, attach a signed Memorandum of Agreement (MOA) from that agency’s director or other authorized representative.\***

**If you are proposing a significant collaboration with another organization, 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 per strategy proposal.*

All applications are due to the City of Seattle Human Services Department by **12:00pm PST, July 14, 2025**. See Section I for submission instructions.

### Attachment 2 - Application Cover Sheet

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. Applicant Name: | | | | |  | | | | | | |
| 1. Name of Executive Director: | | | | |  | | | | | | |
| 1. Organization 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. Proposed Strategy(ies): | | | | | | Mobile Flexible Advocacy  Shelter/Housing | | | | | |
| 1. Focus Population(s) program will serve (check all that apply; those checked should match who you describe serving in your application: | | | | | | American Indian/Alaskan Native  Black/African American  Hispanic/Latinx  Native Hawaiian/Pacific Islander  Other: | | | | | |
| 1. Priority Population(s) program will serve: | | | | | |  | | | | | |
| 1. Funding Amount Requested: | | | | | |  | | | | | |
| 1. # Of clients to be served per year:   # of shelter beds/units proposing (if applicable) | | | | | |  | | | | | |
| 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

* **Mobile Flexible Advocacy: September 1, 2025 – December 31, 2026** (16-mo. contract period)
* **Shelter/Housing Strategy: January 1, 2026 – December 31, 2025** (12-mo. contract period)

*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 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 | $ | $ | $ | $ | $ |
| Indirect Facilities and Administration (F &A) 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

* **Mobile Flexible Advocacy: September 1, 2025 – December 31, 2026** (16-mo. contract period)
* **Shelter/Housing Strategy: January 1, 2026 – December 31, 2025** (12-mo. contract period)

*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** | **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:** | | | | **$** | **$** | **$** | **$** | **$** |
| **Total Personnel Costs (Salaries & Benefits):** | | | | **$** | **$** | **$** | **$** | **$** |