

ATTACHMENT 2: APPLICATION

Please submit these sections in the following order:

A. RFP Response Cover Sheet

Applicant Information

Organization Name(s):

If applicable, website address(es):

Mailing Address:

Director Name(s):

Total Amount Requested:

Program Name:

Primary Contact Information

Name:

Organization Name:

Title:

Phone:

Email Address:

Secondary Contact Information

Name:

Organization Name:

Title:

Phone:

Email Address:

B. Narrative Response (Maximum of 6 pages)

Please address all of the questions below. Responses should be limited to 6 pages and written in 12 point Arial font, single-spaced with 1 inch margins. Please ensure that there is sufficient detail in your narrative in order for reviewers to have a clear understanding of your chosen strategies and approaches.

Organization foundation year:

Vision:

Mission:

1. Please describe the program you are proposing to meet the needs of youth and families on EHM (How will you provide community supports? To whom? Where? How often?).
2. Please describe the impacts that the juvenile legal system and Electronic Home Monitoring have on youth, and their families.
 - i. Please describe how your program will mitigate these impacts.
3. Please describe your experience meeting the basic needs of youth and families who are Black, Latinx, Native American, immigrants, multi-lingual, and of diverse genders, sexual orientations, and abilities.
4. Please explain how your agency/partnership fulfills the eligibility criteria described in the Strategy section of this RFP.
 - i. What is the current capacity of your organization to develop this program?
 - ii. What adjustments will you need to make to offer the services described in your proposal?
 - iii. What supports would you need from King County to cover any gaps?
5. Please provide a detailed budget narrative explaining your proposed expenses. Please note that indirect costs are allowable but must be itemized.
6. Please indicate how you will recruit and retain the personnel who will offer the direct services.
 - i. What are the identity demographics of the staff?
 - ii. Please describe their lived experiences with the criminal legal system.
 - iii. Please describe what specific supports staff will be provided to address secondary trauma inflicted by the legal system and navigate challenging relationships in an intense setting.
7. How will the roles among personnel be defined and how will responsibilities be distributed?
8. Is there anything else you would like to share about your proposed model that you have not already expressed that you believe is important to consider your application for this RFP?

C. Budget Form

If you are doing a collective application, please complete the "Overall Program Budget" as a whole

Form Instructions

a. Overall Program Budget (For 24 months)

1. Use the “funding request” column to indicate the requested funding amount
2. Use the “funding from other revenue sources” column to describe the remaining portion of expenses that will be funded by other revenue sources.
3. If no other funding will be used/leveraged, please leave the “funding from other revenue sources” blank.
4. The “Total Program Expense” column should total all expenses related to this particular program. ***If using other funding for this program, please identify the source of funding.***

b. Overall Program Budget Narrative

1. For each line item, provide the estimated amount needed per month. For line items without monthly costs please provide the estimated total.
2. For example:
 - i. **Salary Wages and Benefits:** 2 FTE direct Service FTE.5 Supervision
 - ii. **Operating Costs:** Rent, Utilities, Vans, Database, Curriculum etc.
 - iii. **Participant Cost:** Stipends, Event Entry, Food, etc.
 - iv. **Consultants/Sub-Contracts:** Capacity Building Support and Direct Service Sub-Contractors
 - v. **Administrative Costs:** Staff That Provide Administrative Support Including IT and Accounting

c. Salary Expense

1. Under “Position Title” indicate the person’s role in the organization
 - a. Next to each title, Indicate the organization if you are doing a collective application
2. Under “Annual Base Salary” indicate each person’s total salary for this program and others.
3. Under “FTE” indicate the amount of hours each person works for the organization overall (not just for this program).
4. Under “% of time attributable to the project” indicate how much of the person “FTE” will go towards this program.
5. Under “Total salary attributable to project” indicate how much of the person “Annual Salary” will go towards this program.

Overall Program Budget (For 24 Months)

Expense	Funding Request	Funding from other revenue sources	Total Program Expense
Salaries and Benefits			
Operating Costs*			
Participant Costs**			
Consultants/Sub-Contractors			
Administrative Costs***			
Staff Training			
Other – Specify			
Total Expenses			

*Operating Costs are costs associated directly to a specific program - such as office supplies, communications, equipment maintenance/rental, building rent and utilities

**Participant Costs are costs associated directly to the youth and young adults that are receiving services.

***Administrative Costs are overall shared costs such as general organizational administrative staff time, central rates, IT costs, fiscal sections costs, etc.

Overall Program Budget Narrative

Salary Expense (Add rows to the table as needed)

Position Title (and organization applying as a collective)	Annual Base Salary	FTE*	% of time attributable to the project	Total salary attributable to the project
Total Salary Costs				

* FTE= Full-time equivalent (i.e. 40 hours = 1.0 FTE, 20 hours=.50 FTE)