**Attachment A – Organization Questionnaire & Service Narrative**

**Organization Information:**

Organization Name:

Parent Organization (if applicable):

Type of Organization:

Number of Full Time Employees:

Number of Part Time Employees:

Total FTE:

2023 Annual Budget:

Organization Racial Demographics*:*

Staff – Executive Leadership (Executive Director, Development Director, etc.):

Staff – Supervisors/Program Managers (if different than Executive Leadership):

Staff – Direct Service:

Board Members:

**Whom will you be serving and where:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Scope: | Medical Services |  Behavioral Health Services | Enabling Services | Senior Mobile Medical Services | Highly Impacted Communities |
| Population(s)\* |  |  |  |  |  |
| Geographic Area(s)\*\* |  |  |  |  |  |

\*Populations: A = Adults, Y/YA =Youth/Young Adult, F=Family shelter residents, S=Seniors, S+ = homeless and non-homeless seniors (scope 4 only)

\*\*Geographic Area(s): Seattle, N. King County, E. King County, S. King County

**Service Narrative:**

Response should be in 11pt Arial Font with 1-inch margins

**SITE AND AGENCY QUALIFICATIONS** (Minimum 1 page; Maximum 5 pages for this section)

Please describe your agency’s qualifications to provide the above services. Be sure to address each of the following requirements/criteria as described in **Part 1: Minimum Qualifications and Agency Capacity** and **Part 4: Rating Criteria- Site and Agency Qualifications**

|  |  |  |
| --- | --- | --- |
| ***Experience*** | ***Organizational Capacity*** | ***Equity*** |

**WELL-DEFINED PROGRAM**(Minimum 2 pages; Maximum 7 pages for this section, **per scope**)

Please describe your approach to providing the services indicated in the scopes for which you are applying. If you are applying to provide multiple programs/strategies, please describe each separately. Applicants for medical services (scope 1) should list which [HRSA required services](https://bphc.hrsa.gov/sites/default/files/bphc/compliance/form-5a-service-descriptors.pdf) they will be offering in their strategy. Be sure to address each of the following as described in **Part 4 Rating Criteria- Well-defined Program**

|  |  |  |
| --- | --- | --- |
| ***Approach*** | ***Partnerships and Collaboration*** | ***Philosophy*** |