# PROPOSAL INSTRUCTIONS

* Please be as succinct as possible. The question set section must be no longer than ten pages and double spaced, including the questions. Reviewers will not consider text beyond the indicated text limitations and/or space provided.
* No handwritten proposals will be accepted. Proposals must be typed or computer generated and double-spaced. The font must be at least 10.5 point.
* Pages should be standard 8-1/2" by 11" with 1 inch margins. All copies should be double sided and double spaced.
* Original signatures must be in blue ink on the original set.
* Use the application checklist to ensure your package is complete.
* Do not bind proposals, or submit extra materials not requested.
* Substantially incomplete, faxed, or late applications will not be considered. **Hand delivery is highly recommended.**
* One original and three copies of the completed proposal should be submitted by 5 p.m. on Wednesday, March 1, 2017 to:

**Mayor’s Office of Housing and Community Development**

**1 South Van Ness Avenue, 5th Floor**

**San Francisco, CA 94103**

**Attention: Brian Cheu**

In addition, please e-mail a PDF of the completed application to [brian.cheu@sfgov.org](mailto:brian.cheu@sfgov.org) by that same deadline.

# AGENCY CHECKLIST

**Application *(one original signed in blue ink and three copies)***

[ ] Proposal Cover Sheet

[ ] List of Board of Directors

[ ] Question Set

**Additional required items for applicants not currently receiving MOHCD *(one copy attached to the original set)***

[ ]Articles of Incorporation, including all amendments

[ ]Organization by-laws, including all amendments

[ ]Evidence of Federal Tax Exempt 501(c) (3) status

**PROPOSAL COVER SHEET**

**Organization Information**

Organization Name:

Street Address: San Francisco, CA 941

Main Phone: Fax:

Executive Director: Telephone: x

**Project Information**

Project Name:

Project Site Address: San Francisco, CA 941

Contact Person Name: Telephone: x

Contact Person Fax: Email Address:

**Please circle which funding source you are applying for. CDBG HOME**

**Please note that applicants must submit separate applications for each funding source.**

**Total Proposal Request: $ Total Project Cost: $**

**Total FY 2016-2017 Agency Budget: $**

**I certify that the information provided in this application is true:**

Signature of Executive Director Date

**Note:** Successful applicants will be required to execute and meet the provisions of a grant agreement. Additional documentation, including a work plan and a project budget, must be completed and approved by MOHCD prior to any funds being committed or spent. Financing is primarily on a cost-reimbursement basis. Successful applicants will be expected to participate in MOHCD’s online programmatic and financial reporting system. Expenses incurred prior to start of the contract are not eligible for reimbursement.

**LIST OF BOARD OF DIRECTORS**

Name Affiliation/Occupation List Other Board Memberships

**CDBG & HOME**

**HOUSING DEVELOPMENT GRANTS**

**QUESTION SET**

**Q1.** Describe the need your rehabilitation project will address and how it will benefit low and moderate-income residents. Briefly summarize the request and include the proposed use of funds. Provide the project's history that has led to this request. Include when the sponsor acquired the parcel(s), any previous requests for City financing for the same development project that would be funded by this request, and attempts to secure other financing. Also, specifically describe how your project will address the HDG goals to preserve and maintain the affordable housing supply through supporting predevelopment for preservation of existing affordable rental housing.

**Q2.** Describe the essential elements of your rehabilitation project, if applying for CDBG funding. Please include the following, if applicable:

* Estimated number of people in target population citywide
* Total number of people to be served through this particular project, regardless of funding source
* Demographic profile of current residents in the building including AMI, race, etc.
* Include an explanation of the need for relocation, whether it will be temporary or permanent, estimated duration on any temporary relocation, number of residents impacted.
* Describe the accessibility of the existing building and the extent to which that accessibility will be upgraded as part of this rehabilitation scope.
* Describe how project will be staffed. Number of staff members; percentage of time spent on project, etc.
* Total number of total people to be served through CDBG funds
* Please describe how your proposed project aligns with the City's articulated strategies as described above
* Please state whether or not this project will be completed within three years, and if not, why not
* Describe how your rehabilitation project will leverage other city and non-city funds

For those agencies who do not have current active rehab projects, or who have a limited number of rehab projects, and are therefore interested in applying for operating support through HOME funding:

* Please list HOME-funded projects in San Francisco currently in your portfolio, including a description of each building and the number of low-income beneficiaries in each building.
* Please attach CHDO certification letter from MOHCD.
* Please describe how your request for operating support will benefit your HOME-funded project.

**Q3.** Please provide a detailed description of the building (number of units/floors, type of construction, year built, etc.) and other conditions that you plan to address with the proposed rehabilitation, including any existing violations of fire safety, seismic, building or health codes. Please supply a list of all other conditions that may need repair, replacement, upgrading or rehabilitation but that you do not plan to address with this rehabilitation. This section does not apply to requests for HOME funds.

**Q4.** Please indicate the total numbers of units that will be rehabbed or will benefit from the project by the end of construction. This section does not apply to requests for HOME funds.

**Q5.** In addition to number of units to be rehabbed, you must also include the deliverables that will be accomplished within the proposed grant period (i.e. conduct feasibility study, submit tax credit application, secure funding commitment, obtain site control, dates for submitting and securing permits, dates for issuing notice to proceed, etc.). Each deliverable should be entered on a separate line. Please include a detailed performance schedule for achieving your deliverables. This section does not apply to requests for HOME funds.

|  |  |  |
| --- | --- | --- |
| **Deliverable** | **Starting Date** | **Ending Date** |
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**Q6.** Please enter the one-year total of funds requested.

Salary Detail   
If you are requesting funds to pay for administrative salaries please indicate the title(s) and % of admin time in the justification box. If you are requesting coverage for indirect costs you may NOT request administrative salaries as part of your direct costs.

Contractual Services Detail

Subcontracting must follow federal procurement guidelines as outlined in MOHCD's Operating Procedures Manual and specifically in [Form H](javascript:__doPostBack('ctl00$ContentPlaceHolderRFPDetail$LinkButtonFormH1','')).

Equipment Detail

Equipment purchases exceeding $1,000 must follow the guidelines set forth in [Form H](javascript:__doPostBack('ctl00$ContentPlaceHolderRFPDetail$LinkButtonFormH2','')). Equipment leases should be included under "Other" Detail.

Travel/Conference Detail

The Operating Procedures Manual requires agencies to consult their grant coordinator for out of town travel expenses.

Other Detail

CDBG funds CANNOT be used for stipends, food and beverage, and entertainment expenses. Political activities and advertising not related to recruitment are also disallowed budget items.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Line** | **Budget Item** |  | |  | **Requested Amount from MOHCD** | **Total Program Budget** |
| **Salaries & Wages** |  |  | |  |  |  |
|  | **NAME - TITLE** | **Rate/Hr.** | | **# of Hrs.** | $ | $ |
| 1 |  |  | |  | $ | $ |
| 2 |  |  | |  | $ | $ |
| 3 |  |  | |  | $ | $ |
| 4 |  |  | |  | $ | $ |
| 5 |  |  | |  | $ | $ |
| 6 |  |  | |  | $ | $ |
| 7 |  |  | |  | $ | $ |
| 8 |  |  | |  | $ | $ |
| 9 | **Total Salaries (Lines 1 thru 8)** |  | |  | $ | $ |
| **Fringe Benefits** |  |  | |  |  |  |
|  | **Item** |  | |  |  |  |
| 10 | FICA |  | |  | $ | $ |
| 11 | SUI |  | |  | $ | $ |
| 12 | Workers Compensation |  | |  | $ | $ |
| 13 | Medical Insurance |  | |  | $ | $ |
| 14 | Retirement |  | |  | $ | $ |
| 15 | Other |  | |  | $ | $ |
| 16 | **Total Fringe Benefits (Lines 10 thru 15)** |  | |  | $ | $ |
| **Contractual Services** |  |  | |  |  |  |
|  | **Item** |  | |  |  |  |
| 17 |  |  | |  | $ | $ |
| 18 |  |  | |  | $ | $ |
| 19 |  |  | |  | $ | $ |
| 20 |  |  | |  | $ | $ |
| 21 |  |  | |  | $ | $ |
| 22 | **Total Contractual Services (Lines 17 thru 21)** |  | |  | $ | $ |
|  | **Equipment** | | | |  |  |
| 23 |  |  | |  | $ | $ |
| 24 |  |  | |  | $ | $ |
| 25 |  |  | |  | $ | $ |
| 26 | **Total Equipment (Lines 23 thru 25)** |  | |  | $ | $ |
| **Insurance** |  |  | |  |  |  |
| 27 |  |  | |  | $ | $ |
| 28 |  |  | |  | $ | $ |
| 29 |  |  | |  | $ | $ |
| 30 |  |  | |  | $ | $ |
| 31 |  |  | |  | $ | $ |
| 32 | **Total Insurance (Lines 27 thru 31)** |  | |  | $ | $ |
| **Travel & Conferences** |  |  | |  |  |  |
| 33 |  |  | |  | $ | $ |
| 34 |  |  | |  | $ | $ |
| 35 |  |  | |  | $ | $ |
| 36 | **Total Travel (Lines 33 thru 35)** |  | |  | $ | $ |
|  | **Space Rental (Office/Program Space)** | | | |  |  |
| 37 | **Total Space Rental** |  | |  | $ | $ |
|  | **Supplies** | | | |  |  |
| 38 | **Total Office Supplies** |  | |  | $ | $ |
|  | **Telecommunications (Phone)** | | | |  |  |
| 39 | **Total Telecommunications** |  | |  | $ | $ |
|  | **Utilities** | | | |  |  |
| 40 | **Total Utilities** |  | |  | $ | $ |
|  | **OTHER** | | | |  |  |
| 41 |  |  | |  | $ | $ |
| 42 |  |  | |  | $ | $ |
| 43 |  |  | |  | $ | $ |
| 44 |  |  | |  | $ | $ |
| 45 | **Total Other (Lines 41 thru 45)** |  | |  | $ | $ |
|  | **Indirect** | | | |  |  |
| 46 | **Total Administrative/Indirect (no more than 10% MTDC)** | |  |  | $ | $ |
| 47 | **Total (Line 9+16+22+26+32+36+37+38+39+40+46)** | | |  | $ | $ |

**Indirect Costs for Federal Funds (CDBG, ESG)**

Grantees with a federally-approved indirect cost rate should submit documentation of the approved rate to MOHCD.

For grantees without a federally-approved indirect cost rate, the maximum allowed indirect cost rate for Federal Funds (CDBG, ESG) is 10% of Modified Total Direct Costs (MTDC). MTDC excludes:

1. Equipment
2. Rent
3. Capital expenditures
4. Charges for patient care
5. Tuition reimbursement
6. Scholarships and fellowships
7. Participant support costs -- direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences, or training projects
8. Sub-award (or subcontract to other nonprofits) amounts in excess of $25,000

Note: Not all of these costs are eligible under the HDG program guidelines.

The first two items (Equipment and Rent) on the spreadsheet are separate line items in the GMS budget, while 3-8 will be included within line items such as Other, Travel or Contractual Services.

To calculate the MTDC, the excluded costs will be subtracted from the total direct costs, and then 10% of that modified amount will be allowed for indirect costs.  MOHCD provides a spreadsheet tool, the MTDC Calculator, for calculating your allowable indirect cost based on MTDC.

**Q7.** Please enter the following information about funding for the project:

|  |  |
| --- | --- |
| Requested Funds for this Rehabilitation Administration Grant: | $ |
| Total Cost for this Rehabilitation Administration Project, including other funding sources, if any: | $ |
|  |  |
| Total Cost for Construction/Rehabilitation for this Project: | $ |
| Total Funding Secured for Construction/Rehabilitation for this Project: | $ |

**Q8.** MOHCD’s programs focus on our most severely distressed neighborhoods. The specific programs that would benefit from the funding you are requesting should therefore be based in and primarily benefit low-income residents of such neighborhoods. Identify the neighborhoods to be served and the % of your total clients from each neighborhood. The total percentage must equal 100%. Please refer to the map of MOHCD-defined San Francisco neighborhoods in the RFP Attachment. For housing, homeless and shelter programs, please choose the neighborhood in which your facility is located.

|  |  |
| --- | --- |
| **MOHCD-Defined Neighborhood** | **% of Program Clients** |
|  |  |
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