**PROPOSAL COVER SHEET**

(You may neatly hand-write this portion of the proposal)

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Organization Name:

Street Address:

City:

State: Zip Code:

Main Phone: Fax:

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Project Name:

Project Site Address (if different):

City:

State: Zip Code:

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Executive Director:

Phone: Email:

Primary Contact Person (if different):

Phone: Email:

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Total Proposal Request: $

Total Project Cost: $

Total FY 2018-19 Projected Agency Budget: $

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I certify that the information provided in this application is true.

|  |  |
| --- | --- |
| Signature of Executive Director | Date |

**BOARD OF DIRECTORS**

(You may neatly hand-write this portion of the proposal)

The applicant should have a Board of Directors with a minimum of 7 members. The Board and staff must have broad-based experience and skills to satisfactorily manage and guide the organization. The Board must provide vision, oversight and direction to the organization, and should include San Francisco residents and/or demonstrate knowledge of the needs of low- and moderate-income San Franciscans. Representation on the Board of low-income residents and target neighborhoods and/or populations is encouraged.

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| --- | --- | --- | --- |
| Name | Years on Board | Neighborhood of Residence | Affiliation/Occupation |
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**QUESTION SET**

(Must not exceed 10 pages)

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1. **Summarize the proposed capital project, including how and which program(s) will directly benefit from the project.** *In your response, include:*
	* *A description of how the proposed project meets one or more of the program objectives and/or priorities described on p.8 of this RFP; and*
	* *Any construction elements that are in line with LEED certified practices or support sustainable green building standards (if applicable).*
2. **Indicate whether you are requesting funds for an Existing Facility or a New Facility.**
	* *An Existing Facility is defined as improvements to part or all of a facility (including supporting systems) where existing programs serve clients. If you are requesting an Existing Facilities capital grant, proposals that show a 15% to 50% match will be most competitive. All Existing Facilities proposals requesting more than $100,000 require a minimum 15% match. Is this match in place? If not, please indicate your plans and schedule for raising it.*
	* *A New Facility is defined as acquisition or renovation of a facility to house a new or existing program in a new or adjacent space, where the program had not been provided previously. If you are requesting a New Facilities capital grant, proposals must show a one-to-one match. Acquisition, design, permits and some additional expenses can be counted toward match. Have these funds been raised? If not, how will they be and what is the schedule? In addition, please describe the new program or program expansion that will be supported, including community support and the sources of funding for the new program or program expansion.*
3. **Provide a detailed implementation schedule for the proposed capital project.** *In your response, include start and end dates for at least the following items:*

|  |  |  |
| --- | --- | --- |
| Item | Start Date | End Date |
| 1. Establishing site control (e.g. owning, closing on a purchase, or establishing or extending a lease)
 |  |  |
| 1. Hiring an architect or other consultant
 |  |  |
| 1. Completion and approval of preliminary designs by the Mayor's Office on Disability (MOD)
 |  |  |
| 1. Applying for a building permit and license (if applicable)
 |  |  |
| 1. Bidding
 |  |  |
| 1. Construction
 |  |  |
| 1. Fundraising (if necessary)
 |  |  |

1. **Describe any construction training or experience that your current staff possesses to implement the proposed capital project.** *In your response, include:*
	* *A list of capital improvement projects that your current staff has managed in the last 5 years, including scope, cost, funding source(s) and length of time to complete.*
2. **Is there a long-term asset management or capital plan, including an operating and maintenance reserve, in place for the facility that will be acquired or improved?** *If the answer is ‘yes’, describe how this funding request fits into the plan. If the answer is ‘no’, describe your efforts to develop a plan and to ensure future resources for facility improvements.*
3. **Please enter the following information about the facility or site:**

|  |  |
| --- | --- |
| Owner of Facility: |  |
| Facility/Site Size (Sq. Ft.): |  |
| Number of Stories: |  |
| Leased or Owned? |  |
| If leased, how long is the lease and how much time remains? |  |
| Total # of unduplicated clients served by program(s) within the facility to be improved: |  |

1. **Please list the proposed improvement(s), along with the estimated cost of each and the program(s) that will benefit from each.**

|  |  |  |
| --- | --- | --- |
| Proposed Improvement | Estimated Cost | Program(s) Benefiting from Improvement |
| 1. | $ |  |
| 2. | $ |  |
| 3. | $ |  |
| 4. | $ |  |
| 5. | $ |  |

1. **Please enter the following information about funding for the proposed capital project:**

|  |  |
| --- | --- |
| 1. Requested Funds for Construction only:
 | $ |
| 1. Requested Funds for Architectural and/or Engineering:

(not to exceed 15% of construction, and not available for new facilities) | $ |
| 1. Total Requested Grant Budget *(add 1+2)*:
 | $ |
| 1. Total Project Cost, including other funding sources (if any):
 | $ |

1. **Describe the program(s) that will benefit from the proposed capital project.** *In your response, include:*
	* *Any and all City investment in programming that will occur within the facility;*
	* *How those programs will specifically support the goals and objectives outlined in MOHCD’s* [*2015-2019 Consolidated Plan*](http://sfmohcd.org/sites/default/files/2015-2019%20Con%20Plan%20and%202015-2016%20Action%20Plan%20Full.pdf)*; and*
	* *A description of the target population(s) and neighborhood(s) the program(s) will serve, including a projected income distribution using HUD income level categories (see p.18).*

1. **Complete the chart below for each program that would benefit from the proposed capital project.** *Using the last three columns, indicate how each program is eligible under HUD's low-income beneficiary requirements. Program eligibility can be established in only one of the following three ways. Removal of architectural barriers can be funded without association to an eligible program. Select from only one of the three columns for each program:*
	* *% Determined Low-Income: A program that serves persons without regard to the area in which they reside and that collects and verifies data on family size and income so that it is evident that at least 51% of the program beneficiaries are low-income (see HUD Income Levels chart on p.18). If you are using this column, please enter the % of program beneficiaries that are low-income;*
	* *Area Benefit: A program is available to all the residents of an area, which is primarily residential and which at least 51% of the residents within the area is low- and moderate-income persons according to the most recent HUD income data. Please note that population-specific programs such as youth and child care programs cannot use area benefit. Note: If Area Benefit is selected, please submit additional documentation that includes a map showing the location of your facility and a description of the service area. The description may be based on street boundaries or census tract boundaries. CDBG applicants must indicate how you determine that the designated service area is the entire area served by the program.*
	* *Exclusive: A program that exclusively serves one of the following groups that HUD presumes to be low-income: Abused Children, Elderly Persons, Battered Spouses, Homeless Persons, Severely Disabled Adults as defined by the Census Bureau, Illiterate Persons, Persons living with AIDS, and Migrant Farm Workers. If you are using this column, enter one of these groups.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Program Name | Program Description | # of Unduplicated Annual Clients | % Determined Low-Income | Area Benefit | Exclusive |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |

1. **Identify the neighborhoods served by the benefiting programs(s) and the % of clients from each neighborhood.** *Please refer to the map of MOHCD-defined San Francisco neighborhoods on p.18. For homeless and shelter programs, please choose the neighborhood in which your facility is located.*

|  |  |
| --- | --- |
| MOHCD-Defined Neighborhood | % of Program Clients |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |
| TOTAL | 100% |