**PROPOSAL COVER SHEET**

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name:

Street Address:

City:

State: Zip Code:

Main Phone: Fax:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Name:

Project Site Address (if different):

City:

State: Zip Code:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Executive Director:

Phone: Email:

Primary Contact Person (if different):

Phone: Email:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please select the funding source for which you are applying: |  | CDBG |  | HOME |

Total Proposal Request: $

Total Project Cost: $

Total FY 2018-19 Projected Agency Budget: $

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**QUESTION SET**

(Must not exceed 10 pages)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Summarize the proposed rehabilitation project.** *In your response, include:*
   * *A description of the need your rehabilitation project will address and how it will benefit low and moderate-income residents;*
   * *A description of how your project will address our goals to preserve and maintain the affordable housing supply through supporting pre-development for preservation of existing affordable rental housing;*
   * *A history of the project, including when the sponsor acquired the parcel(s), any previous requests for City financing, and attempts to secure other financing;*
   * *Whether your building needs rehabilitation to comply with the City’s soft story seismic retrofit ordinance; and*
   * *How the grant funds will be used (which matches your proposed budget).*
2. **Enter the following information about funding for the proposed project:**

|  |  |
| --- | --- |
| 1. Requested Funds for this Rehabilitation Administration Grant: | $ |
| 1. Total Cost for this Rehabilitation Administration Project, including other funding sources, if any: | $ |
| 1. Total Cost for Construction/Rehabilitation for this Project: | $ |
| 1. Total Funding Secured for Construction/Rehabilitation for this Project: | $ |

1. **Identify the neighborhoods served by the programs(s) benefiting from the proposed project and the % of clients from each neighborhood.** *Please refer to the map of MOHCD-defined San Francisco neighborhoods on p.15. 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% |

1. **Provide a 12-month grant budget using the budget template on p.14.** *Note:*
   * *Administrative salaries can be included under Salaries & Wages or Indirect, but not split between both;*
   * *Travel expenses should only be for travel within the City and County of San Francisco;*
   * *CDBG funds cannot be used for stipends, food and beverage, entertainment expenses, political activities and advertising not related to recruitment;*
   * *If funded, applicants with a federally-approved indirect cost rate will be asked to submit documentation of the approved rate to MOHCD. For applicants without a federally-approved indirect cost rate, the maximum allowed indirect cost rate for federal funds is 10% of Modified Total Direct Costs (MTDC). If funded, MOHCD will provide a spreadsheet tool, the MTDC Calculator, for calculating your allowable indirect costs.*
2. *This section applies to requests for HOME funds only.* **List the HOME-funded projects in San Francisco currently in your portfolio.** *In your response, include:*
   * *A description of each building and the number of low-income beneficiaries in each building;*
   * *An attached CHDO certification letter from MOHCD; and*
   * *A description of how your request for operating support will benefit your HOME-funded project.*
3. *This section applies to requests for CDBG funds only.* **Describe the essential elements of your proposed rehabilitation project.** *In your response, include:*
   * *The estimated number of people citywide in your target population;*
   * *The total number of people to be served through this particular project, regardless of funding source;*
   * *The total number of people to be served only through CDBG funds;*
   * *The demographic profile of current residents in the building, including AMI and race;*
   * *An explanation of the need for relocation, whether it will be temporary or permanent, estimated duration for any temporary relocation, and the number of residents impacted;*
   * *A description of the accessibility of the existing building and the extent to which that accessibility will be upgraded as part of this rehabilitation scope;*
   * *A description of how the project will be staffed, including the number of staff members and percentage of time each will spend on the project;*
   * *A description of how your proposed project aligns with the City's articulated objectives from the* [*2015-2019 Consolidated Plan*](http://sfmohcd.org/sites/default/files/2015-2019%20Con%20Plan%20and%202015-2016%20Action%20Plan%20Full.pdf)*;*
   * *A description of meaningful and measurable* *project milestones;*
   * *Whether this project will be completed within three years, and if not, why;*
   * *A description of how your rehabilitation project will leverage other City and non-City funds and to what extend you can show you have secured funding, including reserves, to complete the rehabilitation proposed; and*
   * *A description of a satisfactorily completed prior work plan.*
4. *This section applies to requests for CDBG funds only.* **Describe the building and other conditions that you plan to address with the proposed rehabilitation project.** *In your response, include:*
   * *The number of units and/or floors, type of construction, and year built;*
   * *Any existing violations of fire safety, seismic, building or health codes;*
   * *The total number of units that will be rehabbed or will benefit from the project by the end of construction; and*
   * *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.*
5. *This section applies to requests for CDBG funds only.* **Provide a detailed performance schedule for achieving the deliverables of the proposed rehabilitation project.** *In your response, include:*
   * *Start and end dates for conducting a feasibility study, for submitting a tax credit application, for securing funding commitments, for obtaining site control, for submitting and securing permits, and for issuing notice to proceed.*

|  |  |  |
| --- | --- | --- |
| Deliverable | Start Date | End Date |
|  |  |  |
|  |  |  |
|  |  |  |