# 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 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 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

 [ ] Supporting Documents

**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:

**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**

**CAPITAL PROJECTS**

**QUESTION SET**

**Q1.** 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.

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.

\_\_\_ Existing Facility

\_\_\_ New Facility

**Q2.** Summarize the proposed capital project, including how program(s) will directly benefit from the project. Please describe how the proposed project meets one or more of the program objectives/priorities. Please identify any construction elements that are in line with LEED certified practices or support sustainable green building standards.

**Q3.** Describe the program(s) that will benefit from the capital project. Please describe all investments by the City that support any existing programming that will occur within the facility. Be sure to state how those programs will specifically support the goals and objectives as outlined in the MOHCD 5-Year Consolidated Plan, available on the MOHCD website, at <http://www.sfmohcd.org/index.aspx?page=1346>. Detail the target population(s) and neighborhood(s) the program will serve, including specifics on population characteristics. Please include the projected income distribution of your target population utilizing the categories of extremely low income, low income, and moderate income as defined by the current HUD income guidelines. If other demographic information regarding the target population is useful such as family education level, ESL level, contact with the criminal justice system, or other pertinent data, please include that information.

**Q4.** Please complete the chart below for each program that would benefit from the proposed capital improvements. Using the last three columns, indicate how each program is eligible under HUD's low-income beneficiary requirements. Select from only one of the three columns for each program.

1. % 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 below).

2. AREA BENEFIT: A program is available to all the residents of an area where, per the most recent Census data, at least 51% within the area is Low Income or below. Please note that population-specific programs such as youth and child care programs cannot use area benefit.

3. 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.

Program eligibility is established in only one of the following three ways. For each program, respond only once to 1, 2 or 3. Removal of architectural barriers can be funded without association to an eligible program.

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 should indicate street boundaries. CDBG applicants must indicate how you determine that the majority of the clients served reside within your designated service area.

If you are using the % Determined Low-income column, please enter the % of program beneficiaries that are low-income.

If you are using the Exclusive column, enter one of the following groups that will be exclusively served: 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.

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

**Q5.** Match Required

If you are requesting a New Facilities capital grant, applicants 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.

If you are requesting an Existing Facilities capital grant, proposals that show a 15% to 50% match for an existing facility proposal will be most competitive. All Existing Facilities proposal 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. Have these funds been raised?

**Q6.** Provide a detailed schedule for implementation of the proposed project. Include the following items with start and ending dates: establishing site control (this may be establishing or extending a lease or closing on a purchase - if the facility is owned, say so), hiring an architect or other consultant, completion of preliminary designs and approval of the designs by the Mayor's Office on Disability. Include applying for a building permit and license if applicable, bidding and construction. If additional fund raising will be necessary, briefly outline that process and its timing.

|  |  |  |
| --- | --- | --- |
| **Item/Description** | **Starting Date** | **Ending Date**  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Q7.** Describe any construction training or experience (working as or with architects, building inspectors, contractors, etc.) that your current staff possesses to implement the requested grant. List capital improvement projects that your current staff has managed in the recent past (3-5 years), including scope, cost, funding source, and length of time the project took to complete.

If you are currently funded through an existing capital grant with MOHCD funds, please explain the current construction timeline, why you are pursuing an additional capital grant, and your capacity to manage multiple capital projects.

**Q8.** Is there a long-term asset management or capital plan in place for the building that will be acquired or improved and a building operating/maintenance reserve? If yes, describe how the current request fits into the plan/schedule. If no, describe the efforts the agency is undertaking to develop such a plan and ensure resources for building improvements.

**Q9.** Please enter the following information about the facility/building/site:

|  |  |
| --- | --- |
| Owner of Building:  |  |
| Facility/Site Size (Sq. Ft.): |  |
| Number of Stories: |  |
| Lease or Own? |  |
| If lease, how long is the lease and how much time is left remaining on that lease? |  |
| Total # of unduplicated clients served by program(s) operating from the project site to be improved: |  |

**Q10.** Please list the proposed improvement(s), the estimated cost, the program(s) that will benefit from the improvement(s), and the number of unduplicated clients that will be served annually by the program(s).

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Improvement** | **Estimated Cost** | **Program(s) Benefiting from Improvement** | **# of unduplicated clients served annually by program** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Q11.** Please enter the following information about funding for the project:

|  |  |
| --- | --- |
| Requested Funds for Construction Only: | $ |
| Requested Funds for Architectural/Engineering (Not to exceed 10% of construction. Not available for New Facility Projects): | $ |
| Total Requested Grant Budget:  | $ |
|  |  |
| Total Project Cost including other funding sources, if any: | $ |

**Q12.** 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 homeless and shelter programs, please choose the neighborhood in which your facility is located.

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

**SUPPORTING DOCUMENTS**

The following supporting documentation are required:

* SITE CONTROL: submit a deed or tax bill as evidence of ownership (if grant is provided, a deed of trust will be required later to secure the grant). If facility is leased, submit copy of lease (if grant is provided, lease would later be modified to provide security of grant terms and appropriate term).
* OWNER’S APPROVAL: if applicant does not own facility, provide owner’s written approval for your agency to undertake the renovations.
* PLANS: provide site plan, floor plans, or sketches showing areas of proposed improvements. If possible, provide in 8.5x11-inch format.
* CITATIONS, REPORTS: submit Fire or Building Department citations, or inspection reports that support the funding request, if available.
* MATCHING FUNDS: submit documents evidencing source and amount if currently secured.
* CONSTRUCTION BUDGET: submit cost estimates from design professional and/or contractor indicating the total construction budget.
* DESIGN BUDGET: submit cost estimates from design professional or engineer.
* ANNUAL OPERATING BUDGET: submit most recently approved annual operating budget that includes budget costs by program
* ACCESSIBILITY: submit a description of accessibility of proposed space; status of MOD review, if applicable
* CAPITAL NEEDS ASSESSMENT: submit the long-term capital needs assessment for the building that will be improved.
* DETERMINED ELIGIBILITY: if the HUD client income eligibility requirements would be established under “Determined Eligibility” (in Question 4), then a client file system must be maintained. Submit a sample of the blank form(s) used in those files to document family size and income.
* AREA BENEFIT ELIGIBILITY: if HUD’s client income eligibility requirements would be established through the “Area Benefit” method (in Question 4), submit a map showing the location of the facility with the service area clearly outlined. State how it is determined that the majority of the clients served reside within the designated service area. The Area Benefit method of establishing HUD income-eligibility works by demonstrating that the majority of clients of a program live in an area that is determined by the current HUD income guidelines to be Low-Income or below. Area Benefit cannot be used to establish eligibility for child care, preschool or youth programs. For these, use the “Determined Eligibility” method.

One original and three copies of supporting documents must be received with the proposal by MOHCD, Attn.: Brian Cheu at 1 South Van Ness Avenue, 5th Floor, San Francisco, CA 94103.