# 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](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

[ ] 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: $**

(Typical grants range from $5,000-$20,000)

**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

**SoMa Fund**

**PLANNING FOR CAPITAL PROJECTS AND PSI**

**question set**

**Q1**. Describe the overall community need that the proposed plan assistance is seeking to meet. To demonstrate neighborhood need, cite neighborhood needs identified in official City agency planning or strategy documents, and/or neighborhood needs identified through a City Planning development review process or a documented SoMa community planning process for a specific project or a set of projects.

**Q2**. How will the proposed plan address the identified community need? Describe the how the planning process will be carried out. Who will be the key players in carrying out and in participating in the planning process?

**Q3**. Planning: How will the proposed plan contribute to the implementation of future Capital Projects or Public Space Improvements that meet the criteria for such MOHCD-funded projects? [See criteria for MOHCD-funded Capital projects on page 3 in the RFP and Public Space Improvement projects on page number 3 in the RFP.]

**Q4**. Please describe how the proposed planning process aims to serve priority populations as defined in the SoMa Community Stabilization Fund Strategic Plan.

**Q5**. How does the proposed plan seek to actively build community cohesion, i.e. how does the project seek to create stronger bonds among residents, businesses, workers and organizations?

How does the plan include the involvement of neighborhood residents planning and/or implementing the project?

**Q6**. Provide the work schedule for the planning process.

**Q7**. Outline specific, measurable and realistic outcomes for the project, such as a plan, study results, other types of reports, identification of resources, or recommended actions.

**Q8**. Use the attached budget sheet to show the project budget.

**Capital and Public Space Improvement Planning Project Budget**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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 5%)** | |  |  | $ | $ |
| 47 | **Total (Line 9+16+22+26+32+36+37+38+39+40+46)** | | |  | $ | $ |