# 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 TECHNICAL ASSISTANCE (TA) PROJECTS**

**QUESTION SET**

**Organizational History and Experience**

There must be a demonstrated program history and track record of ability to efficiently and effectively administer Technical Assistance programs and achieve desired outcomes. Your answers should demonstrate a logical relationship between the organization, its mission, and the proposed program.

**Q1.** Describe the TA programs that your organization provides that serve the community agencies and neighborhood stakeholders.

**Q2.** Discuss your organization’s ability to carry out technical assistance projects and how this proposal for technical assistance services fits with your past performance and experiences providing technical assistance services.

**Q3.** Describe your organization’s experience with CDBG funds and programs, including both programmatic and administrative experience. Describe any audit findings from the past three years. If there were findings, have they been resolved? If not, why not?

**Q4.** Identify the key staff, consultants, and partners who will work on this project on behalf of your organization. Include name, job title, number of years at the organization, and resume.

**Q5.** How would the proposed technical assistance service contribute to the implementation of future Housing, Capital Projects, and Public Space Improvements that meet the criteria for such MOHCD-funded Projects?

**Program Design and Approach**

Strong proposals are those that demonstrate in-depth planning and a comprehensive overall design. Committee evaluators will assess the extent to which proposals effectively and logically articulate the organization’s specific approach. Proposals should set clear targets and define objectives. Review committee will favor proposals that are collaborative, meet the specific needs of the target clients, and/or are innovative.

**Q6.** Describe your clients’ needs, challenges, and opportunities.

**Q7.** Describe the community agency technical assistance program you are proposing. What are the specific community agency needs, challenges, and opportunities that your proposed technical assistance program intends to address?

**Q8.** Will fees be charged to CDBG clients? If yes, describe what fees are collected, justification for the fees, what is the fee schedule (amounts charged), and how the fees will be expended.

**Q9.** Describe how the program will be marketed.

**Q10.** Describe the benchmarks for measuring progress and success for this program.

**Work Plan Outline**

**Q11.** Please fill out the work plan detail, including number of agencies to be served.

Indicate the activity(ies) that best describes your proposed Technical Assistance program. If you have multiple activities, please enter each activity on a separate line. Please provide a brief one or two-line summary of each activity in the text box next to each activity, and an annual output for each activity.

|  |  |  |
| --- | --- | --- |
| Activity | Description/ Unit of Accomplishment | Annual Output |
|  |  |  |
|  |  |  |
|  |  |  |

**Evaluation**

**Q12.** In addition to the activities and outcomes that will be monitored as part of your workplan, please describe how your organization will assess the quality and effectiveness of the proposed program/project. Please provide measurable outcomes related to the proposed services demonstrating concrete results.

**Program Budget**

**Q13.** 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.

Equipment Detail

Equipment purchases exceeding $1,000 must follow the guidelines set forth in Form H. 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 5%)** |  |   | $ | $ |
| 47 | **Total (Line 9+16+22+26+32+36+37+38+39+40+46)** |   | $ | $ |

**Neighborhood**

**Q14.** 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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