

# MOHCD COMMUNITY DEVELOPMENT SERVICES GRANT APPLICATION

Required fields are marked with an \*

## Agency Information

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Agency Name\*

Street Address\*

City\*

State\*

Zip Code\*

Supervisor District\*

Agency Phone Number\*

Agency Website

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Will your agency use a fiscal sponsor?\*

Yes  
No

What type of nonprofit are you (or is your fiscal sponsor)?\*

Is your agency a registered City supplier?\*

Yes  
No  
Not sure

City Supplier ID # (if known)

Federal Tax ID #

DUNS # (if applicable)

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Current Agency Budget (\$)\*

Board Members (#)\*

Full and Part-Time Staff (#)\*

Volunteers (#)\*

Program FTEs (#)\*

Fundraising FTEs (#)\*

Admin/Finance FTEs (#)\*

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Agency Executive Director\*

Phone Number\*

E-Mail Address\*

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**Agency Financial Director\***

**Phone Number\***

**E-Mail Address\***

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**Agency Board President\***

**Phone Number\***

**E-Mail Address\***

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## **Fiscal Sponsor Information**

Fill out this section only if you are using a fiscal sponsor.

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**Fiscal Sponsor Name**

**Street Address**

**City**

**State**

**Zip Code**

**Phone Number**

**Website**

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**Is your agency a registered  
City supplier?**

Yes

No

Not sure

**City Supplier ID # (if  
known)**

**Federal Tax ID #**

**DUNS # (if applicable)**

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**Current Agency Budget (\$)**

**Board Members (#)**

**Full and Part-Time Staff (#)**

**Volunteers (#)**

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**Executive Director**

**Phone Number**

**E-Mail Address**

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**Financial Director**

**Phone Number**

**E-Mail Address**

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**Board President**

**Phone Number**

**E-Mail Address**

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## Proposal Information

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**Proposal Name\***

**Program Area and Strategy\***

**Total Proposal Request (\$)\***

**Type of Proposal\***

**Primary Program Street  
Address\***

**Zip Code\***

**Primary Program Site\***

**Multiple Program Sites?\***

Yes

No

**Proposal Contact Name\***

**Phone Number\***

**E-Mail Address\***

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**Select the target population(s) that you will serve through this proposed program.**

Multiple selections allowed.\*

Households experiencing a legacy of exclusion  
Households destabilized by systemic trauma  
Households at risk of displacement  
Households with barriers to accessing opportunities  
Extremely and very low-income households

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**Select the vulnerable population(s) that you will serve through this proposed program.**

Multiple selections allowed.\*

Very low-income households that are not homeless  
Very low-income homeowners  
People experiencing homelessness  
Households with low educational attainment  
Limited English Proficient (LEP) households  
Immigrants, including undocumented immigrants and refugees  
Households with low digital access and/or literacy  
Public housing, RAD and/or HOPE SF residents  
Disconnected transitional age youth (TAY)  
Persons living with HIV/AIDS  
Seniors and persons with disabilities  
LGBQ residents  
Transgender residents  
Opportunity Neighborhood residents  
Veterans  
Survivors of domestic violence  
Households experiencing violence  
Re-entry population

**1. Describe the target population(s) you will serve with this proposed program, your experience serving them, and their key needs. In your answer, describe how your proposed program will identify and address these needs, including any cultural, language, gender and COVID-19 responsive strategies (as evidenced by your policies, procedures, practices and staffing), as well as how the program will connect participants to additional resources.**  
(2,500 characters or less)\*

**2. Describe your proposed program, including the activities or types of services, how they will be provided, and your approach (such as timeline, hours and days of operation, examples, best practices, and why this model best serves your target population). (2,500 characters or less)\***

**3. What new challenges has COVID-19 created for your agency and the target population you serve, and how will this proposed program strengthen the response to those challenges?**  
(1,200 characters or less)\*

**4. Describe your agency's experience providing the types of services required by this strategy, including how long the services have been provided, any specific successes and challenges that you have experienced, and how the service delivery approach has changed over time (especially in light of COVID-19).**  
(1,200 characters or less)\*

**5. Describe the staffing plan for your proposed program, including all leadership, direct service and supportive roles.**

**Include job titles, brief job descriptions, and the necessary experience for each staff member, including for staff that need to be hired.**

(1,200 characters or less)\*

**6. Describe the proposed program's approach to identifying, recruiting, enrolling and retaining its target population and why this approach will be effective (especially in light of COVID-19).**

(1,200 characters or less)\*



**7. Describe any established and/or mutually proposed partnerships this program will maintain with other service providers or systems, including their added benefit to the program design.**

(1,200 characters or less)\*

**8. Using MOHCD's suggested metrics and targets for this strategy and/or any other indicators chosen by your agency, describe how you will measure the quantity, quality and impact of your proposed program. Provide estimated annual targets for each activity and outcome you choose to highlight.**

(1,200 characters or less)\*

**9. What processes and systems does your agency have in place to evaluate services, program quality and impact? Processes may include a Results Based Accountability (RBA) framework and/or pre and post assessments. Systems may include a Salesforce client management system and/or Excel. Describe how your agency uses data to refine and improve its delivery of services, both for the agency overall and for this proposed program.**  
 (1,200 characters or less)\*

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<b>Projected Unduplicated Participants (#)*</b>		
<b>Age 0-17*</b>	<b>Age 18-24*</b>	
<b>Age 25-64*</b>	<b>Age 65+*</b>	

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<b>American Indian/Alaskan Native*</b>		<b>Asian*</b>
<b>Black/African American*</b>	<b>Hispanic/Latino*</b>	
<b>Native Hawaiian/Native Pacific Islander*</b>	<b>White*</b>	
<b>Multiracial/Multiethnic*</b>	<b>Other*</b>	

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<b>Female *</b>	<b>Male*</b>
<b>Trans Female*</b>	<b>Trans Male*</b>
<b>Genderqueer/Gender Non-Binary*</b>	

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Priority Neighborhood #1\*

Projected (#)\*

Priority Neighborhood #2

Projected (#)

Priority Neighborhood #3

Projected (#)

All Remaining Neighborhoods  
Projected (#)

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## Proposal Sign-off

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I verify that all information in this proposal is accurate, that I have read all RFP sections related to this strategy, and that I have carefully reviewed all parts of my proposal before submitting.\*

Submission Date\*

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**E-mail your completed application,  
along with your project budget and agency-wide budget,  
to [CommDevRFP@sfgov.org](mailto:CommDevRFP@sfgov.org)  
by the submission deadline.**

**THANK YOU!**

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