

This Question Set is for information only! Proposals must be submitted through MOH's online RFP system (available beginning November 17, 2011 at www.sfgov.org/moh). The deadline for proposal submission is 5:00 p.m. on Monday, December 19, 2011.

2012-2013 RFP: Capital Projects Question Set

1. Project Information

- Q1. Contact Person First Name: _____ Contact Person Last Name: _____
- Q2. Contact Person Phone: _____ Contact Person Fax: _____
- Q3. Contact Person Email Address: _____
- Q4. Project Name: _____
- Q5. Project Site Address (Number, Street, Street Type, Unit, Address Line 2, City, State and Zip)
Please enter the address where program activities take place. If Capital or Public Space Improvement project, enter the project address.

2. Program Specific

- 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. Programs that show a 15% to 50% match for an existing facility proposal will be most competitive. All grants for existing facilities under program priorities (1) and (2) as described in the Criteria section exceeding \$100,000 require a minimum 15% match from non-CDBG sources.

A new facility is defined as acquisition or renovations to house a new or existing program in new or adjacent space, where not provided previously. All grants for new facilities under program priorities (1) and (2) as described in the Criteria section requesting any amount must show a one-to-one match. Acquisition, design, permits and some additional expenses can be counted toward match. Please identify any construction elements that are in line with LEED certified practices or support sustainable green building standards.

Drop Down Select:

New Facility
Exist Facility

- Q2. Summarize the proposed capital project, including how program(s) will directly benefit from the project. Please describe which category this project falls into: 1)(a) Construction directly related to fire, health and safety codes; 1)(b) Construction to upgrade facilities to accessibility standards and projects in facilities that are accessible under the Americans with Disabilities Act (ADA); 2) Acquisition and construction related to spaces which support multiple services and/or multiple community based organizations; 3) Acquisition and construction related to spaces which support services in conjunction with affordable housing; 4) Development of asset management plans for CDBG-eligible facilities (including creation of capital reserve fund, ongoing maintenance planning, 3-5 year plan for capital acquisition/improvements/operations.)

Please identify any construction elements that are in line with LEED certified practices or support sustainable green building standards. 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 MOH 5-Year Consolidated plan, available on the MOH website. 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 2010 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.

- Q3. 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.

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. You must indicate how you determine that the majority of the clients served reside within your designated service area.

If the Exclusive column is used, note that the program must exclusively serve one of the following groups: Abused Children, Battered

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Spouses, Elderly Persons, Homeless Persons, Illiterate Persons, Persons with AIDS, Migrant Farm Workers, Severely Disabled. Selections are made using a drop-down menu.

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.

1. DETERMINED LOW-INCOME or below by applicant agency's data collection (see HUD Income Levels chart)
2. AREA BENEFIT program available to all in area where, per 2000 Census, at least 51% within area are Low Income or below -- youth and child care programs cannot use area benefit
3. EXCLUSIVE program exclusively serves one of the following groups that HUD presumes to be Low-Income

Table Input:

Program Name	Description	Annual # of Clients	1.% Determined Low-income	2.Area Benefit	3.Exclusive
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Q4. If you are requesting a New Facilities capital grant, briefly describe the community support for the new or existing program that will be expanded into (or newly located in) the new space that will be acquired, renovated, or built with the grant funds. New Facilities grants will be most competitive when showing a one-to-one match. Have these funds been raised? If not, how will they be and what is the schedule? If this application is for an Existing Facilities capital grant of \$100,000 or more, the grantee must provide at least 15% of the grant amount to the project in the form of payment for design services, permits, etc. A match of 50% will be most competitive. Is this match in place? If not, please indicate your plans and schedule for raising it. If for an Existing Facility and under \$100,000, say so and do not respond further. If you are requesting monies for predevelopment costs, a one-to-one match must be shown. Have these funds been raised?

Q5. 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, the 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.

Table Input:

Item/Description	Starting Date	Ending Date
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Q6. Describe any construction training or experience (working as or with architects, building inspectors, contractors, etc.) that your current staff has 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 already funded through an existing capital grant with CDBG funds, please explain the current construction timeline, why you are pursuing an additional capital grant, and your capacity to manage multiple capital projects. Is there a long-term asset management or capital plan in place for the building that will be acquired/improved and a building operating/maintenance reserve? If yes, describe how the current request fits into the 5-year improvement plan/schedule. If no, describe the efforts the agency is undertaking to develop a 5-year plan and resources for building improvements.

Q7. Owner of Building
 Facility/Site Size (Sq. Ft.):
 Number of Stories:
 Lease or Own? (Drop Down Selection)
 If lease, how long is the lease?

Q8. Supporting Documents:

- 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.

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- DESIGN BUDGET: submit cost estimates from design professional or engineer.
- LONG-TERM CAPITAL PLAN: submit the long-term capital improvement plan for the building that will be improved.
- DETERMINED ELIGIBILITY: if the HUD client income eligibility requirements of any programs in Chart A would be established under “Determined Eligibility,” 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, for any program in Chart A, would be established through the “Area Benefit” method, 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 2000 Census 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 two copies of supporting documents must be received by MOH attn.: Brian Cheu at 1 South Van Ness Avenue, 5th Floor, San Francisco, CA 94103 by 5:00 p.m. on Monday, December 19, 2011.

Q9. Budget

Table Input:

List Improvements by Locations	Estimated Cost	Program Benefiting from Improvements	# of unduplicated clients served annually by program

Requested Funds for Construction Only:
 Requested Funds for Architectural/Engineering:
 (Not to exceed 10% of construction. Not available for New Facility Development)

Total Requested Grant Budget:
 Total Project Cost including other funding sources, if any:
 Total # of unduplicated clients served at project site:

3. Neighborhood

Q1. San Francisco’s CDBG program focuses 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 see the map of MOH-defined San Francisco neighborhoods.

Table Input:

Neighborhood % Input