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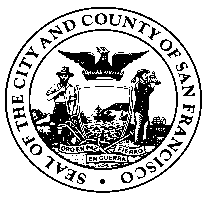
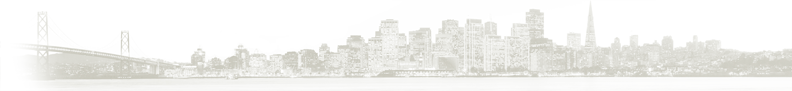
**Request for Proposals 213**

**Appendix C: Proposal Application Template for   
Technical Assistance Program Areas**

Complete this application for the following service areas **only**:

* Program Area 1, Small Business and Micro-Enterprise Technical Assistance
* Program Area 2, Technical Assistance for Corridor Businesses

*City and County of San Francisco  
Office of Economic and Workforce Development*



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| **PART I. APPLICANT PROFILE**  This section should include information for the Applicant. The Applicant is the entity that will hold the contractual obligation for the proposed project. If you are applying as the fiscal agent for another entity, please include your information here and list information on the Program Lead in the next section. All fields marked by an asterisk (\*) are mandatory; enter 0 or N/A if not applicable. | |
| **Applicant Name\*** *(75 characters)* *e.g. Name as shown on your 501(c)(3), 501(c)(4), or 501(c)(6) letter and to whom contributions are payable* | [Applicant Name] |
| **Doing Business As (DBA) or Also Known As (AKA), if applicable** *(50 characters)* | [DBA or AKA - limit 50 characters] |
| **Address\*** *Headquarters Street Address with Suite #, if needed* | [Street Address]  [City], [State] [Zip] |
| **Web Address\*** | [Website] |
| **Main Phone including area code\*** |  |
| **Executive Director/CEO Name\*** | [ED/CEO Name] |
| **Executive Director/CEO Title\*** | [ED/CEO Title] |
| **Executive Director/CEO Direct Phone\*** | [ED/CEO Phone] |
| **Executive Director/CEO Email\*** | [ED/CEO Email] |
| **City and County of San Francisco Supplier Status** *Unless otherwise approved by OEWD, all applicants must be able to become a City Supplier within 10 days of notice of an award in order to begin contract negotiation. For more details, please visit* [*https://sfcitypartner.sfgov.org/*](https://sfcitypartner.sfgov.org/) | Current Approved Supplier#: [123456789] OR  Current Approved Bidder#: [123456789] OR   Not a current San Francisco Bidder or Supplier |
| **POINT OF CONTACT FOR THIS APPLICATION** The person identified in this section should be authorized to clarify programmatic and budgetary questions on behalf of the Applicant. | |
| **Primary Point of Contact Name\*** [Contact Name] | **Primary Point of Contact Title\*** [Contact Title] |
| **Primary Point of Contact Direct Phone\*** [Contact Phone] | **Primary Point of Contact Email\*** [Contact Email] |

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| **CONTACT & GENERAL INFORMATION: PROGRAM LEAD** This section only applies if the Applicant is acting solely as the Fiscal Agent. | |
| **Program Lead** | [Program Lead Name] |
| **Program Lead Address** *Local Headquarters Street Address with Suite #, if needed* | [Street Address]  [City], [State] [Zip] |
| **Web Address** | [Website] |
| **Main Phone including area code** | [Main Phone] |
| **Program Lead Executive Director/CEO Name\*** | [ED/CEO Name] |
| **Program Lead Executive Director/CEO Direct Phone\*** | [ED/CEO Direct Phone] |
| **Program Lead Executive Director/CEO Email\*** | [ED/CEO Email] |
| **City and County of San Francisco Supplier Status *Note****: Program Leads are not required to be City Bidders or Suppliers.* | Current Approved Supplier#: [123456789] OR  Current Approved Bidder#: [123456789] OR   Not a current San Francisco Bidder or Supplier |
| **APPLICANT’S ORGANIZATIONAL BUDGET INFORMATION** | |
| **Applicant Total Organizational Budget\*  $[Applicant Budget]** | *Please list the total organizational budget for the Applicant for the last completed fiscal year****.*** |
| **Program Lead Total Organizational Budget  (if applicable)**  **$[Program Lead Budget]** | ***This field is only required if the Applicant is serving as a Fiscal Agent.*** *In that case, the Lead Applicant/ Fiscal Agent should list their total budget in the row above, and the Program Lead should use this row to list their total budget for the last completed fiscal year****.*** |
| **REQUESTED BUDGET AMOUNT** | |
| **Total Proposed Project Budget\*   $[Proposed Project Budget]** | *This field is the amount requested for funding through this proposal. Please review the budget limit as defined in the program area. For example, if a program area limits you to a budget request of $30,000 per neighborhood served and you are serving 3 neighborhoods, this field should not exceed $90,000.* |

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| **PROGRAM AREA FOR THIS APPLICATION** From the list below, please check the box indicating the program area for this proposal. Proposers may seek funding in more than one area, however, a separate application must be filed for each funding area that the  Organization wishes to provide services for. **Check only one area.** | |
| |  | | --- | | **1. Small Business and Micro-Enterprise Technical Assistance** | | **2. Technical Assistance for Corridor Businesses** | | |
| **NEIGHBORHOODS SERVED** OEWD will prioritize funding for organizations that serve areas of low to moderate income concentration. Please select the target neighborhood(s) that you plan to serve through the proposed program. You may list any additional neighborhoods under “Other Neighborhoods” below, if applicable. | |
| **Bayview** | **Central Market/Tenderloin (includes SOMA)** |
| **Chinatown** | **Excelsior** |
| **Lower Fillmore** | **Mission** |
| **Mission-Bernal** | **Ocean Avenue** |
| **Oceanview (Broad Street)** | **Portola** |
| **Sunset** | **Visitacion Valley (Leland Avenue)** |
| **Other Neighborhood(s):** [Other Neighborhoods] | |

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| **PART II. PROJECT DESCRIPTION**  Please indicate the Project Title and provide a brief (1-2 sentence) summary of the Project. | |
| **Project Title: [Proposed Project Title]** | |
| **Please provide a brief 1-2 sentence summary of the proposed project.**  [Project Summary - limit 300 characters] | |
| **ORGANIZATIONAL HISTORY AND EXPERIENCE (30 points)**  For this question set, there must be a demonstrated program history and track record of ability to efficiently and effectively administer economic development programs and achieve desired outcomes. Your answers should demonstrate a logical relationship between the organization, its mission, and the proposed program. | |
| 1. **Briefly describe your organization’s mission, values, and experience providing economic development services to residents and businesses in San Francisco.**   [Agency History - limit 1,500 characters] | |
| 1. **Describe the technical assistance programs that your organization provides that serve entrepreneurs, small businesses, and neighborhood stakeholders.**  **Specifically highlight and rank the top three areas of specialization for which your organization is best able to help your clients achieve success.**   [TA Programs - limit 3,000 characters] | |
| 1. **Discuss your organization’s ability to implement the proposed project and how it fits with your existing experience providing economic development services.**   [Implementation - limit 2,000 characters] | |
| 1. **If applicable, 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?**   [CDBG Experience - limit 2,000 characters] | |
| 1. **Please describe your staffing plan for the proposed project, including:**  * **The role of your board or governing body in overseeing the proposed project, as well as any specific skills, experience, certifications or experience providing similar services** * **Qualifications of staff, partners, and subcontractors that will make up the project team** * **How work will be distributed within the project team** * **Any specific cultural, linguistic, educational or other competencies that will help the project team effectively implement the proposed project**   **Include name, job title, and number of years at the organization. You may additionally attach the resume(s) of staff as additional attachments, however, you must clearly describe your project team in response to this question.**  [Project Team- limit 4,000 characters] | |
| 1. **Describe any community or population-based needs this project will address. Highlight the economic, social, financial, institutional or other issues that require a solution as well as indicators of community support.**   [Statement of Need - limit 1,000 characters] | |
| If serving **micro-enterprises only**, can you confirm that 100% of the clients served under this grant will be low to moderate income micro-enterprises?  **Yes**  **No  N/A** | If serving **small businesses and micro-enterprises**, can you confirm that 51% of the jobs created and retained by your clients are available or held by low to moderate income individuals?  **Yes**  **No  N/A** |
| **PROGRAM DESIGN AND APPROACH (40 points)** Strong proposals are those that demonstrate in-depth planning and a comprehensive overall design. Proposal reviewers will assess the extent to which proposals effectively and logically articulate the organization’s specific approach. Proposals should set clear targets and define objectives. OEWD encourages proposals that are collaborative, meet the specific needs of the target clients, and/or are innovative. | |
| **Clearly describe your approach to the project. Provide detailed goals and objectives, and describe any evidence-based practices that inform your project design. Address all of the following in your response:**   * Is the proposed program new or existing? * Describe your clients’ needs, challenges, and opportunities. * Describe the services to be provided. What are the specific business needs, challenges, and opportunities that your program intends to address. * Describe how your program aligns with Invest in Neighborhoods (IIN)’s mission and objectives as well as the Proposed Strategies for 2020-2024 Consolidated Plan. * 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. * Describe how the program will be marketed. * Describe the benchmarks for measuring progress and success for this program. How will you assess the quality and effectiveness of the proposed project or program? Include, if applicable, examples such as focus groups, surveys, stakeholder input, and other methods of evaluation. Describe how evaluation results are reviewed and used to improve programming.   [Program Design and Approach - limit 10,000 characters] | |

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| **CASE STUDY (15 points)**  **Below are three case studies describing scenarios that your program may need to address. Please select one (1) of the case studies that best aligns with your proposed program and demonstrate the depth of your services by describing how you would meet the client’s needs.**  **Case Study 1:** Ruby is interested in starting up a restaurant in the city. They have an estimated $75,000 saved and gathered from friends and family and guess that they need about $100,000 more. Ruby has a current FICO of 660. They have 20 years’ experience working in various positions in the food industry but have never owned or managed a restaurant in the past. They love to cook and have some family recipes they are looking to use to create a takeout luncheon location serving a handful of traditional Filipino fare with a healthy Californian twist. The anticipated market will be healthcare professionals on their lunch break. They have been offered a lease on the Mission/Bernal corridor for a 700 square foot space that was once a small cafe with a commercial kitchen set up. It seems like a good location for Ruby’s business, but the landlord wants payment up front for $45,000 in back rent and cleaning fees that the last tenant left behind. In addition, the improvements (new equipment, flooring, painting, creating a back office, tables, fixtures, startup inventory and signage) will cost an estimated $60,000. Ruby has been told they have first right of refusal but, once the landlord advertises the lease, Ruby will have to compete in the open market for the location (which means a much higher lease cost) and they do not think they will be competitive. Currently, if Ruby signs a 5-year lease, they can pay $3,000 per month. Ruby has been looking for a location for more than a year and has 2 weeks to sign the lease before it is offered up on the open market.  **Case Study 2:** Luna has an interest in becoming a graphic designer, consulting out of their home and on-site for area businesses. Luna has recently completed a web marketing certification program and is very excited to get started. Luna has no prior business experience and doesn't really know where to start or how to approach potential clients. They have some prior experience doing administrative work for a performing arts studio and think they could add value doing graphic design for those types of businesses. They have no business plan and virtually no money, but they do have a laptop, Adobe software, and a space at home within the city to designate as a home office.  **Case Study 3:** Gabi is the owner of a barbershop that been in the family for 27 years. Last month, Gabi was given a notice by Department of Building Inspections that the shop is not compliant with ADA codes related to the storefront’s door width and a small step. Gabi has been on a month-to-month lease since their parents operated the shop at a more affordable rate, compared to other stores who are newer to the neighborhood. The property owner, who also inherited the space from their parents, lives in Canada and is disengaged from the building operations. Gabi notified the property owner of the DBI notice. The owner replied that Gabi’s rent would increase by 4 times the current rent because the DBI renovation and other tenant improvements require a lot of capital. Gabi is devastated because they know they can’t afford the rent increase and they have a strong desire to stay in the neighborhood. The community values the barbershop’s legacy in the neighborhood. Aside from the minor ADA improvements, Gabi’s storefront could benefit from general improvements. Gabi has expressed an interest in enhancing storefront signage and window transparency.  **Please address all of the following in your response:**   * + **Given what you know of these clients, what steps would you take to assist them? What additional questions would you ask?**   + **Are there potential economic impacts your staff could anticipate? If so, which ones?**   + **Are there additional or alternative referral resources you would provide for the client? If so, which ones?** | | | |
| [Case Study - limit 10,000 characters] | | | |
| **WORK PLAN OUTLINE**  Please fill in the work plan detail below, including the proposed number of clients or businesses served per activity (“Proposed Goal”). Provide this detail only for the activities that best align with your program. Please provide a brief summary of each activity under the “Activity Description” field. | | | |
| **Activity** | | **Activity Description** | **Proposed Goal** |
| *e.g. Number of clients/businesses assessed for services* | | *e.g. The number of businesses that will be assessed for service. This goal includes 45 businesses in Lower Fillmore and up to 30 businesses in other neighborhoods.* | *75* |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| [Activity - limit 100 characters] | | [Activity Description - limit 300 characters] | [Goal] |
| **Additional Milestones** | **Activity Description** | | **Proposed Goal** |
| *e.g. Collaboration between Technical Assistance Provider and Neighborhood-based Commercial Corridor Partners* |  | | *e.g. 1 collaboration established* |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| [Milestone - limit 100 characters] | [Milestone Description - limit 300 characters] | | [Goal] |
| **FINANCIAL MANAGEMENT AND BUDGET (15 points)**  Please provide a brief narrative detailing the financial management of the organization. Please address the following:   * Describe the key features of your organization’s financial tracking system and confirm it is capable of generating all financial information needed for required reports, including data needed to monitor, evaluate and if necessary, modify program performance. * Describe in detail any cost allocation plan utilized when costs are chargeable to more than one cost category, or to more than one program and/or funding source. * If proposing a management fee/fiscal fee identify how the requested percentage was identified. * Provide a narrative justification for items in the budget * Provide details on any matching or leveraged funds including anticipated source, amount, and restrictions, if applicable. * Submit a proposed budget for the project using the template available on the OEWD bid opportunities website (“Appendix B”) at <http://oewd.org/bid-opportunities> * Please refer to the “Cost Categorization Guide” for a list of eligible and ineligible expenses available on OEWD’s website at: <http://oewd.org/bid-opportunities> | | | |
| [Financial Management and Budget - limit 4,000 characters] | | | |

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| **APPLICATION PACKET CHECKLIST** | |
| All required appendix templates are available for download at: <http://oewd.org/bid-opportunities>. All documents below must be submitted along with your complete application unless otherwise noted. If you are unable to provide a mandatory supplementary document for any reason, submit a statement in its place explaining why the information is not available.  **Complete application packets (including all supplementary materials) are due no later than 5:00pm PST on Thursday, October 31, 2019**. Please check the boxes under “Submission Method” to confirm whether you are sending the attachment via email or in hardcopy. Email submissions must be sent to: [**oewd.procurement@sfgov.org**](mailto:oewd.procurement@sfgov.org) **.** Please make sure to reference your **agency name** and **“RFP 213”** in the subject line. See the Proposal Submission Requirements in the RFP for details. | |
| **Attachments and Required Materials** | **Submission Method** |
| **Appendix A: Sample Agreement for Grant (Form G-100)**  Note that terms and conditions within the City’s standard grant boilerplate may change as new legislation is enacted or to reflect specific regulations and requirements of the moneys funding the grant’s programming. The template available for download at <http://oewd.org/bid-opportunities> should only be used as a general guide. | *Do not submit: this Appendix is for review only.* |
| **Appendix B: Budget** **Template** Include a budget for your proposed project activities using the Excel template provided. No other budget formats will be accepted. | Email  Hardcopy |
| **Appendix C: Application: Request for Proposals 213**  Please fill out all required fields in this application, ensuring you have completed the correct template for your proposed program area. | Email  Hardcopy |
| **Appendix F: Staffing and Board Composition Chart**  Submit staffing/board information for the Applicant and Program Lead, if applicable. | Email  Hardcopy |
| **Appendix G: Submission Authorization from Executive Director/Chief Executive Officer**  This form must be signed by the Applicant Executive Director or Chief Executive Officer and the Program Lead Executive Director or Chief Executive Officer, if applicable. | Email  Hardcopy |
| **Appendix H: Supplier Registration Instructions**  This document walks applicants through the process of becoming an approved City Supplier, a prerequisite to entering into contract. Please review and ensure that you/your agency will be able to become a Supplier within ten (10) days of notice of award. | *Not required: for review only.* |
| **Appendix I: Individual Development Plan (IDP) Template**  This document should be completed as a supplemental document in support of your Case Study narrative, if applicable. It should otherwise be used as a reference document. | Email  Hardcopy |
| **Organizational Budget**  Please include an overall organizational budget for the Applicant and the Program Lead, if applicable. (no specific template provided) | Email  Hardcopy |
| **Organizational Chart**  Please include an organizational chart for the Applicant and Program Lead, if applicable. (no specific template provided) | Email  Hardcopy |
| **Letters of Support**  Please submit **1 letter of support** from a community partner organization, demonstrating support for your proposed program. **Letters of support that have not been received by the RFP submission deadline will not be considered.** | Email  Hardcopy |