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**Request for Proposals 213**

**Appendix D: Proposal Application Template for
Program Area 3: Neighborhood Commercial Corridor Revitalization**

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

* Program Area 3, Neighborhood Commercial Corridor Revitalization

*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**Please check the box below to confirm that you are applying to the correct 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. |
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| [ ]  **3. Neighborhood Commercial Corridor Revitalization** |

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| **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**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. A successful applicant under Program Area 3 must also demonstrate that its board or other governing body:* Is broadly representative of the neighborhood or area being served, including low- and moderate-income residents of the targeted area;
* Possesses skills and/or experience related to community development, and/or neighborhood revitalization; and
* Possesses the legal, business administration, and management skills required to oversee a significant activity in partnership with project stakeholders.
 |
| 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. **Provide a succinct picture of how entrepreneurs, small businesses, and other neighborhood stakeholders have benefitted from your organization’s services.**

[Stakeholder benefit - limit 1,500 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**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 program new or existing?
* Provide a brief description of the business composition and physical appearance of your neighborhood.
* Describe the specific community need(s) that your program intends to address. Explain how you identified this need.
* Describe the challenges in and opportunities working in your target neighborhood. Describe your organization’s approach in the face of these challenges and opportunities.
* Describe your organization’s approach to attract public and private investment to improve the appearance of commercial corridors.
* Describe how your services have helped revitalize your corridor.
* Describe how your program aligns with IIN’s mission and objectives as well as the Proposed Strategies for 2020-2024 Consolidated Plan (available on the MOHCD website: <https://sfmohcd.org/plans-development>)
* Describe how you will build neighborhood-based collaborations with the capacity to implement and sustain commercial district revitalization programs over the long term.
* Describe your organization’s existing and proposed relationships with service, resource and training providers.
* 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****Below is a case study describing a sample commercial corridor and the type of assistance that stakeholders are requesting to revitalize the corridor. In your response, please demonstrate the depth of your services by describing how you would meet the clients’ needs.** The commercial corridor is located in Central Market, in a low -income high density residential neighborhood. The corridor has a robust business district, active with a mix of locally owned bars, diverse immigrant-owned restaurants, and anchored by a law school and several nonprofit organizations. There are approximately 200 commercial spaces with a vacancy rate of 12.2%.This corridor recently formed a new merchant and neighborhood association made up of 20 business owners, all of whom are eager to participate in the revitalization of their corridor. Additionally, the group includes 20 residents who want to activate an undeveloped vacant site in the middle of the commercial corridor to serve as a “First Fridays” night market. The merchants and neighbors agree that they do not want to see the corridor “gentrified”. While you have a highly motivated group of business owners and residents eager to get involved, you also have a large number of storefront owners with limited English capacity, some of whom appear to be resistant to any involvement with the proposed changes.On a visit with the merchants one day, you strike up conversations with local merchants Ronnie, Mike, and Ricky. Mike has owned and operated Mike’s Donut Shop for 15 years and tells you that long-time customers have started shopping at a new bakery up the street, and that new potential customers are having trouble locating his shop. Mike also expressed anxiety that his landlord is ignoring calls about renewing his lease, which expires early next year. Mike is currently paying $2.00 per square foot in a 950 square foot space. Ronnie, the owner of a shoe repair shop called Cobbler, would like to see more lighting and cameras on storefronts and along the corridor to promote safety and beautification, and complains that shops should agree to standard opening and closing times to promote pedestrian shopping. Ricky opened a café 2 years ago, and wants to know how the City can lead rezoning efforts so that vacant storefronts in the area can become eating establishments to increase foot traffic. Ricky’s café’ has a 65 out of 100 Health Score, a website that is under construction, and no ratings or photos on Yelp.**Please address all of the following in your response:*** + **Given what you know of the corridor and its residents/merchant association makeup, what steps would you take to prioritize and progress the corridor’s initiatives and how would you strengthen and serve the corridor’s storefronts?**
	+ **What additional questions would you ask?**
	+ **Are there additional or alternative referral resources you would provide for the client(s)? If so, which ones?**
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| [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 assessments completed* | *e.g. The number of businesses in the Excelsior corridor that will be assessed for services.* | *10* |
| [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. Number of jobs created* |  | *5* |
| [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**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** **.** 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 D: 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. | *Not required: for review only.* |
| **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** Letters of support are encouraged, however, if the program area does not require that you demonstrate support from other entities, agencies or communities, and you do not wish to provide letters of support, please check “N/A”. **Letters of support that have not been received by the RFP submission deadline will not be considered.**  | [ ]  Email[ ]  Hardcopy[ ]  N/A |