



Building Connections for Youth and Families

3490 The Alameda
Santa Clara, CA 95050
(408) 243-0222 tel/
(408) 246-5752 fax
www.billwilsoncenter.org

March 10, 2014

Suzanne Isé
City of Sunnyvale
Department of Community Development
456 W. Olive Ave.
Sunnyvale, CA 94088

Dear Suzanne,

On behalf of Bill Wilson Center, I appreciate Sunnyvale's past support of our agency and your interest in our current rehabilitation efforts. As you know, Richard Gutierrez visited us on Thursday, March 6, for a tour of the three properties discussed in our recent CDBG proposal. In discussion with Richard during the walk-throughs, we developed a fuller list of needs at these properties.

Below is the complete list of needs, grouped by property. I have marked items that are in our original CDBG proposal with an asterisk [*]. Our overall goal here is to rehabilitate and improve safety features at these properties, all of which are residential facilities for homeless, transition-age, and at-risk youth.

1284 Jackson St. [Maternity Group Home Apartments]:

- | | |
|---|----------|
| • Replace Roof* | \$27,000 |
| • Replace railing to code* | \$7,000 |
| • Repair water damage associated with leaky roof | \$7,000 |
| • Install solar electric panels | \$20,000 |
| • Replace damaged floors in all 5 units | \$10,000 |
| • Upgrade electrical outlets to 3-prong grounded in all 5 units | \$4,000 |
| • Replace wall heaters in all 5 units | \$2,500 |
| • Install exhaust fans in all 5 bathrooms | \$5,000 |
| • Paint exterior/repair dry rot | \$14,000 |
| • Make outdoor concrete steps slip-proof | \$1,000 |
| • Replace exterior service doors | \$3,500 |



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1294 Jackson St. [Maternity Group Home House]:

- Paint exterior/repair dry rot \$3,000
- Replace kitchen floor \$3,000
- Make outdoor concrete steps slip-proof \$1,000

3551 Shafer Dr. [THPP]:

- Replace kitchen cabinetry, flooring, and fixtures \$17,000
- Install high-efficiency HVAC system \$4,000

We **are** in the midst of gathering estimates for the solar panels at Jackson St., and I will send that information to you next week. In the meantime, please let us know what other information or materials we can provide.

Again, we greatly appreciate Sunnyvale's support of our programs and facilities.

Sincerely,

Pilar Furlong
Director of Community Resources
(408) 850-6132

COVER SHEET

ORIGINAL COPY

PART 1 - GENERAL INFORMATION

Organization Name: Bill Wilson Center Tax ID Number: 94-2221849
 Project Name: Transitional Housing Rehab and Refurbishment DUNS¹ Number: 095988757
 Contact Person: David Lang
 Mailing Address: 3490 The Alameda
 City, State, Zip Code: Santa Clara, CA 95050
 Phone: 408-243-0222 Fax: 408-246-5752 Email: dlang@billwilsoncenter.org

PART 2 - LOAN REQUEST

1) Requested Amount	\$114,000.00
2) Other Funding Sources (match)	\$45,000.00
3) Total Project Cost (Line 1+ Line 2)	\$159,000.00
4) Percentage of City of Sunnyvale funds toward Total Project Cost (Line 1/Line 3)	72%
5) Type of funds requested. <i>(you may select more than one)</i>	<input checked="" type="checkbox"/> CDBG <input checked="" type="checkbox"/> CDBG Program Income

PART 3 - PROJECT DESCRIPTION

Please provide a **brief** description of the proposed project. The description should be no more than 5 sentences, describe the project, not the organization, the number of unduplicated persons the project will serve, and/or other measurable objectives the project will meet during the contract period.

Enter text here. **DO NOT EXCEED THE SIZE OF THE BOX.** Text will not print and your application will not be accepted. This note applies to all boxes that allow multiple lines of text in this application.

Bill Wilson Center seeks funding to rehabilitate and refurbish specific aspects of two of its Transitional Housing Program (THP) sites. These improvements include a new roof and dry rot repair at 1284 Jackson St., replacing a kitchen floor at 1294 Jackson St., and rebuilding the kitchen and installing a high-efficiency HVAC system at 3551 Shafer Dr. In addition, there are a number of safety improvements we would like to make at each site. (See our cover letter for full list and cost estimates for each.) These fixes will improve the health, safety, and quality of life for all residents at these sites -- all of whom are previously homeless or at-risk youth who, with Bill Wilson Center's program support, are building new lives for themselves. Our THP program helps prevent homelessness while guiding youth toward productive, self-determined lives.

¹ The DUNS number is a unique nine-character number used by the federal government to identify your organization. If your organization does not have a DUNS number, use the Dun & Bradstreet (D&B) online registration to receive one free of charge, at: <http://fedgov.dnb.com/webform>.

Application Checklist

Applicant Name: Bill Wilson Center

The original application must include all of the information listed below. Each of the two (2) additional copies must include the information in Tabs A, B, C, and D. Proposals that do **not** contain all of the required documents will not be considered and will be ineligible for funding.

- | | | |
|--------------|--|---|
| Tab A | <input checked="" type="checkbox"/> Cover Letter on Letterhead | <input checked="" type="checkbox"/> Program Cover Sheet* |
| | <input checked="" type="checkbox"/> Application Checklist* | <input checked="" type="checkbox"/> Applicant Information* |
| Tab B | <input checked="" type="checkbox"/> Section 1: Organizational Capacity and Experience | |
| | <input checked="" type="checkbox"/> Section 2: Evidence of Need for Project | |
| | <input checked="" type="checkbox"/> Section 3: Statement of Work/Project Scope/Readiness | |
| | <input checked="" type="checkbox"/> Section 4: Budget and Financial Information | |
| Tab C | <input checked="" type="checkbox"/> Project Budget Form | |
| | <input checked="" type="checkbox"/> Pro-forma (for construction, rehabilitation, or acquisition project) | |
| Tab D | <input checked="" type="checkbox"/> Project Service Area Map | <input checked="" type="checkbox"/> Project Specific Organizational Chart |
| | <input checked="" type="checkbox"/> Résumés of Applicant's key personnel | |

Provide Applicable Documents in Original Application Only (mark N/A if not applicable)

- | | | |
|--------------|---|--|
| Tab E | <input checked="" type="checkbox"/> Signature Authorization* | <input checked="" type="checkbox"/> Conflict of Interest Disclosure* |
| | <input checked="" type="checkbox"/> Environmental Review Form* and Attachments | <input checked="" type="checkbox"/> Administrative Checklist* |
| | <input checked="" type="checkbox"/> Accounting Systems Verification* | <input type="checkbox"/> CDBG Verification N/A |
| | <input checked="" type="checkbox"/> Bylaws | <input checked="" type="checkbox"/> Articles of Incorporation |
| | <input checked="" type="checkbox"/> 501 (c) (3) documentation from IRS | <input checked="" type="checkbox"/> Organizational Chart |
| | <input checked="" type="checkbox"/> Financial Audit | <input checked="" type="checkbox"/> Letters of Commitment |
| | <input checked="" type="checkbox"/> Board Resolution authorizing submittal of proposal | |
| | <input checked="" type="checkbox"/> Organizational Annual Budget and/or Financial Balance Sheet | |
| | <input checked="" type="checkbox"/> Director's and Officer's Liability & Errors and Omissions Insurance | |
| | <input checked="" type="checkbox"/> Policies and procedures for employees including internal controls | |
| | <input checked="" type="checkbox"/> Language Access Plan and (ADA) Accessibility Policy | |

Tab F Acquisition Projects only

- | | | | |
|-----|---|--|--|
| N/A | { | <input type="checkbox"/> Appraisal of Property | <input type="checkbox"/> Phase I: Environmental Site Assessment* |
| | | <input type="checkbox"/> Parcel Map | <input type="checkbox"/> Property Listing for Sale |
| | | <input type="checkbox"/> Relocation Plan (if project anticipates displacement) | |

Tab G Construction/Rehabilitation Projects only

- | | | | |
|-----|---|--|---|
| N/A | { | <input checked="" type="checkbox"/> Construction Cost Estimate | <input type="checkbox"/> Architectural Drawings/Plans N/A |
| | | <input checked="" type="checkbox"/> Parcel Map | <input type="checkbox"/> Lead/Asbestos Report N/A |
| | | <input type="checkbox"/> Relocation Plan (if project requires temporary or permanent relocation) | |
| | | <input type="checkbox"/> Phase I: Environmental Site Assessment* (new construction only) | |

*Note: Standard Forms provided in application packet.

Applicant Information

Type of Organization:

(Check all that apply) Non-Profit Public Agency Faith Based Non-Profit
 Sunnyvale CBDO

Name of Organization Bill Wilson Center

Mailing Address: 3490 The Alameda

City, State, Zip Code: Santa Clara, CA 95050

Physical Address of Project: 3490 The Alameda, 1284 Jackson St., 3551 Shafer Dr.

City, State, Zip Code: Santa Clara, CA 95050/95051

Contact Person: David Lang, CFO

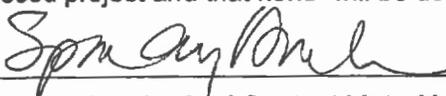
Phone: 408-243-0222 Fax 408-246-5752 Email: dlang@billwilsoncenter.org

Provide the following information for a **program contact person**, a **financial contact person**, the **person who wrote the application**, and an **authorized contact**. Include attachments of job descriptions and resumes for key staff.

NAME, TITLE, PHONE, EMAIL

Program Contact Someone who works with the program on a daily basis and can answer questions about it	David Lang CFO 408-243-0222 dlang@billwilsoncenter.org
Finance Contact Agency's CFO	[see above]
Application Contact Person who wrote this application	Casey Burchby Grant Writer 408-850-6134 cburchby@billwilsoncenter.org
Authorized Contact Person authorized to make commitments on behalf of the organization	Sparky Harlan Executive Director/CEO 408-243-0222 sharlan@billwilsoncenter.org

I certify that the information contained in this application is true and correct, and that it contains no falsifications, misrepresentations, intentional omissions, or concealment of material facts. I further certify that no contracts have been awarded, funds committed, tenants displaced, or construction begun on the proposed project and that none will be done prior to issuance of a release of funds by City of Sunnyvale.



Signature of Authorized Contact Listed Above

2/13/2014

Date

Sparky Harlan

Print Name

Sparky Harlan

Print Name

SECTION 1: ORGANIZATIONAL CAPACITY AND EXPERIENCE

Use only the space provided.

A. Provide an organizational overview of your agency, including:

- a description of the history and purpose of the organization,
- years in operation,
- years of direct experience with proposed project type,
- staff experience with proposed project type,
- federal grant management experience,
- financial capacity, and
- CBDO qualifications, if applying for a CBDO activity (See CFR 570.204)

Provide a project-specific organizational chart as an attachment to all copies of the proposal in Tab D and one copy only of the organizational chart for the entire agency in the original application (Tab E).

Bill Wilson Center is a 501(c)(3) nonprofit organization, founded in 1973 to serve homeless and at-risk youth in Santa Clara County. Each year, Bill Wilson Center serves more than 10,000 clients in Santa Clara County through our various programs. Bill Wilson Center programs focus on housing, education, counseling, and advocacy. Bill Wilson Center is committed to working with the community to ensure that every youth has access to the range of services needed to grow to be healthy and self-sufficient adults. Bill Wilson Center operates programs at nearly two dozen sites throughout Santa Clara County. We own half of those sites. Maintenance and upkeep is a big, year-round job, and Bill Wilson Center employs a full-time facilities staff of three. Bill Wilson Center annually receives major funding from federal, state, county, and city government bodies, including HUD, and is well-versed in managing and reporting on federal grants.

B. Previous experience using federal funds:

1. Does your organization have previous experience with capital projects involving federal funds?

Yes No If no, skip to question 4.

2. If yes, how many years of previous experience do you have with federally funded projects? over 20

Our experience in this area goes back as far as 1993, when we built our shelter and offices at 3490 The Alameda with support from federal sources. Since then, we have received federal support for other capital projects, including the extensive remodeling done for our Peacock Commons site (28 units of permanent supportive housing for transition-age youth).

3. If you have previous experience with federal projects, was your organization ever required to pay back funds, or found to have violated regulations, etc.?

Yes No If yes, indicate the actions cited.

4. If your organization does not have experience with federally funded projects, how will you ensure adherence to federal requirements? List examples of related experience or your plan to hire additional staff/contractors.

N/A

C. Previous experience with City-funded projects

1. Do you have previous experience with City-funded projects?

Yes No If yes, please describe below

Bill Wilson Center has regularly received funds from the cities of Sunnyvale, Santa Clara, San Jose, and Mountain View. These grants have supported a wide variety of projects, including our Drop-In Center, transitional housing program, counseling, and capital projects.

2. Has your organization received HUD funds previously from the City of Sunnyvale?

Yes No If yes, please describe below If no, skip to question 5.

Bill Wilson Center has received HUD funds from the City of Sunnyvale for many years, for a variety of programs, most recently \$17,500 for our Family and Individual Counseling Program in July 2013.

3. If you are a prior recipient of City of Sunnyvale HUD funds, what was the date (mm/dd/yyyy) of your last City of Sunnyvale monitoring visit? Enter a date 2011 (unsure of exact date)

4. Were there any findings and/or concerns identified during your last monitoring visit by the City?

Yes No

If **yes**, indicate the findings and/or concerns cited, the corrective action taken, and the date the City of Sunnyvale cleared the findings and/or concerns.

5. If your organization has not received funds from the City of Sunnyvale, describe your experience managing similar projects funded by other public sources (state, federal, other local government).

N/A

D. Complete the table below for each current member of the applicant's Board of Directors. If your organization does not have a board of directors (e.g., governmental entity), include this page and an explanation of why this form is not applicable (NOTE: Font, margins, or table may be modified to fit information on one page, as long as information below is included.) Identify board office held as applicable.

Board Member	Sunnyvale Resident Y/N	Employer (if any)	Office Held on Board	Term ² of Office	Length of Service
Cynthia O'Leary Stefani Burgett	N N	Intero	President Vice President	2013-2016 2013-2016	7 years 16 years
Edgar Godoy Elaine Burns	N N	San Jose City College	Treasurer/Secretary Member	2012-2015 2013-2016	2 years 1 year
Stanley Commons George Delucchi	N N	Hewlett-Packard Delucchi, Hawn LLP	Member Member	2013-2016 2012-2015	1 year 20 years
Karen Guldán Sparky Harlan	N N	Attorney Bill Wilson Center	Member Member	2011-2014	5 years 30 years
Kathrina Miranda Art Plank	Y N	MiMA, Inc.	Member Member	2013-2016 2013-2016	1 year 7 years
Ron Ricci Deborah Stanley	N	Cisco	Member Member	2013-2016 2013-2016	7 years 1 year
Bill Taulbee Alex Wilson	N N	Flextronics	Member Member	2013-2016 2011-2014	1 year 24 years

² Beginning and Ending Years

SECTION 2: EVIDENCE OF NEED FOR PROJECT

Complete this section accurately and completely. Use only the space provided.

Part 1 - Priority Activities

Program Priorities/Goals: Identify one or more Consolidated Plan goals the proposed project will address, and explain how it will address these goals in Part 3 below.

For additional information, see the Sunnyvale Consolidated Plan online at:
HUDPrograms.inSunnyvale.com

City of Sunnyvale Consolidated Plan

- Goal A: Affordable Housing
- Goal B: Alleviation of Homelessness
- Goal C: Other Community Development Efforts
- Goal D: Expanding Economic Opportunities
- Goal E: Sustainability

Part 2 - National Objective and Beneficiaries

A. Identify the method of determining the eligibility of your project for CDBG funding, and **provide an explanation in the box below**. See page 2 of this RFP for definitions of these methods. For all affordable housing projects, you must select "Limited Clientele Activity".

1. Method of determining eligibility under the "Low Income Benefit" National Objective:

- Area benefit
- Limited Clientele Activity
- Job Creation

All program residents at the listed sites are low-to-moderate income individuals.

B. Number of unduplicated Sunnyvale households (or individuals) to be served by the proposed capital project. Use households if applying for a housing project, or individuals if applying for any other type of CDBG activity.

Column A	Column B	Column C
Total number of unduplicated households served	Total number of unduplicated households served	*Percentage of lower-income households served B/A=C
Example: 500	350	70%
up to 13	up to 13	100%

Part 3 - Demonstrated Need for Project

In the space below, provide a brief summary of current statistical data documenting the need for your proposed project. Include local Sunnyvale data as well as any relevant statistics collected by applicant. Provide sources for the information. Briefly explain the target population for the project, including demographics, and a typical client profile. Explain how your project's design will meet the needs you have described, and how it will achieve the Consolidated Plan goals you identified in Section 2, Part 1.

Bill Wilson Center operates numerous transitional housing program (THP) sites in Sunnyvale, San Jose, and Santa Clara. Our agency makes no distinction, from one THP site to another, in terms of which city a resident may call home or may have called home in the past. The fact is that homeless people may or may not consider a particular city "home," especially those who are routinely bumped from one encampment or shelter to another throughout the course of a given year. Bill Wilson Center's programs seek to eliminate this lack of stability and instill a sense of self-determination in THP residents' lives.

In 2013, the Santa Clara County Homeless Census and Survey counted 7,631 homeless individuals in the county as part of its point-in-time assessment. A subsequent national report on homelessness (the Annual Homeless Assessment Report [AHAR] to Congress, issued by HUD) ranked Santa Clara County's homeless population as the fifth-highest in the nation. These are staggering numbers, particularly when contrasted with the perceived prosperity of our region.

All of this is to say that programs serving the homeless population in Santa Clara County have never had a greater need attached to them. Transitional housing programs are at the forefront of the national and regional effort to end homelessness because these programs focus on getting homeless people into housing quickly, as well as providing case management to ensure that they develop a healthy, independent path toward self-sufficiency. Bill Wilson Center owns all of its THP sites, some of which have received the support of Sunnyvale's CDBG program in the past – notably, our Peacock Commons site, which provides 28 units of permanent supportive housing to transition age youth, along with live-in mentors who serve as role models and facilitators for the residents.

For this proposal, Bill Wilson Center is requesting funds for essential repairs at two THP sites that will improve the safety and well-being of all residents at those sites. Residential capacity is 8 at the Jackson St. site and 5 at the Shafer Dr. site. We have confirmed via HMIS data that 2 current residents at the Jackson St. site are previous Sunnyvale residents. However, residents at these sites are always in flux, and that percentage is apt to increase or decrease with each passing year. Bill Wilson Center serves all of Santa Clara County, of which Sunnyvale accounts for nearly a tenth of the population.

By providing for new roofing, dry rot repair, HVAC repair, and a few additional improvements (see cover letter for detail), we will be better equipped to keep our residents healthy and safe, as well as meeting our own program goals and the goals of the Sunnyvale Consolidated Plan: to provide affordable housing, alleviate homelessness, and expand economic opportunity for lower-income people.

Part 4 - Matching Funds

A. List the funding from other sources for this capital project in the following table. Add additional rows to the table if necessary.

Funding Source	Amount	Status of funds of Feb. 14, 2014: Approved, Pending or Denied*	Award Date
Silicon Valley Community Foundation	\$15,000.00	Received	8/5/2013
Sobrato Family Foundation	\$15,000.00	Received	12/30/2013
Stanley Family Foundation (Jackson roof)	\$15,000.00	Received	2/27/14
Total	\$45,000.00		

*If you have not received an official, legally binding loan commitment or other award letter by the time you submit this application, do not enter "approved", enter "pending".

B. Identify commitments for ongoing operating funding for this facility/site only in the space provided below, and attach all **letters of commitment**.

- All letters must be on the organization's letterhead and must include date, amount of match/leverage, and an authorized signature.
- Letters must be dated within 30 days of the application submission date.
- Letters must demonstrate that the funding is applicable to the project proposed in this application.
- Do not include general letters of support, only include letters making a firm financial commitment to the project.
- If the project will require formal approval of senior lienholders on the subject property, provide their letters of approval as attachments along with the letters of commitment.

Bill Wilson Center has numerous sources of support for programs run at the three sites mentioned in this grant. The commitments listed below comprise the key sources of funding for each.

1284 Jackson: As this is a Maternity Group Home (MGH) site, we have an MGH grant from the Family & Youth Services Bureau of the US Dept. of Health and Human Services. The award is \$186,115 for five years through April 2018. Award notification attached.

3490 The Alameda: Our Runaway and Homeless Youth Shelter at this address is funded, in part, by a multi-year grant from the City of San Jose's CDBG fund (through June 2015). Contract attached.

3551 Shafer Drive: Funded by a Transitional Housing Program Plus (THPP) grant from the County of Santa Clara. MOU attached.

SECTION 3 - STATEMENT OF WORK/PROJECT SCOPE

Part 1 - Project Location and Service Area

Provide the street address and assessor's parcel number(s) of the project location. Attach a map of the project location and the project service area (for community facility proposals only), showing zip codes and census tracts in Tab D.

1284 Jackson Street, Santa Clara, CA, 95050 (APA: 269-15-067)
3490 The Alameda, Santa Clara, CA, 95050 (APA: 230-07-047)
3551 Shafer Street, Santa Clara, CA, 95051 (APA: 290-22-041)

Part 2 - Project Readiness (Use only the space provided.)

A. Work Plan / Project Readiness

Explain your project's work plan, including the activities you will undertake to achieve the project's goal. Describe how ready you are to begin the project by July 2014 and how you can expend the CDBG or HOME funds and complete the project within 12 months. Include the following:

- Predevelopment milestones (design, permitting, securing matching funds)
- Client Recruitment/program marketing plan (for new/expanded facilities or housing)
- Project evaluation plan

For Limited Clientele Facilities, describe your procedures for recruitment, a marketing plan for clients and/or volunteers, and intake and eligibility screening forms.

This project will be completely ready to proceed by July 2014. Grant expenditures are tied directly to specific materials and labor expenses outlined in the project budget. Our project can be completed within a matter of weeks. The longest single activity of the project would be re-roofing 1284 Jackson St., which will take six working days. The other improvements can take place concurrently with the roof work at Jackson St., which means that the entirety of the labor associated with our project can be completed within one week.

Recruitment is not an aspect of this project, since residents are already in place at these sites, and will not be displaced by the work of the project.

B. Implementation Schedule

Milestone	Target Date
1) Contract Start Date	July 1, 2014
2) Design and Permitting	July 1, 2014
3) Initiation of Construction/Project	July 15, 2014
4) Completion of Construction/Project	July 31, 2014
5) 50% of Funds Expended and Drawn	July 15, 2014
6) 100% of Funds Expended and Drawn	July 31, 2014
7) Project Completion and Reporting	August 8, 2014

C. Performance Measurement System: Complete the following tables with information about the CDBG objectives and outcomes of your proposed project. If applying for HOME funds, select the Affordable Housing objective.

1. CDBG OBJECTIVE (select one)	2. CDBG OUTCOME (select one)
<input type="checkbox"/> Creating a Suitable Living Environment	<input checked="" type="checkbox"/> Availability/Accessibility
<input checked="" type="checkbox"/> Providing Decent Affordable Housing	<input type="checkbox"/> Affordability
<input type="checkbox"/> Creating Economic Opportunities	<input type="checkbox"/> Sustainability

3. Client Data. Identify the number of households your project will serve, in the following categories:

Type of Household	Residing in Sunnyvale	Residing outside of Sunnyvale	Total
Low Income (50%-80% AMI)			
Very Low Income (<50% AMI)	2	11	13
Disabled Persons	1	2	3
Female-Headed Households	2	8	10
Elderly			
Youth	2	11	13
Homeless Persons	2	11	13
Other Special Needs:			

Part 3 - Construction Project Description

A. Does your project involve:

- New construction? Yes No
Major rehabilitation?* Yes No
Minor rehabilitation? Yes No

**Major rehabilitation* is defined as rehabilitation work that costs more than 25 percent of the value of the building before rehabilitation. The value of the building means the monetary value assigned to a building by a recent appraisal and/or property tax assessment, or replacement cost.

B. Do you have site control, including any right-of-way, easements, or encroachment permits needed for the project?

- Yes No If yes, provide date site control acquired: 1991 / 1996 / 2001

If no, explain *how* you intend to secure site control prior to the start of this project. Include the anticipated acquisition date(s). If you already own an option to purchase, explain the major terms, including when option expires.

C. Operating Funds:

For construction, expansion, rehabilitation, or acquisition of a community facility or housing project, do you have sufficient funds available for the operations of the facility for at least the term of the CDBG loan you are requesting? (generally 30 years)

- Yes No

Provide a pro-forma with detailed cash flow projections and information about operating funds to operate the facility for at least 15 years. Include as an attachment in Tab C.

D. Will your project involve temporary (less than 1 year) or permanent (more than 1 year) relocation of tenants from your proposed project site (residential or commercial tenants)?

- Yes: Temporary Yes: Permanent No Relocation needed

If you answered yes to either type of relocation, please attach a URA-compliant relocation plan in Tab F or G as applicable, and provide contact information for your experienced federal relocation specialist/consultant.

E. Provide the following property information:

- Property Description, including amenities and features
- Property Condition/Inspection Results, including lead, termite, asbestos inspection results
- Appraisal: Provide most recent appraised value.
- Unit Inspection Summary (for rehabilitation/expansion projects)
- List of existing or proposed Property Improvements

<p>1284/1294 Jackson Street: 5 Units / 2,640 Sq. Ft. / Built: 1958 / Lot Size: 10,019 Sq. Ft. No hazards. Building in safe and good condition. Value: \$988,647 Proposed improvements (all improvements at 1284 building unless otherwise noted): Replace roof; replace railing; repair water damage; install solar panels; replace damaged floors; upgrade electrical outlets; replace wall heaters; install bathroom exhaust fans; paint exterior and repair dry rot (both buildings); make outdoor concrete steps slip-proof (both buildings); replace exterior service doors; replace kitchen floor (1294 only)</p> <p>3551 Shafer Drive: 5 Beds, 3 Baths / 2,442 Sq. Ft. / Built: 1954 / Lot Size: 5,250 Sq. Ft. No hazards. Building in safe and good condition. Value: \$725,792 Proposed improvements: Replace kitchen cabinetry, flooring, and fixtures; install high-efficiency HVAC system</p>

F. Attach the following items as attachments to this application:

- Property Survey or Assessor's Parcel Map
- Proposed Site Plan and/or Architectural Elevations (for new construction/expansion only)
- Infrastructure Plans, if needed
- Environmental Review (see form in Standard Forms)

G. Community Involvement (Development Projects only)

For new construction or facility/housing expansion projects, include evidence of community support for the proposed project. Describe the measures your organization has taken to garner community support for your proposed development in the space below. Provide evidence of contact with local neighborhood association(s) or proof of public hearing. **Include letters of support as attachments to this application.**

N/A

SECTION 4: PROJECT BUDGET AND FINANCIAL INFORMATION

Part 1 - Budget Information

Provide a narrative explaining the total project budget, including major budget line items in the order in which they are listed on the budget form. List the sources of funding.

[See cover letter for improvements detail at each site]

1284 Jackson St. [Maternity Group Home Apartments]: Improvements: \$86,000
Match to replace roof at 1284 Jackson (Stanley Family Foundation): \$15,000
1294 Jackson St. [Maternity Group Home House]: Improvements: \$7,000
3551 Shafer Dr. [THPP]: Improvements: \$21,000

Total improvements: \$129,000.00

Matching personnel expenses (Sobrato and Silicon Valley Community Foundation grants): \$30,000.00

Total project budget: \$159,000.00

Part 2 - Financial Information

A. Describe the organization's financial management practices, including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit history, and
- compliance with OMB Circulars and GAAP

Under the direction of ED/CEO Sparky Harlan, the CFO is responsible for ensuring that all Board and accounting controls are in place and adhered to. The ED and CFO are responsible for insuring the fiscal integrity of the agency. The ED submits a draft annual operating budget to the Finance Committee of the Board. The agency hires an outside firm to conduct an annual financial audit, which the Audit Committee reviews and submits to the BOD for final approval. The Finance Committee makes recommendations to the BOD concerning designated reserves, insurance policies, financial policies, and salary increases. CFO David Lang supervises the finance department and oversees facilities staff, and Information Systems staff. All financial transactions, including distribution of grant funds to appropriate activities, are managed through the Finance Department. On a monthly basis, department and program directors, supervisors, and managers are responsible for submitting reports tracking direct expenses to their programs. The Controller manages the financial credits and debits for each grant and furnishes financial grant reports to the Associate Director of Program Development and Research. All restricted grants are reviewed as part of the agency's annual financial audit.

Provide the most recent Board-approved financial audit as an **attachment** to the original application in Tab E.

Project Budget Form

	a	+	b	+	c	=	d
ITEM	CDBG/HOME FUNDS REQUESTED (\$)		MATCHING FUNDS- (OTHER \$)		MATCHING IN-KIND SERVICES OR MATERIALS ^{3,4}		TOTAL PROJECT COST
I. Capital Costs							
Permits and Fees							
Design (Architectural & Engineering)							
Acquisition Costs (escrow fees, etc.)							
Other Soft Costs (e.g. Davis Bacon Monitoring (if applicable), Surveying, etc.)							
Rehabilitation/Construction Costs (labor, materials)	\$114,000.00		\$15,000.00				\$129,000.00
Contingency (Construction)							
Environmental Compliance (CEQA/NEPA/Phase I, lead testing as applicable)							
Construction Management (if outside firm)							
Other:							
Other:							
II. Project Management/Administration							
III. In-Kind Services							
Applicant's staff services for project management)*					\$30,000.00		\$30,000.00
Other in-kind services/goods (describe):							
Volunteer/Pro-bono services							
TOTAL PROGRAM BUDGET	\$114,000.00		\$15,000.00		\$30,000.00		\$159,000.00

³ Provide your basis for estimating the dollar value of in-kind services in the space below. For applicant's staff services, use applicant's actual cost (hourly rates). For volunteer services, use \$10/hour, and for pro-bono professional services (architectural, etc), use firm's established hourly rates as charged to typical clients.

⁴ Please identify the source and commitment status (e.g. funds received, committed, or otherwise guaranteed, with proof) of other non-City funding and in-kind contributions committed specifically to the project for which CDBG and/or HOME funding is requested. Do not list matching funds or in-kind match that has not yet been formally committed.

PROFORMA OPERATING INCOME, EXPENSE & CASH FLOW PROJECT

Project: **Maternity Group Home, 1284 & 1294 Jackson Ave, Santa Clara, CA 95050**

OPERATING INCOME	Inflation Factor	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
Private Donations	2.00%	-	-	-	-	-	-	-	-
Foundation & Corporate Donations	2.00%	20,000	20,400	20,808	21,224	21,649	22,082	22,523	22,974
Program Revenue	2.00%	-	-	-	-	-	-	-	-
County Funding Sources	2.00%	-	-	-	-	-	-	-	-
Federal Funding Sources	2.00%	186,115	189,837	193,634	197,507	201,457	205,486	209,596	213,788
Total Revenue		206,115	210,237	214,442	218,731	223,106	227,568	232,119	236,761
EXPENSES									
Salaries and Wages	3.0%	65,782	67,755	69,788	71,882	74,038	76,259	78,547	80,904
Payroll Taxes and Benefits	3.0%	19,735	20,327	20,936	21,565	22,211	22,878	23,564	24,271
Operating Costs	3.0%	81,045	83,477	85,981	88,560	91,217	93,954	96,772	99,676
Administrative Costs	3.0%	23,170	23,865	24,581	25,318	26,078	26,860	27,666	28,496
TOTAL EXPENSES		189,732	195,423	201,286	207,325	213,544	219,951	226,549	233,346
NET OPERATING INCOME		16,383	14,814	13,156	11,406	9,561	7,617	5,570	3,416
Debt Service		-	-	-	-	-	-	-	-
Net Cash Flow		16,383	14,814	13,156	11,406	9,561	7,617	5,570	3,416
Accumulated Cash Flow		16,383	31,197	44,353	55,759	65,320	72,937	78,507	81,922

PROFORMA OPERATING INCOME, EXPENSE & CAS Initial Year Ending June 30, 2014

OPERATING INCOME	Inflation Factor	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Private Donations	2.00%	-	-	-	-	-	-	-
Foundation & Corporate Donations	2.00%	23,433	23,902	24,380	24,867	25,365	25,872	26,390
Program Revenue	2.00%	-	-	-	-	-	-	-
County Funding Sources	2.00%	-	-	-	-	-	-	-
Federal Funding Sources	2.00%	218,063	222,425	226,873	231,411	236,039	240,760	245,575
Total Revenue		241,497	246,327	251,253	256,278	261,404	266,632	271,964
EXPENSES								
Salaries and Wages	3.0%	83,331	85,831	88,406	91,058	93,789	96,603	99,501
Payroll Taxes and Benefits	3.0%	24,999	25,749	26,522	27,317	28,137	28,981	29,850
Operating Costs	3.0%	102,666	105,746	108,918	112,186	115,551	119,018	122,588
Administrative Costs	3.0%	29,351	30,231	31,138	32,072	33,034	34,025	35,046
TOTAL EXPENSES		240,346	247,557	254,983	262,633	270,512	278,627	286,986
NET OPERATING INCOME		1,150	(1,230)	(3,730)	(6,355)	(9,108)	(11,995)	(15,022)
Debt Service		-	-	-	-	-	-	-
Net Cash Flow		1,150	(1,230)	(3,730)	(6,355)	(9,108)	(11,995)	(15,022)
Accumulated Cash Flow		83,073	81,842	78,112	71,758	62,649	50,654	35,632

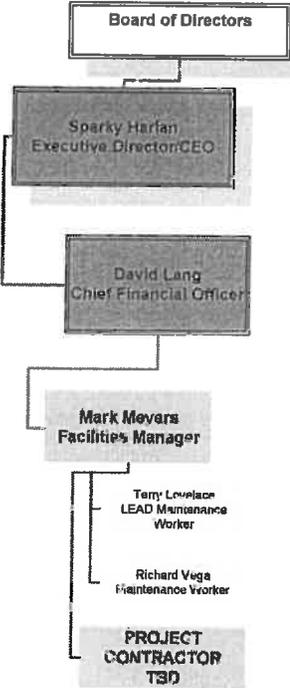
PROFORMA OPERATING INCOME, EXPENSE & CASH FLOW PROJECT

Project: THPP Group Home, 3551 Shafer Dr., Santa Clara, CA 95051

OPERATING INCOME	Inflation Factor	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8
Private Donations	2.00%	-	-	-	-	-	-	-	-
Foundation & Corporate Donations	2.00%	15,000	15,300	15,606	15,918	16,236	16,561	16,892	17,230
Program Revenue	2.00%	-	-	-	-	-	-	-	-
County Funding Sources	2.00%	229,140	233,723	238,397	243,165	248,029	252,989	258,049	263,210
Federal Funding Sources	2.00%	-	-	-	-	-	-	-	-
Total Revenue		244,140	249,023	254,003	259,083	264,265	269,550	274,941	280,440
EXPENSES									
Salaries and Wages	3.0%	72,696	74,877	77,123	79,437	81,820	84,275	86,803	89,407
Payroll Taxes and Benefits	3.0%	22,315	22,985	23,674	24,385	25,116	25,870	26,646	27,445
Operating Costs	3.0%	88,919	91,586	94,334	97,164	100,079	103,081	106,174	109,359
Administrative Costs	3.0%	22,069	22,731	23,413	24,116	24,839	25,584	26,352	27,142
TOTAL EXPENSES		205,999	212,179	218,545	225,101	231,854	238,810	245,974	253,353
NET OPERATING INCOME		38,141	36,843	35,459	33,982	32,411	30,741	28,967	27,087
Debt Service		-	-	-	-	-	-	-	-
Net Cash Flow		38,141	36,843	35,459	33,982	32,411	30,741	28,967	27,087
Accumulated Cash Flow		38,141	74,984	110,443	144,425	176,836	207,576	236,544	263,631

PROFORMA OPERATING INCOME, EXPENSE & CAS Initial Year Ending June 30, 2014

OPERATING INCOME	Inflation Factor	Year 9	Year 10	Year 11	Year 12	Year 13	Year 14	Year 15
Private Donations	2.00%	-	-	-	-	-	-	-
Foundation & Corporate Donations	2.00%	17,575	17,926	18,285	18,651	19,024	19,404	19,792
Program Revenue	2.00%	-	-	-	-	-	-	-
County Funding Sources	2.00%	268,474	273,844	279,320	284,907	290,605	296,417	302,345
Federal Funding Sources	2.00%	-	-	-	-	-	-	-
Total Revenue		286,049	291,770	297,605	303,557	309,629	315,821	322,138
EXPENSES								
Salaries and Wages	3.0%	92,089	94,852	97,697	100,628	103,647	106,757	109,959
Payroll Taxes and Benefits	3.0%	28,268	29,116	29,990	30,890	31,816	32,771	33,754
Operating Costs	3.0%	112,640	116,019	119,500	123,085	126,777	130,580	134,498
Administrative Costs	3.0%	27,957	28,795	29,659	30,549	31,465	32,409	33,382
TOTAL EXPENSES		260,954	268,782	276,846	285,151	293,706	302,517	311,593
NET OPERATING INCOME		25,095	22,987	20,759	18,406	15,923	13,304	10,545
Debt Service		-	-	-	-	-	-	-
Net Cash Flow		25,095	22,987	20,759	18,406	15,923	13,304	10,545
Accumulated Cash Flow		288,726	311,713	332,472	350,879	366,801	380,105	380,105



Bill Wilson Center – Key Staff

Sparky Harlan, Executive Director/CEO: Masters in Nonprofit Management from the University of San Francisco. Ms. Harlan joined Bill Wilson Center since 1983 and supervises the overall operations of the agency. Under her leadership BWC has expanded programs to include the Runaway and Homeless Youth Shelter, currently the county's only licensed homeless and runaway youth shelter (1977), Transitional Housing program for single, pregnant, parenting youth, and emancipated foster youth (1991), Foster Family agency (1993), Safe Place program (1996), 2nd Street Drop-in Center for youth ages 13 – 24 (1998 - provides basic needs services to case management), Contact Cares 24/7 crisis intervention and phone service (2004), plus child abuse prevention services, parenting education, Restorative Justice program for youth offenders, job counseling/search, health clinic, HIV/AIDS education and prevention, mental health services, School Outreach (mentoring and community service program), and adoption services. Under her leadership, the agency's annual budget has grown from less than \$300,000 to almost \$11 million.

Lorraine Flores, Associate Director: LMFT, Master in Counseling Psychology – Marriage, Family and Child Counseling from Santa Clara University. Ms. Flores has been working with at-risk youth for more than 30 years in Santa Clara County, California. She joined Bill Wilson Center in 2000, and oversees all agency programs, program outcomes and evaluations, quality assurance, and management of program management staff. Ms. Flores operated a successful level "14" (highest level of need/care) residential treatment facility for mentally ill youth for more than 20 years, as well as an outpatient and day treatment programs for severely disturbed youth, many with co-occurring disorders. She provided clinical oversight and supervision of staff for Triad Community Services, a substance abuse outpatient treatment facility in Santa Cruz County, for five years.

Ken Koach, Chief Operations Officer (COO): Mr. Koach joined Bill Wilson Center in 1996 and has worked in human resources and financial management in the nonprofit field since 1986. He has more than 30 years of staff supervision experience, and is proficient in computer technology and building management. As COO he directs the organization's financial planning and accounting practices as well as its relationship with lending institutions, shareholders, and the financial community and directs the human resources, facilities, risk management and administrative support activities.

David Lang, Chief Financial Officer (CFO): Mr. Lang joined the Bill Wilson Center (BWC) Board of Directors after the 2004 Centre for Living with Dying (agency) merger. He was a Centre for Living with Dying board member for ten (10) years, served as treasurer, and was part of the negotiations team that brokered the merger. As a BWC board member he served as Secretary/Treasurer, and became President in January 2009. Mr. Lang is the U. S. Operations Controller at Trimble Navigation.

Morgan Stanley

GLOBAL IMPACT FUNDING TRUST

February 27, 2014

Bill Wilson Center
3490 The Alameda
Santa Clara, CA 95050

DIRECTORS
Carol Van Atten, Chairperson
Melanie Schnoll Begun, President
Michael Swartz, Treasurer
Truda Jewitt, Secretary
Robert Seaberg
Peter McCrea
Mandell Crawley

RE: Charitable Grant from The Stanley Family Foundation 1
PLEASE REVIEW AND RETAIN FOR YOUR RECORDS

Morgan Stanley Global Impact Funding Trust, Inc. ("Morgan Stanley GIFT") is pleased to present your organization with a grant as recommended by The Stanley Family Foundation 1. Please note the following details concerning this donation.

Grant Amount: \$15000
Donor-Advised Fund: The Stanley Family Foundation 1
Grant Purpose: Roof Replacement

Please be advised that the donor may have been entitled to a personal tax deduction for the original contribution made to Morgan Stanley GIFT. A tax receipt letter was sent to the donor by us at the time of funding. By accepting this check, your organization acknowledges:

- No person described in section 4958(f)(7) of the Internal Revenue Code of 1986, as amended, with respect to the above-mentioned The Stanley Family Foundation 1 account is receiving any grant, loan, compensation, or other similar payment in connection with the grant
- No person is receiving, directly or indirectly, a more than incidental benefit as a result of such grant
- This donation will not be used by you to satisfy the payment of any pledge or other personal financial obligation on behalf of the named donors or any other person in connection with the The Stanley Family Foundation 1 account, including the person identified above as having made the recommendation for this grant.
- You are in compliance with our policies as currently set forth on our website, www.morganstanley.com/giving

It is not necessary to issue a tax receipt for this donation as Morgan Stanley GIFT is an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended and qualified as a public charity.

Please feel free to contact Morgan Stanley GIFT at (855) 865-GIFT if you have any questions about the grant.

Sincerely,



Melanie Schnoll Begun
President, Morgan Stanley GIFT

Morgan Stanley Smith Barney LLC and its affiliates do not provide tax or legal advice. To the extent that this material or any attachment concerns tax matters, it is not intended to be used and cannot be used by a taxpayer for the purpose of avoiding penalties that may be imposed on the taxpayer under U.S. federal tax laws. Any such taxpayer should seek advice based on the taxpayer's particular circumstances from an independent tax advisor.

Investments and services offered through Morgan Stanley Smith Barney LLC, member SIPC.

2013-F0-010 09/2013

AM 29681938 1

ADVICE OF PAYMENT

No. 7197

A/C NAME MORGAN STANLEY GLOBAL IMPACT FUNDING TRUST

DATE 02/27/14

A/C NO. 4985234809

DISP 4

OFF

FOR GRANT PAID TO

Bill Wilson Center
3490 The Alameda
Santa Clara CA 95050

REMITTANCE AMOUNT	
INCOME	PRINCIPAL
	\$15,000.00

Stanley Fam Fdn 1

PLEASE DETACH AND RETAIN THIS PORTION FOR YOUR RECEIPTS

Morgan Stanley Global Impact Funding Trust, Inc.

Suntrust Bank

PO Box 090212
Boston, MA 02199

Stanley Fam Fdn 1

No. 7197

DATE 02/27/14

NOT VALID AFTER 6 MONTHS

AMOUNT \$15,000.00

A/C NO. 4985234809

PAY Fifteen thousand and 00/100 Dollars

TO THE
ORDER
OF

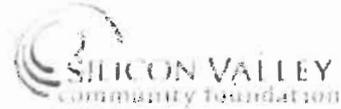
Bill Wilson Center
3490 The Alameda
Santa Clara CA 95050

Helaine Schmal Begun

Michael Swartz

AUTHORIZED SIGNATURE

⑈0000007197⑈ ⑆061000104⑆ 1000150573144⑈



August 5, 2013

Ms. Sparky Harlan
Executive Director
Bill Wilson Center
3490 The Alameda
Santa Clara, CA 95050-4333

Grant #: 2013-110334

Dear Ms. Harlan:

On behalf of Silicon Valley Community Foundation, I am pleased to inform you that the community foundation has awarded Bill Wilson Center a grant of \$15,000.00 to provide homeless youth, ages 11 to 17, with shelter, food, and comprehensive services in order to prevent chronic homelessness and break the cycle of poverty. We are delighted to support Bill Wilson Center with this grant from the Safety-Net Services grantmaking strategy, which provides essential safety-net services to low-income and vulnerable individuals, families and seniors.

Please sign, date and return the attached grant agreement to Richard Lee, RYLee@siliconvalleycf.org, as soon as possible. Once we receive the signed agreement, we will forward payment to you. Please include the grant number noted above in any report or correspondence. Also, in an effort to further the overall program goals of this grantmaking strategy and contribute to larger field-building objectives, please be advised that grantees will be asked to participate in periodic Grantee Learning Cohort and/or Santa Clara County working group (depending on your service area) meetings to share information on project activities and best practices.

The enclosed grant agreement is Bill Wilson Center's contract with Silicon Valley Community Foundation detailing how the funds will be spent. You may not use the funds in any way other than as described in the grant proposal and agreement unless you receive written permission from the community foundation. Please inform Silicon Valley Community Foundation if there are changes in agency personnel who are important to the administration of the grant, or if the grant funds cannot be expended for the purposes or in the time period described in the grant agreement.

In addition, grantees will be expected to meet the community foundation's reporting requirements, submitting evaluation, financial and narrative reports which may include an interim progress report, final report, and/or presentation to community foundation staff and donors. Please refer to your grant agreement for reporting requirements.

The community foundation is proud to partner with you in our shared mission to strengthen the common good and support innovative solutions to the region's most challenging issues.

Sincerely,

A handwritten signature in cursive script that reads "Erica Wood".

Erica Wood
Vice President, Community Leadership and Grantmaking

Enclosure: Grant Agreement

Grant #: 2013-110334 (1769)

July 1, 2013

Ms. Sparky Harian
Bill Wilson Center
3490 The Alameda
Santa Clara, CA 95050

Dear Sparky,

As you have already heard, after careful consideration by our staff and Board we are pleased to inform you that the Sobrato Family Foundation's Trustees have approved a 2:1 Challenge Grant ("Grant") totaling up to \$133,250 over a multi-year period, 7/1/13 through 2/28/15 to Bill Wilson Center ("Grantee") to support your agency's general operations in Santa Clara County, San Mateo County *and/or* Southern Alameda County (*specifically Hayward, Newark, Union City and Fremont*). These flexible funds may be expended as either a PEOPLE expense (*specific employee salary and benefits support, Board/staff development, volunteer training, succession planning, etc.*) or a PLACE expense (*rent and utilities expenses, building rehabilitation, etc.*) that Grantee will specifically describe in its first and second year Outcomes Reports.

The first year's unconditional Grant is \$65,000 and the second year's conditional Grant is \$68,250, which represents a 5% increase over the first year's Grant to support general operating costs. Each year's Grant should be acknowledged as an annual gift by the Sobrato Family Foundation in Grantee's annual donor list (refer to Section 4).

The following Grant Agreement terms and conditions apply to use of the Grant by Grantee:

1. Use of Grant Funds, Records and Review Under United States law, Grant funds may be expended only for charitable, scientific, literary or educational purposes. Grantee acknowledges that the Grant funds will be expended as indicated in the first paragraph of this letter. If Grantee is awarded Proposition 63 funding during the term hereof, Grantee is restricted from using any portion of the Sobrato Family Foundation Grant to support its mental health program(s). Any Grant funds not expended or committed for the purposes of the Grant will be returned by Grantee at the end of the Grant period to the Foundation unless the Foundation's Executive Director gives written approval to do so otherwise.

The Foundation may monitor and conduct a review of operations under this Grant, which may include a visit from Foundation personnel to discuss your organization, observe its program(s) and Grant expenditures with your personnel, as well as review financial and other records and materials connected with the activities supported by the Grant.

We ask that you inform us in writing at Grants@Sobrato.org if there are any changes in: (1) agency personnel who are important to the administration of this Grant, (2) significant difficulties in making use of the Grant funds for the purposes described in paragraph one, (3) the Grant funds cannot be expended in the time period set forth above, (4) Grantee has filed for bankruptcy or executed an assignment for the benefit of creditors, or (5) in the event Grantee is dissolving, has merged with another entity, or has changed its tax-exempt status. *Please refer to the Grant ID number at the top of this page in all correspondence with the Foundation.*

2. Payment and Matching Funds Criteria The first year's unconditional Grant payment of \$65,000 will be mailed as soon as this Grant Agreement is signed and returned to the Foundation. Matching funds of \$65,000 are to be raised and received through *new or increased* cash donations from non-governmental sources (i.e., individuals, corporations or foundations) between 7/1/13 and 6/30/14 (*note: there is no matching fund requirement beyond the first year Challenge Grant period, which concludes on 6/30/14*).

Gifts will be matched as follows:

- a) a gift from a first-time donor will be matched 100%,
- b) a gift from a lapsed donor (one who has not made a donation in 12+ months) will be matched 100%,
- c) a gift from a current donor (one who has given within the last 12 months) will be matched 100% by the increased portion of their most recent gift.

If Grantee raises between 50-99% of the matching funds as stated in the preceding paragraph, the Foundation's second year conditional Grant payment will be reduced by an amount such that the total of the Foundation's two Grant payments equal twice what the Grantee raised in matching funds as verified and reported in Grantee's Year 1 Donor Report (*refer to attached Challenge Grant Fact Sheet for an example calculation*). If Grantee raises less than 50% of the matching funds required, there will be no second payment.

In addition, the Foundation's second year conditional Grant payment is contingent upon receipt and satisfactory progress as described in the Reporting Section 3 below. If satisfactory organizational performance is evident to the Foundation in its sole discretion, the second year Grant payment will be released on or around 9/14/14. If unsatisfactory, the second year Grant payment will not be released by the Foundation.

Finally, the Foundation's second year conditional Grant payment is contingent on the agency not dissolving, merging with another entity, filing for bankruptcy, executing an assignment for the benefit of creditors, or changing its tax-exempt status.

3. Reporting & Future Grants Grantee will provide one Donor Report and two Outcomes Reports. Grantee will receive an email from Grants@Sobrato.org with the required Outcomes Report forms at the close of each annual grant term and prior to the Report due dates of:

- a) Year 1 Donor & Outcomes Report - Due 7/30/14
- b) Year 2 Outcomes Report - Due 3/31/15

(Refer to the attached Challenge Grant Fact Sheet regarding important dates to calendar and what information to track during your grant period.)

If Outcomes Reports are not received in a timely manner, the Foundation will withhold payment until an outstanding Report is received, and may terminate the Grant if any such report is not received within 30 days following the Grant period.

4. Public Acknowledgment of Support Grantee shall credit the Sobrato Family Foundation for \$65,000 during Year 1 and \$68,250 during Year 2 on Grantee's Web site, in annual reports or publications, press releases, brochures, videotapes, and/or other publicity or public relations materials and presentations resulting from the use of the Grant or developed for activities authorized under the Grant.

The Foundation's logo is encouraged and permissible with approval prior to its use. Please contact Grants@Sobrato.org to request the Foundation's logo and forward your agency's draft marketing materials for review and approval prior to printing or publicizing (*do NOT copy the Foundation's logo from the Foundation website as the resolution quality will not be necessarily accurate or appropriate for your marketing material needs*). Grantee will send to the Foundation copies of any printed publicity regarding the Grant when completing the first and second year Outcomes Reports. Furthermore, Grantee acknowledges and agrees that the Foundation may include all information about the Grant on its website, in its press releases and periodic public reports.

If Grantee wishes to acknowledge the Foundation at a public recognition event, approval of a Foundation representative is required before any event publicity is generated.

5. Hold Harmless Agreement Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless the Foundation and all its related entities, inclusive of all their officers, directors, trustees, employees, and agents from and against any and all claims, liabilities, losses and expenses (including reasonable attorney's fees) directly, indirectly, wholly or partially arising from or in connection with the Grant or its purpose, or in any way relating to the subject of this Agreement. This paragraph shall survive the termination of this Agreement.

6. Violation of Terms; Change of Tax-Exempt Status In the case of any violation by Grantee of the terms and conditions of the Grant, including but not limited to, not executing the work of the Grant in substantial compliance with the Grant, or in the event of any change in or challenge by the Internal Revenue Service or relevant State governmental authorities of your status as an organization exempt from income taxation pursuant to Section 501(c)(3) of the Internal Revenue Service Code, or in the event Grantee dissolves, has merged with another entity, has filed for bankruptcy, or executed an assignment for the benefit of creditors, the Foundation reserves the right in its absolute discretion to terminate the Grant. Please notify the Foundation immediately with any change in your organization's status.

Upon termination of this Grant for any reason, the Foundation will withhold any further payments of Grant funds and Grantee will repay to the Foundation any portion of the Grant funds that were not spent for the Grant.

7. Complete Agreement and Modification This Agreement sets forth all terms of the Grant and replaces all prior understandings and Agreements. Any modification or amendment will be made only in writing signed by the Executive Director of the Sobrato Family Foundation and an authorized officer of Grantee's agency.

8. Applicable Law This Agreement will be construed in accordance with the laws of the State of California.

If this Agreement correctly sets forth your understanding of the terms of this Grant, please confirm such terms by having this Agreement countersigned by the Executive Director or another appropriate officer of Grantee's organization, and return to the Foundation by July 26, 2013.

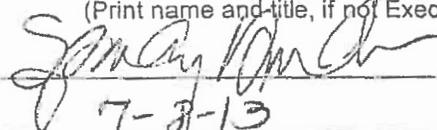
On behalf of the Sobrato Family Foundation's Trustees and staff, it was a pleasure having the opportunity to learn more about your agency's mission, current programs and operations during the Grant review process. Please accept our very best wishes for success with this Grant. We are very pleased to support your agency's important community work impacting our local region!

Sincerely,



Rick Williams, Chief Executive Officer

Accepted by Executive Director/Authorized Officer: _____
(Print name and title, if not Executive Director)

Executive Director/Authorized Officer Signature: _____


Today's Date: _____
7-2-13

ACTION ITEMS

- 1) This Agreement is to be executed and returned to the Foundation no later than July 26, 2013 or the Grant may in the sole discretion of the Foundation be voided.

Please make a copy of this executed Agreement for your organization's files and return the original executed Agreement to:
Sobrato Family Foundation, Attn: Grant Agreement, 10600 N. De Anza Blvd., Suite 200, Cupertino, CA 95014

- 2) In an effort to be environmentally conscious and save your agency postage, we ask that you mail or email only one hard copy of your agency newsletter, annual report, etc. to the following Foundation contact:
Sobrato Family Foundation, Attn: Grants
10600 N. De Anza Boulevard, Suite 200, Cupertino, CA 95014
Grants@Sobrato.org

Community Resources, Pilar Furlong, that authorizes our CDBG proposal. Please let us know if you have any questions.

Lienholder Authorization

Thank you,

Casey Burchby

Grant Writer

Bill Wilson Center

3490 The Alameda

Santa Clara, CA 95050

408-850-6134

cburchby@bwcmail.org

www.billwilsoncenter.org

From: Eloiza Murillo-Garcia [mailto:EMurillo-Garcia@SantaClaraCA.gov]

Sent: Friday, March 14, 2014 9:21 AM

To: Pilar Furlong

Subject: RE: Email of support needed for Bill Wilson Center

Pilar,

As senior lienholder, the City of Santa Clara approves and authorizes the Bill Wilson Center to allow the City of Sunnyvale to encumber the following properties:

1284 Jackson Street (Maternity Group Home Apartments)

1294 Jackson Street (Maternity Group Home House)

3651 Shafer Drive (THPP)

However, the City of Santa Clara would like to review the terms of the agreement prior to the execution of the agreement. Please contact me should you have any questions.

Thank you,

Eloiza Murillo-Garcia

Acting Housing & Community Services Division Manager

City of Santa Clara

Phone: 1 (408) 615-2490

E-mail: emurillo-garcia@santaclaraca.gov

From: Katrina Ardina [mailto:kardina@sunnyvale.ca.gov]

Sent: Thursday, March 13, 2014 12:35 PM

To: Casey Burchby

Subject: City of Sunnyvale Proposal

[Quoted text hidden]

Katrina Ardina <kardina@sunnyvale.ca.gov>
To: Casey Burchby <CBurchby@bwcmail.org>

Mon, Mar 17, 2014 at 9:42 AM

Thanks Casey.

Katrina L. Ardina
Housing Programs Analyst
City of Sunnyvale
(408) 730-7451

MISSION

The Department of Community Development is innovative in promoting sustainable development while enhancing the economy, community character and quality of life in Sunnyvale.

[Quoted text hidden]