

# CITY OF SUNNYVALE



## REQUEST FOR PROPOSALS FOR CAPITAL PROJECTS FUNDING

### APPLICATION FORM AND INSTRUCTIONS

**FISCAL YEAR 2011-12  
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG)  
AND  
HOME INVESTMENT PARTNERSHIPS PROGRAM (HOME)**

**Release Date:  
January 14, 2011  
Proposals Due:  
February 10, 2011**

COMMUNITY DEVELOPMENT DEPARTMENT  
HOUSING DIVISION  
408-730-7250

[www.housing.insunnyvale.com](http://www.housing.insunnyvale.com)

**CDBG/HOME Capital Projects RFP**

**PROGRAM COVER SHEET**

ORIGINAL       COPY

**Part 1 – General Information**

Organization Name: \_\_\_\_\_  
 Tax ID Number: \_\_\_\_\_  
 DUNS<sup>1</sup> Number: \_\_\_\_\_  
 Project Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State, Zip Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Part 2 – Program Funding**

<b>1) Requested Amount</b>	
<b>2) Other Funding Sources</b>	
<b>3) Total Project Cost</b> <i>(Line 1 + Line 2)</i>	
<b>4) Percentage of City of Sunnyvale funds toward Total Project Cost</b> <i>(Line 1 / Line 3)</i>	

**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) and the number of unduplicated persons the project will serve and/or measurable objectives the project will meet during the contract period.

<sup>1</sup> 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, <http://fedgov.dnb.com/webform>.

## Application Checklist

**Applicant Name:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

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**  Cover Letter on Letterhead
- Program Cover Sheet \*
- Application Checklist\*
- Applicant Information\*
- Tab B**  Section 1: Organizational Capacity and Experience
- Section 2: Evidence of Need for Project
- Section 3: Statement of Work/Project Scope/Readiness
- Section 4: Project Budget Information
- Tab C**  Project Budget Form
- Pro-forma (for construction or acquisition of community facility)
- Tab D**  Project Service Area Map
- Project-Specific Organizational Chart
- Résumés of Applicant's key personnel

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

- Tab E**  Organizational Chart
- Organizational Annual Budget and/or Financial Balance Sheet
- Signature Authorization\*
- Environmental Review Form\* and Attachments
- Conflict of Interest Disclosure\*
- Administrative Checklist\*
- Accounting System Certification\*
- Letters of Commitment
- Articles of Incorporation
- 501(c)(3) documentation from IRS
- Board Resolution authorizing submittal of proposal
- Bylaws
- Financial Audit
- Director's and Officer's Liability & Errors and Omissions Insurance
- Policies and procedures for employees including internal controls

- Tab F Acquisition Projects only**
- Appraisal of Property  Phase I: Environmental Site Assessment\*
- Parcel Map  Property Listing
- Relocation Plan (if project anticipates displacement)

- Tab G Construction Projects only**
- Construction Cost Estimate  Phase I: Environmental Site Assessment
- Letters of Community Support  Architectural Drawings/Plans

\*Note: Standard Forms provided in application packet.

### Applicant Information

1. Type of Organization:     Non-Profit     Public Agency     Faith-Based Non-Profit  
     CHDO (HOME Applicants)     Other (Please Specify): \_\_\_\_\_
2. Name of Organization:    \_\_\_\_\_
3. Mailing Address:    \_\_\_\_\_  
     City, State, Zip Code:    \_\_\_\_\_
4. Physical Address of Project: \_\_\_\_\_  
     City, State, Zip Code:    \_\_\_\_\_  
     Contact Person:    \_\_\_\_\_
5. Telephone:    \_\_\_\_\_
6. Fax:    \_\_\_\_\_
7. Email Address:    \_\_\_\_\_
8. 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
<b>Program Contact</b> Someone who works with the project on a daily basis and can answer questions			
<b>Finance Contact</b>			
<b>Application Contact</b> Person who wrote this application			
<b>Authorized Contact</b> Person authorized to make commitments on behalf of the organization			

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 PERSON LISTED ABOVE**

**DATE**

**PRINT NAME**

**TITLE**

**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 in proposed project type,
  - staff experience in proposed project type,
  - federal grant management experience, and
  - financial capacity.

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

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? Briefly describe your experience below.

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.

C. Previous experience with City-funded projects

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

Yes       No      If **yes**, please describe below.

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.

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? \_\_\_\_\_

4. Were there any findings and/or concerns in your last monitoring visit?

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).

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 (yes or no)	Employer (if any)	Office Held on Board	Term <sup>2</sup> of Office	Length of Service

<sup>2</sup> 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: Check the priorities the proposed program will address. For additional information, see the Consolidated Plan online at:

<http://sunnyvale.ca.gov/Portals/0/Sunnyvale/CDD/Housing/HUD%20Programs/2010-2015%20Consolidated%20Plan.pdf>

<b>City of Sunnyvale Consolidated Plan Priorities/Objectives</b>	<b>Priority Level</b>
<input type="checkbox"/> Objective A: New Housing Construction	High
<input type="checkbox"/> Objective B: Acquisition and Rehabilitation	High
<input type="checkbox"/> Objective H: Public Facilities (Youth/Childcare Centers and Neighborhood Facilities)	High
<input type="checkbox"/> Objective H: Public Facilities (Homeless Facilities)	Medium
<input type="checkbox"/> Objective I: Infrastructure (Water/Sewer Improvements and Sidewalks)	High

**Part 2 – National Objective and Beneficiaries**

A. Identify the CDBG National Objective your project will meet and **provide an explanation in the box below**. See page 2 of this RFP for definitions of national objectives

1.  Benefit low- to moderate-income persons  
 Area benefit  
 Limited Clientele Activity  
 Job Creation

B. Number of unduplicated households to be served by the proposed capital project.

Column A	Column B	Column C
Total number of unduplicated households served	Number of unduplicated lower income (LI) households to be served	*Percentage of LI households served (B/A=C)
Example: 500	350	70%

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**Part 3 – Demonstrated Need for Project**

In the space below, provide a brief summary of **current** statistical data documenting the need for your proposed capital 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, residence, and a typical client profile.

**Part 4 – Project Support from Additional Sources**

A. Indicate 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 – Approved, Pending or Denied	Award Date
<b>Total</b>			

B. Identify commitments for ongoing operating funding *for this facility only* in the space provided below and include **letters of commitment** for these funds as **attachments**.

- ✓ 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 detailed in this application.
- ✓ Do not include letters of commitment unless financial support is provided by the person/organization and is detailed in the same letter.

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**Section 3 – Statement of Work/Project Scope**

**Part 1 – Project Service Area**

Identify the project location by providing the facility's street address and assessor's parcel number(s). Provide maps of the project location and the project service area, including zip codes and census tracts, as an attachment to this application in Tab D.

**Part 2 – Project Development and Delivery (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 2011, and how you can expend the CDBG/HOME funds and complete the project within 12 months. Include the following:

- Planned capital project activities (design, permitting, construction, financial close-out)
- Client Recruitment/program marketing plan (for new/expanded programs in facility)
- Project evaluation plan

For Limited Clientele Facilities, provide information on procedures regarding recruitment and marketing plan for clients and/or volunteers, and intake and eligibility documentation.

B. Implementation Schedule

Milestone	Projected Date
1) Contract Start Date	
2) Design and Permitting	
3) Initiation of Construction	
4) Completion of Construction	
7) 50% of Funds Expended and Drawn	
8) 100% of Funds Expended and Drawn	
9) Project Completion and Reporting	

C. Performance Measurement System: Complete the following tables with information about the outputs and outcomes of your proposed project.

1. HUD OBJECTIVE (select one)	2. HUD OUTCOME (select one)
<input type="checkbox"/> Creating a Suitable Living Environment	<input type="checkbox"/> Availability/Accessibility
<input 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)			
Disabled Persons			
Female-Headed Households			
Elderly			
Youth			
Homeless Persons			
Other Special Needs: _____			

**Part 3 – Construction Project Description**

A. Does your project involve:

- |                        |                              |                             |
|------------------------|------------------------------|-----------------------------|
| New construction?      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Major rehabilitation?* | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Minor rehabilitation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

*\*Major rehabilitation is defined as rehabilitation that involves costs in excess of 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.*

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: \_\_\_\_\_

If **no**, explain *how* you intend to secure site control prior to the start of this project. Include the anticipated acquisition date(s).

C. **Operating Funds:**

For construction, expansion or acquisition of a community facility, will you have sufficient funds available for the operations of the facility?

- Yes  No

Complete a Pro-Forma with detailed information about operating funds available for the facility and include as an attachment in Tab C.

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

- Yes  No

If **yes**, provide your URA-compliant relocation plan as an attachment *to this application*. The City discourages tenant displacement. Please contact the Housing Division for details.

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E. Provide a brief description of the following information.

- Property Analysis
  - Property Description, including amenities and features
  - Property Condition/Inspection
  - Appraisal Information. Provide most recent appraised value.
  - Unit Inspection Summary (for rehabilitation/expansion projects)
  - Improvements to Property

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

- ✓ Property Survey or Assessor's Parcel Map
- ✓ Proposed Site and/or Architectural Plans
- ✓ Infrastructure Plans
- ✓ Environmental Review (see form in Standard Forms)

G. Community Involvement

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

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## Section 4: Project Budget Information and Financial Management

### 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 and primary sources of funding.

### Part 2 – Fiscal Management

A. Describe the organization's fiscal management, including:

- financial reporting,
- record keeping,
- accounting systems,
- payment procedures, and
- audit requirements.

Provide the most recent 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 \$)		IN-KIND SERVICES** (\$)		TOTAL PROJECT BUDGET
<b>I. Capital Costs</b>							
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)							
Contingency (Construction)							
Environmental Compliance (CEQA/NEPA/Phase I, lead testing as applicable)							
Construction Management (if outside firm)							
<b>II. Tenant Relocation</b> (Residential or other)							
<b>III. In-Kind Services</b>							
Applicant's staff services for project management)*							
Other In-kind services (name):							
Volunteer/Pro-bono services							
<b>TOTAL PROGRAM BUDGET</b>							

\* 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.

\* 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.

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## Signature Authorization Form

Organization Name (Legal Name\*): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

*\*Legal name refers to the organization name that appears on the articles of incorporation.*

The following person(s) are authorized by the Board of Directors to sign contracts and sign and submit invoices, reports, time/attendance, client progress or evaluation forms pertaining to this agreement.

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Name	Title	Telephone No./ext.	Email address
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Name	Title	Telephone No./ext.	Email address
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Name	Title	Telephone No./ext.	Email address
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We understand and agree to abide by the condition if any changes occur, a new signature authorization form must be submitted.

Authorized by:

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Typed Name, Title	Signature	Date
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**Environmental Review Form – NEPA only (City will complete CEQA as part of permit review)**

**IMPORTANT NOTE:**

**If you are applying for Construction/Rehabilitation Activities, complete this form and provide the requested attachments.**

Type of funding requested:       CDBG       HOME

Amount of Request:      \_\_\_\_\_ PY 2011

Total Project Cost

Organization Name:      \_\_\_\_\_

Project Name:      \_\_\_\_\_

Contact Person:      \_\_\_\_\_

Mailing Address:      \_\_\_\_\_

Phone:      \_\_\_\_\_

Fax:      \_\_\_\_\_

Email:      \_\_\_\_\_

Property Address:      \_\_\_\_\_

Property Owner:      \_\_\_\_\_

Mailing Address:      \_\_\_\_\_

Legal Property Description: \_\_\_\_\_

Appraised Value:      \_\_\_\_\_

1) If project involves the acquisition, rehabilitation, renovation, or conversion of a physical structure, provide the date the structure was constructed.      \_\_\_\_\_

2) Is property/project in 100 year floodplain?       Yes       No

If **yes**, please attach copy of flood insurance policy.

If property has **not** been acquired, provide estimate of flood insurance cost. (Proof of insurance will be required at closing.)

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3) Is property/project site within 1,000 feet of a highway, freeway or major arterial?

Yes       No

If **yes**, indicate which highway, freeway or major arterial: \_\_\_\_\_

4) Is property/project site within 500 feet of a railroad?       Yes    No

5) Is property/project site in Runway Clear Zone / Clear Zone? (Areas immediately beyond the ends of a runway of a civil or military airport)

Yes       No

If **yes**, provide documentation.

6) Is the property/project site in an Accident Potential Zone? (Areas at military airfields which are beyond the Clear Zone; does not apply to civil airports)

Yes       No

If **yes**, provide documentation.

### Required Attachments

- ✓ Minimum of five (5) current color photographs from various angles of the property/project site and minimum of two (2) current color photographs of adjacent properties – at least 3" x 5" and no larger than 8" x10". Attach or print photos on 8½" x 11" sheets of paper.
- ✓ Assessor's Parcel
- ✓ Copy of Key Map outlining property boundaries.

Scope of Project – Provide a **brief** description of the proposed project in the space below.

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## Conflict of Interest

The standards in OMB Circular A-110, Subpart C, provide that no employee, officer, or agent shall participate in the selection, award, or administration of a contract supported by Federal funds if a real or apparent conflict of interest would be involved. Such a conflict would arise when an employee, officer, or agent, any member of his or her immediate family, his or her partner, or an organization which employs or is about to employ any of the parties indicated herein, has a **financial or other interest** in the firm selected for an award.

The CDBG regulations at 24 CFR 570.611 and HOME regulations at 24 CFR 92.356 provide that no person who is an employee, agent, consultant, officer, or elected official or appointed official of the recipient or subrecipient that are receiving CDBG or HOME funds and (1) who exercises or has exercised any functions or responsibilities with respect to activities assisted with CDBG funds; or (2) who is in a position to participate in a decision-making process or gain inside information with regard to these activities, may obtain a financial interest from a CDBG-assisted or HOME-assisted activity, or have any interest in any contract, subcontract, or agreement with respect thereto, or the proceeds thereunder, either for themselves or those with whom they have family or business ties, during their tenure or for one (1) year thereafter.

A disclosure of the nature of any perceived or actual conflict must be made prior to the execution of agreements utilizing CDBG or HOME.

### IF NO CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- I certify that no conflict of interest exists between the City of Sunnyvale and (name of organization) \_\_\_\_\_.
- I certify that no conflict of interest exists between the subcontractors of and (name of organization) \_\_\_\_\_.

### IF A CONFLICT EXISTS, COMPLETE THE FOLLOWING:

- I certify that a conflict of interest does exist between the City of Sunnyvale and (name of organization) \_\_\_\_\_.
- I certify that a conflict of interest does exist between (name of subcontractor) \_\_\_\_\_ and (name of organization) \_\_\_\_\_.

Describe the nature of the conflict of interest below. Identify the individual, employment and the conflict or potential conflict, and their affiliation with your organization.

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Signature of Authorized Agency Official

Date

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Typed Name and Title

## APPLICANT ADMINISTRATIVE CHECKLIST

Applicant Name: \_\_\_\_\_

Proposed Capital Project: \_\_\_\_\_

<i>Please read question and check yes or no as appropriate for applicant's organization.</i>	YES	NO
<b>TRACKING CLIENT DATA</b>		
Does your agency have a system for recording the type, location and results of client services provided at the proposed facility?		
Does your agency have a system for recording information necessary to determine number of clients served and to track demographic (income, racial/ethnic/age data, etc.) information?		
<b>HUMAN RESOURCES POLICIES AND PROCEDURES</b>		
Does your agency have a code of standards governing procurement procedures and an adopted procurement policy/procedure?		
Does your agency have a conflict of interest policy?		
Does your agency have a personnel policy?		
Does your agency have a policy on non-discrimination and harassment?		
<b>Are your existing facilities, programs, and activities readily accessible to and usable by individuals with disabilities in compliance with the ADA??</b>		
<b>FINANCIAL POLICIES AND PROCEDURES</b>		
Does your agency have a system for accurately recording and storing financial data and documents?		
Does your agency have a method for identifying and separately tracking federal and non-federal sources of income and expenditures?		
Does your agency have a method for determining allowability, reasonableness and allocation of costs and for approving disbursement of funds?		
Does your agency have a method for comparing expenditures with budgeted amounts?		
Does your agency have a method for identifying program income, i.e. income directly generated from the use of CDBG grant funds?		
Does your agency prepare an annual audit or financial report?		
Does your agency have any outstanding audit or monitoring findings?		
<b>Does your agency have a code of standards governing procurement procedures? (same as above?)</b>		
Does your agency have a system for tracking real property or equipment?		

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### Accounting System Certification

STATEMENT OF PUBLIC ACCOUNTANT:

I am a certified or duly licensed public accountant and have been engaged to examine and report on the financial accounts of \_\_\_\_\_  
*(Applicant Name)*

which is a private non-profit organization (or public agency). I have reviewed the accounting system that this agency has established and, in my opinion, it includes internal controls adequate to safeguard the assets of such agency(ies), checks the accuracy and reliability of accounting data, promotes operating efficiency, and encourages compliance with the prescribed management policies of OMB Circulars A-110, A-122 and A-133.

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NAME OF AGENCY

ADDRESS

---

TYPED NAME OF PUBLIC ACCOUNTANT

---

ADDRESS OF PUBLIC ACCOUNTANT

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SIGNATURE OF PUBLIC ACCOUNTANT

DATE