

Form A. Applicant Summary

Please provide the following information about the applicant agency and funding request:

Part 1: Applicant Information

Agency Name: _____

Agency Address: _____

Federal Tax ID #: _____ **DUNS #:** _____

Organization Type Corporation LLC Partnership 501c-3 Other

Minority Business Enterprise? Yes No

Women Business Enterprise? Yes No

Part 2: Contact Information

Director Name: _____ **Title:** _____

Phone: _____ **E-Mail:** _____

Project Manager: _____ **Title:** _____

Phone: _____ **E-Mail:** _____

Part 3: Funding Request

Proposed Project Activities (Check all that apply.)

Rehabilitation New Construction Other: _____

Total Project Cost: _____ **Total Funds Requested:** _____

Part 4: Applicant Signature

Submit the information for the applicant's authorized official designating their approval.

Name: _____

Title: _____

Date _____

Form B. Site Analysis

Please provide the following information on the project site location, design, and readiness.

Part 1: Site Information

Site Address: _____

Parcel #: _____

If more than one Parcel, provide all parcel #s here: _____

Total lot size (acres or square feet): _____

Does the Organization own the project site? Yes No

If NO: Does the Organization have a lease for the project site? Yes No

Enter the expiration date of the current lease: _____

(Sites with leases of less than 25 years may be rejected as applicable projects)

For the proposed site, what is the City of Stockton Zoning Designation?

Permitted Use

- IL (Industrial, Limited)
- IG (Industrial General)
- PF (Public Facilities)

Commission Use Permit

- RH (Residential, High Density)
- CO (Commercial Office)
- CG (Commercial General)
- CD (Commercial Downtown)

Other

- For any other zoned use, please explain anticipated permit process.

Briefly describe any features of this project location that make it suitable for sheltering and/or interim housing of homeless individuals. Include information about the project site, adjacent services, or other features such as access to food, health care or other critical needs:

Part 2: Project Design

The below summary of the project design should match the project design, site plan, and architectural renderings submitted with the application.

Briefly describe the intended target population: _____

Project Description: Congregate Non-Congregate Mixed

of Congregate Beds: _____ # of Non-Congregate Units: _____

of Bathrooms (Toilets/Sinks): _____ # of Showers / Bathing Units: _____

of ADU accessible units or beds? _____ # of ADU toilets and showers? _____

Maximum Client Capacity: _____

Does the planned project include facilities / accommodations for:

- Adult recreation / socialization areas: Yes No
- Children’s recreation areas (playgrounds): Yes No
- Guest laundry: Yes No
- Pets (dog runs or kennels): Yes No
- Storage for guests’ personal items: Yes No
- Bike Storage Yes No

Describe how the project intends to ensure guests have food security and healthy nutrition, including any plans for guest food storage, cooking, or the serving or delivery of meals.

Describe how the project will accommodate programming, housing navigation, administrative functions, site management, and parking:

Briefly describe any additional accommodations for specific target populations such as youth, families, single women, etc.:

Part 3: Project Readiness

What design, development, and other pre-planning work is left to be done?

Describe development partners or plan to secure development partners, including architect, engineers, project manager, and construction team.

Describe the demolition, remediation, or other site-preparation tasks (including scraping, grading, or removal of debris and equipment) required for construction?

What work is needed to connect / upgrade utilities (water, power, sewage, etc.)?

Provide a clear overview of the construction plan, including phases, timeline, planned rehabilitation, and any major project elements:

Form C. Preliminary Construction Budget

DEVELOPMENT COSTS (ESTIMATE)	
HARD CONSTRUCTION COSTS	PROJECTED COSTS
Demolition	\$
Abatement (Asbestos, Soils, Flood Plain, etc)	\$
Grading & Paving	\$
Utility Trenching and Hook-ups	\$
Construction Costs	\$
Decking, Patios, Fencing, Landscape	\$
Off-Site Improvements (e.g. sidewalks, right of ways, etc.)	\$
Contractor General Requirements/Overhead	\$
Construction Contingency	\$
<i>Subtotal Hard Construction Costs</i>	\$
SOFT CONSTRUCTION COSTS	PROJECTED COSTS
Construction Management (Developer Fees)	\$
Architecture	\$
Survey/Engineering/Soils/Landscape Arch.	\$
Local Permits/Fees	\$
Survey/Engineering/Soils/Landscape Arch.	\$
Construction Loan Expenses/Fees/Interest	\$
Permanent Loan Fees	\$
Insurance During Construction	\$
Legal / Accounting	\$
Soft Cost Contingency	\$
<i>Subtotal Soft Construction Costs</i>	\$
DURABLE EQUIPMENT AND SUPPLIES	PROJECTED COSTS
Guest furnishings and supplies	\$
Office or Programming furnishings and supplies	\$
Other Equipment (List)	\$
Other: _____	\$
Other: _____	\$
Other: _____	\$
<i>Subtotal Costs for Durable Equipment and Supplies</i>	\$
TOTAL GENERAL DEVELOPMENT COST	
Hard Costs	\$
Soft Costs	\$
Durable Equipment and Supplies	\$
Total Project Development Cost	\$

Form D. Estimated One-Year Operations Budget

ESTIMATED OPERATIONAL COSTS (For 12-months of Operations)			
PERSONNEL			PROJECTED COSTS
<i>List all positions required for operations</i>	<i>FTE</i>	<i>Annual Salary</i>	
• _____			\$
• _____			\$
• _____			\$
• _____			\$
• _____			\$
• _____			\$
• _____			\$
Total Salaries			\$
Total Benefits	(Enter benefit rate)	%	\$
<i>Subtotal Personnel Costs for One Year @ Full Operations</i>			\$
OPERATIONS			
Program Supplies and Equipment			
Personal Hygiene and Cleaning Supplies			\$
Shelter / Bedding Supplies			\$
Food / Nutrition Supplies			\$
Recreation, Pet, and Programming Supplies			\$
Office Supplies			\$
Other: _____			\$
Operations & Maintenance			
Site Specific Utilities and Bills (Insurance, Taxes, Utilities, etc.)			\$
Mortgage or lease payments			\$
Annual Maintenance Costs (Grounds and Facilities)			\$
Capital Operating Reserves (Long Term Maintenance)			\$
Other: _____			\$
Professional Services			
Service Type: _____			\$
Service Type: _____			\$
Service Type: _____			\$
HMIS License Fees			\$
Other			
Other: _____			\$
Other: _____			\$
<i>Subtotal Operational Costs for One Year @ Full Operations</i>			\$
Total Project Operational Costs			\$

Form E. Project Budget and Funding Request

List all funding sources, in addition to funding through this NOFA.

The total amount of funding available for request through this NOFA is:

- Project Construction / Development \$6,500,000
- 3-years of Project Operations \$3,600,000

Project Budget			
	Requested Through this NOFA	Funding* Through Other Sources	Total Funding (All Sources)
Project Construction / Development	\$		\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
Project Operations (3 Years)	\$		\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
_____		\$	\$
TOTAL	\$	\$	\$

Committed funds are any funds secured and available through grants, loans, awards, or billable program services.

Budget Signature

Submit the information for the applicant’s authorized official designating their approval.

Name: _____

Title: _____

Date: _____

Form F. Development and Operations Experience

Use this form to provide summary information about experience developing or managing any similar or related projects. Related projects should include the experiences of the lead applicant OR any named partners. Related projects include any site development projects to expand, renovate, or construct program facilities and/or any operational experience managing low barrier shelter programs or other congregate housing for any population type.

This page may be duplicated to include additional project experiences. Please list most current projects first.

Part 1: Site Development Experience

Project Name: _____

Project Address: _____

Purpose of Project: _____

Scope of Project:

of interior square ft. impacted by project: _____

of exterior square ft. impacted by project: _____

Total length of time to complete the project, in months: _____

Total project cost: \$ _____

Describe any additional relevant project details:

Part 2: Shelter / Homeless Services Experience

Project Name: _____

Project Address: _____

Population Type(s): _____

Scope of Project:

Total Capacity _____

Average Daily Population: _____

Length of Management: _____

Declaration G: Acknowledgement of Requirements for Use of Coordinated Entry and HMIS Systems

By signing below, the Applicant agrees to the following terms and conditions regarding the Homeless Management Information System (HMIS):

- I. The Applicant will ensure that data on all persons served and all activities assisted under the City of Stockton’s Low Barrier Shelter Beds program are entered into the applicable communitywide HMIS in the area in which those persons and activities are located, in accordance with the U.S. Department of Housing and Urban Development’s standards on participation, data collection, and reporting under a local HMIS.
- II. The Applicant shall have an agreement in place with the HMIS lead agency to participate in the regionally established HMIS system. A copy of the Applicant’s agreement with the HMIS lead agency shall be delivered to the City. In the case of Domestic Violence service providers or other agencies prohibited from entering data into HMIS, documentation from the HMIS lead agency certifying the Applicant is using a comparable database shall be delivered to the City.
- III. The Applicant shall enter into an interagency Data Sharing Agreement with the HMIS lead agency where the Applicant agrees to share HMIS data with other subrecipients. A copy of such agreement shall be delivered to the City.
- IV. Applicant shall enter data directly into the HMIS system, and adhere to all implementation guidelines developed under the Continuum of Care. HMIS Participation includes, but is not limited to, the input of all programmatic and client data, the generation of all mandated monthly, quarterly, and close-out reports. Applicant must input client data no more than forty-eight (48) hours after the date of program entry. Services rendered to clients must be entered into HMIS within forty-eight (48) hours from date of service. All clients who exit the program must have updated status in HMIS within forty-eight (48) hours of actual exit date. Failure to meet the above Data Input requirements may constitute a violation of the terms and conditions of this declaration.

Name: _____

Title: _____

Date: _____

Signature: _____

Declaration H: Commitment to Equity and Non-Discrimination in Housing and Related Services

- I. The Subrecipient agrees to comply with the non-discrimination in employment and contracting opportunities laws, regulations, and executive orders referenced in 24 CFR 570.607, as revised by Executive Order 13279. The applicable non-discrimination provisions in Section 109 of the HCDA are still applicable.
- II. The Subrecipient agrees to comply with Title VI of the Civil Rights Act of 1964 as amended, Title VIII of the Civil Rights Act of 1968 as amended, Section 104(b) and Section 109 of Title I of the Housing and Community Development Act of 1974 as amended, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, the Age Discrimination Act of 1975, Executive Order 11063, and Executive Order 11246 as amended by Executive Orders 11375, 11478, 12107 and 12086.
- III. The Subrecipient agrees to comply with the State of California's Fair Housing and Employment Act, as stated in Government Code Title 2, Division 3, Part 2.8.
- IV. The Subrecipient must prohibit unlawful discrimination of program participants on the basis of race, color, national or ethnic origin, sex, age, disability, religion, sexual orientation, gender identity or expression, veteran or military status, marital status, source of income, genetic information, or any other characteristic protected by applicable law.

Name: _____

Title: _____

Date: _____

Signature: _____

Declaration I: ARPA Non-Collusion Declaration

- I. The Subrecipient agrees to comply with all applicable conflict-of-interest and non-collusion requirements as set forth by the American Rescue Plan Act (ARPA), including but not limited to, [2 CFR 200.318\(c\)](#), [2 CFR 200.112](#), and [2 CFR 200.113](#).
- II. The Subrecipient attests that, in submitting this application, the application is genuine and not sham or collusive, or made in the interest or behalf of any person not named herein; that said Subrecipient has not colluded, conspired, connived, or agreed, directly or indirectly with, or induced or solicited any other application or person, firm or corporation to put in a sham application, or that such other person, firm or corporation shall or should refrain from applying; and has not in any manner sought by collusion to secure themselves any advantage over or against the City, or any person interested in said improvement, or over any other Subrecipient.
- III. No employee, officer, or agent of the Subrecipient shall participate in the selection, or in the award, or administration of, a contract supported by Federal funds if a conflict of interest, real or apparent, would be involved.

Name: _____

Title: _____

Date: _____

Signature: _____

Declaration J: Acknowledgment of City of Stockton Insurance Requirements

The signature below attests to an understanding of the City of Stockton’s Insurance requirements, including:

- Proponent/Bidder, at Proponent’s/Bidder's sole cost and expense and for the full term of the resultant contract or any extension thereof, shall obtain and maintain at least all of the insurance requirements listed on the City’s website at: <http://www.stocktonca.gov/government/departments/humanResources/riskServices/insurance.html>
- Insurance requirements have been reviewed and this submission of a proposal serves as an agreement to obtain and maintain all necessary insurance.
- All coverage shall be provided by a carrier authorized to transact business in California and shall be primary. All policies, endorsements, and certificates shall be subject to approval by the Risk Manager of the City to Stockton as to form and content. These requirements are subject to amendment or waiver if so, approved in writing by the Risk Manager.
- Maintenance of proper insurance coverage is a material element of City contracts, and failure to maintain or renew coverage or to provide evidence of renewal may be treated as a material breach of contract.
- Proponent shall satisfy these insurance requirements concurrently with the signing of the contract prior to commencement of work.

Name: _____

Title: _____

Date: _____

Signature: _____