

This Question Set is for information only! Proposals must be submitted through MOH's online RFP system (available beginning November 19, 2009 at www.sfgov.org/moh). The deadline for proposal submission is 5:00 p.m. on Thursday, December 17, 2009.

2010-2011 RFP: Planning, Technical Assistance and Capacity Building Question Set

1. Project Information

- Q1. Contact Person First Name: _____ Contact Person Last Name: _____
- Q2. Contact Person Phone: _____ Contact Person Fax: _____
- Q3. Contact Person Email Address: _____
- Q4. Project Name: _____
- Q5. Project Site Address (Number, Street, Street Type, Unit, Address Line 2, City, State and Zip)
Please enter the address where program activities take place. If Capital or Public Space Improvement project, enter the project address.

2. Program Specific

- Q1. Describe the need for this planning, technical assistance, or capacity building grant and how this need was identified.
- Q2. Describe the program or process to be funded by this grant, and describe any final product that may be produced.

If the final product is a plan, please include the following:

- Describe the planning process and an outline of what you feel will be included in the final plan.
- Describe the collaborative members and the experience that the collaborative has had working together.
- Describe how the plan will concretely be used to benefit low and moderate-income people in San Francisco.

If the proposed program is technical assistance that the applicant will provide to community-based organizations, please include the following:

- Describe the type of assistance offered (e.g., workshops, trainings), type of curriculum, type of organizations targeted for assistance, and any fees that might be charged for this service.
- Describe specifically the short-term and long-term benefits that this technical assistance will create for low and moderate-income people in San Francisco.

If the proposed program is capacity building that the applicant is seeking to receive as a collaborative, please include the following:

- Describe the collaborative members and the experience that the collaborative has had working together.
- Describe how the capacity building will concretely be used to benefit low and moderate-income people in San Francisco.
- If the collaborative is neighborhood based, please specifically describe how the neighborhood will benefit from this collaborative.
- If the collaborative targets a specific constituency, please describe how that constituency in particular will benefit from this collaborative.
- Describe the type of capacity building sought (e.g., workshops, one-on-one work with a consultant, trainings)
- Describe specifically the short-term and long-term benefits that this capacity building for the collaborative will create for low and moderate-income people in San Francisco.

For the proposed program, please also indicate the total number of consultants and/or staff hours required. The total number of hours for all activities should correspond with the staff/consultant budget request.

3. Work Plan Outline

- Q1. Please fill out the work plan detail, including number of people served per activity.

From the drop-down menu, select the activity(ies) that best describes your program. If you have multiple activities, please enter each activity on a separate line. Please provide a brief one or two-line summary of each activity in the text box next to each activity.

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For ESG GRANTS: Since ESG applications will be considered for two-year grants, please enter in the two-year total of clients per activity. For example, if you will be serving 50 clients in 2010-11, and another 50 clients in 2011-2012, you would enter "100" as the total number of clients served for that activity. Specific outputs for each program year will be negotiated after the award has been made.

For HPG HOUSING DEVELOPER GRANTEEES: Please indicate the total # of units that will be rehabbed in your project even if the rehab will not be completed within 2010-2011. In addition to # of units to be rehabbed, you must also include the deliverables that will be accomplished within the 2010-2011 grant year (i.e. conduct feasibility study, submit tax credit application, secure funding commitment, obtain site control, etc.). Each deliverable should be entered on a separate line. In most instances these deliverables will have an annual output of "1".

For PLANNING, TECHNICAL ASSISTANCE AND CAPACITY BUILDING GRANT: the output for purposes of the workplan will be "1." The number of unduplicated clients will be "1."

Table Input:

Activity	Description/ Unit of Accomplishment	Annual Output
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Q2. Please enter the number of unduplicated clients served by CDBG/ESG/SFRA funds.

4. Evaluation

Q1. In addition to the activities and outcomes that will be monitored as part of your workplan, please describe how your organization will assess the quality and effectiveness of the proposed program/project. How does your agency know your program is successful? Include, if applicable, examples such as focus groups, surveys, stakeholder input, and other methods of evaluation. Describe how evaluation results are reviewed and used to improve programming. For the most recent program year completed, please provide examples of measurable outcomes related to the proposed services demonstrating concrete results.

5. Program Budget

For ESG grants: Since ESG applications will be considered for two-year grants, please enter the two-year total of funds requested. For example, if your program will need \$50,000 for 2010-2011, and \$50,000 for 2011-2012, the budget requested in this proposal should total \$100,000. Separate budgets for each program year will be negotiated after the contract award.

Q1. Please enter detailed budgetary information.

If you are not requesting funding for a specific line item please enter "0". Your budget will be incomplete if there are blanks in the Amount box for any line item.

Salary Detail:

If you are requesting funds to pay for administrative salaries please indicate the title(s) and % of admin time in the justification box. If you are requesting coverage for indirect costs you may NOT request administrative salaries as part of your direct costs.

Table Input:

Last Name	First Name	Title	Rate	Hrs	Total
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Fringe Benefits Detail:

Table Input:

Description	Payroll Total	Rate %	Amount
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FICA

SUI

Workers Compensation

Medical Insurance

Retirement

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Other

Contractual Services Detail:

Subcontracting must follow federal procurement guidelines as outlined in MOH's Operating Procedures Manual and specifically in [Form H](#).

Table Input:

Service Type	Contractor Name	Explanation	Amount
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Equipment Detail:

Equipment purchases exceeding \$1,000 must follow the guidelines set forth in [Form H](#). Equipment leases should be included under "Other" Detail.

Table Input:

Equipment Name	Explanation	Amount
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Insurance Detail:

General Liability	Amount:
Auto	Amount:
Fidelity	Amount:
Property	Amount:
Other	Amount:

Travel/Conference Detail:

The Operating Procedures Manual requires agencies to consult their grant coordinator for out of town travel expenses.

Table Input:

Travel Event	Travel Location	Explanation	Amount
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Other Detail:

CDBG funds CANNOT be used for stipends, food and beverage, and entertainment expenses. Political activities and advertising not related to recruitment are also disallowed budget items.

Other Name	Explanation	Amount
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Budget Details:

Item	Amount	Justification
Salaries		
Fringe Benefits		
Contractual Services		
Equipment		
Insurance		
Space Rental		
Supplies		
Telecommunications		

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Travel/Conferences

Utilities

Other

Indirect Cost (Applicants may include indirect costs in the proposed budget.)

Total Budget

Q2. Program Funding from other City Department(s).

Using the table below, please list funding received from other City Departments that supports the same program for which you are requesting funds. If you do not receive any funding from other City Departments for the proposed program leave the table blank.

Name of Funding Source	Comment (Optional)	Amount
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Total Funding from other City department(s) \$

Q3. Program Funding from non-City sources.

Using the table below, please list funding received from non-City sources that support the same program for which you are requesting funds. If you do not receive any non-City sources for the proposed program leave the table blank.

Name of Funding Source	Comment (Optional)	Amount
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Total Funding from other Funding Source(s): \$

Total Proposed Funding from this Grant: \$

Total Program Budget, including all funding from all sources (should equal the totals from Q1, Q2 and Q3): \$

6. Neighborhood

Q1. San Francisco's CDBG program focuses on our most severely distressed neighborhoods. The specific programs that would benefit from the funding you are requesting should therefore be based in and primarily benefit low-income residents of such neighborhoods. Identify the neighborhoods to be served and the % of your total clients from each neighborhood. The total percentage must equal 100%. Please see the map of MOCI-defined San Francisco neighborhoods.

If your program serves at least six neighborhoods AND no one neighborhood comprises at least 20% of the total individuals served, you may select "Citywide" as the neighborhood. If you serve individuals residing outside of San Francisco, choose "Other" as the neighborhood.

Table Input:

Neighborhood	% Input
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