### CITY OF PASADENA REQUEST FOR PROPOSALS



### COMMUNITY DEVELOPMENT BLOCK GRANT 2013/2014 APPLICATION AND INFORMATION PACKET

CITY OF PASADENA HOUSING DEPARTMENT

OFFICE LOCATION: RENAISSANCE PLAZA, 649 N. FAIR OAKS AVENUE, SUITE 202 PASADENA, CA 91103



### CITY OF PASADENA REQUEST FOR PROPOSALS

### COMMUNITY DEVELOPMENT BLOCK GRANT

**APPLICATION** 

### **GENERAL INSTRUCTIONS**

- > READ THE ATTACHED DOCUMENT THOROUGHLY BEFORE COMPLETING THIS PROPOSAL
- ➤ FILL OUT THE PROPOSAL COMPLETELY (ALL PROPOSALS MUST BE TYPED).

  PLEASE NOTE: YOU WILL NOT BE GIVEN THE OPPORTUNITY TO SUBMIT MISSING DOCUMENTATION. ALL INCOMPLETE PROPOSALS MAY BE DEEMED INELLIGIBLE.
- > ATTACH ONLY THE REQUIRED DOCUMENTATION (ANY INFORMATION NOT REQUESTED WILL BE DISPOSED OF AND NOT CONSIDERED AS PART OF THE PROPOSAL).
- > PARTIAL FUNDING WILL NOT BE AWARDED. THE AGENCY SHOULD SUBMIT THE FUNDING REQUEST FOR THE AMOUNT REQUIRED TO COMPLETE THE PROGRAM/ PROJECT.
- THE AGENCY MUST ATTEND ONE OF THE MANDATORY RFP WORKSHOPS LISTED IN THE INSTRUCTIONS.
  PLEASE NOTE: FAILURE TO ATTEND ONE OF THE WORKSHOPS WILL RESULT IN THE AUTOMATIC DISQULAIFICATION OF THE PROPOSAL
- > SUBMIT ONE (1) ONE ORIGINAL (NOT BOUND) AND FIVE (5) COPIES (BOUND) OF THE PROPOSAL TO:

#### **OFFICE LOCATION**

# RENAISSANCE PLAZA 649 FAIR OAKS AVENUE, SUITE 202 ATTENTION: WILLIAM K. HUANG, HOUSING DIRECTOR (626) 744-8300

### DEADLINE - 5:00 P.M. ON WEDNESDAY, APRIL 3, 2013

- ➤ NO POSTMARKS OR FACSIMILES WILL BE ACCEPTED.
- ➤ CITY STAFF IS AVAILABLE TO ANSWER QUESTIONS AND PROVIDE TECHNICAL ASSISTANCE TO ANY ORGANIZATION WISHING TO SUBMIT A PROPOSAL. PLEASE CALL (626) 744-8321 TO SCHEDULE AN APPOINTMENT FOR TECHNICAL ASSISTANCE.

### **REMINDERS:**

- > ALL INFORMATION REQUESTED MUST BE ACCURATE AND COMPLETE. FAILURE TO INCLUDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN THE REJECTION OF YOUR PROPOSAL.
- > ALL RESPONSES TO THE QUESTIONS SHOULD BE:
  - COMPLETED IN THE SPACE PROVIDED. ALTERING THE DOCUMENT WILL RESULT IN THE REJECTION OF YOUR PROPOSAL.
  - TYPED IN 11 OR 12 PITCH FONT (THIS ALSO INCLUDES THE BUDGET INFORMATION). PROPOSAL APPLICATION CAN BE DOWNLOADED FROM THE INTERNET AT <a href="http://www.cityofpasadena.net/housing">http://www.cityofpasadena.net/housing</a>
  - CLEAR AND CONCISE
  - INCLUSIVE OF THE REQUIRED ATTACHMENTS
- > THE ORIGINAL PROPOSAL MUST BE UNBOUND AND HELD TOGETHER WITH A BINDER CLIP (THIS IS REQUIRED SO THE DOCUMENT MAY BE SCANNED INTO THE COMPUTER). ALL FIVE COPIES MUST BE BOUND.
- > ALL PROPOSALS MUST INCLUDE A ONE PAGE TRANSMITTAL LETTER. THIS LETTER SHOULD BE WRITTEN ON AGENCY LETTERHEAD AND INCLUDE THE FOLLOWING:
  - A BRIEF SUMMARY OF YOUR PROPOSED PROJECT
  - FUNDING AMOUNT REQUESTED
  - NAME, ADDRESS AND PHONE NUMBER OF THE AUTHORIZED AGENCY CONTACT PERSON(S)

## PART I

# GENERAL INFORMATION (0 POINTS)

1. COVI	ER SHEET			
PROJECT TITL	Æ:			
LEGAL NAME	OF THE PROPOSER:			
ADDRESS OF T	THE PROPOSER:			
	CITY:		STATE _	ZIP
EXECUTIVE DI	RECTOR:			
TELEPHONE N	UMBER:			
CONTACT PER	SON:			
TELEPHONE N	UMBER:		E-MAIL	
*** FOR TE	IIS SERVICE YEAR (20	13/2014) <u>ONLY NON-</u>	PUBLIC SER	VICES WILL BE ACCEPTED ***
	PLEAS	E SPECIFY YOUR P	ROJECT BEI	LOW:
PROJECT PRIORITY	CAPITAL 1	N-PUBLIC IMPROVEMENT 5 max. duration)	0	NON-PUBLIC ECONOMIC DEVELOPMENT (2013/2014 max. duration)
AMOUNT OF Y	OUR FUNDING REQUI	EST:	\$	
Please note tha	STHE AGENCY HAS PI t once a project has bee ill be deducted for every	en funded for 3 cons	ecutive years,	5 points will be deducted and
PASADENA C WARRANTS THA FURTHER AGE	CDBG, ESG, AND HSEF PRO AT ALL OF THE INFORMA' REES TO ABIDE BY ALL C SO UNDERSTANDS THAT	OGRAMS PURSUANT T TION IN THE PROPOSA ONDITIONS AND REQ	O THE REQUE IL PACKAGE IS UIREMENTS IN E PROPOSER'S	EIVE FUNDING FROM THE CITY OF ST FOR PROPOSAL. THE PROPOSER THE AND CORRECT. THE PROPOSER THE REQUEST FOR PROPOSAL. THE ENTIRE PROPOSAL AND CANNOT BE FOR IN THE RFP.
AUTHORIZED	SIGNATURE:			
TITLE OF AUT	HORIZED SIGNATORY	Y:		
TYPE NAME O	F AUTHORIZED SIGNA	ATORY:		
OFFICE USE	ONLY:			
DATE RECEIV	VED:		BY:	

### 2. AGENCY MISSION STATEMENT

## 3. CONCISE DESCRIPTION OF PROPOSED PROJECT/ EXECUTIVE SUMMARY

CONCISELY DESCRIBE THE OVERALL PURPOSE OF THE PROJECT.

### 4. PROJECT SERVICE AREA

#### PLEASE CHECK ONE

CITYWIDE	CDBG BENEFIT		SPECIFIC GEOGRAPHICAL
O	SERVICE AREA *	$\sim$	AREA OF THE CITY*

- \* IF WITHIN A SPECIFIC GEOGRAPHICAL AREA OF THE CITY PLEASE:
  - A. DESCRIBE THE BOUNDARIES OF YOUR SERVICE AREA BY STREETS AND LIST THE INCLUDED CENSUS TRACTS. DESCRIBE WHY THIS PARTICULAR AREA WAS SELECTED.

B. IF YOUR PROJECT IS LOCATED OUTSIDE THE BENEFIT SERVICE AREA, DESCRIBE THE PROVISIONS YOU WILL MAKE TO ENSURE THAT RESIDENTS FROM THE BENEFIT SERVICE AREA CAN READILY ACCESS AND RECEIVE YOUR SERVICES.

### **PART II**

## CLIENT SERVICE AREA POPULATION AND SELECTION PROCESS OUTREACH AND MARKETING

(10 POINTS)

### 1. THRESHOLD REQUIREMENTS FOR TARGET POPULATION

### HUD DEFINES LOW TO MODERATE INCOME INDIVIDUALS/ FAMILIES ACCORDING TO THE FOLLOWING GUIDELINES

### Household's Annual Family Income

Number of Persons In Household	Extremely Low Income Limits	Very Low Income Limits	Low to Moderate Income Limits
1	\$17,950	\$29,900	\$47,850
2	\$20,500	\$34,200	\$54,650
3	\$23,050	\$38,450	\$61,500
4	\$25,600	\$42,700	\$68,300
5	\$27,650	\$46,150	\$73,800
6	\$29,700	\$49,550	\$79,250
7	\$31,750	\$52,950	\$84,700
8	\$33,800	\$56,400	\$90,200

Effective Date 12/2012

$\boldsymbol{C}$	DEDCENTACE	OF PROGRAM PARTICIPANTS WITHIN '	THE ADOME HID COITEDIA
v.	PERCENTAGE	JE PROGRAM PARTICIPANTS WITHIN	THE ADOVE HUD CRITERIA

		•	%

D. HOW WILL YOUR AGENCY VERIFY COMPLIANCE TO THE HUD CRITERIA LISTED ABOVE?

E. HOW WILL YOU ASSIST THE TARGET POPULATION IN OVERCOMING BARRIERS TO ACCESSING SERVICES (LANGUAGE, CULTURE, TRANSPORTATION ETC...)?

### 2. DESCRIPTION OF TARGET POPULATION

*(	Δ,	Ρľ	ГΛ	T	TN/	IPI	30	VE	'M	FN	JT.	ΡR	O	TE	$C^r$	rc	C	H(	Ή	T	n	DI	717	IN	F'	ТН	TF1	ſΡ	C	F/	70	N	n	1 R	V	R	Fλ	JE	F	$\boldsymbol{C}$	ĪΔ	R	V
"(	ıΑ	M	IΑ	L.	HV	IPI	w	V L	JVI	L.D	NI	РK	w	JI.	•	15		н	N	ш	D.	IJ	บท	IIN	Ľ	ΙП	LL.	IK	.)	r. C	J	// V /	IJ,	łΚ	I	B	ルバ	V P.	r	"	IΑ	ĸ	ľ.

A. 1	PLEASE	DESCRIBE	THE PROJEC	TS TARGET	POPUL	ATION:
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a. <u>PRIMARY BENEFIT</u> (ALL PROJECTS): (IE. BENEFIT TO PROPERTY OWNER/BUILDING OR CLIENTS)

b. <u>SECONDARY BENEFIT</u> (CAPITAL IMPROVEMENT PROJECTS ONLY): (IE. DIRECT BENEFIT TO THOSE WHO UTILIZE THE BUILDING)

В.	HOW WILL OUTREACH AND RECRUITMENT BE DONE TO REACH THE TARGET POPULATION IDENTIFIED ABOVE?
C.	HOW WILL YOU SELECT PARTICIPANTS FROM THE IDENTIFIED TARGET POPULATION?

### D. ANALYSIS OF UNITS OF SERVICE

A. HOW MANY INDIVIDUALS AND HOUSEHOLDS WILL BENEFIT FROM THIS PROPOSED PROJECT?
INDIVIDUALS
HOUSEHOLDS
B. HOW MANY UNITS OF SERVICE WILL PROGRAM PARTICIPANTS RECEIVE DURING THE DURATION OF THE PROJECT?  (EX. HOURS OF COUNSELING, CLASSES ATTENDED, JOBS CREATED/RETAINED, ECT.)
UNITS
i. FOR THIS PROGRAM A UNIT OF SERVICE IS DEFINED AS:
ii. COST PER UNIT OF SERVICE*  *(IE. NUMBER OF PARTICIPANTS / COST OF PROJECT)  *(EX. JOBS / COST OF PROJECT)

 $FOR\ A\ CAPITAL\ IMPROVEMENT\ PROJECT\ THE\ COST\ PER\ UNIT\ IS\ ONE\ (1)\ UNIT\ AT\ THE\ REQUESTED\ AMOUNT\ IN\ FULL.$ 

# **PART III**

# UNMET NEEDS AND PROGRAM DEVELOPMENT (10 POINTS)

### 1. NEEDS ANALYSIS

A. DESCRIBE THE UNMET NEED(S) OR PROBLEM(S) THAT THIS PROPOSED PROJECT WILL ADDRESS.

В.	WHAT METHODS AND/ OR DATA WAS USED TO IDENTIFY AND VERIFY THE NEED(S) FOR THIS PROJECT. YOU MUST CITE SPECIFIC INDEPENDENT DATA SOURCES TO DOCUMENT NEED. THE SOURCES CITED NEED TO BE UP TO DATE (EX. CENSUS DATA, CURRENT NEEDS ASSESSMENTS ETC)
C.	DOES THIS PROPOSED PROJECT PROVIDE A UNIQUE AND DIFFERENT SERVICE FROM WHAT IS ALREADY AVAILABLE IN THE COMMUNITY? IF SO PLEASE DESCRIBE WHAT IS UNIQUE OR DIFFERENT.

### **PART IV**

### GOALS AND OBJECTIVES OUTCOME MEASURES PERFORMANCE SCHEDULE

**(25 POINTS)** 

### 2. GOALS AND OBJECTIVES

A	DI EACE LICT THE	COALSAND	ODIECTIVES	OF THE PROPOSED	DDATECT
Α.	PLEASE LIST THE	GUALS AND	OBJECTIVES	OF THE PROPUSED	PROJECT.

EXAMPLES:	EXA	MP	LES:
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- PROVIDE IMPROVED HANDICAP ACCESSIBILITY TO ENSURE ACCESS FOR ALL PARTICIPANTS AND EMPLOYEES.
- CREATION AND MAINTAINANCE OF 20 NEW JOBS DURING THE PROGRAM YEAR THROUGH BUSINESS LENDING

B. DESCRIBE IN DETAIL THE ACTIVITIES THAT WILL BE CONDUCTED TO ACHIEVE EACH OF THESE GOALS AND OBJECTIVES.

### 3. QUALITATIVE / QUANTITATIVE OUTCOME MEASUREMENT

A. PLEASE DESCRIBE THE  $\underline{\it QUANTITATIVE}$  OUTCOMES THAT YOU EXPECT FROM THE PROPOSED PROJECT.

EXAMPLES.
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- DURING THE 2013-2014 ACADEMIC YEAR, THE TUTORING PROGRAM WILL SERVE 100 YOUTH BETWEEN THE AGES OF 13-18.
- 80% OF THE STUDENTS ENROLLED IN THE TUTORING PROGRAM WILL INCREASE THEIR READING BY ONE GRADE LEVEL DURING THE ACADEMIC YEAR

B. PLEASE DETAIL HOW YOU WILL MEASURE THE *QUALITATIVE* OUTCOMES THAT YOU EXPECT FROM THE PROPOSED PROJECT.

#### EXAMPLES:

• OPINION SURVEYS, TESTIMONIALS, QUALITY OF LIFE, Etc.

### 4. SCHEDULING

•		EDULING
A.	PLEAS 2014.	E USE THIS PAGE TO DETAIL YOUR PERFORMANCE ACTIVITIES SCHEDULE FOR 2013
	i.	FIRST QUARTER (JULY-SEPTEMBER 2013)
	ii.	SECOND QUARTER (OCTOBER-DECEMBER 2013)
	iii.	THIRD QUARTER (JANUARY-MARCH 2014)
	iv.	FOURTH QUARTER (APRIL- JUNE 2014)

## PART V

# ADMINISTRATIVE CAPACITY (25 POINTS)

### 1. AGENCY CAPACITY

A. PLEASE DESCRIBE THE ORGANIZATION'S ADMINISTRATIVE CAPACITY AND QUALIFYING EXPERIENCE TO CARRY OUT THE PROPOSED PROJECT.

PROJECT MANAGER	
NAME:	
TITLE:	
EDUCATION:	
CERTIFICATIONS:	
PHONE:	
PREVAILING WAGE CONSULTANT and/or FINANCIAL MANAC	GER (S)
NAME:	
TITLE:	
EDUCATION:	
CERTIFICATIONS:	
PHONE:	
CONSTRUCTION and/or OPERATIONS MANAGER (S)	
NAME:	
TITLE:	
EDUCATION:	
CERTIFICATIONS:	
PHONE:	

### 2. AGENCY EXPERIENCE

A. HIGHLIGHT YOUR AGENCY'S EXPERIENCE AND ACCOMPLISHMENTS RELEVANT TO THE PROPOSED PROJECT.

Please note two bonus points will be given for agencies that have carried out similar projects to the proposed project and can verify successful outcomes.

### 3. COLLABORATIVE PARTNERSHIPS

A. DESCRIBE YOUR COLLABORATION ACTIVITIES FOR THE PROPOSED PROJECT. PLEASE DETAIL ALL COLLABORATIVE ACTIVITIES INCLUDING PARTNERSHIPS, IN KIND SERVICES PROVIDED BY OTHER ORGANIZATIONS, SHARED FUNDING, CLIENT/STAFF SERVICES, MATERIALS, FACILITIES AND EQUIPMENT.

AN EXECUTED MEMORANDUM OF UNDERSTANDING, SIGNED BY BOTH PARTIES, MUST BE INCLUDED FOR EACH COLLABORATIVE EFFORT.

ORGANIZATION	RELATIONSHIP DETAILS	MOU?
CONTACT: ADDRESS:		Y / N
PHONE:		<del></del>
CONTACT: ADDRESS:		Y / N
PHONE:		
CONTACT: ADDRESS:		Y / N
PHONE:		
CONTACT: ADDRESS:		Y / N
PHONE:		
CONTACT: ADDRESS:		Y / N
PHONE:		

Please not one bonus point will be given for each meaningful collaboration demonstrated (up to 5 points). Collaborations must demonstrate a tangible working relationship related to the proposed project. Points will not be awarded for client referrals as the basis for working together.

### 4. STAFFING

A. PLEASE DESCRIBE THE STAFF SELECTION, HIRING PROCESS AND TRAINING AS IT RELATED TO YOUR PROPOSED PROJECT. PLEASE DETAIL THE PROCESS THAT WOULD BE USED TO FILL A STAFFING VACANCY IN THE PROPOSED PROJECT.

B. PLEASE DESCRIBE THE ORGANIZATION'S OPERATIONAL PROCEDURES RELATED TO PERSONNEL MATTERS. PLEASE INCLUDE INFORMATION ON EMPLOYEE EVALUATIONS, GRIEVANCE PROCEDURE, COMPENSATION PACKAGE, HOLIDAYS, ETC... PLEASE INCLUDE A WRITTEN POLICY AND PROCEDURE HANDBOOK/MANUAL WITH THE ORIGINAL PROPOSAL.

### 5. FINANCIAL STANDARD OF PROCEDURE

	E DETAIL THE ADMINIST RATE REPORTS AND FISCA		ES THE AGENCY	USES TO ENSURE
	IBE THE AGENCY'S AC RIALS, SUPPLIES, ETC	QUISITION / PURCH	IASING PROCESS	FOR EQUIPMENT,
AUDITED FINA	ANCIAL STATEMENT			
THE FEDERAL MORE IN FEDEREQUESTING \$	CE WITH THE OFFICE OF MA GOVERNMENT REQUIRES ERAL FINANCIAL ASSISTAN 5500,000 OR MORE MUST CI MENT AND STATE WHICH M	THAT NON-PROFIT OF ICE IN A FISCAL YEAR HOOSE ONE OF THE T	RGANIZATIONS REC R MUST SECURE AN HREE FOLLOWING	CEIVING \$500,000 OR N AUDIT. AGENCIES
	YOUR ORGANIZATION AND CLUDING CDBG, THE ORGAN			
BUT Wo The	YOUR ORGANIZATION ALR IT HAS NEITHER RECEIVED I OULD BE MODIFIED TO INCO E AUGMENTATION COULD T THE AUDITOR'S WRITTEN O	NOR INCLUDED CDBG I DRPORATE AUDIT REQU FHEN BE INCLUDED IN	IN THE PAST, THE S JIREMENTS. THE AS	COPE OF THE AUDIT SSOCIATED COST OF

3. IF THE AGENCY DOES NOT HAVE A CURRENT AUDIT PROCESS IN PLACE, YOUR ORGANIZATION WILL BE REQUIRED TO INCLUDE A 10% SET-ASIDE IN THE CDBG PROJECT BUDGET FOR THE PROVISION OF AN AUDIT.

### **PART VI**

BUDGET/ BUDGET NARRATIVE

**(20 POINTS)** 

### 1. PROPOSED PROJECT BUDGET 2013 - 2014

THIS SECTION OUTLINES THE COSTS ASSOCIATED WITH THE PROPOSED PROJECT.

#### **DIRECTIONS:**

EACH BUDGET SHOULD BE COMPLETELY AND ACCURATELY FILLED OUT. THIS SECTION MUST ALSO BE TYPED. PERSONNEL COSTS (EXCLUDING CONSULTANTS) MUST BE ITEMIZED AND CONSISTENT WITH THE INFORMATION ON THE PROJECT STAFF FORM(S). CAPITAL IMPROVEMENT PROJECTS MUST ALSO INCLUDE A DETAILED LINE ITEM BUDGET (NON-PUBLIC SERVICE ONLY).

PLEASE LIST IN CHART 1 BELOW (PROJECT BUDGET) THE TOTAL COSTS FOR THE PROPOSED PROJECT. IDENTIFY THE OTHER FUNDING AMOUNTS AND INDICATE WHETHER THEY ARE PROPOSED OR PENDING (P), SECURED BY CONTRACT OR IN AGENCY ACCOUNT (S), AND/OR IN-KIND CONTRIBUTIONS (I).

#### CHART 1 - PROPOSED PROJECT BUDGET (2013-2014)

PROJECT COST	PROPOSAL REQUEST *	OTHER SOURCES (LEVERAGING) +	INDICATE P, S, OR I	TOTAL
PERSONNEL COSTS				
SALARIES/WAGES				
PERSONNEL BENEFITS &				
TAXES				
NON-PERSONNEL COSTS				
INSURANCE & BONDING				
SUPPLIES & MATERIALS				
PRINTING & REPRODUCTION				
ADVERTISING & POSTAGE				
TELEPHONE				
UTILITIES				
FACILITIES RENTAL OR LEASE				
EQUIPMENT RENTAL OR LEASE				
CONSULTANTS				
PROGRAM CONSULTANT(S): (I.E., TEACHERS, COUNSELORS, TUTORS & DOCTORS)				
NON-PROGRAM CONSULTANT(S): (I.E., ACCOUNTING, LEGAL, & MARKETING)				
MILEAGE & TRAVEL			<u> </u>	
ACQUISITION OF PROPERTY			1	
DOWN PAYMENT/ACQUISITION				
CAPITAL IMPROVEMENTS		T	1	
CONSULTANT FEES (ARCHITECTURAL/DESIGN)				
PERMIT FEES				
SUPPLIES, MATERIAL & LABOR FOR REHABILITATION ACTIVITIES				
TOTAL				

\*APPROXIMATELY WHAT PERCENTAGE OF YOUR AGENCY'S TOTAL BUDGET DOES THIS PROPOSAL REQUEST REPRESENT?

<sup>5</sup> Bonus points will be given for project budgets that demonstrate a 15% or greater leveraging of funds.

### 2. BUDGET NARRATIVE

SUPPORT.

i. PERSONNEL CO		PERSONNEL CO	OSTS:	
	ii.	NON-PERSONN	EL COSTS:	
	iii.	LEVERAGING (	OF FUNDS:	
a o tip an	<b></b>	EEVERIGING		
SOURCE			MONETARY AMOUNT	Pending, Secure or In-kind P/S/I
Name:				
Contact:				
Phone:				
Name: Contact:				
Name:				
Name: Contact: Phone:				
Name: Contact: Phone: Name:				
Name: Contact: Phone:  Name: Contact:				
Name: Contact: Phone: Name:				
Name: Contact: Phone:  Name: Contact: Phone:				
Name: Contact: Phone:  Name: Contact:				
Name: Contact: Phone:  Name: Contact: Phone:				
Name: Contact: Phone:  Name: Contact: Phone:  Name: Contact: Phone:				
Name: Contact: Phone:  Name: Contact: Phone:  Name: Contact:				

A. PLEASE DETAIL ALL BUDGETED EXPENSES REQUESTED ON THE PREVIOUS BUDGET WORKSHEETS AND EXPLAIN WHAT ASPECTS OF THE PROJECT THEY WILL BE USED TO

iv. PROGRAM INCOME:

Phone:

ON CDBG FUNDS.		
	28	

B. UPON PROJECT COMPLETION, PLEASE DESCRIBE HOW YOUR PROGRAM/PROJECT WILL REMAIN A FINANCIALLY SUSTAINABLE ASSET TO THE COMMUNITY WITH LESS RELIANCE

## **PART VII**

REQUIRED ATTACHMENTS (0 POINTS)

#### APPENDICES INCLUDED IN THIS APPLICATION

- 1. ASSURANCES AND CONDITIONS TO THE PROPOSAL (APPENDIX A)
- 2. AFFIDAVIT OF NON-COLLUSION BY CONTRACTOR (APPENDIX B)
- 3. AUTHORIZING RESOLUTION FROM THE BOARD OF DIRECTORS (APPENDIX C)
- 4. TAXPAYER PROTECTION AMENDMENT OF 2000 PASADENA CITY CHARTER ARTICLE XVII DISCLOSURE PURSUANT TO THE CITY OF PASADENA (APPENDIX D)
- 5. EQUAL OPPORTUNITY CONTRACTING & VENDOR LIST QUESTIONNAIRE -FORM AA-1 (APPENDIX E)
- 6. PROJECT WORKFORCE UTILIZATION (FORM AA-2) (APPENDIX F)
- CURRENT PERMANENT WORKFORCE UTILIZATION (FORM AA-3) (APPENDIX G)
- 8. MAP OF THE CDBG BENEFIT SERVICE AREA (APPENDIX H)
- 9. FISCAL YEAR 2009 INCOME LIMITS- U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (APPENDIX I)
- 10. SAMPLE MOU (APPENDIX J)
- 11. PASADENA LIVING WAGE ORDINANCE (APPENDIX K)
- 12. GLOSSARY OF TERMS AND ABBREVIATIONS (APPENDIX L)
- 13. ORGANIZATION CITY OF PASADENA CDBG, ESG, HSEF FUNDING HISTORY (APPENDIX M)

#### THE REQUIRED ATTACHMENTS MUST BE INCLUDED WITH EACH COPY SUBMITTED

- 14. ASSURANCES AND CONDITIONS TO THE PROPOSAL (APPENDIX A)
- 15. AFFIDAVIT OF NON-COLLUSION BY CONTRACTOR (APPENDIX B)
- 16. AUTHORIZING RESOLUTION FROM THE BOARD OF DIRECTORS (APPENDIX C)
- 17. TAXPAYER PROTECTION AMENDMENT OF 2000 PASADENA CITY CHARTER ARTICLE XVII DISCLOSURE PURSUANT TO THE CITY OF PASADENA (APPENDIX D)
- 18. VENDOR LIST QUESTIONNAIRE AFFIDAVIT OF EQUAL OPPORTUNITY EMPLOYMENT AND NON-SEGREGATION AFFIDAVIT (FORM AA-1) (APPENDIX E)
- 19. PROJECT WORKFORCE UTILIZATION (FORM AA-2) (APPENDIX F)
- 20. CURRENT PERMANENT WORKFORCE UTILIZATION (FORM AA-3) (APPENDIX G)
- 21. ORGANIZATION FUNDING HISTORY (APPENDIX M)
- 22. ARTICLES OF INCORPORATION
- 23. BY LAWS
- 24. AUDITED FINANCIAL STATEMENT
- 25. ACCOUNTING PROCEDURES
- 26. PROOF OF GENERAL LIABILITY INSURANCE
- 27. PROOF OF AUTOMOBILE INSURANCE (IF APPLICABLE)
- 28. PROOF OF WORKERS' COMPENSATION INSURANCE
- 29. JOB DESCRIPTIONS AND RESUMES
- 30. MEMORANDUM OF UNDERSTANDING FOR ALL COLLABORATIVE EFFORTS
- 31. CAMPUS SITE SERVICE AGREEMENT

### PROPOSALS THAT INVOLVE REHABILITATION AND/ OR ACQUISITION MUST ALSO INCLUDE THE ITEMS LISTED BELOW:

- 1. COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) BENEFIT SERVICE AREA MAP
- 2. PARCEL MAP OF THE PROPOSED SITE
- 3. OPTION TO BUY, ESCROW INSTRUCTIONS, PURCHASE AGREEMENT
- 4. PRELIMINARY TITLE REPORT
- 5. COPY OF COMPARABLE COSTS (CAPITAL IMPROVEMENT PROJECTS ONLY)
- 6. DETAILED LINE ITEM BUDGET (CAPITAL IMPROVEMENT PROJECTS ONLY)