

City of Mountain View Community Development Department Fiscal Year 2018-19 CDBG/HOME Capital Projects Funding Cycle 1/17/2018 deadline

LifeMoves Graduate House Rehabilitation Projects

\$ 58,800.00 Requested \$ 58,800 Total Project Cost

Submitted: 1/17/2018 10:28:58 AM (Pacific)

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Pre-Application

LifeMoves

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 EIN
 77-0160469

1. Which of the following describes your organization? Check all that apply.

- ✓ Non-Profit with 501(c)(3) status
- Community Based Development Organization (CBDO)
- ∈ Faith-Based Organization

2. Briefly describe the project or program that you are proposing.

Various rehabilitation projects for the Permanent Supportive Housing site called "Graduate House" located at 813 Alice Avenue in Mountain View. This site provides permanent supportive housing for former chronically homeless individuals.

3. What are the groups that will be targeted by your project or program?

Chronically homeless individuals, all of whom are generally in the "extremely low income" category per HUD standards (below 30% of average mean area income (AMI)).

Application Questions

PROJECT INFORMATION

Information on Funds Requested

1. City Cost per Unit for Requested Funding (housing/service/activity):

5880 \$

5,880.00 TOTAL

2. Total Amount Requested from Other Entities:

0\$

0.00 **TOTAL**

3. Mountain View's Requested Share of the Total Project Budget:

100	%
100.00	TOTAL

4. Total Project Cost

58800

5. Have you requested funds from the City of Mountain View for this project before?

- € Yes
- 🖌 No

6. Is this a Public Service or Capital Projects application?

- e Public Service
- Capital Projects

Project Administration and Monitoring

7. For Public Service applicants only - Indicate the amount of CDBG funding and/or General Fund support your agency is currently receiving; or if your agency is a new applicant, enter the requested amount of funding. *Whichever funding source your agency is currently receiving*

9658	CDBG Amount
5000	General Fund
	New Agency Funding Request
14,658.00	TOTAL

8. Describe your written policies and/or established procedures for ensuring persons with disabilities and/or limited English proficiency have access to the services or activities associated with your funding request. The LifeMoves Policy and Procedure manual provides that all services will be provided without discrimination, and without regard to disability or English proficiency.

9. Explain how your agency collects income and race/ethnicity data.

LifeMoves collects data regarding income and race/ethnicity consistent with HUD requirements. This includes requiring copies of W2 forms, SSDI disability income determinations, Social Security records, and bank account verifications. Race and ethnicity data is entered into HMIS, consistent with HUD and County requirements.

10. Does your agency charge fees for the services for which you are requesting funding?

If so, please upload in the Documents tab a copy of your fee schedule.

- ✔ Yes
- e No

11. Describe the need that the proposed project or activity addresses and its community impact.

Graduate House provides long-term transitional housing to five individuals at a time in Mountain View, who would otherwise be unable to support themselves or afford at-market rental rates. Individuals at this site are required to work and are engaged in preparing themselves to live independently. Graduate House serves approximately seven to ten individuals per year. Therefore, this site serves an important function preventing homelessness in Mountain View, and getting formerly homeless individuals back into the workplace.

12. What other private or government organizations are now or will be addressing the same needs identified herein? Explain how the proposed activity augments rather than duplicates the services of other organizations.

There is no other organization that provides services at Graduate House, therefore, this grant request would not be duplicated by any other organization. LifeMoves has managed Graduate House under a regulatory agreement with the City of Mountain View, and there is no other agency that would fund the capital projects we are seeking funds for here.

Project Information

13. Describe the project's target population, including client eligibility requirements. Discuss how and if they are an at-risk and/or under-served population.

All clients at Graduate House qualify for long-term transitional housing consistent with HUD guidelines, which means they would otherwise be homeless individuals, currently unable to support themselves or pay at-market rents in the area. The LifeMoves program supports their finding work and becoming self-sufficient. As otherwise homeless individuals, they qualify as both at-risk and under-served population.

14. Information on Clients Served

10	Total number of clients who would directly benefit from the program or activity?
10	Number of Mountain View clients who would directly benefit from the program or activity?
20.00	TOTAL

15. If the agency currently receives Mountain View funding, will the proposed assistance result in an increase in the number of clients currently being served by the agency?

If "Yes" is selected, answer the next question. If "No" is selected, proceed to question on number of extremely low, very low and low income clients.

- e Yes
- 🖌 No

16. Of the total additional clients, how many are expected to be Mountain View residents? $N\!/\!A$

17. How many Total clients are expected to be Extremely Low Income Very Low Income, or Low Income

10	Number of Extremely Low Income (0% up to 30% AMI)?
0	Number of Very Low Income (30% up to 50% AMI)?
0	Number of Low Income? (50% up to 80% AMI)
10.00	TOTAL

18. Numeric Goals. For each activity, please indicate the goal for number of service units to be served. For Example: Annual number of clients who will be permanently housed? 25 Annual number of clients who will secure employment? 15

Annual number of clients who will be permanently housed will be five at any one time. A LifeMoves Case Manager works with each client to determine whether he/she would be able to secure employment. Graduate House houses approximately seven to ten individuals each year. Two of the five units are reserved for Mountain View residents. Currently, Mountain View residents occupy all units.

19. How many Mountain View clients are expected to be Extremely Low Income Very Low Income, or Low Income

8	Number of Extremely Low Income Mountain View clients (0% up to 30% AMI)?
0	Number of Very Low Income Mountain View clients (30% up to 50% AMI)?
0	Number of Low Income Mountain View clients? (50% up to 80% AMI)
8.00	TOTAL

20. Briefly describe your agency's mission and history.

LifeMoves is one of the largest and most effective providers of shelter/housing and supportive services for homeless families and individuals in San Mateo and Santa Clara Counties. LifeMoves leverages the 64 combined years of experience and success of our two predecessor organizations – InnVision: The Way Home and Shelter Network – to effectively provide high quality programs addressing the serious problem of homelessness right in the middle of one of the wealthiest regions in our country. In Santa Clara County alone, we operate four shelters along with several permanent supportive housing sites. Our programs include case management, housing and employment resources, childcare services, health and wellness programs, and mental health treatment.

21. How will the effectiveness of your project/activity be measured?

The proposed project will provide much needed improvements to the safety, security, and GREEN construction of this facility. The project will be environmentally responsible and resource efficient. The planning and design has incorporated green building considerations. LifeMoves has worked closely with the contractor to insure this process. To reduce the overall impact of the improvements on the environment, cabinets will be uninstalled, rehabilitated, and re-installed.

22. Indicate the estimated number of Mountain	View clients that would b	be served under the	following target group
categories.			

0	Seniors
0	Youth
0	Disabled Persons
8	Homeless Persons
8.00	TOTAL

Consolidated Plan Goals

23. Please indicate which Consolidated Plan Goal(s) will be met by the Project.

Check all that apply.

- ✔ Goal #1: Assist in the creation and preservation of affordable housing for lower-income and special needs households
- ✔ Goal #2: Support activities to prevent and end homelessness
- ✔ Goal #3: Support activities that provide basic needs to lower income households and special needs populations
- ∈ Goal #4: Support programs and activities that strengthen neighborhoods
- ✔ Goal #5: Promote fair housing opportunities

24. Briefly describe how your Project/Activity meets the Goal(s) selected above.

Homelessness continues to be a serious problem in the Bay Area, and one of the most effective ways of housing chronically homeless individuals is to provide transitional housing while they re-enter the workforce and become independent. LifeMoves is very pleased to be able to contribute to reducing homelessness in this very effective manner.

HUD Performance Measures

25. HUD requires that recipients of federal funding assess the outcomes of their programs. Please identify which HUD objective will be addressed by this project.

Select ONE.

- Objective #1: Creates a suitable living environment. This objective relates to activities that are designed to benefit communities, families, or individuals by addressing issues in their living environment (such as poor quality infrastructure) to social issues such as crime prevention, literacy or elderly health services.
- Objective #2: Provides decent housing. This objective focuses on housing programs where the purpose of the program is to meet individual, family, or community needs and not programs where housing is an element of a larger effort, since such programs would be more appropriately reported under suitable living environment.
- e Objective #3: Creates economic opportunity. This objective applies to the types of activities related to economic development, commercial revitalization, or job creation.

26. HUD requires that recipients of federal funding assess the outcomes of their programs. Please identify which HUD outcome will be addressed by this project.

Select ONE.

- Outcome #1: Improve availability/accessibility. This category applies to activities that make services, infrastructure, public facilities, housing, or shelters available or accessible to low/moderate income people, including persons with disabilities. In this category, accessibility does not refer only to physical barriers, but also to making the affordable basics of daily living available and accessible to low/moderate income people where they live.
- Outcome #2: Improve affordability. This category applies to activities that provide affordability in a variety of ways in the lives of low/moderate income people. It can include the creation or maintenance of affordable housing, basic infrastructure hook-ups, or services such as transportation or day care.
- Outcome #3: Improve sustainability. This category applies to projects where the activity or activities are aimed at improving communities or neighborhoods, helping to make them livable or viable by providing benefit to persons of low/moderate income or by removing or eliminating slums or blighted areas through multiple activities or services that sustain communities or neighborhoods.

For Affordable Housing Projects Only...

27. Type of Project

Check one. If applying for multiple projects, complete a separate application for each project. Click the Open Programs tab, above, to create additional application(s).

e Housing - Tenure: Rental

- e Housing Tenure: Ownership
- e Public Facilities
- e Infrastructure
- ✔ Other: Long-term transitional housing site

28. Type of Activity

- e Acquisition
- Rehabilitation
- New Construction
- Expansion of an Existing Project

29. If the project involves acquisition of property, has a specific site been selected?

- e Yes
- e No
- ✓ N/A This project does not include acquisition of property.

30. If the project involves acquisition of property and a specific site has been selected, please provide the address and Assessor's Parcel Number.

If this project does not involved acquisition of property and/or a specific site has not been selected, enter 'N/A'. N/A

31. Do you have site control?

- 🖌 Yes
- ⊜ No

32. Explain if an option to purchase has been obtained. If applicable, indicated option period. If not applicable, put "N/A".

N/A

33. Does your organization qualify as a Community Housing Development Organization (CHDO) under the HOME program?

- e Yes
- 🖌 No

34. If your organization does not qualify as a CHDO under the HOME program, are you willing and able to meet the qualifications as set forth in federal regulations 24 CFR Part 92 (For affordable housing projects)

- e Yes
- € No
- ✔ N/A Our organization qualifies as a CHDO under the HOME program.

35. Describe the proposed ownership and management structure of the Project.

No change in ownership or management is proposed.

36. As document uploads, please provide the following information:

✔ Project income, expense and cash flow analysis for a 30-year period.

37. Provide a detailed project schedule.

If you'd rather, you may enter 'See attached.' here and instead upload your project schedule in the Documents tab. See attached.

38. For affordable housing projects only, state the number of affordable housing units to be created/rehabilitated and the target income population(s).

If the project does not pertain to affordable housing, enter "N/A". N/A $\,$

39. For existing housing developments, provide a listing of the current unit composition and rent structure as well as the proposed unit composition and rents.

If the project does not pertain to affordable housing, enter "N/A".

Residents pay 30% of their monthly income for rent. There are five client units at this site, and each unit houses one person

40. Provide an explanation of how the project will impact any existing tenants. State if existing tenants will need to be temporarily or permanently relocated. If so, explain how the need for any temporary or permanent relocation will be addressed.

If the project does not pertain to affordable housing, enter "N/A".

The project will not disrupt any existing tenants or require move-out.

41. Upload a list of other similar projects carried out by the agency (include the project name, address, date when it was carried out, funding sources used, number of housing units, and description of the project). *When you finished with the upload, check here to confirm.*

- e We have uploaded the list of similar projects in the Documents tab.
- ✔ This is not an affordable housing project so this document request does not apply.

42. Provide an overview of how the property will be managed and how any current management or tenant problems will be handled.

There will be no change in property management.

Green Construction/Rehabilitation

43. What amount and percentage of the total cost of your project is dedicated to Green upgrades?

58800 \$ Amount 100 % of Total Cost 58,900.00 **TOTAL**

44. Please fill in the table regarding Green Construction/Rehabilitation in the Green Construction/Rehab tab, then check the box below to confirm.

✔ We have filled in the table in the Green Construction/Rehab tab, as applicable.

Total Agency Budget

Total Agency Budget	Proposed 2018-2019	2017-2018	2016-2017	2015-2016
Administration	\$ 2,452,132.00	\$ 2,452,132.00	\$ 2,853,461.00	\$ 2,156,581.00
Fundraising	\$ 2,464,781.00	\$ 2,464,781.00	\$ 1,984,793.00	\$ 1,286,415.00
Total	\$ 4,916,913.00	\$ 4,916,913.00	\$ 4,838,254.00	\$ 3,442,996.00

Program/Activity Budget & Green Construction/Rehab

Proposed Capital Project Expenses

	Use of Prior City Funds (if applicable)	Prior City Description of Funding Current Funding Request Request	Amount of Current 2018-19 Funding Request
Project Management/Soft Costs	N/A Description of Use	\$ O	\$
Site Acquisition	N/A Description of Use	\$ O	\$
Pre-Development Expenses	N/A Description of Use	\$ O	\$
Entitlement and Building Fees/ Permits	N/A Description of Use	\$ O	\$
Construction/Rehabilitation/Repair Costs	N/A Description of Use	\$ O	\$
Other	N/A Description of	\$ O	\$

Tatal
Total

Proposed Project Revenues

Use

	CDBG/HOME	Other (please identify in next column) Type of Funding
Mountain View	58,800	\$ 0 N/A
Other Jurisdictions	s/Sources	
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total	58,800	\$ 0

\$ 0

Green Construction and Rehabilitation

	Green Improvement/Upgrade	Annual Cost Savings	Lifetime Savings	Rater Used?	Use of Cost Savings
1	Re-use of existing cabinets	\$ 40,000	\$ 80,000	e	Maintain affordability
2	Installation of natural stone countertops	\$ 5,000	\$ 10,000	e	Maintain affordability
3	Installation of LED lighting with occupancy sensors	\$ 3,000	\$ 60,000	e	Improve affordability
4	Installation of sink aerators, to save water	\$ 1,000	\$ 30,000	e	Improve affordability
5	Installation of energy-star appliances	\$ 1,000	\$ 30,000	e	Improve affordability
6	Replace window with Title 24 approved	\$ 50	\$ 1,500	e	Improve affordability
7		\$	\$	e	
8		\$	\$	e	
9		\$	\$	e	
10		\$	\$	e	
11		\$	\$	e	
12		\$	\$	ē	
13		\$	\$	ē	
14		\$	\$	ē	
15		\$	\$	ē	
16		\$	\$	ē	
17		\$	\$	ē	
18		\$	\$	ē	
19		\$	\$	ē	
20		\$	\$	ē	
21		\$	\$	ē	
22		\$	\$	ē	
23		\$	\$	e	
24		\$	\$	e	
25		\$	\$	ē	

\$ 0

\$ 50,050 \$ 211,500

Number of Mountain View Clients Served

2.1	2016-17 Proposed - Mountain View Clients	2016-17 Proposed - Total Clients	2016-17 Actual - Mountain View Clients	2016-17 Actual - Total Clients	2017-18 Proposed - Mountain View Clients	2017-18 Proposed - Total Clients	2018-19 Proposed - Mountain View Clients	2018-19 Proposed - Total Clients
By Income L								
Extremely Low Income (0%-30% AMI)	10	10	5	5	10	10	10	10
Very Low Income (31%-50% AMI)	0	0	0	0	0	0	0	0
Low Income (50%-80% AMI)	0	0	0	0	0	0	0	0
Moderate Income (81%-120% AMI)	0	0	0	0	0	0	0	0
Above Moderate Income (120%+ AMI)	0	0	0	0	0	0	0	0
By Age								
Youth (0-18 years)	0	0	0	0	0	0	0	0
Adults (19- 62 years)	10	10	3	3	10	10	10	10
Seniors (63+ years)	0	0	2	2	0	0	0	0
Disabled Individuals	0	0	0	0	0	0	0	0
Other Special Needs - Describe: Homeless	10	10	5	5	10	10	10	10

Staffing Reimbursement Estimates

Staffing Summary	Position Title	Program/Project Duties	Total Annual He Salary		6 Time Allocated to CDBG or General Fund Activity	CDBG or General Fund Salary Reimbursement Request
			\$	hrs	%	\$
			\$	hrs	%	\$
			\$	hrs	%	\$
			\$	hrs	%	\$
			\$	hrs	%	\$
			\$	hrs	%	\$

	\$ hrs	%	\$
	\$ hrs	%	\$

Required Documents

Documents Requested *	Required?	Attached Documents *	
ARTICLES OF INCORPORATION/BYLAWS	v	LifeMoves Articles of Incorporation	
		LifeMoves ByLaws	
LIST OF BOARD OF DIRECTORS: Include the name, telephone number, address, and occupation or affiliation of each member. Identify the principal officers of the governing body.	•	LifeMoves FY18 Board of Directors	
NONPROFIT DETERMINATION: Submit determination letters from the Federal Internal Revenue Service and the State Franchise Tax Board documenting the organization is tax exempt.	•	LifeMoves Nonprofit Determination IRS Letter	
AUTHORIZATION TO REQUEST FUNDS: Submit documentation of the governing body's authorization to submit the funding request. This consists of a copy of the minutes of the meeting in which the resolution, motion, or other official action is recorded.			
DESIGNATION OF AUTHORIZED OFFICIAL: Document the governing body's action authorizing agency's representative to negotiate for & contractually bind the agency. Upload signed letter from Chairperson with name, title, address, & phone # of officials.			
ORGANIZATIONAL CHART: Include the organization's administrative framework and staff positions.	~	LifeMoves Org Chart	
FINANCIAL STATEMENT AND AUDIT: Describe any findings or concerns that were cited in the audit or in any accompanying management letter, particularly pertaining to use of CDBG funds. Describe any actions taken to correct identified findings/concerns.	•	LifeMoves Audit and Financial Statement	
RESUME OF CHIEF PROGRAM ADMINISTRATOR			
RESUME OF CHIEF FISCAL OR FINANCIAL OFFICER			
STAFF QUALIFICATIONS/RESUMES: Provide a	~	Dr Brian Greenberg Resume	
statement of qualifications and/or resumes of the development/project team staff members.		Mark Farhat Resume	
FEE SCHEDULE: Please upload a copy of your fee schedule, if you charge a fee for the services for which you are requesting funds.			
BUDGET DOCUMENTATION AND/OR AGENCY BUDGET: Upload any documentation to support your Total Agency Budget or a copy of your agency budget.	•	LifeMoves FY18 Budget	

CAPITAL PROJECTS ONLY COST BREAKDOWN: Provide a detailed breakdown of the total cost of the project (budget), including any acquisition, rehabilitation, relocation or other costs.	Cost breakdown
CAPITAL PROJECTS ONLY REVENUE BREAKDOWN: Provide a detailed breakdown of anticipated sources of revenue and proposed expenses, including the funding being requested from the City of Mountain View.	✓ <u>Revenue breakdown</u>
CAPITAL PROJECTS ONLY PROJECT PROFORMA: Provide a copy of the project proforma: the project income, expense and cash flow analysis for a 30-year period.	✓ Project Pro Forma
CAPITAL PROJECTS ONLY PROJECT SCHEDULE:Attach a detailed project schedule. (*REQUIRED if you did not provide a detailed project schedule in the application questions.)	✓ Project schedule
CAPITAL PROJECTS ONLY SITE/FLOOR PLANS: If applicable and available, include a site plan and floor plans and elevations of the project.	
CAPITAL PROJECTS ONLY SITE/FLOOR PLANS: If applicable and available, include a site plan and floor plans and elevations of the project.	
CAPITAL ONLY LIST OF OTHER PROJECTS: Provide list of other projects similar to proposed project carried out by agency (include project name, address, date when carried out, funding sources used, # of housing units, & description of projects).	

* ZoomGrants[™] is not responsible for the content of uploaded documents.

Application ID: 102132

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