

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

Hope's Corner Inc.
Hope & Mercy Removal of Architectural Barriers

\$ 191,784.00 Requested
\$ 2,028,813 Total Project Cost

Submitted: 1/17/2018 11:14:48 AM (Pacific)

Project Contact

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Hope's Corner Inc.

748 Mercy Street
Mountain View, CA 94022

President

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Web www.hopes-corner.org

EIN 47-3754161

Pre-Application

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.

Hope's Corner will be removing architectural barriers as part of its construction of a commercial kitchen at 748 Mercy Street. The site has three frontages with public improvements that require repair: Mercy Street, Hope Street and the Hope Street parking lot. Removal of architectural barriers includes: repairing/replacing sections of sidewalk, new curb return at the corner of Hope and Mercy Streets, relocating ADA parking, new ramps and repairing/replacing connecting walkways.

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

Trinity United Methodist Church as 748 Mercy Street has become a hub of programs serving homeless and low-income people, including: Hope's Corner providing free meals and showers, Community Services Agency providing case management, HomeFirst (under contract with Santa Clara County) providing a Cold Weather Shelter, Downtown Streets Team (to be under contract with Santa Clara County) to provide culinary training for the homeless upon completion of Hope's Corner's kitchen and First Five providing parent education to parents of preschoolers.

In addition to improving accessibility to the site at 748 Mercy Street, the removal of architectural barriers will also make the area more accessible to the general public. The public sidewalks and public parking lot surrounding the site are well utilized by the general public for access to the Downtown core along Castro Street.

Application Questions

PROJECT INFORMATION

Information on Funds Requested

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

\$

TOTAL

2. Total Amount Requested from Other Entities:

\$

TOTAL

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

%

TOTAL

4. Total Project Cost

2028813

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?

☐ 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

CDBG Amount

General Fund

New Agency Funding Request

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.

Hope's Corner has a Non-Discrimination Policy that includes the following:

"Hope's Corner, Inc. was created as a nonprofit public benefit corporation with the purpose as stated in the Articles of Incorporation being "to provide food to those in need; to provide information and resources to such individuals and to others interested in issues involving hunger, homelessness and related problems; and other charitable and educational purposes.

"Hope's Corner provides services such as meals and showers, free of charge to anyone, regardless of race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs or any other factor. No proselytizing is allowed and no participation in any religious observance is required."

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

N/A

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

☒ No

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

The proposed removal of architectural barriers will address the needs of the clients and guests visiting the services provided on

the site as well as the general public traveling around the site on the public sidewalks. The current condition of the public sidewalks surrounding the site and handicapped parking on the adjoining public parking lot as well as the walkways on the site do not meet current accessibility requirements and pose barriers to access for people with limited mobility, as well as hazards to the general public.

The hosts of the site at 748 Mercy Street, the congregation of Trinity United Methodist Church, have chosen to extend their history of community outreach by collaborating with multiple entities to utilize the site as a hub for community services. Hope's Corner serves a free breakfast on Saturdays to homeless and other people in need and offers free showers for the homeless on Thursdays and Saturdays. The site also hosts a Cold Weather Shelter, case management services by the Community Services Agency, parent education programs provided by First Five, and community meetings for groups such as Alcoholics Anonymous. In addition, the County of Santa Clara has approved funding for a culinary skills training program for homeless people to be provided by Downtown Streets Team in the new Hope's Corner kitchen.

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.
N/A

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.
N/A

14. Information on Clients Served

<input type="text" value="N/A"/>	Total number of clients who would directly benefit from the program or activity?
<input type="text" value="N/A"/>	Number of Mountain View clients who would directly benefit from the program or activity?
<input type="text" value="0.00"/>	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.

- ☐ 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

<input type="text" value="N/A"/>	Number of Extremely Low Income (0% up to 30% AMI)?
<input type="text" value="N/A"/>	Number of Very Low Income (30% up to 50% AMI)?
<input type="text" value="N/A"/>	Number of Low Income? (50% up to 80% AMI)
<input type="text" value="0.00"/>	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
N/A

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

<input type="text" value="N/A"/>	Number of Extremely Low Income Mountain View clients (0% up to 30% AMI)?
<input type="text" value="N/A"/>	Number of Very Low Income Mountain View clients (30% up to 50% AMI)?
<input type="text" value="N/A"/>	Number of Low Income Mountain View clients? (50% up to 80% AMI)
<input type="text" value="0.00"/>	TOTAL

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

Hope's Corner Mission Statement: As community leaders, provide healthy meals, hot showers, linkages to resources, and

advocacy for people in need in our community in a dignified and welcoming environment.

Brief History: The dream of creating a welcoming meals program for the Mountain View area has been alive for a long time. In the fall of 2011, that dream became a reality through the hard work and dedication of many volunteers with the creation of Hope's Corner. The Hope's Corner meals program started as a joint ministry of Trinity United Methodist Church and Los Altos United Methodist Church ("Los Altos UMC") when we opened our doors at Trinity on September 24, 2011. In 2015, we became an independent 501(c)(3) non-profit organization, continuing the meals program and its service to those in need. Since our inception in 2011, we have served nutritious breakfasts every Saturday. We also offer a "to go" bag lunch for each person who comes for breakfast. The number of breakfast guests has grown from a few dozen in 2011 to around 200 people every Saturday. On November 5, 2017, we reached a major milestone by serving our 50,000th meal. In addition to providing meals, Hope's Corner introduced a free on-site shower program on Saturdays in August of 2015. A year later we expanded this program to also offer free showers on Thursdays, resulting in between 150 and 200 showers provided per month.

Hope's Corner collaborates with Second Harvest Food Bank, Community Services Agency, Silicon Valley Bicycle Exchange, and other organizations to help the people we serve connect with other available services. As an example, the Thursday showers are provided in collaboration with the Community Services Agency, which provides a case manager to meet with guests at Trinity during Thursday's shower hours.

More recently, Hope's Corner has collaborated with Santa Clara County and HomeFirst to assist with the opening of the Cold Weather Shelter at the site. Hope's Corner provided the contract management and supervision of the physical improvements that were required and also adjusted its operation to accommodate the Shelter.

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

N/A

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

<input type="text" value="N/A"/>	Seniors
<input type="text" value="N/A"/>	Youth
<input type="text" value="N/A"/>	Disabled Persons
<input type="text" value="N/A"/>	Homeless Persons
<input type="text" value="0.00"/>	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.

Hope's Corner and the other services at the site provide basic needs, such as meals, showers, shelter and case management services to homeless and lower income households and special needs populations. The programs provided at the site by Hope's Corner, Community Services Agency and HomeFirst work to prevent and end homelessness. The programs offered at the site such as Hope's Corner, Community Services Agency case management, Cold Weather Shelter and First Five strengthen the neighborhood and community by providing support to people who are part of the community but often marginalized due to their income, special needs, language or lack of housing.

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.
- ☐ 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).

- ☐ Housing - Tenure: Rental
- ☐ Housing - Tenure: Ownership
- ☐ Public Facilities
- ☐ Infrastructure
- ☒ Other:

28. Type of Activity

- ☐ Acquisition
- ☒ Rehabilitation
- ☐ New Construction
- ☐ Expansion of an Existing Project

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

- ☐ Yes
- ☐ 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?

☐ 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)

☐ 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.

N/A

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".

N/A

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".

N/A

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.

☐ 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.

N/A

Green Construction/Rehabilitation

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

\$ Amount

% of Total Cost

0.00 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

see uploaded budget

Total	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
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Program/Activity Budget & Green Construction/Rehab

Proposed Capital Project Expenses

	Use of Prior City Funds (if applicable)	Prior City Funding Request	Description of Current Funding Request	Amount of Current 2018-19 Funding Request
Project Management/Soft Costs	Architectural, civil engineer Description of Use	\$ 29,625		\$
Site Acquisition	Description of Use	\$ 0		\$
Pre-Development Expenses	Description of Use	\$ 0		\$
Entitlement and Building Fees/ Permits	Share of allowance for building permit and excavation permit fees for Removal of Arch. Barriers: \$1500 included in \$162,159 Description of Use	\$ 1,500		\$
Construction/Rehabilitation/Repair Costs	See Devcon Letter re: Removal of Architectural Barriers, 1/16/18 Description of Use	\$ 160,659		\$
Other	Description of Use	\$ 0		\$
Total		\$ 191,784		\$ 0

Proposed Project Revenues

	CDBG/HOME	Other (please identify in next column)	Type of Funding
Mountain View	191,784	\$ 15,000 for laundry facilities	
Other Jurisdictions/Sources			
Silicon Valley Housing Trust		\$ 190,000 forgivable loan	
County of Santa Clara		\$ 358,238 balance of 500K after CWS	
Community Benefit-Clyde		\$ 200,000 CB/SCC bridge loan	
Hope's Corner		\$ 939,446 balance of funds needed	
		\$	
		\$	
		\$	
Total	191,784	\$ 1,702,684	

Green Construction and Rehabilitation

	Green Improvement/Upgrade	Annual Cost Savings	Lifetime Savings	Rater Used?	Use of Cost Savings
1	N/A	\$	\$	€	
2		\$	\$	€	
3		\$	\$	€	
4		\$	\$	€	
5		\$	\$	€	
6		\$	\$	€	
7		\$	\$	€	
8		\$	\$	€	

9	\$	\$	€
10	\$	\$	€
11	\$	\$	€
12	\$	\$	€
13	\$	\$	€
14	\$	\$	€
15	\$	\$	€
16	\$	\$	€
17	\$	\$	€
18	\$	\$	€
19	\$	\$	€
20	\$	\$	€
21	\$	\$	€
22	\$	\$	€
23	\$	\$	€
24	\$	\$	€
25	\$	\$	€
Total	\$ 0	\$ 0	

Number of Mountain View Clients Served

	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 Level								
Extremely Low Income (0%-30% AMI)								
Very Low Income (31%-50% AMI)								
Low Income (50%-80% AMI)								
Moderate Income (81%-120% AMI)								
Above Moderate Income (120%+ AMI)								
By Age								
Youth (0-18 years)								
Adults (19- 62 years)								
Seniors (63+ years)								
Disabled								

Individuals

Other
Special
Needs -
Describe:

Staffing Reimbursement Estimates

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

Required Documents

Documents Requested *

ARTICLES OF INCORPORATION/BYLAWS

Required? ☒

Attached Documents *

[Articles of Incorporation](#)

[Bylaws](#)

[First Amendment to 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.

☒

[List of 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.

☒

[IRS Letter](#)

[Franchise Tax Board 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.

[Hope's Corner Minutes-1-14-18](#)

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.

[Hope's Corner Minutes-1-14-18](#)

ORGANIZATIONAL CHART: Include the

☒

[Committees Org Chart](#)

organization's administrative framework and staff positions.

[Board 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.



[Hope's Corner Financial Statement Explanation](#)

RESUME OF CHIEF PROGRAM ADMINISTRATOR

[Resume of Leslie Carmichael](#)

RESUME OF CHIEF FISCAL OR FINANCIAL OFFICER

[Resume of Robert Lee](#)

STAFF QUALIFICATIONS/RESUMES: Provide a statement of qualifications and/or resumes of the development/project team staff members.



[Resume of Rick Arnesen](#)

[Resume of John Miller](#)

[Resume of Mark T. Johnson](#)

[Hope's Corner Design Build Team](#)

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.



[HC 2017 Approved 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.



[Design Scope and Fee Summary for Code Deficiencies and Site Improvements](#)

[Devcon Estimate for Removal of Architectural Barriers](#)

[Devcon Cost Estimate 2.3-1/16/18](#)

[Devcon-Qualifications to Estimate 2.3-1/16/18](#)

[Total Cost Estimate-HC Kitchen-1/16/18](#)

[Detail-Owner Cost-HC Kitchen-1/16/18](#)

****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.



[Funding for Hope's Corner Kitchen 1/16/18](#)

****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.



[Hope's Corner 10-Year Proforma Budget](#)

****CAPITAL PROJECTS ONLY** PROJECT SCHEDULE:** Attach a detailed project schedule. (*REQUIRED if you did not provide a detailed project schedule in the application questions.)



[Devcon-Detailed Construction Schedule dated 1/16/18](#)

[Conceptual Schedule-HC Kitchen-1/16/18](#)

****CAPITAL PROJECTS ONLY** SITE/FLOOR PLANS:** If applicable and available, include a site plan and floor plans and elevations of the project.

[Hope's Corner Civil Set 11-15-18](#)

[Sheet 0.1 HC Title-11-13-2017](#)

[Sheet 0.2 HC Conditions-11-13-17](#)

[Sheet A1.1 HC Site Plan - 11-13-17](#)

[Sheet A2.1 1st Floor Plan - 11-13-17](#)

[Sheet A4.3 HC Section-11-13-17](#)

****CAPITAL PROJECTS ONLY** SITE/FLOOR PLANS:** If applicable and available, include a site plan and floor plans and elevations of the project.

[City Plan Check Comments-12/21/17-highlighted](#)

[Photos-Accessibility Issues](#)

****CAPITAL ONLY** LIST OF OTHER PROJECTS:** Provide list of other projects similar to proposed project carried out by agency (include project name,

[Hope's Corner Similar Projects](#)

address, date when carried out, funding sources
used, # of housing units, & description of projects).

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Application ID: 102175

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