

CITY OF BERKELEY
Public Facility Improvement Project Application
FY2021 Application

FOR REFERENCE PURPOSES ONLY. APPLICATIONS WILL ONLY BE ACCEPTED ONLINE AT www.citydataservices.net

All questions in this application are required and should have an inputted answer. If not applicable, please enter N/A.

A. General Information

Agency's Name:			
Program/Project Title:			
Agency's Date of Incorporation:	<input type="checkbox"/> Upload Articles of Incorporation <input type="checkbox"/> Upload Agency Bylaws <input type="checkbox"/> N/A. Applicant is a government entity		
Agency's Office Street Address:			
Agency's Office City:		Zip:	
Executive Director's Name:			
Executive Director's Email Address:			
Executive Director's Phone Number:			
Application Contact Person's Name: <i>(Contact person must respond to questions within one business day.)</i>			
Application Contact Person's Email:			
Application Contact Person's Phone:			
Project Manager's (PM) Name:	<input type="checkbox"/> Upload PM Resume		
Project Manager's Phone:			
Project Manager's Contact Email:			
DUNS number: You can obtain a Dun and Bradstreet Data Universal Numbering System (DUNS) Number by registering at http://fedgov.dnb.com/webform			
Tax-exempt 501(c)(3) status:	<input type="checkbox"/> Yes Upload below <input type="checkbox"/> No <input type="checkbox"/> N/A. Applicant is a government entity		
If "No", Name of Fiscal Sponsor: _____ Address of Fiscal Sponsor: _____			
Does the agency own the project site?	<input type="checkbox"/> Yes If "Yes", Upload Title <input type="checkbox"/> No		
Does the agency have a minimum five-year site control?	<input type="checkbox"/> Yes If "Yes", Upload Lease Agreement and enter Lease expiration date: _____ <input type="checkbox"/> No		

Board resolution authorizing submission of application	<input type="checkbox"/> Upload resolution <input type="checkbox"/> N/A. Applicant is a government entity
TOTAL FUNDING REQUESTED:	
TOTAL Funds Leveraged for this Project:	
Total Project Value:	

B. Project Description and Permit Review

Full Scope: (*upload* below)

<p>1. Detailed Description of Scope (1,000 character limit): Refer to our program FAQ for additional guidance on writing your scope. The FAQ provides a sample scope.</p> <p>Please Upload any drawings or plans you currently have for this project.</p>	
<p>2. Mark all categories that apply to this project:</p>	<input type="checkbox"/> ADA Compliance <input type="checkbox"/> Energy Efficiency <input type="checkbox"/> Health and Safety Code Issues
<p>3. If the project includes ADA improvements, has the project site been assessed by a Certified Access Specialist (CASP) and is the proposed project included in the CASP ADA improvement plan?</p>	<input type="checkbox"/> Yes Upload CASp Plan <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>4. Will this project require a permit?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. This project requires the following permits (check all that apply):</p>	<input type="checkbox"/> Building <input type="checkbox"/> Electrical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other _____ <input type="checkbox"/> N/A. No permit required. <input type="checkbox"/> Unknown
<p>b. If this project requires permits, does the project scope include ADA improvement at costs equal to or more than 20% of the total project value? (Enter N/A if the question is not applicable.)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A. Note: This only applies to projects that do not require a permit and is therefore exempt from the 20% cost allocation rule.
<p>5. Has this scope been reviewed by City of Berkeley Permit Service Center staff?</p>	<input type="checkbox"/> Yes (Proceed to question 5.a.) <input type="checkbox"/> No (Proceed to question 5.b.)

<p>a. If you answered "Yes" to question 5:</p>	<p>Has a permit already been issued for this project?</p> <p><input type="checkbox"/> Yes. Permit Number _____</p> <p><input type="checkbox"/> No. If "No", please explain: _____</p> <hr/> <p><input type="checkbox"/> N/A. For example, after the project was reviewed by the Permit Service Center it was deemed that permits were not required.</p> <p>Please add name of Permit Service Center Staff you consulted (if unknown, please write "unknown" but enter the date of visit):</p> <hr/> <hr/> <p>Please note any significant findings or suggestions from the Permit Service Center review:</p> <hr/> <hr/>
<p>b. If you answered "No" to question 5:</p>	<p>Please provide a brief description as to why the Permit Service Center has not reviewed your plans and check the appropriate agreement box:</p> <hr/> <hr/> <p>By submitting this proposal without consulting with the Permit Service Center I understand that my application will not be considered complete for review by City staff until the project scope has been reviewed by the PSC and determination of permits has been made. Once evidence of permit determination has been submitted, your application will be considered complete and be eligible for review.</p> <p><input type="checkbox"/> Yes, I agree.</p>

	<input type="checkbox"/> This project does not require a permit.
6. Does the zoning for the property permit the proposed project?	<input type="checkbox"/> Yes. <input type="checkbox"/> No. If "No", what level of planning review is needed: _____ _____ <input type="checkbox"/> Unknown

7. Please complete the following timeline table for this project. Complete applications will be reviewed monthly and if awarded, funding will be available upon contract execution.

Project Timeline	
Design Completion Date:	_____
Permits Approval Date:	_____
Bid Open Date:	_____
Construction Start Date:	_____
Construction End Date:	_____
Additional comments:	_____

8. Describe in detail your plan for assessing lead-based paint.

C. Agency Administrative and Fiscal Capacity

1. Does your agency or project staff have experience in developing, designing, sponsoring and/or managing other similar construction projects?

Yes. If "Yes", in the box below please describe both the person's experience and estimate FTE that will be allocated to implementing this project. You have previously identified _____ as your Project Manager (uploaded resume):

No. If "No", please explain:

2. Projects may be awarded less than the amount originally requested. Please explain how reduced funding would affect the scope of the project.

3. Is there a long-term asset management plan in place for the building that will be improved including a maintenance reserve?

- Yes. If “Yes”, describe how the current request fits into the plan/schedule.
- No. If “No”, describe the agency efforts to develop such a plan and ensure resources for building improvements.

D. Project Bid and Cost Detail

Prior to obtaining three bids you must develop a sufficiently detailed scope of work that includes reference to federal prevailing wage and labor requirements in order for contractors to provide you with the most accurate estimate. As part of your application, you must submit three (3) bids (or for City of Berkeley Department applicants this would be one cost estimate by Public Works) with your application for any work that will be undertaken. In order to be eligible for funding, all bids must comply with the below items:

- Rehabilitation funded with CDBG and exceeding \$2,000 is subject to the Davis-Bacon Act, which includes the requirement of payment of federal prevailing wages to employees. These wages must be included in the bid documentation you submit with this proposal. Find Davis Bacon Wage Determination for Alameda County here: <https://beta.sam.gov/>,
- Be no more than 90 days old.

If you are applying for funds for an amount between \$100,000 and \$200,000 you may have the option of conducting a sealed bid as part of your cost estimate and application, thus giving you the possibility of using these bids for contractor awards. If you are interested in doing this please contact the Program Administrator for more information and to accurately estimate the timeline.

1. Describe how your agency reached out to Minority- and Women-Owned businesses in obtaining the below bids. See the [Dynamic Small Business Search here](#) for a self-certifying database.

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Complete the Table Below (you can add additional lines or tables as needed for different phases of the project and/or for different scopes of work). Please be sure to:

- A. Include an estimate of all permit(s) and other City of Berkeley fees,
- B. Include a minimum of 20% of total project value for ADA requirements, if not already included in project scope and costs.

Budget Items	Bid #1 Contractor: (Upload bid)	Bid #2 Contractor: (Upload bid)	Bid #3 Contractor: (Upload bid)
Item #1 - Design			
Item #2 – Construction Labor			
Item #3 – Materials and Supplies			
Contingency (10%)			
Project Subtotal			
20% Allowance for ADA			
Permits & Fees			
Project Management			
TOTALS			
<input type="checkbox"/> By checking this box I certify that the permitted project scope includes ADA improvements and that at least 20% of the total project costs will go towards ADA improvements.			

E. Community Services Description

Applications must provide evidence that the projects have a significant impact to program participants tied to one of the three project areas (see B.2 above) and that the project is meeting the minimum income limits for program beneficiaries.

1. Describe the services provided at this facility. Please include the number of unduplicated persons served annually and how many hours on average participants spend at your facility each year.

2. How will this facility improvement project impact your program?

3. Why is this work important for your program participants? If this project is not awarded how will this impact your participants?

3. Beneficiaries - This facility serves: (check one)

A geographic area (describe the boundaries of the geographic area or indicate which census tracts are served, if known): _____

<http://www.huduser.gov/QCT/qctmap.html>

Low and Moderate Income Clients as shown in the table below:

For all reported numbers served, provide an unduplicated count of program participants.

Program Participants Income	Prior Year (7/19- 6/20)	Projected Current Year (7/20-6/21)	Projected (7/21-6/22)
Total Number served (all participants)			
Program Participants NOT residing in Berkeley			
Program Participants residing in Berkeley			
Income Levels of <i>Berkeley</i> Participants			
Above Moderate Income (Above 80% AMI)			
Moderate Income (51 % - 80% of AMI)			
Low Income (31 % - 50% of AMI)			
Extremely Low-Income (Poverty-30% AMI)			
Poverty Level and Below			

FY21 Income Level	Household Size					
	1	2	3	4	5	6
Poverty	\$12,760	\$17,240	\$21,720	\$26,200	\$30,680	\$35,160
Extr. Low (to 30% AMI)	\$27,450	\$31,350	\$35,250	\$39,150	\$42,300	\$45,450
Low Income (31-50% AMI)	\$45,700	\$52,200	\$58,750	\$65,250	\$70,500	\$75,700
Moderate (51-80% AMI)	\$73,100	\$83,550	\$94,000	\$104,400	\$112,800	\$121,150

4. Will there be a need for relocation of residents or staff? Yes No
 If yes, describe your relocation plan including the number of total people to be relocated, the time frame for relocation, and a description of other funds to be used to pay for relocation costs.

Name of on-site representative responsible for relocation: _____

F. Attachments

ALL attachments below are REQUIRED in order to submit your application, and your application will not be able to be submitted if attachments are missing.

Please take this into consideration when timing your submission of this application. The required documents for upload are checked below. If you have other attachments you would like to include, please select one of the "Other" boxes below and identify the Attachment in the box. If you are unable to upload any of the attachments, contact Rhianna Babka (510) 9815410. Items marked with an asterisk () are not required for government applicants.*

- Articles of Incorporation*
- Agency By-Laws*
- Board of Directors
- Letters from Internal Revenue Service and Franchise Tax Board establishing tax-exempt status*
- Board resolution authorizing submission of application*
- Project Manager Resume
- Copy of property title or lease
- Full Scope (include drawings if no floor plans developed)
- Color photographs of project location along with photos of interior areas to be modified
- Table 4.1 Bid #1 – Name of Company
- Table 4.1 Bid #2 – Name of Company
- Table 4.1 Bid #3 – Name of Company
- ADA project CASp Site Assessment
- Architectural floor plans and specifications
- Other
- Other

If your organization is awarded funding, you will be required to submit some or all of the following documents prior to award of any city funds: * Documentation of Liability Insurance (compliant with all City requirements) * Drug-Free Workplace Certification * Anti-Lobbying Certification * City of Berkeley Business License * Evidence of Workers

City of Berkeley NOFA: FY2021

Compensation * Living Wage Form (as applicable) * Americans with Disabilities Act compliance certifications * Sanctuary City Compliance Statement * Nuclear Free Berkeley Disclosure * Workforce Composition * AND * Equal Benefits Certification (as applicable).