

CITY OF PASADENA REQUEST FOR PROPOSALS



COMMUNITY DEVELOPMENT BLOCK GRANT (NON - PUBLIC SERVICE) 2014/2015 APPLICATION

**CITY OF PASADENA
HOUSING AND CAREER SERVICES 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
(NON - PUBLIC SERVICE)**

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 CARRY OUT 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 DISQUALIFICATION 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 AND CAREER SERVICES DIRECTOR**

DEADLINE - 5:00 P.M. THURSDAY, FEBRUARY 27, 2014

- NO POSTMARKS OR FACSIMILES WILL BE ACCEPTED.
- INCOMPLETE PROPOSALS WILL NOT BE CONSIDERED FOR FUNDING. **PLEASE NOTE YOU WILL NOT BE GIVEN THE OPPORTUNITY TO SUBMIT MISSING DOCUMENTATION. ALL INCOMPLETE PROPOSALS WILL BE DEEMED INELIGIBLE.**
- 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. TECHNICAL ASSISTANCE WILL BE AVAILABLE UNTIL THURSDAY, FEBRUARY 20, 2014.

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 <http://www.cityofpasadena.net/housing>
 - 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. COVER SHEET

PROJECT TITLE:

LEGAL NAME OF THE PROPOSER:

ADDRESS OF THE PROPOSER: _____

CITY: _____ STATE _____ ZIP _____

EXECUTIVE DIRECTOR:

TELEPHONE NUMBER:

CONTACT PERSON:

TELEPHONE NUMBER: _____ E-MAIL _____

PLEASE SPECIFY YOUR PROJECT BELOW:

PROJECT PRIORITY	<input type="radio"/>	NON-PUBLIC CAPITAL IMPROVEMENT (2014/2016 max. duration)	<input type="radio"/>	NON-PUBLIC ECONOMIC DEVELOPMENT OR HOUSING ACTIVITY (2014/2015 max. duration)
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AMOUNT OF YOUR FUNDING REQUEST: \$ _____

FISCAL YEARS THE AGENCY HAS PREVIOUSLY RECEIVED CDBG FUNDING:

Please note that once a project has been funded for 3 consecutive years, 5 points will be deducted and another point will be deducted for every additional consecutive year of funding.

THE ABOVE NAMED PROPOSER HEREBY SUBMITS A PROPOSAL TO RECEIVE FUNDING FROM THE CITY OF PASADENA CDBG (NON-PUBLIC SERVICES) PROGRAMS PURSUANT TO THE REQUEST FOR PROPOSAL. THE PROPOSER WARRANTS THAT ALL OF THE INFORMATION IN THE PROPOSAL PACKAGE IS TRUE AND CORRECT. THE PROPOSER FURTHER AGREES TO ABIDE BY ALL CONDITIONS AND REQUIREMENTS IN THE REQUEST FOR PROPOSAL. THE PROPOSER ALSO UNDERSTANDS THAT THIS PROPOSAL IS THE PROPOSER'S ENTIRE PROPOSAL AND CANNOT BE AMENDED AFTER SUBMISSION, EXCEPT AS PROVIDED FOR IN THE RFP.

AUTHORIZED SIGNATURE:

TITLE OF AUTHORIZED SIGNATORY:

TYPE NAME OF AUTHORIZED SIGNATORY:

OFFICE USE ONLY:

DATE RECEIVED: _____ BY: _____

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
SERVICE AREA *

SPECIFIC GEOGRAPHICAL
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	\$17,150	\$28,550	\$45,650
2	\$19,600	\$32,600	\$52,200
3	\$22,050	\$36,700	\$58,700
4	\$24,450	\$40,750	\$65,200
5	\$26,450	\$44,050	\$70,450
6	\$28,400	\$47,300	\$75,650
7	\$30,350	\$50,550	\$80,850
8	\$32,300	\$53,800	\$86,100

Effective Date 1/2014

C. PERCENTAGE OF PROGRAM PARTICIPANTS WITHIN THE ABOVE 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

*CAPITAL IMPROVEMENT PROJECTS SHOULD DEFINE THEIR SECONDARY BENEFICIARY.

A. PLEASE DESCRIBE THE PROJECTS TARGET POPULATION:

a. PRIMARY BENEFIT (ALL PROJECTS):
(IE. BENEFIT TO PROPERTY OWNER/BUILDING OR CLIENTS)

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

B. 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.**

B. 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. PLEASE LIST THE GOALS AND OBJECTIVES OF THE PROPOSED PROJECT.

EXAMPLES:

- *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 QUANTITATIVE OUTCOMES THAT YOU EXPECT FROM THE PROPOSED PROJECT.

EXAMPLES:

- As a result of the rehabilitation of the facility, the preschool will have space to enroll 20 additional children each academic year.

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

EXAMPLES:

Early childhood education has been shown to improve the likelihood of long term academic success, high school completion and enrollment in post-secondary education when compared to children of similar background who did not participant in early childhood education.

4. SCHEDULING

A. PLEASE USE THIS PAGE TO DETAIL YOUR PERFORMANCE ACTIVITIES SCHEDULE FOR 2014-2015.

i. FIRST QUARTER (JULY-SEPTEMBER 2014)

ii. SECOND QUARTER (OCTOBER-DECEMBER 2014)

iii. THIRD QUARTER (JANUARY-MARCH 2015)

iv. FOURTH QUARTER (APRIL- JUNE 2015)

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 MANAGER (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.

4. 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:		Y / N
ADDRESS:		
PHONE:		
CONTACT:		Y / N
ADDRESS:		
PHONE:		
CONTACT:		Y / N
ADDRESS:		
PHONE:		
CONTACT:		Y / N
ADDRESS:		
PHONE:		

Please note one 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.

5. 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.

6. FINANCIAL STANDARD OF PROCEDURE

A. PLEASE DETAIL THE ADMINISTRATIVE PROCEDURES THE AGENCY USES TO ENSURE ACCURATE REPORTS AND FISCAL CONTROLS.

B. DESCRIBE THE AGENCY'S ACQUISITION / PURCHASING PROCESS FOR EQUIPMENT, MATERIALS, SUPPLIES, ETC...

AUDITED FINANCIAL STATEMENT

IN ACCORDANCE WITH THE OFFICE OF MANAGEMENT AND BUDGET (OMB) CIRCULAR, A-133 (REVISED), THE FEDERAL GOVERNMENT REQUIRES THAT NON-PROFIT ORGANIZATIONS RECEIVING \$500,000 OR MORE IN FEDERAL FINANCIAL ASSISTANCE IN A FISCAL YEAR MUST SECURE AN AUDIT. AGENCIES REQUESTING \$500,000 OR MORE MUST CHOOSE ONE OF THE THREE FOLLOWING WAYS OF MEETING THIS REQUIREMENT AND STATE WHICH METHOD THEY CHOOSE:

1. IF YOUR ORGANIZATION ALREADY CONDUCTS AUDITS OF ITS FUNDING SOURCES INCLUDING CDBG, THE ORGANIZATION MUST SUBMIT A COPY OF ITS MOST RECENT AUDIT.
2. IF YOUR ORGANIZATION ALREADY CONDUCTS AUDITS OF ITS OTHER FUNDING SOURCES BUT HAS NEITHER RECEIVED NOR INCLUDED CDBG IN THE PAST, THE SCOPE OF THE AUDIT WOULD BE MODIFIED TO INCORPORATE AUDIT REQUIREMENTS. THE ASSOCIATED COST OF THE AUGMENTATION COULD THEN BE INCLUDED IN THE PROJECT BUDGET, ACCOMPANIED BY THE AUDITOR'S WRITTEN COST ESTIMATE.
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 2014 – 2015

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 (2014-2015)

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				
ACQUISITION OF PROPERTY				
DOWN PAYMENT/ACQUISITION				
CAPITAL IMPROVEMENTS				
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?**

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

2. BUDGET NARRATIVE

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

i. PERSONNEL COSTS:

ii. NON-PERSONNEL COSTS:

iii. LEVERAGING OF FUNDS:

SOURCE	MONETARY AMOUNT	Pending, Secure or In-kind P/S/I
Name:		
Contact:		
Phone:		
Name:		
Contact:		
Phone:		
Name:		
Contact:		
Phone:		
Name:		
Contact:		
Phone:		
Name:		
Contact:		
Phone:		

iv. PROGRAM INCOME:

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

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)
7. CURRENT PERMANENT WORKFORCE UTILIZATION (FORM AA-3) (APPENDIX G)
8. MAP OF THE CDBG BENEFIT SERVICE AREA (APPENDIX H)
9. FISCAL YEAR 2014 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 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)