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|  | High Reso 71_Logo1007  **John Updike**  **Director of Real Estate** |
| **Edwin M. Lee, Mayor**  **Naomi M. Kelly, City Administrator** |

**Application: Lease Opportunity**

**At**

**35 and/or 45 Onondaga Avenue**

**City and County of San Francisco**

Department of Real Estate

Office of Economic and Workforce Development

San Francisco Arts Commission

**REQUEST FOR PROPOSALS TO LEASE SPACE AT 35 and/or 45 ONONDAGA AVENUE**

**OVERVIEW**

The City and County of San Francisco, through its Real Estate Department, is accepting applications from community-serving 501(c)3 independent organizations to lease space within two adjoining properties, located at 35 and 45 Onondaga Avenue (applications may seek to occupy one or both of the buildings). The purpose of this application is to learn about your organization's mission, fiscal structure and office space needs in order to consider a potential investment in your organization through provision of capital resources to improve the core and shell of existing office space, and providing a subsidized base rental rate.

**Only organizations that are receiving Technical Assistance in the** [**Nonprofit Displacement Mitigation Program**](http://www.ncclf.org/what-we-do/consulting-2/npdmitigation/) **(NDMP); or similar City program through the Northern California Community Loan Fund; and that meet the eligibility requirements below; are eligible to apply for tenancy**. Technical Assistance applications to the NDMP are accepted on a rolling basis and approved or declined within 45 days.

Proposals to lease space will be reviewed by a selection committee comprised of staff members from a variety of City departments. Please review the available space, eligibility and use requirements outlined below and apply only if your organization's needs match the vacant space.

**Lease Rate and Terms**Address: 35 and 45 Onondaga Avenue, San Francisco, California.

Rentable Area of Premises: Approximately 3,960 rentable square feet of space at 35 Onondaga, and approximately 4,244 rentable square feet of space at 45 Onondaga.

$1 per square foot per month (exclusive of utilities, janitorial, security, insurance)

Annual or multi-year lease available. Multi-year lease is subject to San Francisco Board of Supervisors and Mayor approval, in their sole and separate discretion, and City will consider terms as long as ten (10) years.

**NOTE: MINIMUM RENT REQUIREMENT IS ACTUAL COSTS PAID BY CITY TO MAINTAIN STRUCTURE, ESTIMATED AT APPROX. $12.00 PER SQ. FT. PER YEAR. TENANT TO PROVIDE ITS OWN UTILITIES, JANITORIAL, SECURITY & INSURANCE.**

Site visits at 35 and/or 45 Onondaga Avenue will take place on Thursday, January 5, 2017 at 10am, Tuesday, January 10 at 2pm, and Friday, January 13 at 10am. An RSVP is required. Please RSVP to Sandi Levine, [sandi.levine@sfgov.org](mailto:sandi.levine@sfgov.org) and include the names of members of your organization who will attend. See the Real Estate webpage for additional building information at: <http://sfgov.org/realestate/> , including an asset reserve analysis by Ventura Partners and a mural restoration report by ARG Conservation Services. Selected tenant will be required to monitor and provide public access to the existing mural within the interior of 45 Onondaga.

**TENANT RESPONSIBILITIES & FINANCIAL CONSIDERATIONS**

When deciding whether or not to apply for space, please consider the following:

* Tenants are responsible for a security deposit, which is $5,000 for each of the two buildings.
* The City invests in the capacity of a wide range of nonprofits in order to support the vitality of the local nonprofit sector as a whole. As such, receiving subsidized office space limits the value of any displacement mitigation funding for which your organization may be eligible in the future. The selected tenant will not be eligible for future financial assistance from the Nonprofit Displacement Mitigation Fund.

**Priority will be given to agencies that:**

* Are public nonprofits that obtain most of their funding through donations from the general public or government entities;
* Have operated headquarters or satellite office in the City and County of San Francisco for at least the past three years;
* Demonstrate delivery of service to San Francisco District 11 residents and/or businesses;
* Demonstrate financial stability (except for the impact of the real estate market forces) for the previous three years as reflected by the absence of any significant unplanned operating deficit, a positive fund balance and/or a meaningful cash reserve;
* Priority will be given to organizations that can make frequent, effective use of the space;
* Can demonstrate they are either at risk of displacement, or in need of stabilization.

Subsidized office space will be awarded in a competitive manner based on the prioritization above and a thorough assessment of each applicant's leadership, programs, fiscal health and effective use of the available space.

**TENANT IMPROVEMENTS AND CORE & SHELL CAPITAL FUNDING**

The unit is offered as-is. **NOTE: TENANT SHALL BE RESPONSIBLE FOR CONTRACTING DESIGN, ENGINEERING AND CONSTRUCTION SERVICES NECESSARY FOR COMPLETING THE INTERIOR IMPROVEMENTS TO THE PREMISES. OCCUPANCY OF THE SITE IS SUBJECT TO FINAL APPROVAL BY THE CITY’S MAYOR’S OFFICE ON DISABILITY, IN ADDITION TO ANY OTHER APPLICABLE REGULATORY PERMITS.**

The City is offering funding of up to $350,000 (total, combined for both buildings) for base building improvements and up to $90,000 for mural restoration, to be combined with, and executed at the same time as, Tenant’s improvement program. This commitment is subject to final appropriation by the City’s Controller.

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| **APPLICATION DETAILS AND INSTRUCTIONS** |
| **Brevity** There are character counts for narrative responses as a way to help you write informative, yet concise answers. In the last section, there is one box to clarify any critical information that you believe needs a further explanation.  **Style Guide** To adhere to the character counts for each of the answers, consider using high-level, bullet-point style information about your organization and programs. You are welcome to use any commonly accepted abbreviations when responding to questions, unless instructed otherwise.  **Other Helpful Tips**   * Be sure your email address is correct so that you will receive submission confirmations and RFP notices. * Pasting from a word processing program into appropriate narrative fields will work, but formatting may be lost. Copying and pasting bullets, numbering, icons, images, etc. into the application fields will cause errors in the PDF version of the application.   **Submitting** When you are satisfied with your application, save your final version and email it to:  [realestateadmin@sfgov.org](mailto:realestateadmin@sfgov.org)  You will receive an automated response to indicate that your submission was received. You will be responsible for ensuring that all required questions have been addressed and that all supplemental materials have been submitted on or before the deadline. The receive date and time will be established by the date/time assigned by the City email server. Early submission is highly encouraged.  You may alternatively hand-deliver one signed original application and all supplemental materials, along with a CD or USB drive with electronic versions of the application and all supplemental materials , to:  **Real Estate Department (RED)**  **25 Van Ness, Suite 400**  **San Francisco, CA 94102**  **Attn: Sandi Levine**  If you need to cancel and resubmit your application, please resubmit an entire package with a replacement application and supplemental materials. In the body of the email, please reference the original application, including submission date, time, and originating email address. All submissions, original or replacement, must be received by the deadline stated in the RFP. No late submissions will be considered.  **Due Date**  **Applications will be accepted until noon PST on Thursday, February 23, 2017.** If you have any questions when completing this application, please contact Sandi Levine, [sandi.levine@sfgov.org](mailto:sandi.levine@sfgov.org) by 5 P.M. PST Tuesday, January 17, 2017. A list of substantive questions and answers will be posted to the RED webpage at <http://sfgov.org/realestate/> for review by all interested parties by 5 P.M. Friday, January 20, 2017.  See the Real Estate webpage for additional building information at: <http://sfgov.org/realestate/> . |

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| **FORM 1 – SUBMISSION AUTHORIZATION** | | |
| I agree that I am an owner or officer of the proposing firm, agency, or organization who is duly authorized to bind the applicant. I agree to accept all conditions, provisions, requirements, and specifications contained in the City and County of San Francisco Request for Proposals. (It is the responsibility of the lead agency to ensure that all named partners are in agreement with the proposal prior to submission.) I agree that the Proposal shall be binding for no less than one hundred twenty (120) days. I understand that, if selected, my organization must comply with City and County ordinances and contracting requirements including general liability and auto insurances, compliance with equal benefits ordinance, and current SF business tax certificate, if applicable.  I agree that I am an approved participant in the Nonprofit Displacement Mitigation Program or similar City program through the Northern California Community Loan Fund and that I meet the eligibility requirements as defined in the Request for Proposals.  I certify that the information provided in this application is true: | | |
|  | [Printed Name] | [Date] |
| **Signature** | **Printed Name** | **Date Signed** |

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| **PART I. CONTACT & GENERAL INFORMATION**  All fields marked by an asterisk (\*) are mandatory; enter 0 or N/A if not applicable. Please follow the sample response format shown in each "e.g." phrase as closely as possible and adhere to the Style Guide provided in the Instructions when providing your responses.  **If your agency is a local affiliate of a national organization, please supply data and information for your local agency (not that of the national agency).** | |
| **Agency Legal Name\*** *(75 characters)* *Name as shown on your 501(c)(3) letter and to whom contributions are payable* | [Agency Legal Name - limit 75 characters] |
| **Doing Business As (DBA) or Also Known As (AKA), if applicable** *(50 characters)* | [DBA or AKA - limit 50 characters] |
| **Employer Identification Number (EIN)\***  *9 digits with a dash - e.g., 80-0091312* |  |
| **In what year did your agency begin providing programs?\*** *(e.g., 1994)* |  |
| **Address\*** *Local Headquarters Street Address with Suite #, if needed* | [Street Address]  [City], [State] [Zip] |
| **Satellite offices\*** *How many satellite office and/or program sites does your agency have, if any?* | National Affiliate Name, if your agency is a local affiliate (50 characters) [National Affiliate Name - limit 50 characters] |
| **Web Address\*** | [Website] |
| **Main Phone including area code\*** |  |
| **Local Executive Director/CEO Name\*** | [ED/CEO Name] |
| **Local Executive Director/CEO Title\*** | [ED/CEO Title] |
| **Local Executive Director/CEO Direct Phone\*** | [ED/CEO Direct Phone] |
| **Local Executive Director/CEO Email\*** | [ED/CEO Email] |

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| **POINT OF CONTACT FOR THIS APPLICATION** | |
| **Primary Point of Contact Name\*** | [Contact Name] |
| **Primary Point of Contact Title\*** | [Contact Title] |
| **Primary Point of Contact Direct Phone\*** | [Contact Phone] |
| **Primary Point of Contact Email\*** | [Contact Email] |
| **STAFFING AND BOARD** | |
| **Number of Full Time Equivalent Employees\*** | [FTE] |
| **Number of Governing Board Members\***  *Exclude Advisory/Emeritus members* | [Board Members] |
| **Number of Total Volunteers\*** *Exclude Board members* | [Volunteers] |
| **Executive Director Tenure** *How many years (or months, if under one year) has your local Executive Director/CEO been in his/her role? (e.g. 9 yrs or 8 mos.)* | [ED/CEO Tenure] |

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| **PART II. PROGRAM INFORMATION** |
| **Agency Mission\*** *(400 characters)* *What is your organization's mission statement? (e.g., To strengthen the community through volunteer action and leadership development)* |
| [Agency Mission - limit 400 characters] |
| **Primary Mission or NTEE Code\*** *Which NTEE Code reflects your local agency's largest program (as determined by the amount of your annual expense budget directed to each of your programs)? (e.g., B02)**To determine your code, visit the* [***NTEE web site***](http://nccsdataweb.urban.org/PubApps/nteeSearch.php?gQry=allMajor&codeType=NTEE) *and view a list of 26 NTEE categories from A to Z. Using your largest program, choose the letter in parentheses (i.e., "J" for Employment) that best reflects what the broad mission of the program activity is (not who it serves). A more specific list of codes will appear. Read the descriptions and click on the small gray boxes adjacent to each code to confirm which definition best reflects what your agency’s largest program activity is (not who it serves). Type in the most specific NTEE code (e.g., J22) that best describes your largest program.*  NTEE website: http://nccsdataweb.urban.org/PubApps/nteeSearch.php?gQry=allMajor&codeType=NTEE |
| [NTEE Code] |
| **Primary Program\*** *(150 characters) What is the primary program that your agency will provide at this site to improve your clients' lives? What other programs will be offered? (e.g., 1:1 Mentoring program for youth, Client case-work, etc.)* |
| [Primary Program - limit 150 characters] |

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| **Impact Outcome\****(150 characters)**What is the most significant social impact outcome that your agency aims to achieve during the current fiscal year? Your response should be in measurable terms that will be evaluated. Your lease renewal will be contingent on annually demonstrating success in meeting your defined impact outcomes. The first word below might be Start-up, Increase, Expand, Stabilize, Decrease or Eliminate followed by the specific societal issue your agency addresses and a percentage target for your current fiscal year based on your strategic plan.* |
| [Impact Outcomes - limit 150 characters] |
| **Indicator/Measurement\*** *(200 characters)**What is the primary indicator or measurement that your agency will use to evaluate progress toward achieving your agency's most significant annual impact outcome as stated in the prior answer? Indicators may be characterized as improvements or changes in primary client condition, status, knowledge, skills, attitude or behaviors.*  *Please be very specific in indicating who will be impacted and why the change will occur, (e.g., 10% or 15 senior clients will experience continuity of care in medical services as compared to FY 15 as a result of hiring 2 new medical assistants, or 100 SoMa residents will access opportunities for cultural learning and expression having attended free two-hour workshops that we host).*  *Note: you might find the Urban Institute's Outcomes & Performance Indicators a helpful resource:* [***Outcomes Indicators Project***](http://www.urban.org/policy-centers/cross-center-initiatives/performance-management-measurement/projects/nonprofit-organizations/projects-focused-nonprofit-organizations/outcome-indicators-project) ***(click to link)***  http://www.urban.org/policy-centers/cross-center-initiatives/performance-management-measurement/projects/nonprofit-organizations/projects-focused-nonprofit-organizations/outcome-indicators-project |
| [Indicator Measurement - limit 200 characters] |
| **Community Engagement Strategy\*** *(400 characters) Please provide a description of your strategy for community engagement in your new location. How many existing constituents will you retain? How will you communicate your relocation to them? How do you plan to reach new constituents?* |
| [Community Engagement Strategy - limit 400 characters] |

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| **PART III. BENEFICIARY INFORMATION** | | | |
| **Description of Beneficiaries\***  *Who are your agency's direct (or primary) and indirect (or secondary) clients?*  *Note: Your agency's direct clients receive the bulk of services. Indirect clients receive minor services or are impacted through the ripple effect of your agency's work. Be as specific as possible by including age ranges or target population, where appropriate. (e.g., For a Counseling Agency: Direct: Youth receiving counseling. Indirect: Client family members that receive minor support services.)* | | | |
| [Direct or Primary Clients - limit 100 characters] | | | |
| [Indirect or Secondary Clients - limit 100 characters] | | | |
| **Total Beneficiaries Served\*** *How many unduplicated clients does your agency serve in total in each geographic area annually? (e.g., 42,000) Note: Please provide data based on where your agency serves its clients, versus where those clients reside.* ***Please emphasize the level of service delivery within District 11.*** | | | |
|  | **Direct or Primary Clients** | **Indirect or Secondary Clients** | **Neighborhoods in which programs take place**  List in order of where most clients are served to fewest are served (i.e., Bayview, SoMa, Mission). |
| **San Francisco City & County** |  |  | [San Francisco Neighborhoods: limit 150 characters] |
| **Other Geographic Areas** |  |  | [Other/non-SF Neighborhoods - limit 150 characters] |
| **Low- or Moderate-Income Beneficiaries Served\*** *Annually, how many unduplicated clients does your agency serve who have low and moderate-incomes? (e.g., 42,000)* *Note: Please provide data based on where your agency serves its clients, versus where those clients reside.* | | | |
|  | **Direct or Primary Clients** | | **Indirect or Secondary Clients** |
| **San Francisco City & County** |  | |  |
| **Other Geographic Areas** |  | |  |

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| **PART IV. FISCAL INFORMATION** |
| **Decreased Revenue\***  *How much in decreased annual revenue does your agency expect from private and/or public sources during the current fiscal year?* |
| [Decreased Revenue Total Amount] |
| **From whom do you expect the decreased revenue above?\*** *(e.g., $15k National Endowment for the Arts, $20k San Francisco Foundation)*  *Note: List private dollar gift amounts and sources first, followed by any public dollar amounts and sources. Itemized list should equal the total amount listed in the response above. Total amount listed below and above should match.* |
| [Decreased Revenue Sources and Amounts (Private/Public) - limit 150 characters] |
| **Increased Revenue\***  *How much in increased annual revenue does your agency expect from private and/or public sources during the current fiscal year?* |
| [Increased Revenue Total Amount] |
| **From whom do you expect the increased revenue above?\*** (e.g., $15k Bloomberg, $25k National Endowment for the Arts)  *Note: List private dollar gift amounts and sources first, followed by any public dollar amounts and sources. Itemized list should equal the total amount listed in the response above.* |
| [Increased Revenue Sources and Amounts (Private/Public) - limit 150 characters] |

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| **PART V. SPACE DETAILS** | |
| **Need\*-** Why is your organization currently seeking new space?\* (e.g., lease expires in 2 mos.): | |
| [Need-limit 150 characters]  **Building Ownership\*** - How many buildings does your local agency own? (e.g., 1):       **Life Cycle Phase\***: What lifecycle phase is your local organization in? (Start-Up, Regular Operations, Growth Phase):  **Type of Space\***: Will this be your agency's headquarters or a satellite space? (Headquarters/Satellite): | |
| **Rent Savings\***  How much in annual rent are you paying now that will be saved if you relocate (e.g., $50,000) and how many square feet do you currently lease? (e.g., 1,350) | |
| [Rent Savings Per Year]**\*** per year for [Square Feet]**\*** square feet | |
| **Rent Savings Redirected\*** (limit 150 characters)  *How will those rent savings be redirected? (e.g., N/A or hire new program staff member or build cash reserves)* | |
| [Rent Savings Redirected - limit 150 characters] | |
| **Current Collaborations** *(limit: 400 characters)*  *What type of shared service or co-presenting programs does your agency utilize, if any? (e.g., Have MOU with The Health Trust to provide accounting services, have co-presenting agreement with Yerba Buena Center for the Arts)* | |
| [Current Collaborations - limit 400 characters] | |
| **Shared Space** (limit 400 characters)  *If you are potentially interested in a shared space with another nonprofit tenant or tenants, please list the name/s of the organizations you have identified as subtenants and describe how the space and services will be shared.* | |
| [Shared Space - limit 400 characters] | |
| **Timing\***(limit 200 characters)  *If your agency is awarded subsidized space, when would your agency be ready to commence your lease? (e.g.begin tenant improvements 1/1/16, move in 9/1/16)* | |
| [Timing-limit 200 characters] | |
| **Timing Flexibility\*** (Character Limit: 100)  If you have flexibility in the date provided above, please provide some details about your timeframe. (e.g., lease doesn't expire until 12/31/16, but would like to move earlier since rent increases by 10% on 6/1/16) | |
| [Timing Flexibility - limit 100 characters] | |
| **On-Site Staff\*** *How many staff would be working in the office unit on a daily basis as projected through 6/30/2017? (e.g., 3)* | [Onsite Staff] |
| **Hours of Operation\***  *On average, how many hours per week will the space be open to the public? Please include details of any times of year or number of weeks when the space will be closed.* | [Hours/Week and closure information-limit 400 characters] |

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| **PART VI. SUPPLEMENTAL MATERIALS** | | |
| All documents below are mandatory unless otherwise noted. If you are unable to provide a mandatory supplemental document for any reason, submit a statement in its place explaining why the information is not available. In the "Enter Date" fields below, provide the corresponding Fiscal Year End Date or time period covered as shown in each "e.g." phrase, regardless of whether you are emailing the document as an attachment or submitting it via mail/drop off.  **Applications and all supplemental materials are due no later than 12:00pm PST on Thursday, February 16. 2017**. Please check the boxes under “Submission Method” to confirm whether you will be sending the attachment via email or in hardcopy.  Email submissions must be sent to: [realestateadmin@sfgov.org](mailto:realestateadmin@sfgov.org)  **.** Please make sure to reference your agency name and “35/45 Onondaga RFP” in the subject line  Alternative submissions may be accepted (see Submission instructions on page 1). | | |
| **Mandatory Supplemental Attachments** | **Enter Date** | **Submission Method** |
| A one-page summary of your agency's program/financial accomplishments for your most recently completed fiscal year. If your agency has published an Annual Report that covers that period, please attach it in lieu of the summary. | [Fiscal Year End Date e.g. 6/30/15] | Email  Hardcopy |
| **Staff Organizational Chart** showing titles, name and staff structure | [Current FY End Date e.g. 6/30/16] | Email  Hardcopy |
| **Board Member list** showing only names, work affiliation and work title | [Current FY End Date e.g. 6/30/16] | Email  Hardcopy |
| **Construction Budget** submit cost estimates from design professional and/or contractor indicating the total construction budget | | Email  Hardcopy |
| **Design Budget** submit cost estimates from design professional or engineer | | Email  Hardcopy |
| **CDBG Matching Funds** submit documents evidencing source and amount if currently secured | | Email  Hardcopy |
| **Current year’s budget, income statement and balance sheet** | | Email  Hardcopy |
| **Most recent year’s Form 990** | | Email  Hardcopy |
| **Most recent year’s audit, including management letter** | | Email  Hardcopy |
| **Submission Authorization from Executive Director or Chief Executive Officer** (Form 1 of this application) | | Email  Hardcopy |

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| **ADDITIONAL CLARIFICATION** |
| **Is there any additional information or clarification that you want to provide regarding any question in this application? If so, please list the bolded header name of the question (e.g., Non-Renewable Funds) followed by the clarifying information.** (limit 400 characters) |
| [Additional Clarification-limit 400 characters] |