

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Department of Housing and Community Development

CONTRACTOR'S NAME

City and County of San Francisco

2. The term of this Agreement is:

START DATE

Upon HCD Approval

THROUGH END DATE

06/30/2030

3. The maximum amount of this Agreement is:

\$20,095,616.00

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

EXHIBITS	TITLE	PAGES
Exhibit A	Authority, Purpose and Scope of Work	4
Exhibit B	Budget Detail and Payment Provisions	3
Exhibit C*	State of California General Terms and Conditions	GTC - 04/2017
Exhibit D	IIG Terms and Conditions	15
Exhibit E	Special Conditions	11
TOTAL NUMBER OF PAGES ATTACHED		33

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.

These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership,etc.)

City and County of San Francisco

CONTRACTOR BUSINESS ADDRESS

See Attached

CITY

See Attached

STATE

See Attached

ZIP

See Attached

PRINTED NAME OF PERSON SIGNING

See Attached

TITLE

See Attached

CONTRACTOR AUTHORIZED SIGNATURE

See Attached

DATE SIGNED

See Attached

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Department of Housing and Community Development

CONTRACTING AGENCY ADDRESS

651 Bannon Street Suite 400

CITY

Sacramento

STATE

CA

ZIP

95811

PRINTED NAME OF PERSON SIGNING

TITLE

Contract Services Section Manager

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

CONTRACTOR

City and County of San Francisco

a California public body, corporate, and politic

By: _____ Date: _____

Eric D. Shaw

Director, Mayor's Office of Housing and Community Development

Address:

1 South Van Ness Avenue, Fifth Floor. Attn: MOHCD
San Francisco, CA 94103

Prep Date: 01/30/2025

DRAFT

SCO ID:

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

1. CONTRACTOR'S NAME City and County of San Francisco		2. FEDERAL I.D. NUMBER N/A
3. AGENCY TRANSMITTING AGREEMENT Department of Housing and Community Development	4. DIVISION, BUREAU, OR OTHER UNIT Financial Assistance	5. AGENCY BILLING CODE N/A
6a.CONTRACT ANALYST NAME	6b. EMAIL	6c. PHONE NUMBER
7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES (If Yes, enter prior contractor name and agreement number) <div>PRIOR CONTRACTOR NAME N/A</div> <div>PRIOR AGREEMENT NUMBER N/A</div>		

8. BRIEF DESCRIPTION OF SERVICES
To provide gap funding for qualified infrastructure improvement projects.

9. AGREEMENT OUTLINE (Include reason for Agreement: Identify specific problem, administrative requirement, program need or other circumstances making the Agreement necessary; include special or unusual terms and conditions.)
The Infill Infrastructure Grant Program (IIG) was funded by the Veterans and Affordable Housing Bond Act of 2018 (Proposition 1). The primary objective of the IIG program is to promote infill housing development by providing financial assistance for Capital Improvement Projects that are an integral part of or necessary to facilitate the development of infill housing developments.

10.PAYMENT TERMS (More than one may apply)

☐ Monthly Flat Rate ☐ Quarterly ☐ One-Time Payment ☒ Progress Payment

☐ Itemized Invoice ☐ Withhold 0% ☐ Advanced Payment Not To Exceed

☐ Reimbursement/Revenue \$ 0.00 or 0%

☐ Other (Explain)

11. PROJECTED EXPENDITURES					
FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
Regional Planning, Housing & Infill Incentive Acct	2240 103 6069 Cat.	2021/2022	21	2021	\$ 20,095,616.00
OBJECT CODE 22402000/49305 = \$20,095,616.00 5432000 - Grants and Subventions - Governmental			AGREEMENT TOTAL		\$ 20,095,616.00
OPTIONAL USE			AMOUNT ENCUMBERED BY THIS DOCUMENT		
			\$ 20,095,616.00		
I certify upon my own personal knowledge that the budgeted funds for the current budget year are available for the period and purpose of the expenditure stated above.			PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT		
			\$ 0.00		
			TOTAL AMOUNT ENCUMBERED TO DATE		
			\$ 20,095,616.00		
ACCOUNTING OFFICER'S SIGNATURE		ACCOUNTING OFFICER'S NAME (Print or Type)		DATE SIGNED	

12. AGREEMENT

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original		06/30/2030	\$ 20,095,616.00	Exempt
Amendment No. 1				
Amendment No. 2				
Amendment No. 3				
		TOTAL	\$ 20,095,616.00	

13. BIDDING METHOD USED:

☐ Request for Proposal (RFP)(Attach justification if secondary method is used)

☐ Invitation for Bid (IFB)

☒ Other (Explain) SCM Vol 1, 5.80, B.2.b

☐ Use of Master Service Agreement

☒ Exempt from Bidding (Give authority for exempt status)

☐ Sole Source Contract(Attach STD. 821)

Note: Proof of advertisement in the State Contracts Register or an approved form STD.821, Contract Advertising Exemption Request, must be attached.

14. SUMMARY OF BIDS (List of bidders, bid amount and small business status) (If an amendment, sole source, or exempt, leave blank.)

15. IF AWARD OF AGREEMENT IS TO OTHER THAN THE LOWER BIDDER, PLEASE EXPLAIN REASON(S). (If an amendment, sole source, or exempt, leave blank.)

16. WHAT IS THE BASIS FOR DETERMINING THAT THE PRICE OR RATE IS REASONABLE?
N/A

17a. JUSTIFICATION FOR CONTRACTING OUT (Check one)

☐ Contracting out is based on cost savings per Government Code 19130(a). The State Personnel Board has been so notified.

☒ Not Applicable (Interagency / Public Works / Other _____)

☐ Contracting out is justified based on Government Code 19130(b). When this box is checked, a completed JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 54760 must be attached to this document.

17b. EMPLOYEE BARGAINING UNIT NOTIFICATION N/A

☐ By checking this box, I hereby certify compliance with Government Code section 19132(b)(1).

AUTHORIZED SIGNATURE N/A	SIGNER'S NAME (Print or Type) N/A	DATE SIGNED N/A
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18. FOR AGREEMENTS IN EXCESS OF \$5,000: Has the letting of the agreement been reported to the Department of Fair Employment and Housing?

☐ No ☐ Yes ☒ N/A

19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10?

☐ No ☐ Yes ☒ N/A

20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office?

☐ No ☐ Yes ☒ N/A

21. IS A SIGNED COPY OF THE FOLLOWING FILE AT YOUR AGENCY FOR THIS CONTRACTOR?

A. Contractor Certification Clauses
☐ No ☐ Yes ☒ N/A

B. STD.204 Vendor Data Record
☐ No ☒ Yes ☐ N/A

22. REQUIRED RESOLUTIONS ARE ATTACHED

☐ No ☒ Yes ☐ N/A

23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS?

☐ No ☐ Yes

SB/DVBE Certification Number:
N/A

24. ARE DISABLED VETERANS BUSINESS ENTERPRISE GOALS REQUIRED?

(If an amendment, explain changes, if any)

☐ No (Explain Below) ☐ Yes _____ % of Agreement

N/A

25. IS THIS AGREEMENT (WITH AMENDMENTS) FOR A PERIOD OF TIME LONGER THAN THREE YEARS?

☐ No ☐ Yes (If Yes, provide justification below)

N/A

I certify that all copies of the referenced Agreement will conform to the original Agreement sent to the Department of General Services.

SIGNATURE	NAME/TITLE (Print or Type)	DATE SIGNED
	Contracts Office / Contracts Analyst	

AGREEMENT SUMMARY

STD 215 (Rev. 04/2020)

AGREEMENT NUMBER	AMENDMENT NUMBER
21-IIG-16857	

JUSTIFICATION - CALIFORNIA CODE OF REGULATIONS, TITLE 2, SECTION 547.60
In the space provided below, the undersigned authorized state representative documents, with specificity and detailed factual information, the reasons why the contract satisfies one or more of the conditions set forth in Government Code section 19130(b). Please specify the applicable subsection. Attach extra pages if necessary.

DRAFT

The undersigned represents that, based upon his or her personal knowledge, information or belief the above justification correctly reflects the reasons why the contract satisfies Government Code section 19130(b).

SIGNATURE	NAME/TITLE (Print or Type)	DATE SIGNED	
PHONE NUMBER	STREET ADDRESS		
EMAIL	CITY	STATE	ZIP