

**STANDARD AGREEMENT**

AGREEMENT NUMBER

PURCHASING AUTHORITY NUMBER (if applicable)

STD 213 (Rev. 04/2020)

23-IIGC-17922

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 - Mayor's Office of Housing and Community Development

2. The term of this Agreement is:

**START DATE**

Upon HCD Approval

**THROUGH END DATE**

6/30/2031

3. The maximum amount of this Agreement is:

\$45,000,000.00

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	0
Exhibit B	Budget Detail and Payment Provisions	0
Exhibit C*	State of California General Terms and Conditions	GTC - 04/2017
Exhibit D	IIGC General Terms and Conditions	0
Exhibit E	Project-Specific Provisions and Special Conditions	0
<b>TOTAL NUMBER OF PAGES ATTACHED</b>		<b>0</b>

*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 - Mayor's Office of Housing

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 2020 W. El Camino Ave., Suite 130	CITY Sacramento	STATE CA	ZIP 95833
PRINTED NAME OF PERSON SIGNING	TITLE Contract Services Section Manager		
CONTRACTING AGENCY AUTHORIZED SIGNATURE	DATE SIGNED		

California Department of General Services Approval (or exemption, if applicable)

Exempt per; SCM Vol. 1 4.04.A.3 (DGS memo dated 06/12/1981)

**CONTRACTOR**

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**City and County of San Francisco - Mayor's Office of Housing and Community Development**

a California Government City and County

By: \_\_\_\_\_ Date: \_\_\_\_\_

Daniel Adams

Director, Mayor's Office of Housing and Community Development

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Address:

1 South Van Ness #5  
San Francisco, CA 94103

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**AGREEMENT SUMMARY**

STD 215 (Rev. 04/2020)

**SCO ID:**

CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

<b>AGREEMENT NUMBER</b> 23-IIGC-17922	<b>AMENDMENT NUMBER</b>
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<b>1. CONTRACTOR'S NAME</b> City and County of San Francisco - Mayor's Office of Housing and Community Development	<b>2. FEDERAL I.D. NUMBER</b> N/A
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<b>3. AGENCY TRANSMITTING AGREEMENT</b> Housing and Community Development	<b>4. DIVISION, BUREAU, OR OTHER UNIT</b> Financial Assistance	<b>5. AGENCY BILLING CODE</b> N/A
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<b>6a. CONTRACT ANALYST NAME</b>	<b>6b. EMAIL</b>	<b>6c. PHONE NUMBER</b>
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**7. HAS YOUR AGENCY CONTRACTED FOR THESE SERVICES BEFORE?**  
 NO     YES (If Yes, enter prior contractor name and agreement number)

<b>PRIOR CONTRACTOR NAME</b> N/A	<b>PRIOR AGREEMENT NUMBER</b> N/A
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**8. BRIEF DESCRIPTION OF SERVICES**  
 The Program's primary objective 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, a Catalytic Qualifying Infill Area.

**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 Catalytic Qualifying Infill Area Program (IIGC) is the program name of the Adaptive Reuse appropriation and the Commercial Property Pilot Program reappropriation. IIGC supports adaptive reuse of former commercial and underutilized structures or sites by providing financial assistance for Capital Improvement Projects that are an integral part of or necessary to facilitate the development of housing within a Catalytic Qualifying Infill Area (CQIA).

**10. PAYMENT TERMS** (More than one may apply)

<input type="checkbox"/> Monthly Flat Rate	<input type="checkbox"/> Quarterly	<input type="checkbox"/> One-Time Payment	<input type="checkbox"/> Progress Payment
<input type="checkbox"/> Itemized Invoice	<input type="checkbox"/> Withhold    0%	<input type="checkbox"/> Advanced Payment Not To Exceed	
<input type="checkbox"/> Reimbursement/Revenue	\$    \$ 0.00	or	0%
<input checked="" type="checkbox"/> Other (Explain)    TBD			

**11. PROJECTED EXPENDITURES**

FUND TITLE	ITEM	FISCAL YEAR	CHAPTER	STATUTE	PROJECTED EXPENDITURES
General Fund	2240 104 0001 Cat.	2023/2024	12	2023	\$ 45,000,000.00
<b>OBJECT CODE</b> 22402000/22400 = \$45,000,000.00 5432000 - Grants and Subventions - Governmental					<b>AGREEMENT TOTAL</b> \$ 45,000,000.00
<b>OPTIONAL USE</b>					<b>AMOUNT ENCUMBERED BY THIS DOCUMENT</b> \$ 45,000,000.00
<i>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.</i>					<b>PRIOR AMOUNT ENCUMBERED FOR THIS AGREEMENT</b> \$ 0.00
					<b>TOTAL AMOUNT ENCUMBERED TO DATE</b> \$ 45,000,000.00

<b>ACCOUNTING OFFICER'S SIGNATURE</b>	<b>ACCOUNTING OFFICER'S NAME</b> (Print or Type)	<b>DATE SIGNED</b>
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12. AGREEMENT

AGREEMENT	TERM FROM	TERM THROUGH	TOTAL COST OF THIS TRANSACTION	BID, SOLE SOURCE, EXEMPT
Original		6/30/2031	\$ 45,000,000.00	Exempt
Amendment No. 1				
Amendment No. 2				
Amendment No. 3				
		<b>TOTAL</b>	<b>\$ 45,000,000.00</b>	

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? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	22. REQUIRED RESOLUTIONS ARE ATTACHED <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A
19. HAVE CONFLICT OF INTEREST ISSUES BEEN IDENTIFIED AND RESOLVED AS REQUIRED BY THE STATE CONTRACT MANUAL SECTION 7.10? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
20. FOR CONSULTING AGREEMENTS: Did you review any contractor evaluations on file with the DGS Legal Office? <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A	
23. IS THIS A SMALL BUSINESS AND/OR A DISABLED VETERAN BUSINESS CERTIFIED BY DGS? <input type="checkbox"/> No <input type="checkbox"/> Yes SB/DVBE Certification Number: N/A	
21. IS A SIGNED COPY OF THE FOLLOWING FILE AT YOUR AGENCY FOR THIS CONTRACTOR? A. Contractor Certification Clauses <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> N/A B. STD.204 Vendor Data Record <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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) Contracts Office / Contracts Analyst	DATE SIGNED
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## 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.

*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 <i>(Print or Type)</i>	DATE SIGNED	
PHONE NUMBER	STREET ADDRESS		
EMAIL	CITY	STATE	ZIP