

Pre-screening

Pre-screening

Have you undertaken a pre-application consultation for the Homekey program? *

Yes

Will the project serve the target population? *

Target population is individuals and families who are experiencing homelessness or who are at risk of homelessness defined in Section 578.3 of Title 24 of the Code of Federal Regulation and who are impacted by the COVID-19 pandemic.

Yes

Do you have a path for environmental approval? *

The applicant is able to provide the proof of CEQA compliance or a timeline for acquiring CEQA compliance.

Yes

Is the applicant a city, county, or other local public entity, such as a public housing authority or federally recognized tribal governments within California? *

Yes

True

Application

Application

Application Title *

Please, type the title of your project.

City and County of San Francisco - Granada Hotel

Is the applicant: *

Co-applicant/Partnership

How many co-applicants? *

1

Primary Applicant

NOTE: Name of Applicant must match the name that appears on the Applicant's Authorizing Resolution and Payee Data Record or Government TIN Form.

Select Organization Type *

City

Select your City *

San Francisco

Primary Address

Provide the organization address, not the project address

Address Lookup Tool (optional)

Only CA addresses are eligible for this application

Street Name *

Enter the primary address for the Applicant.

440 Turk St

Address Line 2

City *

San Francisco

State *

CA

County *

San Francisco County

Zip *

94102

Mailing Address

Same as Primary Address

Checked

Government TIN Form / Payee Data Record

Select the document you will provide *

Find the forms in the "Files" tab displayed in this site next to the "Submit" tab.

STD 204 Payee Data Record

Payee Data Record Form, STD 204 With the Application Package *
(Single File)

CCSF Payee-Data-Record-STD-204.pdf

Description of file

Payee Data Record Form for City and County of San Francisco

Authorizing Resolution

Is the applicant submitting a Authorizing Resolution form? *

Find the form in the "Files" tab located in the previous "Overview" page.

No

I commit to submit Authorized Resolution before execution of Standard Agreement

Checked

Co-applicant # 1

NOTE: Name of Applicant must match the name that appears on the Applicant's Authorizing Resolution and Payee Data Record or Government TIN Form.

Select the Type of Co-applicant

Non-Profit Corporation

Entity Name *

Episcopal Community Services

Primary Address

Provide the organization address, not the project address

Address Lookup Tool (optional)

Only CA addresses are eligible for this application

Street Name *

Enter the primary address for the Applicant.

165 8th St

Address Line 2

City *

San Francisco

State *

CA

Zip *

94103

Mailing Address

Same as Primary Address

Checked

Government TIN Form / Payee Data Record

Select the document you will provide *

Find the forms in the "Files" tab displayed in this site next to the "Submit" tab.

STD 204 Payee Data Record

Payee Data Record Form, STD 204 With the Application Package *

(Single File)

ECS Payee-Data-Record-STD-204.pdf

Description of file

Payee Data Record Form for Episcopal Community Services

Authorizing Resolution

Is the applicant submitting a Authorizing Resolution form? *

Find the form in the "Files" tab located in the previous "Overview" page.

No

I commit to submit Authorized Resolution before execution of Standard Agreement

Checked

Contacts

Contacts for San Francisco (Primary Applicant)

Primary Contact

First Name *

Gigi

Last Name *

Whitley

Title *

Deputy Director for Administration and Finance, Dept. of Homelessness and Supportive Housing

Email Address *

gigi.whitley@sfgov.org

Phone Number *

-

Authorized Representative

First Name *

Abigail

Last Name *

Stewart-Kahn

Title *

Interim Director, Dept. of Homelessness and Supportive Housing

Email Address *

abigail.stewart-kahn@sfgov.org

Phone Number *

-

Alternate Contact

I want to provide an alternate contact

Not Checked

Contacts for Episcopal Community Services (Co-applicant #1)

Primary Contact

First Name *

Liz

Last Name *

Pocock

Title *

Senior Director of Housing Development and Asset Management

Email Address *

lpocock@ecs-sf.org

Phone Number *

Authorized Representative

First Name *

Beth

Last Name *

Stokes

Title *

Executive Director

Email Address *

bstokes@ecs-sf.org

Phone Number *

Alternate Contact

I want to provide an alternate contact

Not Checked

Legislative Contacts

Legislative Contacts

State Assembly Member

Select the CA State Assembly Member *

17 David Chiu

District Number

17

State Senate Member

Select the CA State Senator *

11 Scott Wiener

District Number

11

U.S. House Representative for California

Select the US House Representative for California *

12th Pelosi, Nancy

District Number

12th

U.S. Senators for California

Dianne Feinstein, Kamala D. Harris.

Projects

Geographical Location

The geographical location is automatically determined based on the primary Applicant address.

Geographical Location

SF Bay Area (including Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Solano, and Sonoma)

Project Type

Please select project type(s) below according to requirements of eligible projects outlined in the NOFA. The below list of eligible Projects is not exhaustive. The Department will consider a variety of other forms of housing as eligible Projects. Interested applicants should discuss other projects types with the Department during the pre-application consultation. *

Nonresidential structures with a certificate of occupancy as a motel, hotel, or hostel

Project Benefit Type(s) and number of beneficiaries of this activity

Indicate project benefit type(s) *

Permanent Housing (see NOFA section-305 for requirements)

Submit a supporting document demonstrating how you meet permanent housing requirements. *
(Single File)

Granada - Permanent Housing (Section 305)_all.pdf

Description of file

Letter of Intent for Property; Commitment Letters

Demonstrate Statement of Need, Proposed Outcome, and Beneficiaries of the activity *

The narrative must include: a detailed description of the activity, why it is needed, who will benefit, number of beneficiaries, activity location, how will the activity will be implemented, and when it will be complete.

The Applicants' acquisition of the Project will provide 232 units of permanent supportive housing for people experiencing homelessness and vulnerable for COVID-19. The San Francisco 2019 PIT count identified 8,035 homeless people, a 17% increase since 2017. About 5,180 were unsheltered; 57% were over the age of 41; 69% had at least one disabling health condition; and 65% had been homeless over one year. About 37% of PIT survey respondents identified as Black, compared to 5.6% in the SF population.

The SF Department of Public Health and CDC have issued health advisories, identifying homeless people among those at increased risk for COVID-19 and requiring additional support to prevent COVID infection and transmission within the community. To mitigate the spread of COVID-19 among its homeless population, the City has booked 2,600 hotel rooms on temporary basis. The City has an emergency need to secure new permanent housing to ensure no one exits to the street. The Applicants' proposal meets this need by completing the acquisition by 12/30/20 and leasing up within 90 days.

Will the project be occupied within 90 days from the date of acquisition or lease? *

Yes

Provide escrow information

Not Checked

Sites

Site and Readiness

How many sites are part of your project? *

1

Does the applicant have Evidence of Site Control? *
Select one of the applied choices.

Yes

Submit supporting document to identify the site is suitable for development and evidence of site control *
(Single File)

Granada_LOI_08062020.pdf

Description of file

Letter of Intent between Co-applicant and Property Owner

Sites Address(es)

Site Address 1

Used for *

1 - Permanent housing or will result in permanent housing as indicated on the application

Address Lookup Tool (optional)
Only CA addresses are eligible for this application

Address *

1000 Sutter St

Address Line 2

City *

San Francisco

State *

CA

Zip *

94109

Select all applicable activities: *

Acquisition or rehabilitation of motels, hotels, or hostels , Capitalized operating subsidies for units purchased, converted, or altered with funds provided pursuant to Health and Safety Code section 50675.1.1. Projects seeking 24 month operating subsidies for units purchased, converted, or altered will be awarded with funds from the \$50 million state General Fund allocation. The \$550 million in Homekey derived from the CRF is not permitted to be used for this purpose.

If needed, please add a brief note below

Add activity description here including the scope of work, tasks, and project deliverables. *

ECS will use bridge financing to acquire a 232-unit existing building at 1000 Sutter Street, San Francisco, in order to permanently house people who are homeless and at-risk of homelessness and also impacted by COVID-19. ECS will provide minor rehab to the building, including accessibility improvements and the creation of programmatic space to better serve residents. The City of San Francisco, as lead applicant, will provide long-term residual receipts funding for the acquisition. The City also commits to providing at least 20 years of operating and services subsidies.

For the life of the project, ECS will provide the supportive services residents need to stabilize their residencies and improve health and wellness. Service delivery will begin immediately upon ECS's acquisition of the building in November 2020, as 80 of the 232 units are occupied by households at risk of homelessness. Minor rehab work will also begin in November and be completed in time to allow occupancy of the building in 90 days as a Tier One project.

Project Evaluation

Project Evaluation

This evaluation applies to the applicant and/or the development team.

1. Does the applicant have experience in acquiring and managing affordable housing? *

Yes

Submit Supporting Documents – File Attachment *

ECS Development, Rehabilitation, Ownership, and Operation of Similar Projects in Scope.pdf

Description of file

Description of Co-Applicant's experience

2. Does the applicant have committed and intended sources for Homekey? *

Yes

2.1. Does the applicant intend to use Homekey resources for development related expenses? *

Yes

Select the category below. *

These expenses should be expended by December 30, 2020.

\$151K to \$200K per door

3. Does the applicant have the corresponding capital match? *

The first \$100K per door of capital requires no match; the next \$50K per door of capital requires a 1:1 match; the final \$50K per door of capital requires 2:1 match.

Yes

4. Does the applicant intend to apply for the 24 month operating subsidy? *

These dollars need to be expended by June 30, 2022.

Yes

5. Does the applicant have the remainder of the required contribution to demonstrate a five-year match in operating costs? *

Yes

6. Ability to expend funds by December 30, 2020. (Up to 50 points)

A - Identification of a site suitable for development and evidence of site control, or a plan and timeline for obtaining site control along with other supporting evidence (e.g., letter of intent, an exclusive negotiating agreement, ground lease, etc.).

The applicant has submitted (Up to 20 points)
Evidence of site control

B - A proposed development vision that identifies the financial and for regulatory mechanisms to be used to maintain the ongoing affordability of the Project.

Does the applicant have a proposed development vision identifying the financial and regulatory mechanisms to be used to maintain the ongoing affordability of the project? (Up to 20 points) *

Yes

Execution of Proposed Development Vision *

Less than 12 months

Upload the Descriptive Proposed Development Vision *
(Single File)

Granada - Development Plan.pdf

Description of File

Development plan to ensure affordability of Project

C - An overview of the plan and timeline for any required entitlements, permits, environmental clearances.

Does the applicant have an overview of the timeline and plan for any required entitlements, permits, environmental clearances? (Up to 10 points) *

Yes

Submit the Project Timeline Template – File Attachment *
(Single File)

Granada - Timeline.xlsx

Description of File

Timeline for Project - Granada

7. Demonstration of the development team's experience and capacity to acquire and operate the Project. (Up to 40 points)

Demonstration of the development's team experience to acquire and/or rehabilitate and operate the Project.

A. Provide a description of the development team's experience to acquire and/or rehabilitate and operate the Project. (Up to 10 points)

Yes

File Attachment *
(Multiple Files)

ECS Development, Rehabilitation, Ownership, and Operation of Similar Projects in Scope.pdf

Description of File

Description of Co-Applicant's experience

B. Does the applicant have a plan/flowchart for its development team's connection or partner relationship with another entity? (Up to 10 points) *

Yes

Submit documents demonstrating the organizational chart of how the development team is connected and a description of how the team will work together, e.g., MOU, etc. *

(Multiple Files)

Granada - Flowchart and Teamwork Description.pdf

Description of File

Flowchart and Teamwork description

Development, ownership, or operation of a project similar in scope and size to the proposed Project.

C. Does the applicant have experience with development, ownership, or operation of a Project similar in scope and size to the proposed Project, or at least two affordable rental housing Projects in the last ten years, with at least one of those Projects containing at least one unit housing a tenant who qualifies as a member of the Target Population. (Up to 10 points) *

Yes

Submit Evidence - File Attachment *

(Single File)

ECS Development, Rehabilitation, Ownership, and Operation of Similar Projects in Scope.pdf

Description of File

Description of Co-Applicant's experience

D. Do you have documents supporting the extent to which the Project can demonstrate the range of on-site and off-site supportive services that will be provided to the Target Population, e.g., mental health services, substance use disorder services, primary health, employment, and other tenancy support services? (Up to 10 points) *

Yes

Submit Documents - File Attachment *

In demonstrating how the project will provide supportive services, please describe the on-site staffing plan proposed to deliver these services. Also describe the approach to securing off-site services including primary care and other needed physical health and behavioral health services as well as other tenancy supports. (Multiple Files)

ECS Support Services.pdf

Description of File

Description of services to be provided by Co-Applicant, ECS**8. A demonstration of how the Project will address racial equity, other systemic inequities, state and federal accessibility requirements, and serve members of the Target Population. (Up to 25 points)**

A - Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act. The Fair Employment and Housing Act is supported by accompanying regulations, 2 CCR Section 12005 et seq, covering tenant screening and affirmative marketing requirements. Eligible applicant will also include a description of how the Project will address racial equity and inequities for the Target Population, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes. The description should include supporting evidence of the strategies' effectiveness if available.

Can the applicant demonstrate how the proposed project will address racial equity, including any local disproportionate impact of COVID-19 and homelessness by race and other protected classes? (Up to 15 points) *

Yes

Eligible Applicant shall provide non-discrimination statement per Section 311, which references the Fair Employment and Housing Act.

Submit Supporting Document - File Attachment *
(Single File)

Granada - Non-Discrimination Statement and Racial Equity.pdf

Description of File

Description of Non-Discrimination Policy and Racial Equity Impact

B - The extent to which the Project exceeds the state and federal accessibility requirements set forth Section 311, specifically providing a minimum of 10 percent of units with features accessible to persons with mobility disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC provisions, and a minimum of 4 percent of units with features accessible to persons with hearing or vision disabilities, as defined in 24 C.F.R. Section 8.22 and the parallel ADAAG 2010 and CBC Chapter 11B provisions.

Does the project exceed the state and federally accessibility requirements set forth Section 311? (Up to 5 points) *

No

C - The Applicant or Development team has three or more years of experience serving persons of the Target Population.

Does the applicant or Development team have three or more years of experience serving persons of the target population? (Up to 5 points) *

Yes

Submit Supporting Document – File Attachment *
(Single File)

ECS Background Serving Homeless Population.pdf

Description of File

Description of service experience of Co-Applicant, ECS

9. The extent to which the Eligible Applicant can demonstrate the Project's community impact and site selection. (Up to 45 points.)

A - The extent to which the Eligible Applicant can demonstrate the Project's impact on the community as demonstrated by a reduction of at least 5 percent of the local 2019 Point in Time Count.

Can the applicant demonstrate the Project's impact on the community via a reduction of at least 5 percent of the local 2019 Point in Time Count? (Up to 10 points) *

Yes

Submit Supporting Document – File Attachment *
Please, clearly highlight/mark the reduction of the submitted documentation (Single File)

Granada - PIT Count.pdf

Description of File

Description of Project's impact on PIT Count

B - The proposed Project is a Tier One Project and requires no rehabilitation, or the rehabilitation and the occupancy can be completed within 30 days after acquisition.

Is Project a Tier One Project and requires no rehabilitation, or the rehabilitation and occupancy can be completed within 30 days after acquisition? (Up to 10 points) *

No

C - The Project is expected to acquire and maintain 100 or more units for the Target Population.

Is Project expected to acquire and maintain 100 or more units for the Target Population? (Up to 5 points) *

Yes

Number of Units

232

D - For any project below \$350,000 per door, if the Eligible Applicant contributes more than a minimum match outlined in Table 5 in the NOFA, the application will receive one (1) extra point for every additional 5% per door contributed to the Project. For example, for an acquisition that costs \$100,000 per door, the applicant will receive 1 extra point for every \$5,000 per door in match contributed.

Will the applicant contribute more than a minimum match outlined in Table 5 in the NOFA? (Up to 10 points) *

No

E - Site Selection (Up to 10 points)

Is Project Site located within 1/3 mile of public transit, such as a bus rapid transit station, light rail station, commuter rail station, ferry terminal, bus station, or public bus stop? (Up to 4 points) *

Yes

Submit Supporting Document – File Attachment *
(Single File)

Granada - Site Location.pdf

Description of File

Is Project Site located in proximity (within 1/2 mile for urban area and 1 mile for rural area) to essential services, such as grocery store, health facility, pharmacy, and library? (Up to 6 points) *

Yes

Submit Supporting Document – File Attachment *
(Single File)

Granada - Site Location.pdf

Description of File

Environmental Requirements

Environmental Requirements

For Environmental Review documents, please review the link <https://www.hcd.ca.gov/grants-funding/active-funding/homekey/docs/QA-Homekey-CEQA-Exemption-Final.pdf> located on HCD's website - Homekey page.

For further information regarding CEQA guidelines, please review the link below:

- CEQA - Statute & Guidelines
- CEQA - Supplemental Documents

Select your option

Upload your timeline for CEQA compliance

Upload your timeline for CEQA compliance *
(*Single File*)

Granada - CEQA Timeline.pdf

Description of file

Description of pathway and timeline for CEQA

Budget Worksheet

Budget Worksheet

Upload the completed HCD provided budget template *
(*Excel template*)

Granada - Homekey Budget.xlsx

Description of file

Budget for Project

Duplication of Benefit

Duplication of Benefit

A Duplication of Benefit (DOB) occurs when a program beneficiary receives assistance from multiple funding sources totaling an amount that exceeds the need for a particular funding need. The duplication is the amount of assistance provided in excess of the need. It is the Department's responsibility to ensure that each Homekey activity provides assistance only to the extent that the recipient's project's funding need(s) has not been met by another funding source. Section 312 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (Stafford Act) prohibits federal agencies from providing assistance to any "person, business concern, or other entity" for any loss for which the entity has already received financial assistance from another source (See: 42 USC § 5155(a)). The Federal Register Notice, published on November 16, 2011 (Docket No. FR-5582-N-01), requires adequate policies and procedures in place to prevent a DOB and provide for the recapture of funds, if necessary. Once selected, applicant will be required to report on Duplication of Benefit metrics such as types of funding sources received, amounts received, expected persons served and actual persons served. Please check here to confirm you have read the above and agree to monitor applicant for DOB. *

Agree

Additional Information

Additional Information

Upload the Following Documents Demonstrating:

Appraisal

I will provide this document by

Select date *

09/18/2020

Physical Needs Assessment

I will provide this document by

Select date *

09/18/2020

Title Insurance

I will provide this document by

Select date *

09/08/2020

Documentation of Ability to Obtain the Insurance Coverages Specified in Article VI of the NOFA *

I will provide this document by

Select date *

11/01/2020

I want to provide miscellaneous supporting documentation

Checked

Miscellaneous supporting documentation (photos, maps, renderings, newspaper articles, etc.) *
(Multiple Files)

Granada MISC Files.pdf

Description of file

Supporting documentation with index for Project

To receive payment for expenditures that have been incurred since March 1, 2020, or that will be incurred prior to Standard Agreement approval, the Applicant must provide the following information and documentation:

1. A line-item description of the work performed, materials supplied, and/or costs incurred;
2. The total amount incurred and outstanding for each line item;
3. Copies of outstanding invoices for (or other documentary evidence of) each line-item expenditure);
4. An explanation of why each line item is Homekey-critical; and
5. A certification, signed by the Applicant(s), that each line item has not already been funded by another funding source

Applicant Compliance Certification

Applicant Compliance Certification

Submit an Applicant Compliance Certification *

Please complete and upload the Applicant Compliance Certification Form. Find the form in the "Files" tab located in the previous "Overview" page. (Single File)

Applicant Name Verification Form_Combined.pdf

Description of file

Compliance Certificates and Name Verification Forms

Print and Submit

You must print your application.

If you do not print your application you cannot update your application. Failure to print means that a new application has to be submitted.

You can print your application by clicking the PRINTER icon located on the top right corner of this window. Once the new tab opens you can use the PRINT function of your browser.