**Notification of Funding Availability (NOFA) #145 Elevator Modernization Project (EMP)**

**Appendix 1: Written Proposal**

*Instructions to Proposers*

*Proposers shall use this document as a template to provide their Written Proposal responses. Proposals that fail to address each of the requested items in this document in a sufficient and complete manner will be deemed Non-Responsive and/or receive zero (0) points. Proposers may not leave responses to questions blank and may not respond to questions with “To be provided upon request”, “To be determined” or the like.*

*In order to receive the maximum amount of points, please be sure to follow the format included in NOFA and thoroughly (but concisely) address each section. Please stay within the suggested page maximums per section. Attachments requested do not count toward page maximums.*

*Submission of a proposal will constitute a representation by your agency/ organization that your agency/ organization is willing and able to perform the commitments contained in the proposal.*

*All documents submitted in response to this Solicitation are subject to public disclosure. Therefore, please exclude or otherwise identify confidential or proprietary information, as appropriate.*

1. **Cover Page**
   1. Applicant Information

**Site Information**

|  |  |
| --- | --- |
| **Site Name** |  |
| **Site Address** |  |

**For-Profit Owner**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | | | | |
| **Address** |  | | | | |
| **Director Name** |  | **Director Phone** |  | **Director Email** |  |
| **Proposal Point of Contact** |  | **Proposal Point of Contact Phone** |  | **Proposal Point of Contact Email** |  |

**Non-Profit Organization**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Organization Name** |  | **City Supplier #** |  | **Federal ID #** |  |
| **Address** |  | | | | |
| **Director Name** |  | **Director Phone** |  | **Director Email** |  |
| **Proposal Point of Contact** |  | **Proposal Point of Contact Phone** |  | **Proposal Point of Contact Email** |  |
| **Subcontractor Name** |  | **Subcontractor**  **Address** |  | | |

* 1. Certifications

I understand that the City reserves the right to modify agreement requirements at the time of funding and/or during the agreement negotiations; that an agreement may be negotiated for a portion of the amount requested; that funding sources are subject to change; and that there is no agreement until a written grant/contract has been signed by both parties and approved by all applicable City agencies.

The signatory below is a person authorized to obligate the Applicant to perform the commitments contained in the NOFA and application. Submission of this document will constitute a representation by the above organization(s) that they are willing and able to perform the commitments and requirements contained in the NOFA and application.

Signature of authorized representative(s):

**Name:**       **Title:**

**Signature:**       **Date:**

**Name:**       **Title:**

**Signature:**       **Date:**

1. **Minimum Proposal Requirements**

**Applicant(s) must demonstrate that they meet all of the following Minimum Qualifications (MQs) using Appendix 2:**

* + 1. Letter of intent (LOI) between nonprofit master lessee and owner/landlord signed by owner/landlord agreeing to extend master lease term to a minimum of 5 years from project completion, if applicable, and to demonstrate funding commitment. Owner/landlord funding commitment can include an up-front contribution to the cost of the project and/or agreement to amortize the City’s investment to the project through a rent reduction/rent credit to the master lessee.
    2. Proof from building owner there are no defaults under the mortgage or liens, and all of the following that have become due and payable have been paid or an escrow of funds sufficient to pay them has been established: taxes; government assessments; insurance premiums; water, sewer and municipal charges; leasehold payments; or ground rents.
    3. Disclosure form with any known non-elevator structural and ancillary building components and system issues (e.g., HVAC, plumbing, fire/life-safety, etc.) including copies of all unresolved/open code violations with the Department of Building Inspection (DBI). Work order log, Notices of Violation, etc. to document need for elevator repairs.
    4. Project Budget Proposal that includes:

1. A cost estimate from a qualified elevator

consultant that is no more than 6 months old.

2. An evaluation report for the existing elevator.

3. A plan, and estimated schedule for the

repairs/modernization.

4. Soft costs that do not exceed 10% of project cost.

5. If applicable, full relocation plan and budget for

any tenant displacement/relocation

6. At least 7% of total cost reserved as contingency.

1. **Results of the Repairs/Modernization *(Suggested 2 pages maximum for responses to this section)***

3.1 Demonstrate that the repairs/modernization will result in improved health, safety and accessibility for residents.

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1. **Master Lessor Obligations *(Suggested 2 pages maximum for responses to this section)***

Demonstrate that the master lessor has adhered to the lease obligations for landlord repairs in a timely, responsive, and complete manner.

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