

Economic Development Funding Fiscal Year 2024 Request for Proposals (RFP) Application Sample

As described in the FY2024 Funding Guidelines, the online RFP application available through SeamlessDocs must be completed in one session. For this reason, it is recommended that each organization prepare a Sample RFP Application in advance as a .doc or .PDF to cut and paste responses in the online RFP Application. As a reminder, the online RFP application available through SeamlessDocs contains narrative sections in which responses have character limits.

SECTION 1: ORGANIZATION PROFILE

1.1A. Legal Name of Organization. Click or tap here to enter text.

1.1B. DBA Name of Organization, if applicable.

Click or tap here to enter text.

1.2. Organization Address

<Address Line 1> Click or tap here to enter text.</Address Line 2 Unit #>Click or tap here to enter text.< City >< State >< Zip Code >

1.3. Provide a 25 to 35-word mission statement or statement of purpose, goals and objectives of your Organization. 500 CHARACTERS MAXIMUM

Click or tap here to enter text.

1.4. Provide a brief title for your Program/Project. 150 CHARACTERS MAXIMUM

Click or tap here to enter text.

1.5. Is this application for the continuation or expansion of an existing Program/Project or for implementation of a new Program/Project?

- □ New Program/Project
- □ Expansion of Existing Program/Project
- □ Continuation of Existing Program/Project

1.6A. Provide the start date for the Program/Project. If no specific date is applicable, then enter July 1, 2023.

Click or tap to enter a date.

1.6B. Provide the end date for the Program/Project. If no specific date is applicable, then enter June 30, 2024.

Click or tap to enter a date.

1.7. Provide the total estimated budget for the Program/Project (including all funding sources)

(Must equal the sum of amounts entered in Questions 3.1 plus 3.2A plus 3.3B.)

Click or tap here to enter currency.

1.8. Funding request for this Proposal per Section 3.1.

Click or tap here to enter currency.

1.9A. Primary Contact for RFP

<First Name> Click or tap here to enter. <Last Name>Click to enter text.

1.9B. Primary Contact Title

Click or tap here to enter text. 1.9C. Primary Contact Email Click or tap here to enter text.

1.9D. Primary Contact Phone Number

Click or tap here to enter text.

SUB-SECTION 1.2: ADMINISTRATIVE CAPACITY

1.2.1. Provide an organizational chart showing names and titles of your Organization's staff. *

□ Yes (PDF Attached in Section 5)

- □ No No staff (PDF Not Attached in Section 5)
- $\hfill\square$ N/A Microdistrict Organization Not Incorporated
- 1.2.2. Primary Administrator

Who will administer the agreement between your Organization and the City should funds be awarded?

First and Last Name

Click or tap here to enter text.

Title

Click or tap here to enter text.

Indicate whether this person is an Employee, Board Member, Contractor or Volunteer. *

- 🗆 Employee
- \square Board Member
- \Box Contractor
- □ Volunteer
- □ N/A Microdistrict Organization Not Incorporated

Indicate the years of relevant experience.

🗆 0 - 2 years

□ 2 - 10 years

 \Box More than 10 years

Describe the qualifications and experience managing contracts of the primary person who will administer the agreement between your Organization and the City should funds be awarded. Please provide your response in 200 words or less.

Click or tap here to enter text.

Each Organization awarded funding is required to execute an agreement with the City of San Diego (City) and to obtain/maintain appropriate insurance. The Organization is required to submit proof of such insurance and required endorsements including, but not limited to: City is an Additional Insured, insurance is primary and non-contributory, insurance covers both ongoing operations and completed work, and a Waiver of Subrogation for Workers Compensation in favor of the City.

1.2.3. Will your Organization be able to provide this proof and associated endorsements, at the time the agreement is issued, for Commercial General Liability Insurance? *

□ Yes - Commercial General Liability Insurance

 \Box No

 $\hfill\square$ N/A - Microdistrict Organization Not Incorporated

1.2.4. Will your Organization be able to provide this proof and associated endorsements, at the time the agreement is issued, for Automobile Liability Insurance (a minimum of "Hired and Non-Owned")? *

□ Yes - Automobile Liability Insurance

 \Box No

□ N/A - Microdistrict Organization Not Incorporated

1.2.5. Will your Organization be able to provide this proof and associated endorsements, at the time the agreement is issued, for Workers Compensation Insurance (even if your Organization has no paid employees and only volunteers and/or independent contractors)? *

□ Yes - Workers Compensation Insurance

🗆 No

 $\hfill\square$ N/A - Microdistrict Organization Not Incorporated

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SUB-SECTION 1.3: ELIGIBILITY SURVEY

**Please note that incorporated nonprofit status is not required for Microdistrict organizations to apply for in-kind services (under Goal A as described in the Guidelines).

1.3.1. Has your Organization had a contract with or been funded by the City of San Diego in the past five years?

□ Yes

🗆 No

1.3.2. Is your Organization registered with an entity type of "domestic nonprofit" and a status of "active" with the California Secretary of State?

(In Section 5, you will be asked to provide proof by attaching a PDF of a screenshot of the current Business Search – Entity Details from State of California – Secretary of State using this site: https://businesssearch.sos.ca.gov/)? *

 \Box Yes

🗆 No

□ N/A - Microdistrict Organization Not Incorporated

1.3.3. Is your Organization designated as a tax-exempt nonprofit under Sections 501(c)(3), 501(c)(6) or 115 of the Internal Revenue Code?

(In Section 7, you will be asked to provide proof by attaching a PDF of the Tax-Exempt Determination Letter from the IRS)? *

□ Yes – 501(c)(3)

□ Yes – 501(c)(6)

🗆 Yes – 115

□ No

 $\hfill\square$ N/A - Microdistrict Organization Not Incorporated

1.3.4. Is your Organization recognized as a tax-exempt nonprofit in good standing by the California Franchise Tax Board consistent with California Revenue and Taxation Code?

(In Section 7, you will be asked to provide proof by attaching a PDF of a current "Entity Status letter" from the State of California Franchise Tax Board with Boxes 1 and 3 checked, using this site: https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp.) *

 \Box Yes

 \Box No

 $\hfill\square$ N/A - Microdistrict Organization Not Incorporated

1.3.5. Will the Program/Project for which your Organization is seeking funding (1) be implemented within the limits of the County of San Diego; AND (2) should any Economic Development funding be awarded for this Program/Project, be using such funding to provide services or benefits to targeted businesses only within the City of San Diego? *

(This does not include out-of-area marketing or advertising.)

 \Box Yes

🗆 No

1.3.6. Has your organization reviewed the Guidelines to ensure that such a Program/Project clearly aligns with one of the Economic Development Funding Goals with an Objective/Outcome consistent with the eligible uses of TOT/SBEP funding for economic development? *

🗆 Yes

🗆 No

1.3.7. Has your Organization submitted an RFP for Fiscal Year 2024 funding through the City of San Diego's Commission for Arts and Culture? *

□ Yes □ No

1.3.8. Has/will your Organization applied/apply for Fiscal Year 2024 Community Development Block Grant (CDBG) funding through the City of San Diego or Tourism Marketing District (TMD) funding through the San Diego Tourism Marketing District Corp.? *

Check all that apply.

🗆 Yes - CDBG

🗆 Yes - TMD

🗆 No

1.3.9. Is your Organization seeking funding for lobbying, religious or political activities, or to give out as grants? *

 \Box Yes

🗆 No

1.3.10. Is your Organization seeking funding for a Program/Project that would NOT_be open to the public? *

 \Box Yes

🗆 No

1.3.11. Is your Organization an Institution for Higher Education or nonprofit affiliated with an Institution for Higher Education? *

□ Yes - Institution of Higher Education

 $\hfill \Box$ Yes - Affiliate of Institution of Higher Education

 \Box No

1.3.12. Are you aware of any Relationship(s) between board members, consultants or staff of your Organization and Representatives of the City of San Diego? *

(A Relationship refers to individuals connected by means such as blood, marriage, domestic partnership, or law or business arrangement. A Representative means City of San Diego Councilmembers, Mayor or designees, or staff in the Economic Development Department who advise, approve, recommend or otherwise participate in decisions concerning Economic Development Funding.) Please explain any such Relationship(s) in 150 words or less.

Click or tap here to enter text.

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SECTION 2: PROPOSED PROGRAM/PROJECT

2.1. Select, from the list below, the Goal most closely aligned with your mission and which is the basis for the Program/Project per this Proposal (Proposal Goal):

□Goal A. Create, retain and/or expand small businesses with neighborhood-based focus excluding BID areas. (This goal aligns with the SBEP Microdistricts program.)

- □Goal B. Create, retain and/or expand non-base sector small businesses where the program is offered to small businesses throughout the City and <u>not</u> focused on specific commercial neighborhoods with BIDs or Microdistricts. (This goal aligns with the SBEP Citywide program.)
- □Goal C. Promote the City of San Diego as a visitor destination to enhance the Tourism base sector.
- □Goal D. Enhance San Diego's economic health and position as a Smart City and a center for innovation, entrepreneurship and technology development for base-sector businesses (Manufacturing and Innovation, International Trade and Logistics, or Defense).
- 2.2. Projected Objective/Outcome (<u>Choose only one</u> Objective/Outcome based on Proposal Goal A, B, C, OR D selected):
 - Because you chose Goal A above, will your proposed Program/Project PRIMARILY:
 - □Increase the number of neighborhood-based businesses or
 - □Increase the volume or value of goods and/or services sold by neighborhood-based businesses

Because you chose Goal B above, will your proposed Program/Project PRIMARILY:

□Increase the number of non-base sector small businesses or

□Increase the volume or value of goods and/or services sold by non-base sector small businesses

Because you chose Goal C above, will your proposed Program/Project PRIMARILY: □Increase the number of City of San Diego hotel room night stays or □Increase the sales tax value of goods sold by Tourism base-sector businesses

Because you chose Goal D above, will your proposed Program/Project PRIMARILY:

- □Increase the number of base-sector businesses or
- □Increase the volume or value of goods and/or services sold by base-sector businesses or □Increase the number of patents held by local businesses or
- Increase the volume or value of goods and/or services exported by businesses or
- □Increase the number of exporting (overseas or external to San Diego) businesses or □Increase the value of Foreign Direct Investment (FDI) in San Diego or
- \Box Increase the number of middle-income or higher income jobs at the businesses assisted

2.3A. Provide a 35 to 45-word summary description or of the Program/Project for which your Organization seeks funding through this Proposal. 500 CHARACTERS MAXIMUM Click or tap here to enter text.

2.3B. If funded, how will these funds be used – what will your Organization do? 1,000 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.4A. What businesses/base sectors are being targeted to receive services or otherwise benefit from this Program/Project? 500 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.4B. What is the location of these benefiting businesses/base sectors? □Commercial neighborhoods within the City of San Diego □City of San Diego (Citywide)

□Other

2.4C. Please provide more detail about the location (i.e., specify neighborhood, addresses, etc.). 400 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.5A. Outreach Strategy. As part of your outreach strategy, which outreach tool(s) will you use?

Check all that apply: Social media Email blasts Advertising Online/radio/tv/print Press releases Press packets Calendar listings Feature stories or newsletters Giveaways Word-of-mouth/referral Trade publications/newsletters Other (please explain)

2.5B. Where is the targeted audience of your outreach strategy located? Check all that apply.
 □Commercial neighborhoods within the City of San Diego
 □City of San Diego (Citywide)
 □Outside City of San Diego but within County of San Diego

Competitive U.S. markets outside County of San Diego

□International

2.5C. Succinctly explain your outreach strategy and why you believe it will be effective. 1,200 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.6. How will the targeted businesses benefit from this Program/Project (i.e., what will they learn or gain?) and how does that relate to achieving the selected Objective/Outcome? 1,200 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.7. What is unique or innovative about this Program/Project and how does that ultimately

confer a greater benefit to the targeted businesses? 1,200 CHARACTERS MAXIMUM Click or tap here to enter text.

2.8. For the Proposed Objective/Outcome selected, what is the anticipated amount (i.e., anticipated increase in number, volume or value) that will result from your Program/Project? (Please do not provide a percentage.) NUMBER (INTEGER) Click or tap here to enter number.

2.9A. Please explain (1) how you selected your Proposal Goal and Objective/Outcome; (2) how you selected the base measurement being utilized; and (3) how the anticipated increase in this metric will be measured. 2,000 CHARACTERS MAXIMUM Click or tap here to enter text.

2.9B. Please identify (1) what tools or resources will be utilized for the measurement; (2) how these tools will be used; and (3) how frequently this measurement will occur so that accurate quarterly performance reports may be submitted. 2,000 CHARACTERS MAXIMUM

2.10. Please explain how your Organization and/or this Program/Project will collaborate with partners, garner community support and demonstrate a commitment to inclusion and how this will enhance the effectiveness of the Program/Project. 1,500 CHARACTERS MAXIMUM

2.11A. Program/Project Manager (primary person responsible for Program/Project) <First Name>Click or tap here to enter text. <Last Name> Enter text.

2.11B. Program/Project Manager's Title within Organization

Click or tap here to enter title.

2.11C. Indicate whether this person is an employee, board member, contractor or volunteer.

□Employee □Contractor □Board member □Volunteer □N/A Microdistrict Organization Not Incorporated

2.11D. Years of Experience this person has managing this or similar Programs/Projects

□0-2 years □2-10 years □10+ years

2.11E. Describe the responsibilities, relevant experience, education, credentials and other qualifications of primary person responsible for program/project implementation. 1,000 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.12A. Quarter 1 & 2 Implementation Plans - List the specific activities to be undertaken to implement the Program/Project in Quarter 1 & 2. Include who will be performing or providing

these services (e.g., staff, consultant/contractor, board member, volunteer). Be sure to specify the number and types of activities. 1,500 CHARACTERS MAXIMUM Click or tap here to enter text.

2.12B. Quarter 3 Implementation Plans - List the specific activities to be undertaken to implement the Program/Project in Quarter 3. Include who will be performing or providing these services (e.g., staff, consultant/contractor, board member, volunteer). Be sure to specify the number and types of activities. IF THE RESPONSE IS THE SAME AS QUARTER 1 & 2, PLEASE ENTER "Same as Quarter 1 & 2" RATHER THAN REPEATING THE ENTIRE RESPONSE FROM QUESTION 2.12A. 1,500 CHARACTERS MAXIMUM

Click or tap here to enter text.

2.12C. Quarter 4 Implementation Plans - List the specific activities to be undertaken to implement the Program/Project in Quarter 4. Include who will be performing or providing these services (e.g., staff, consultant/contractor, board member, volunteer). Be sure to specify the number and types of activities. IF THE RESPONSE IS THE SAME AS QUARTER 1 & 2, PLEASE ENTER "Same as Quarter 1 & 2" RATHER THAN REPEATING THE ENTIRE RESPONSE FROM QUESTION 2.12A. 1,500 CHARACTERS MAXIMUM

Click or tap here to enter text.

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SECTION 3: PROGRAM/PROJECT BUDGET AND SPENDING PLAN

- Your Proposal Goal is GOAL A. The funding range is \$3,000 to \$15,000.
- Your Proposal Goal is GOAL B. The funding range is \$10,000 to \$40,000.
- Your Proposal Goal is GOAL C. The funding range is \$20,000 to \$60,000.
- Your Proposal Goal is GOAL D. The funding range is \$20,000 to \$60,000.

3.1 What Amount of Funding is being Requested through this Proposal?

Note: Funding Requests must fall within the ranges (listed above) based on the Proposal Goal selected in Section 2

Click or tap here to enter currency.

3.2A. What is the Amount of Other Funding pledged to this Program/Project for FY2024? (Excluding any fees charged to Program/Project participants.)

Click or tap here to enter currency.

3.2B. How will this pledged Other Funding be utilized as part of the Program/Project to provide services or benefits to businesses in the City of San Diego? (800 characters maximum) Click or tap here to enter text.

3.3A. Is there a fee for Program/Project participants? (Enter 0 or fee amount per participant.) Click or tap here to enter currency.

3.3B. How much is anticipated to be raised from these participant fees in FY2024? (Enter 0 or Total Anticipated Fee Income.)

Click or tap here to enter text.

3.3C. Why are fees charged?

Fees will NOT be charged to participants (and enter "N/A" below)
 Nominal Fee charged to incentivize participation of respondents (Explain below)
 Partial Cost Recovery for Program/Project costs (Explain below)
 Other (Explain below)

3.3D. Fee explanation (Enter "N/A," if fees not charged.) 600 CHARACTERS MAXIMUM Click or tap here to enter text.

3.4. Please explain why the anticipated total Program/Project budget is appropriate for the anticipated outcomes, including any efficiencies of scale being realized. 1,000 CHARACTERS MAXIMUM

Click or tap here to enter text.

3.5. How will you monitor expenses relative to performance to ensure the Program/Project stays on budget and on track? 800 CHARACTERS MAXIMUM Click or tap here to enter text.

3.6. What will be the impact to your Program/Project if your Organization does not receive any funding from this RFP process? 800 CHARACTERS MAXIMUM Click or tap here to enter text.

Please utilize the Excel file templates "Program/Project Financial Templates" located at the link below to prepare and submit the requested financial documents. (See Appendix 2 of the Economic Development Funding Programs Fiscal Year 2024 Guidelines for samples).

https://www.sandiego.gov/economic-development-funding

3.7A. Utilizing your Organization's proposed Program/Project Budget, please complete the Program/Project Budget worksheet and attach a PDF of this budget in Section 5.

□Yes (PDF Attached in Section 5)

□No (P Not Attached)

3.7B. Please complete the Program/Project Budget Justification worksheet (PB Budget Justification) and attach a PDF of this form in Section 5.

□Yes (PDF Attached in Section 5) □No (PDF Not Attached)

3.7C. Please complete the Personnel Schedule worksheet (Personnel Schedule) and attach a PDF of this form in Section 5.

□Yes (PDF Attached in Section 5) □No (PDF Not Attached)

SECTION 4: FINANCIAL MANAGEMENT

Please utilize the Excel templates provided and located at the link below to prepare and submit the requested financial documents (See Appendix 3 for samples). Link: <u>www.sandiego.gov/economic-development-funding</u>

4.1. Utilizing your Organization's current Board-approved annual operating budget, please complete the Statement of Activities to show the <u>projected</u> revenue and expenses for your Organization's current fiscal year, and attach a PDF of this statement.

- □ Yes (PDF Attached in Section 5)
- □ No (PDF Not Attached in Section 5)
- □ N/A Microdistrict Organization Not Incorporated

4.2. Utilizing your Organization's most recently concluded fiscal year, please complete the Statement of Activities (profit and loss statement) to show PRIOR-YEAR projected revenue and expenses for your Organization, and attach a PDF of this statement.

- □ Yes (PDF Attached in Section 5)
- □ No (PDF Not Attached in Section 5)
- □ N/A Microdistrict Organization Not Incorporated

4.3. Utilizing your Organization's most recently concluded fiscal year, please complete the Statement of Financial Position (balance sheet) for your Organization, and attach a PDF of this statement.

□ Yes (PDF Attached in Section 5)

- □ No (PDF Not Attached in Section 5)
- □ N/A Microdistrict Organization Not Incorporated

4.4. If available, please also submit the audited financial statements report corresponding to these documents for Questions 2 and 3.

- □ Yes (PDF Attached in Section 5)
- □ No (PDF Not Attached in Section 5)
- □ N/A Insufficient annual revenues to require audited financial statements
- □ N/A Microdistrict Organization Not Incorporated

4.5. View the computed Liquid Unrestricted Net Assets (LUNA) Statement for your Organization's most recently concluded fiscal year, and attach a PDF of this statement.

- □ Yes (PDF Attached in Section 5)
- □ No (PDF Not Attached in Section 5)
- N/A Microdistrict Organization Not Incorporated

4.6. Based on this LUNA Statement, how many months of liquidity (Line 207 from template) did your Organization have at the end of its most recently concluded fiscal year (enter number)?

Please enter "N/A" if Microdistrict Organization Not Incorporated Click or tap here to enter text.

4.7. If the LUNA Statement shows that your Organization has less than one month of liquidity, provide relevant information for funding any cash shortfall(s) your Organization may experience during the year (e.g., Board-designated reserves, line of credit, etc.)

Describe the forms of proof your Organization could provide for these funding sources. Please complete your response in 150 words or less.

Click or tap here to enter text.

4.8. Does your Organization have a bank line of credit?

- □ Yes
- 🗆 No

4.9. Primary Financial Manager Who will primary person responsible for your Organization's financial management? First and Last Name

Click or tap here to enter text.

Title

Click or tap here to enter text.

Indicate whether this person is an Employee, Board Member, Contractor or Volunteer.

- □ Employee
- □ Board Member
- □ Contractor
- □ Volunteer
- □ N/A Microdistrict Organization Not Incorporated

Indicate the years of relevant experience.

- □ 0 2 years
- 🛛 2 10 years
- □ More than 10 years

Describe the qualifications, experience and education held by the primary person who will be responsible for your Organization's financial management.

Please complete your response in 150 words or less.

Click or tap here to enter text.

4.10. Provide any other relevant details that would create an accurate picture of your Organization's financial position.

Please limit your response to 150 words or less.

Click or tap here to enter text.



SECTION 5: CHECKLIST OF REQUIRED ATTACHMENTS (exceptions as noted)

Excel file templates for required attachments are located here: <u>https://www.sandiego.gov/economic-development-funding</u>

Please follow these directions to properly format the Excel files into PDFs.

Step 1: Please save the Excel files to your own computer.Step 2: Next, open the excel file and enter your organization name, dates and financial information in these worksheets in the highlighted cellsStep 3: Save or print each of the four worksheets individually as a PDF.Step 4: Finally, attach each PDF per the directions in the RFP Application Form.

5.1. Documents from Sub-Section 1.2: Organizational Chart □Organizational chart showing names and titles of your Organization's staff

PDF is preferred. Files must be less than 10 MB. Allowed file types: pdf xls xlsx.

5.2. Documents from Sub-Section 1.3

□ Business Search – Entity Details from State of California – Secretary of State business search website <u>https://businesssearch.sos.ca.gov/</u>

Search for your Organization, locate and click Organization name, and print the full screen. PDF is preferred. Files must be less than 10 MB. Allowed file types: gif jpg jpeg png txt pdf doc docx.

 \Box Tax-Exempt Determination Letter from the IRS documenting tax-exempt nonprofit status under Sections 501(c)(3), 501(c)(6), or 115 of the Internal Revenue Code.

PDF is preferred. Files must be less than 10 MB. Allowed file types: jpg jpeg png txt pdf doc docx.

□Entity Status Letter from the State of California Franchise Tax Board with Boxes 1 and 3 checked from this site: <u>https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp</u>

Click on "Check Status", then search entity, click on the entity ID number and click "Generate Letter." PDF is preferred. Files must be less than 10 MB. Allowed file types: jpg jpeg png txt pdf doc docx.

5.3. Documents from Section 2: Completed Program/Project Budget and Justification using the Excel file templates and Excel file located at <u>www.sandiego.gov/economic-development-funding</u>

□Proposed Program/Project Budget for FY2024 (July 1, 2023 through June 30, 2024). □Program/Project Budget Justification (by line item) □Personnel Schedule

5.4. Document from Section 4 Completed Financial Management Excel file templates Please complete financial statements using the Excel templates located at www.sandiego.gov/economic-development-funding

Statement of Activities – Current Fiscal Year
 Statement of Activities – Prior Fiscal Year
 Statement of Financial Position – Prior Fiscal year
 Statement of Computed Liquid Unrestricted Net Assets (LUNA)
 Audited Financial Statements for financial statements entered above (if available)

Files must be less than 10 MB. Allowed file types: pdf xls xlsx .

5.5. Other Documents:

Articles of Incorporation
 PDF is preferred.
 Files must be less than 10 MB.
 Allowed file types: jpg jpeg png txt pdf doc docx.

□ Registrant Details from State of California Attorney General's Registry of Charitable Trusts website <u>http://rct.doj.ca.gov/Verification/Web/Search.aspx?facility=Y</u>

Search for your Organization, locate and click Organization name, and print the full screen. (This is only applicable to Internal Revenue Code Section 501(c)(3) organizations.) PDF is preferred. Files must be less than 10 MB. Allowed file types: jpg jpeg png pdf doc docx.

□ First Page of most recently filed IRS tax return

PDF is preferred.

Files must be less than 10 MB.

Allowed file types: jpg jpeg png pdf doc docx.

Optional

□Informational Materials (Create one PDF of these documents in this order):

- 1) Program Information not included in other materials (Maximum 1 page);
- 2) Current news clippings or online article links, critical reviews (Maximum 2 pages, no older than 2 years);
- 3) Support Letters (Maximum 2 Letters. 1 page each); and
- 4) Programs/Brochures (Maximum 2 items)

□One audio-visual/ multimedia file that showcases the Proposed Program/Project (Maximum 250 MB)

SECTION 6: CONDITIONS FOR SUBMISSION

IN SUBMITTING THIS RFP, YOUR ORGANIZATION WILL BE ASKED TO AFFIRM ITS ACKNOWLEDGEMENT, UNDERSTANDING, AND ACCEPTANCE OF THE FOLLOWING CONDITIONS:

Subsection headings or captions used for various paragraphs shall not be held to define, limit, augment, or describe the scope, content, or intent of any or all parts of the RFP and are provided only for convenience.

RFP Process:

6.1. RFP: The City of San Diego reserves the right to reject, in whole or in part, any responses to this RFP, to not accept a proposal recommended by any of the advisory review panels, to initiate an alternate process, to reissue the RFP and/or cancel this RFP, in whole or in part, at any time without prior notice and makes no representation that any agreement will be awarded to any applying Organization. Additionally, the City expressly reserves the right to postpone opening responses to this RFP for its own convenience, and/or to waive minor informalities or irregularities in the responses received.

6.2. ADDENDUM: The City reserves the right to revise this RFP by addendum. The City is bound only by what is expressly stated in this RFP and any authorized written addenda thereto. Addenda will be posted on the City's website: <u>https://www.sandiego.gov/economic-development-funding</u>. It shall be the applying Organization's responsibility to check the website up to the final submission date for any possible addenda.

6.3. UPDATES: The applying Organization is solely responsible for responding to any required or optional updates related to this RFP.

6.4. ATTACHMENTS: Organizations are required to submit attachments (as applicable) with the RFP as noted in the RFP and failure to submit such applicable and required attachments will result in a points deduction or potential disqualification for the RFP.

Funding Adjustments:

- 6.5. ADJUSTMENTS: The City reserves the right to adjust funding to an Organization, for example:
 - Funding to a single Organization may be limited so as not to exceed 5 percent of total available funds
 - Funding may be limited as a percentage of Organizational Annual Operating Income
 - Funding may be adjusted so that organizations scored similarly receive similar amounts for similar scopes

- Funding to new Applicants may be limited to 50-75 percent of a computed allocation
- A single allocation for an Applicant may not be less than the limits stated in the Application

• Organizations that also apply for and are awarded funding by another City of San Diego source, such as Community Development Block Grant (CDBG) or Tourism Marketing District (TMD) funding through the San Diego Tourism Marketing District Corp., may have any recommended funding amount awarded under this RFP process, reduced or eliminated.

• A variety of factors, including overall availability of funds, will be considered when evaluating any potential modification of amounts.

• The City reserves the right to reassign applications from one Goal to an appropriate or more appropriate Goal with a comparable Objective/Outcome and adjust for the associated funding limits.

6.6. NO GUARANTEE: The submission of a response to this RFP does not guarantee funding, even if minimum requirements are met or a minimum score is achieved.

Funding Limitations:

6.7. INELIGIBLE EXPENSES: The following expenses are NOT permitted with Economic Development Funding Programs and may NOT be included in the RFP Program/Project Budget Detail.

- Any activities already completed by July 1, 2023
- Proposal expenses incurred before July 1, 2023 or after June 30, 2024
- Travel or mileage

• Capital outlay for improvements and construction of buildings or facilities, or capital outlay for purchase of equipment

- Religious or political activity
- Programs in facilities not accessible to persons with disabilities
- Tuition assistance
- Hospitality, e.g., alcoholic beverages, meals/refreshments, or entertainment expenses
- Lodging
- Contributions to trusts or endowment funds, or gifts or donations
- Profit making Organizations or ventures
- Replacement of deficit funds
- Ticket subsidy programs

- Penalties, fines, late fees, overdraft fees/finance fees
- Salary bonuses
- Organization Fundraising (e.g., galas, golf tournaments, fundraiser mailers, etc.)
- Job placement activities
- Indirect cost recovery (unless already permitted under another Agreement with the City of San Diego)

6.8. NON-DISCRIMINATION: City funds will not be provided to any Organization found to discriminate, in the conduct of its activities and affairs, against any person because of sex, race, color, creed, national origin, physical disabilities, age or sexual orientation.

6.9. COSTS INCURRED: The City accepts no financial responsibility for any costs incurred by applying Organizations. The City is not responsible for the loss or damage of any materials submitted.

Funded Organization Requirements:

6.10. REQUIRED DOCUMENTATION: Each Organization awarded funding must submit all required documentation, including a signed ACKNOWLEDGEMENT OF CONDITIONS FOR AGREEMENT EXECUTION PROCESS form, in a timely manner, in accordance with the deadlines as provided by Economic Development Department staff, to receive an executed agreement and purchase order from the City. Execution of an agreement and issuance of a purchase order can take up to 60 days after receipt by the City of all required documentation.

6.11. REIMBURSEMENT: Each Organization awarded funding will only be paid on a reimbursement basis and only once an agreement is fully executed and the purchase order issued. Expenses must be incurred by the Organization during the FY2024 agreement period (July 1, 2023 through June 30, 2024) before the City will reimburse. Organizations may not submit a request for reimbursement for the entire grant amount at any one time.

6.12. TERMS AND CONDITIONS: Each Organization awarded funding is required to comply with the terms and conditions of the agreement including but not limited to: Council Policy 100-04 (Americans with Disabilities Act/City Contractors), Equal Opportunity (Non-Discrimination Clause), Equal Benefits Ordinance, Council Policy 100-07 (Drug Free Work Place), Living Wage Ordinance and Prevailing Wage Ordinance.

6.13. RESOLUTION: If funding is awarded, the Organization must have a formal resolution of its Board of Directors approving the agreement with the City of San Diego. The resolution shall state that the Board of Directors understands and will comply with the terms and conditions of the agreement, including maintaining the required insurance coverage and performing the Scope of Services within the amount of the allocated budget. This resolution must be signed by the Board President or designated officer.

6.14. INSURANCE: Each Organization awarded funding is required to provide proof of specified insurance coverage at required amounts and with required endorsements for Commercial General

Liability Insurance, Automobile Liability Insurance and Workers Compensation Insurance. It is not necessary to have the required insurance coverage at the time of the RFP responses.

Generally, Organizations must maintain Commercial General Liability (CGL) and automobile insurance providing minimum liability coverage of \$1 million per occurrence and \$2 million aggregate and shall provide proof/endorsements to the City that such insurance coverage is primary and non-contributory and for completed and ongoing operations and that the City is named as an additional insured. Organizations must also maintain \$1 million workers compensation insurance coverage (even if no paid employees) and must provide an endorsement that the insurer waives the right of subrogation against the City.

It is highly recommended to include the incremental cost associated with the City-required insurance coverage with the RFP.

6.15. REPORTING: Each Organization awarded funding is required to deliver quarterly performance and financial reports and final performance and financial reports in a format provided by City staff along with other certifications and acknowledgements.

6.16. REGISTRATIONS: Each Organization awarded funding is required to comply with all required state and federal registrations including but not limited to California Attorney General Registrar of Charitable Trusts, California Secretary of State Business Registry, System for Awards Management and Department of Industrial Relations DSLE Debarments. All registrations must be current during the agreement period.

6.17. FINANCIAL STATEMENTS: Organizations receiving funding must provide annual financial statements as noted below:

• An Organization receiving funding of \$10,000 or more must provide true, accurate and complete financial disclosure documentation evidencing the financial status of the Organization's most recently concluded fiscal year within 90 days of the end of that fiscal year.

• An Organization receiving funding in the amount of \$75,000 or more combined from City, County, State, or Federal Governments must submit true, accurate and complete financial disclosure documentation evidencing the financial status of the Organization's most recently concluded fiscal year within 150 days of the end of that fiscal year prepared in accordance with generally accepted accounting principles and audited by an independent Certified Public Accountant, in accordance with generally accepted auditing standards.

• An Organization receiving funding in the amount of \$500,000 or more combined from City, County, State, or Federal Governments, or when that combined funding represents more than 10 percent of the Organization's annual budget, must provide salary and wage ranges for each of its job classifications, including actual executive salaries and benefits packages applicable for the agreement period.

It is highly recommended to include the proportional cost associated with the preparation, and auditing as applicable, of City-required financial statements by the RFP.

6.18. ACKNOWLEDGMENT OF CITY FUNDING: A credit line must be included in any printed, visual or recorded matter that credits the City for its support. The following is an example of a credit line that might be utilized: "This project is funded in part by the City of San Diego."

6.19. PUBLIC INFORMATION: The applying Organization acknowledges that information submitted as part of their RFP process may be subject to disclosure under the California Public Records Act.

ACCEPTANCE OF CONDITIONS

□I acknowledge, understand and accept these conditions □I do not acknowledge, understand and accept these conditions

Note: You must select "I acknowledge, understand and accept these conditions" for your RFP Application to be considered.

ELECTRONIC SIGNATURE AND SUBMISSION

SIGNATURE Name <First Name>Click or tap here to enter text.

 <Last Name>Enter text.
Title
Click or tap here to enter text.

Email Click or tap here to enter text.

□I agree to electronically sign and to create a legally binding RFP Submission between the entity I am authorized to represent and the City of San Diego.

Submit