

**2009 APPLICATION FOR FUNDS
CENTRE CITY DEVELOPMENT CORPORATION
HEALTH AND HUMAN SERVICES CAPITAL FUNDING ASSISTANCE PROGRAM**

This form can be completed and submitted on-line or mailed to
Jae Von Klug, Centre City Development Corporation,
401 B Street, Suite 400, San Diego, CA 92101
(619) 235-2200 / jvonklug@mac.com

If submitted electronically, attachments can be scanned and emailed or mailed
separately

Applicant Information

Name of Applicant _____

Federal Tax Identification Number _____

Applicant Primary Contact/Title _____

Address _____

Telephone Number _____ Fax Number _____

E-mail Address _____

Attach a list of the Board of Directors including name, position, address, and telephone number.

Attach Nonprofit Status Determination Ruling from IRS or Determination of Exemption Letter from the State of California Franchise Tax Board.

Property Information

Address of property to be improved _____

Assessor's Parcel Number(s) (APN) of property _____

Is property currently used by Applicant? _____ Yes _____ No

Does/Will Applicant _____ Lease the property _____ Own the property

If Applicant is leasing the property, identify the owner of the property with address and telephone number _____

Attach site plan, floor plan(s), concept drawings, and photograph(s) of existing building conditions.

Financial Information

As a guideline, 75% of the eligible project costs can be funded per awarded proposal to a maximum amount of \$1,000,000. Please note that prevailing wages must be paid for all work related to your project if a portion is funded through this program. A general description of prevailing wages can be found in the Program Description.

Total amount of this request: \$_____

| Sources of Funds | Status of Funding (Applied For; Approved; Received) | Amount |
|--|--|---------------|
| CCDC (cannot exceed 75% of eligible costs) | Applied For | |
| Cash Equity | | |
| Mortgage | | |
| Other: | | |
| Other: | | |
| | | |
| Total | | |

| Uses of Funds | Amount |
|------------------------------------|---------------|
| Architecture and Engineering | |
| Permits & Fees | |
| Legal, Accounting, and Insurance | |
| Off-Site Improvements | |
| Parking Improvements | |
| Building Construction Costs | |
| Tenant Improvements | |
| General Conditions | |
| Contractor Fee/Contractor Overhead | |
| Other: | |
| Other: | |
| | |
| Total | |

Explain how you have determined the estimated cost of your project. Attach supporting documentation such as a contractor's estimate.

If the project involves expansion of either services or facilities, please provide details on how the increased operating costs will be covered. Increased operating costs are not eligible for CCDC capital funding assistance.

Attach letters of confirmation or interest from other funding sources.

Attach your organization's complete budget for the current fiscal year and your most recent audited financial statement. If audited statements are not available, submit your most recent financial statements certified by two signing officers of the Board of Directors.

The capital funding assistance provided through this program is in the form of a no-interest service repayment loan. This means that some or all of the loan can be forgiven if the recipient meets pre-determined benchmarks for the enhancement of services. What benchmarks would you propose for the measurement of success of your proposed project?

Proposed Project Schedule

Projects should be ready to start construction within 18 months of approval. Readiness means that the Applicant has site control, environmental clearances, other funds secured as needed, and no legal/relocation/financial impediments. To demonstrate the readiness of your project, insert the proposed date to the left of each benchmark. The chronological order of the benchmarks may not necessarily be as listed.

| | |
|-------|---|
| _____ | Finalize conceptual drawings |
| _____ | Obtain entitlements, if necessary |
| _____ | Complete construction plans and drawings |
| _____ | Obtain building permit |
| _____ | Obtain two bids from qualified contractors |
| _____ | Obtain site control through lease or purchase |
| _____ | Obtain commitments for remaining financing |
| _____ | Commence project construction |
| _____ | Finish project construction |

Eligible Applicants

Nonprofit agencies providing health and human services in facilities currently located downtown are eligible. For purposes of this program, the following apply:

- Health and human service agencies include social service institutions, homeless facilities (congregate meal facilities, emergency shelters, and homeless day centers), and outpatient medical facilities/clinics.
- The facilities must have been in operation at downtown locations for a minimum of five years.
- At least 50 percent of a facility's clients must be persons who work and/or live downtown.
- Only agencies in good standing, financially stable with sound administration, and a proven track record of public service in downtown will be considered.

- Applicants must extend their services to the general public in downtown and surrounding communities, and shall not exclude services on the basis of sex, sexual orientation, marital status, race, color, creed, religion, ancestry, or national origin of any person.
- Agencies that own the property to be improved may receive preference over agencies that lease property. Tenant agencies receiving loans must have lease rights to the property being improved equal to or longer than the term of the loan and should consider less extensive improvement projects.

Signatures

We certify that to the best of our knowledge the information provided in this Application for Funds is accurate and complete and is endorsed by the organization which we represent. We also certify that our organization still qualifies as an eligible applicant in accordance with the standards above and as documented in our previously-submitted and approved Pre-Application Determination of Eligibility and we accept the conditions listed below.

Signature of two signing officers of the Board of Directors (not staff)

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

Name (Printed)

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|

Name (Printed)

Conditions

In the event that program funds are not used for the project as described in the application, or if there are misrepresentations in the application, the full amount of the financial assistance will be payable forthwith to CCDC.

If there are any changes in the funding of the project as presented in this application, CCDC will be notified immediately of such changes.

If the project proposed in this application is not commenced or is not completed and CCDC funds remain on hand, or if the project is completed without requiring full use of CCDC funds, such CCDC funds will be returned to CCDC.

The Applicant will make or continue to make attempts to secure funding from other sources as indicated in its application.

The Applicant will make available for inspection by CCDC or its auditors all records and books of accounts of the Applicant upon request of CCDC.

The project shall not be represented as a CCDC project and Applicant will not have the authority to hold itself out as an affiliate of CCDC in any way, the only relationship being, if applicable, that CCDC has approved and granted financial assistance to the Applicant.

Attachment Checklist

Please ensure that your application includes the following by providing an X on the appropriate line:

List of Board of Directors, including name, position, address, and telephone number _____

Copy of Nonprofit Status Determination Ruling from IRS or Determination of Exemption Letter from the State of California Franchise Tax Board _____

Copy of lease or grant deed/purchase and sale agreement _____

Owner's consent to lien the property, if applicable _____

Vicinity map _____

Appraisal of subject location, if applicable _____

Site plan, floor plan(s), concept drawings, and photographs of existing building conditions _____

Documentation of cost estimates _____

Letters of confirmation or interest from other funding sources _____

Current fiscal year's operating budget _____

Most recent audited or certified financial statements

If submitted in hard copy, five copies of completed and signed application with attachments; if copies are bound, one copy should be unbound
