

**2009 PRE-APPLICATION DETERMINATION OF ELIGIBILITY
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

Eligible Applicants

Nonprofit agencies providing health and human services in facilities currently located downtown are eligible for the Health and Human Services Capital Funding Assistance Program. 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.

Name of Applicant _____

Federal Tax Identification Number _____

Applicant Primary Contact/Title _____

Address _____

Telephone Number _____ Fax Number _____

E-mail Address _____

Check the population(s) that your organization services:

- Seniors
- Working poor
- Homeless
- Sick and/or disabled
- Abuse victims
- Single parents with children
- Mental health clients
- Other (please specify): _____

Check the service(s) that your organization provides:

- Homeless shelters
- Safe housing
- Transitional housing
- Meal programs
- Counseling
- Job training
- Day care
- Outpatient medical care
- Other (please specify): _____

Nonprofit Status (date of establishment and type of nonprofit) _____

Applicants will be required to document their nonprofit status with their application for funding.

Five-Year Downtown History

Address(es) of Downtown Facilities	Dates of Occupancy

In the space provided below, give a brief history and description of your organization, including how long it has been in operation, the services it provides, the nature of its clientele, and its history as a downtown organization.
