

Andrew Thomas
 Assistant Community Development Director
 City of Alameda
 2263 Santa Clara Ave,
 Alameda, CA 94501
 Dear Andrew,



April 18, 2018

The Alameda Point Collaborative is submitting this application requesting the removal of the G Overlay on the 3.65 acres former Alameda Federal Center on McKay Ave (APN: 74-1305-26-2) and revising the General Plan Amendment to change the General Plan designation for the site from Federal Facility to Office designation in order to be consistent with the zoning for the site.

In April of 2017, the site was declared surplus by GSA and suitable for homeless use. APC, as an eligible homeless service provider, submitted an application to the Department of Health and Human Services (HHS). In December of 2017, the Health and Human Services Department of the Federal Government approved our request for conveyance of the property (see attached letter dated 12/13/17). A condition of the conveyance is that we submit a request to the City to remove the G Overlay.

The underlying zoning for the site is Administrative-Professional. APC proposes to develop the site as a recuperative care and senior housing facility with medical services as well as a resource center for Alamedans who are at risk for homelessness or newly homeless. All of these plans are permitted uses within the A-P zoning:

A-P permitted uses	Proposed uses
Medical facilities, including, but not limited to the following: (a) Dental clinics, (b) Hospitals, (c) Medical clinics, (d) Medical laboratories, (e) Nursing and convalescent homes, (f) Radiologist laboratories, (g) Rest homes, (h) Sanitariums.	A facility to provide housing and general care for highly vulnerable homeless elders with complex medical conditions. A facility for the recuperative care of homeless convalescing patients with medically complex conditions departing from hospitals or undergoing intensive medical treatment. Primary Care Health Clinic providing on-site medical and mental health care for residents and clients of the recuperative care and senior housing facilities.
Offices of an administrative and professional nature	Resource Center with offices for case workers and outreach workers to meet with clients

Please don't hesitate to contact me if you have any questions or need additional information.

Sincerely,

Doug Biggs
 Executive Director
 Alameda Point Collaborative

677 West Ranger Avenue, California 94501

510-898-7800 PHONE 510-898-7858 FAX www.apcollaborative.org



PLANNING PERMIT APPLICATION

Community Development • Planning Division
2263 Santa Clara Ave., Rm. 190 Alameda, CA 94501-4477
510.747.6805 • TDD: 510.322.7538 • alamedaca.gov

Project Address: McKay Ave. Federal Center

APN: 74-1305-26-2

Property on the Alameda Historical Buildings Study List? No / Yes — Designation: No

Property subject to a Business/Homeowners Association? No / Yes — Association Name: No

Check all applicable permits: (*) indicates supplemental form/submittals required

- | | | |
|--|---|---|
| <input type="checkbox"/> Accessory Dwelling Unit* | <input checked="" type="checkbox"/> General Plan Amendment* | <input type="checkbox"/> Subdivision* |
| <input type="checkbox"/> Certificate of Approval* | <input type="checkbox"/> Planned Development/Amendment* | <input type="checkbox"/> Use Permit* |
| <input type="checkbox"/> Density Bonus Application* | <input type="checkbox"/> Preliminary Review Application | <input type="checkbox"/> Variance* |
| <input type="checkbox"/> Design Review* | <input checked="" type="checkbox"/> Reasoning* | <input type="checkbox"/> Zoning Letter/Compliance Determination |
| <input type="checkbox"/> Development Plan/Amendment* | <input checked="" type="checkbox"/> Sign Permit * | <input type="checkbox"/> Other: _____ |

Project Description: (attach additional sheets if necessary) Remove G overlay and revise General Plan Amendment on the former Federal Center on McKay Ave. to be transferred to the Alameda Point Collaborative via the GSA Notice of Determination of Homeless Suitability Process

Property Owner(s): U.S. General Services Administration

Address: Mailbox 950 United Nations Plaza, 4th Floor NW, Room 4345 City: San Francisco State: CA Zip: 94102

Email: _____ Phone: _____ (mobile): _____

Applicant(s): (if different from owner) Alameda Point Collaborative

Address: 677 W. Ranger Ave City: Alameda State: CA Zip: 94501

Email: dbiggs@apcollaborative.org Phone: 510-898-7849 (mobile): 510-455-0378

Hazardous Materials: Pursuant to CA Gov't Code Section 50952.5 regarding notifying the City of hazardous waste and/or hazardous substance sites, the project site: ☐ IS ☒ IS NOT (check one) included on any of the hazardous waste or substances lists consolidated by the State of California. If on a list, provide the following information:

Reg. ID #: _____ Problem: _____ Date of List: _____

Fee Refunds shall be issued to: ☐ OWNER ☐ APPLICANT ☐ OTHER (provide contact information below)

Name: _____ Address: _____
Phone: _____ Email: _____

BOTH SIGNATURES REQUIRED BELOW

Property Owner: I hereby certify under penalty of perjury that I am the owner of record of the property described herein and that I consent to the action requested herein. If I am not the applicant, I hereby authorize the applicant to act on my behalf and allow all actions necessary for the processing, issuance and acceptance of this permit and any and all standard and special conditions that may be imposed. Further, I hereby authorize the City of Alameda employees and officers to enter upon the subject property as necessary to inspect the premises and process this application.

X
Property Owner(s) Signature [REQUIRED]

Date

Property Owner or Applicant: I hereby certify that I have read this application form and that information in this application and all exhibits are complete, true and correct. I understand that any misstatement or omission of the requested information or any information subsequently requested may be grounds for rejecting the application, placing the application on hold, denying the application, suspending or revoking a permit issued on the basis of these or subsequent representations, or for the revoking of such other and further relief as may seem proper to the City of Alameda. Notwithstanding to the time and material design, I hereby agree to give the City of Alameda all documents for their time and material associated with review and processing of this application, even if the applicant is withdrawn or not approved. I understand that one or more deposits may be required to cover the cost related hereto at such time as required by the Community Development Division and there are deposits funds to cover anticipated time and material costs. I expressly acknowledge and agree that failure to pay a written invoice for additional funds within 14 days of date of invoice shall constitute the applicant's withdrawal from the project and that all subsequent actions and decisions are non-refundable and registered does not guarantee approval of the application.

X
Owner/Applicant Signature [REQUIRED]

4/19/18

Date

FOR OFFICE USE ONLY

File #: _____ Date Received: _____ Received By: _____

Zoning: _____ GP: _____



December 13, 2017

Transmitted via Email

Mr. Doug Biggs
Executive Director
Alameda Point Collaborative
677 W. Ranger Avenue
Alameda, California 94501

Re: Alameda Federal Center
620 Central Avenue
Alameda, California
GSA No.: 9-G-CA-1604-AD

Dear Mr. Biggs:

This is in regards to part II, financial plan, of the Title V McKinney-Vento Homeless Assistance Act application submitted by Alameda Point Collaborative (Applicant). The application was submitted on November 14, 2017 and subsequently amended on December 2, 2017. The Department of Health and Human Services (HHS) has determined that Alameda Point Collaborative's application, is conditionally approved for 3-year lease acquisition, with renewal options not to exceed a period of twenty (20) years). Approval is subject to the Applicant's acknowledgement and acceptance of the following.

HHS determined that the Applicant's financial plan was reasonable as proposed based on current tax law and the Applicant's previous successes financing similar development and rehabilitation projects for permanent supportive housing for the homeless. However, HHS cannot officially approve the financial proposal, within the allotted application review period, without conducting further due diligence to protect the Federal government's interest in the subject property. Therefore, the Applicant shall not enter into any use agreements, partnerships, etc., or property encumbrances, whether or not mentioned in said application and subsequent amendments, without first receiving official written approval from HHS. This will require that the Applicant provide copies of any and all proposed documents that potentially affect title to the property, including, but not limited to, property parcelization, leases and ground leases, partnership and use agreements, encumbrances (i.e., mortgages, liens, grants), etc. to HHS for review, revision (as necessary), and approval.

HHS also recognizes that the Applicant's proposed programs are permitted or conditionally permitted uses within the AP Zoning District; however, the Applicant must petition the City of Alameda to remove the G (government) overlay. The Applicant must provide evidence that the G overlay was officially removed before the property can be conveyed by Quitclaim Deed.

Upon making a showing of the Applicant's ability to obtain the needed funding in line with HHS's requirements and proof of zoning compliance, the Applicant can request that the lease be converted to a Quitclaim Deed. However, should the Applicant fail to obtain all necessary funding or be unable to comply with HHS's requirements, the lease will be immediately cancelled.

Given the Applicant's proposal of major renovation of the subject property and utilization as an "Assisted Living," Medical Respite, and supportive service facility for the homeless, the Applicant must submit an Environmental Assessment (EA), within sixty (60) days of this letter, to assist this Department in completing our environmental review pursuant to the National Environmental Policy Act of 1969. The EA must provide the basis for a determination whether to prepare an Environmental Impact Statement or a Finding of No Significant Impact. The EA must be prepared by a qualified, licensed individual or agency, and in accordance with the requirements set forth in this Department's General Administration Manual at Part 30-50-40 (copy attached).

Upon our satisfactory receipt of the EA, we will advise you accordingly and subsequently request assignment of the property from the United States General Services Administration (GSA). Please note, however, that our approval is not the final authority for the disposition of the property. The ultimate assignment decision is within the authority of GSA. Should we receive an acceptable assignment from GSA, we will execute a lease agreement with Alameda Point Collaborative for the property. A standard lease template is enclosed for your reference; however, please note that other conditions and restrictions may be incorporated.

Please sign and date below, to indicate your understanding, acknowledgement, and acceptance of HHS' requirements/conditions, and have your signature acknowledged by a Notary Public. Return a PDF copy of the fully executed letter to rpb@psc.hhs.gov within the next seven (7) days.

Should you have any questions concerning this letter or anything contained herein, please do not hesitate to contact me by telephone on (202) 823-1348, or by email, Theresa.Ritta@psc.hhs.gov.

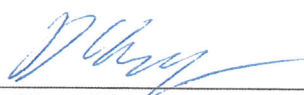
Sincerely,

Theresa
M. Ritta -A
Theresa Ritta, Program Manager
Real Property Management Services
Program Support Center

Digitally signed by Theresa M.
Ritta -A
DN: cn=US, o=U.S. Government,
ou=HHS, ou=PSC, ou=People,
0.9.2342.19200300.100.1.1=20000
03750, cn=Theresa M. Ritta -A
Date: 2017.12.13.11:17:45 -05'00'

Enclosures

Accepted By:


Mr. Doug Biggs
Executive Director, Alameda Point Collaborative

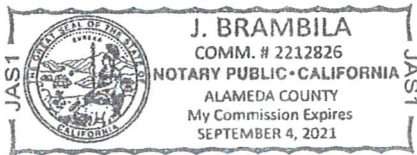
Date: 12/27/17

ACKNOWLEDGEMENT

STATE OF CALIFORNIA)
COUNTY OF Alameda)

Signed and sworn to before me this 27 day of DEC, 2017.

Witness my hand and seal.



J. Brambila

Notary Public

My commission expires:

September 4, 2021