b.

2.

usign Env	velope ID: (	0462C076-568B-4B87-8A85-1CA41A5CC68B		
	lumber: rovided by	Clerk of Board of Supervisors)		
			nce Information Form ctive July 2011)	
•	se: Acc nd grant		sors ordinances authorizing a Department to accept and	
The fo	ollowing	describes the grant referred to in the	accompanying resolution:	
1.	Grant Title: California Jobs First Catalyst Program			
2.	Department: Office of Economic & Workforce Development			
3.	Conta	ct Person: Alesandra Lozano	Telephone/Email: alesandra.lozano@sfgov.org	
4.	. Grant Approval Status (check one):			
	[X] A	pproved by funding agency	[] Not yet approved	
5.	Amount of Grant Funding Approved or Applied for: \$14,000,000			
6.	<ul><li>a. Matching Funds Required: \$ 0</li><li>b. Source(s) of matching funds (if applicable): N/A</li></ul>			
7.	a. b.			
As Re ar	s core pa esilience nd econd	Fund), OEWD, the Bay Area Good J	alyst Program (formerly the Community Economic obs Partnership for Equity, and All Home will lead regional nt, program design, and the launch of and/or continued cortunities for the regional workforce.	
9.	9. Grant Project Schedule, as allowed in approval documents, or as proposed:			
	Start-I	Date: May 1, 2024	End-Date: September 30, 2026	
10	). Numb	er of new positions created and funde	d: 0	
11	I. Explai	n the disposition of employees once the	ne grant ends? n/a	
12	2. a. b. c. d.	Enterprise (LBE) requirements? N/A	o bid? No rther the goals of the Department's Local Business	
13	<b>3.</b> a.	Does the budget include indirect cos	ts?	
	b.	[] Yes [X] No 1. If yes, how much? \$		

c. 1. If no, why are indirect costs not included?
[] Not allowed by granting agency [] To maximize use of grant funds on direct services

How was the amount calculated?

- [X] Other (please explain): The Fiscal Agent was allocated set costs by the grantor, and its allocation went to fiscal project staffing.
- c. 2. If no indirect costs are included, what would have been the indirect costs? \$150,000
- **14.** Any other significant grant requirements or comments:

**Disability Access Checklist***						
15. This Grant is intended for activities at (check all that apply):						
[V] Evicting Site(s)	[] Evicting Structure(a)	[] Eviating Program(s) or Convice(s)				
[X] Existing Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s)	[] Existing Program(s) or Service(s) [] New Program(s) or Service(s)				
[] New Site(s)	[] New Structure(s)	[] New Flogram(s) of Service(s)				
[] New Site(3)	[] New Structure(3)					
16. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and						
concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all						
other Federal, State and local access laws and regulations and will allow the full inclusion of persons with						
disabilities, or will require unreasonable hardship exceptions, as described in the comments section:						
Comments:						
Departmental ADA Coordina	ator or Mayor's Office of Disability Ro	aviewer.				
Bepartmental ABA Cooldina	ator or mayor a office of bisability for	SVICWOI.				
Armina Brown						
(Name)						
Office Manager (Title)						
(Tido)		DocuSigned by:				
Date Reviewed:7/19/2024	5:25 PM PDT	Armina Brown				
	<u> </u>	(Signature Required)				
Overall Department Head or Designee Approval:						
Overall Department Head of Designee Approval.						
Sarah Dennis Phillips						
(Name)						
Everything Director Office of Feeryngie 9 Werldones Development						
_Executive Director, Office of Economic & Workforce Development						
(Tide)		DocuSigned by:				
		Sarali Dennis Phillips				
Date Reviewed: 7/19/2024   12:41 PM PDT						
		(Signature Required)				