File Number:

(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form

(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: San Francisco Bay Water Quality Improvement Fund India Basin Shoreline Park
- 2. Department: Recreation and Park Department
- 3. Contact Person: Toni Moran

Telephone: (415) 794-8173

4. Grant Approval Status (check one):

[X] Approved by funding agency. Contract Pending [] Not yet approved

- 5. Amount of Grant Funding Approved or Applied for: \$3,768,558
- a. Matching Funds Required: Yes, \$3,768,559
- b. Source(s) of matching funds (if applicable):

California State Park FY 2022-23 Specified Grant Funds for India Basin

- 7a. Grant Source Agency: United States Environmental Protection Agency
- b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: The project will create bioretention basins that will maximize the capture of stormwater and trash and enhanced intertidal areas. The Project will increase biodiversity by creating upland transition zones that will buffer future sea level rise and allow for the continued existence of the intertidal habitats. Native, drought-tolerant tree plantings and installation of shade structures will reduce impacts of high heat days. In addition, the park's system of trails provides the public with direct access to the Bay via a constructed cobble beach.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: June 1, 2023 End-Date: December 31,2026

- 10a. Amount budgeted for contractual services: \$3,768,558.
 - b. Will contractual services be put out to bid? Yes
 - c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? No. The project has received federal funding; therefore, geographical preferences are prohibited.
 - d. Is this likely to be a one-time or ongoing request for contracting out? One time only
- 11a. Does the budget include indirect costs? [] Yes [X] No
 - b1. If yes, how much? \$0
 - b2. How was the amount calculated? Not Applicable
 - c1. If not, why are indirect costs not included?
 - [X] Not allowed by granting agency [] To maximize use of grant funds on direct services. [] Other (please explain):
 - c2. If no indirect costs are included, what would have been the indirect costs?

The cost of department and division overhead associated with Recreation and Park and Public Works Staff.

12. Any other significant grant requirements or comments: Grant funds are provided on a reimbursement basis.

Disability Access Checklist*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)

13. This Grant is intended for activities at (check all that apply):

[X] Existing Site(s)	[] Existing Structure(s)	[] Existing Program(s) or Service(s)
[] Rehabilitated Site(s)	[] Rehabilitated Structure(s)	[] New Program(s) or Service(s)
[] New Site(s)	[]New Structure(s)	

14. 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 disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures

2. Having auxiliary aids and services available in a timely manner in order to ensure communication access; and

3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Arfaraz Khambatta, CASp

(Name)

Disability Access Coordinator, Public Works Building (

Title)

7/13/2023 Date Reviewed:

-DocuSig	ned by:
AI	Lth

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Philip A. Ginsburg

(Name)

General Manager, Recreation and Park Department

Date Reviewed: _____

DocuSigned by:

(Signature Required)