b.

b.

[]Yes

1.

X No

If yes, how much? \$

How was the amount calculated?

If no, why are indirect costs not included?

sign Env	velope ID:	A1C9BEAD-F5BD-4005-9568-301054C8E0B8			
	umber ovided by	:240836 y Clerk of Board of Supervisors)			
		Gift/Grant Resolution Information Form (Effective July 2011)			
		companies proposed Board of Supervisors resolutions authorizing a Department to accept and /gifts funds.			
The fo	llowing	describes the grant referred to in the accompanying resolution:			
1.	Gift Title: In-kind gift of pro bono tax services				
2.	Department: (ENV) Environment Department				
3.	Conta	act Person: Charles Sheehan Telephone: 415.781.9142			
4.	Gift A	pproval Status (check one):			
	<b>X</b> App	proved by funding agency [ ] Not yet approved			
5.	Amount of Gift Funding Approved or Applied for: In-kind services of up to \$112,089.				
6.	a. b.	Matching Funds Required: <b>None</b> Source(s) of matching funds (if applicable):			
7.	a. b.	Grant Source Agency: <b>Not Applicable</b> Grant Pass-Through Agency (if applicable):			
Th bo fe qu pr	ne initia ono tax deral ta ialifying ojects,	osed Gift Project Summary: Ative between the Environment Department and Deloitte, in the form of in-kind gift of proservices, provided by Deloitte Tax LLP., will help the City identify opportunities to obtain ax credits in the form of direct payments from the federal government to the City, for g sustainable activities. Deloitte, with the Department's assistance, will assess City programs, and purchases to determine what is eligible for direct payments from the overnment.			
9.	Gift P	roject Schedule, as allowed in approval documents, or as proposed:			
	Start-l	Date: Upon BOS approval End-Date: May 31, 2025			
10	<ul> <li>Amount budgeted for contractual services:</li> <li>Will contractual services be put out to bid? No</li> <li>If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? NA</li> <li>Is this likely to be a one-time or ongoing request for contracting out? NA</li> </ul>				
11	. а.	Does the budget include indirect costs?			

[] Not allowed by granting agency [] To maximize use of grant funds on direct services [] Other (please explain): **This is an in-kind gift for consulting services.** 

c. 2. If no indirect costs are included, what would have been the indirect costs?

If calculated at 10% of the estimated in-kind gift value, the indirect costs would have been approximately \$11, 208.90

**12.** Any other significant gift requirements or comments:

		9					
**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):							
[] Existing Sit [] Rehabilitate [] New Site(s	ed Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[] Existing Program(s) or Service(s) [X] New Program(s) or Service(s)				
concluded that other Federal	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 s	1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;						
2. Having a	2. Having auxiliary aids and services available in a timely manner in order to ensure communication access						
have been i		approved by the DPW Access Cor	n to the public are architecturally accessible and mpliance Officer or the Mayor's Office on				
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:  Deborah Kaplan							
(Name)							
Deputy Dire	ctorfor Prog	rammatic Access					
(Title)			DocuSigned by:				
Date Reviewe	ed:		Deborale Eaplan				
			<u></u>				
Department Head or Designee Approval of Grant Information Form:							
Tyrone Jue							
(Name) Director							
(Title)							
\ 1 100/							

Date Reviewed: 8/26/2024	Lynt a
	(Signature Required)