File Number:(Provided by Clerk of Board of Supervisors)					
	Grant Information Form (Effective March 2005)				
	Purpose: Accompanies proposed Board of Supervisors resolutions expend grant funds.	authorizing a Department to accept and			
Tł	The following describes the grant referred to in the accompanying	resolution:			
1.	1. Grant Title: San Francisco Irish Famine Memorial Project				
2.	Department: Recreation and Park Department				
3.	Contact Person: Abigail Maher     Telepho	one: 415-831-2790			
4.	4. Grant Approval Status (check one):				
	[X ] Approved by funding agency [] Not	yet approved			
5.	5. Amount of Grant Funding Approved or Applied for: \$500,000				
	6a. Matching Funds Required: \$0 b. Source(s) of matching funds (if applicable):				
	7a. Grant Source Agency: Irish Famine Memorial Committee b. Grant Pass-Through Agency (if applicable):				
	8. Proposed Grant Project Summary: The project calls for 1. removing existing low-lying shrubs and bushes and 2. adding a new concrete and stone plaza. The project includes the design and installation of the plaza.				
9.	9. Grant Project Schedule, as allowed in approval documents, or a	as proposed:			
St	Start-Date: upon approval by the Board of Supervisors End-Da	te: upon notice of substantial completion			
10	10a. Amount budgeted for contractual services: \$0				
	b. Will contractual services be put out to bid? No				
	c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A				
	d. Is this likely to be a one-time or ongoing request for contracting out? N/A				
11	11a. Does the budget include indirect costs? [] Yes	[X ] No			
	b1. If yes, how much? \$ b2. How was the amount calculated?				
	c. If no, why are indirect costs not included?  [] Not allowed by granting agency [] Other (please explain):  [X] To maximize use of grant funds on direct services				

c2. If	no indirect	costs are included,	what would	have been	the indirect	costs?
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12.	Any	other	significant	grant	requirem	ents or	comments:

**Disability Access Checkli	ist***				
13. This Grant is intended fo	r activities at (check all that apply):				
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [X] New Structure(s)	[ ] Existing Program(s) or Service(s) [ ] New Program(s) or Service(s)			
14. The Departmental ADA Coordinator and/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:					
<ol> <li>Comments: Compliance includes but is not limited to:         <ol> <li>Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the RPD Disability Access Coordinator (DAC) or the DPW DAC.</li> <li>Having staff trained in how to provide reasonable modifications in policies, practices, and procedures.</li> <li>Having auxiliary aids and services available in a timely manner to ensure communication access.</li> </ol> </li> </ol>					
Departmental Disability Access Coordinator: John Romaidis, CASp  John Romaidis  84D18CA9CC81420					
Date Reviewed:					
Department Approval: Philip A. Ginsburg, General Manager, Recreation and Park Department (Name) (Title)					
	DocuSigned by:  AF27F6596709494	3/27/2025			
	(Signature)	Date			