

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective March 2005)

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

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

1. Grant Title: **Accept In-Kind Gift – Retroactive – Tipping Point Community – Strategic and Operational Housing Consultant Services**

2. Department: **Department of Homelessness and Supportive Housing (HSH)**

3. Contact Person: **Dylan Schneider** Telephone: **628.652.7742**

4. Grant Approval Status (check one): **n/a – in-kind gift**

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **not to exceed \$125,000**

6a. Matching Funds Required: not to exceed **n/a**

b. Source(s) of matching funds (if applicable): **n/a**

7a. Grant Source Agency: **Tipping Point Community**

b. Grant Pass-Through Agency (if applicable): **n/a**

8. Proposed Grant Project Summary: **Tipping Point Community (TPC) will select a housing consultant with experience that can provide strategic and operational consulting services related to the Department of Homelessness and Supportive Housing's emergency rehousing strategy.**

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

Start-Date: **December 21, 2020**

End-Date: **December 31, 2021**

10a. Amount budgeted for contractual services: **n/a**

b. Will contractual services be put out to bid? **n/a**

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**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **n/a**

b2. How was the amount calculated? **n/a**

c. If no, why are indirect costs not included?

Not allowed by granting agency
 Other (please explain): n/a

To maximize use of grant funds on direct services

c2. If no indirect costs are included, what would have been the indirect costs? n/a

12. Any other significant grant requirements or comments: **None.**

****Disability Access Checklist****

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

- | | | |
|--|---|--|
| <input type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(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:

Comments:

Departmental or Mayor's Office of Disability Reviewer: Scott W. Walton, HSH MOD Liaison
(Name)

Date Reviewed: March 9, 2021

Department Approval: Gigi Whitley Deputy Director of Administration and Finance
(Name) (Title)
Gigi Whitley
Gigi Whitley (Mar 9, 2021 17:22 PST)
(Signature)

Signature: Scott Walton

Email: scott.walton@sfgov.org