

G. PROJECT INFORMATION FORM

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| Project Name CCSC Additional ADA Bathroom Assessment and Design | | Estimated Date of Completion: <u>4/13/2026</u> Grant Amount: <u>\$50,000</u> Estimated Total Project Cost: <u>\$50,000</u> <small>(State grant, other funds, and in-kind)</small> | |
| Grantee Name (with mailing address) SF Office of Economic & Workforce Development 1 Dr Carlton B Goodlett Pl, #448 San Francisco, CA 94102 | | County San Francisco Nearest City/Town San Francisco | |
| Check one: <input type="checkbox"/> Nonprofit <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency | | Project Address (or nearest cross street) 731 Commercial Street San Francisco, CA 94108 | |
| | | Senate Dist. 11 | Assembly Dist. 17 |
| | | US Congressional Dist. CA-11 | |
| Grantee's Representative Authorized in Resolution (Signature required at bottom of this page) | | | |
| Name: <u>Anne Taupier</u> | | Title: <u>Director</u> | |
| Phone: <u>415-554-6969</u> | | Email: <u>Anne.Taupier@sfgov.org</u> | |
| Project Manager – Person with day-to-day responsibility for project (if different from authorized representative) | | | |
| Name: <u>Chris Corgas</u> | | Title: <u>Deputy Director, Community Economic Development Division, OEWD</u> | |
| Phone: <u>628-652-1738</u> | | Email: <u>Christopher.Corgas@sfgov.org</u> | |
| Brief Description of Project <small>(Summarize major activities to be funded by this Grant)</small> Charity Cultural Services Center (CCSC) has been serving in the workforce development sector for more than 40 years. CCSC is seeking to support the access and design for an additional ADA-compliant restroom within their existing facility. Due to limited available space within their building, specialized architectural and engineering design services are required to create a functional, code-compliant ADA bathroom that maximizes efficiency without compromising accessibility standards. This state funding will enable CCSC to engage qualified professionals to develop a safe, practical, and fully compliant design that meets both regulatory requirements and the needs of the community. This funding will only be used for design and planning – not construction. | | Latitude <u>37.7925 N</u> | Longitude <u>122.4053 W</u> |
| | | Site Control/Land Tenure (check the box that applies) <input type="checkbox"/> Grantee owns the property <input type="checkbox"/> Grantee leases the property – Term End: <u>Enter date</u> <input type="checkbox"/> Grantee owns an easement on the property. <input checked="" type="checkbox"/> Grantee has an MOU with the property owner. <input type="checkbox"/> Not applicable – Project is a plan or program. | |
| I certify that the information in this Project Information Form, including all attachments, is complete and accurate. | | | |
| Signed: <u>Anne Taupier</u> <small>Grantee's Authorized Representative as shown in Resolution</small> | | <u>4/13/2026</u> Date | |
| <u>Anne Taupier</u> Print Name | <u>Director, OEWD</u> Title | Designee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, attach letter of designation from authorized representative.)</small> | |