

**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: **David and Katherine deWilde Summer Together Grant**
- 2. Department: **The Department of Children Youth and Their Families**
- 3. Contact Person: **Sherrice Dorsey** Telephone: **628-652-7146**
- 4. Grant Approval Status (check one):

Approved by funding agency                       Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$500,000**

- 6. a. Matching Funds Required: **No**
- b. Source(s) of matching funds (if applicable): **N/A**

- 7. a. Grant Source Agency: **David and Katherine deWilde**
- b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

**The grant will be used to support community and school-based organizations to provide math and literacy programming for Summer Together Program.**

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

**This project is intended for June to September 2022.**

Start-Date: **June 1, 2022**    End-Date: **September 30, 2022**

- 10. a. Amount budgeted for contractual services: **\$500,000**
- b. Will contractual services be put out to bid? **No, existing contracts are in place for this service purpose.**
- c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **N/A**
- d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

- 11. a. Does the budget include indirect costs?  
 Yes                       No
- b. 1. If yes, how much? **N/A**
- b. 2. How was the amount calculated? **N/A**
- c. 1. If no, why are indirect costs not included?  
 Not allowed by granting agency                       To maximize use of grant funds on direct services  
 Other (please explain):

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

**The contract administration of the community-based organization has been operationalized within the existing contracts, therefore no indirect costs required.**

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

**\*\*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):

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input 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 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;
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: **The sites for the Summer Together programs are ADA compliant.**

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

Anthony Tek

(Name)

Operations Assistant

(Title)

Date Reviewed: 8/3/2022

DocuSigned by:

*Anthony Tek*

(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Maria Su, Psy.D.

(Name)

Executive Director, Department of Children, Youth & Their Families

(Title)

Date Reviewed: 8/3/2022

DocuSigned by:

*Maria Su*

(Signature Required)