sign Enve	elope ID: 4	407AE20A-9981-4973-851B-5EE9BB1816A2		
File No	umber: ovided by	Clerk of Board of Supervisors)		
		Grant Resolution In (Effective Jul	formation Form y 2011)	
	se: Acco		solutions authorizing a Department to accept and	
The fo	llowing	describes the grant referred to in the accom	panying resolution:	
1.	Grant Title: Northern California Apprentice Network Sustainability Grant			
2.	Department: Office of Economic and Workforce Development			
3.	Contact Person: Alesandra Lozano Telephone/Email: alesandra.lozano@sfgov.org			
4.	Grant Approval Status (check one):			
	[x] App	proved by funding agency	[] Not yet approved	
5.	Amount of Grant Funding Approved or Applied for: \$675,000			
6.	a. b.	Matching Funds Required: N/A Source(s) of matching funds (if applicable):	N/A	
7.	a. Grant Source Agency: The James Irvine Foundationb. Grant Pass-Through Agency (if applicable): N/A			
8.	Proposed Grant Project Summary: Sustainability of the Northern California Apprentice Network and regional tech apprenticeship coordination and expansion in partnership with the Bay Area Video Coalition and Bay Area Council.			
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:			
	Start-E	Date: 10/11/2024	End-Date: 10/11/2027	
10.	. a.	Amount budgeted for contractual services:	\$440,000	

- Will contractual services be put out to bid? No b.
- If so, will contract services help to further the goals of the Department's Local Business C. 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? [x] Yes [] No
 - If yes, how much? \$65,000 b. 1.
 - 2. How was the amount calculated? 10% of the budget b.
 - 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):
 - If no indirect costs are included, what would have been the indirect costs?
- 12. Any other significant grant requirements or comments: N/A

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):					
[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[X] Existing Structure(s)[] Rehabilitated Structure(s)[] New Structure(s)	[X] Existing Program(s) or Service(s)[] New Program(s) or Service(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:					
Comments.					
Departmental ADA Coordina	ator or Mayor's Office of Disability F	Reviewer:			
Armina Brown					
(Name)					
Operations Manager					
(Title)		DocuSigned by:			
Date Reviewed: 12/19/2024	3:43 PM PST	Armina Brown 9587080170304F1			
		(Signature Required)			
Department Head or Designee Approval of Grant Information Form:					
Sarah Dennis Phillips					
(Name)					
Executive Director, Office of Economic and Workforce Development (Title)					
,		Sarah Dennis Phillips			
Date Reviewed: 12/19/2024	3:24 PM PST	CFD077DCF0E2478			
		(Signature Required)			