

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: **Rising Up Campaign**
- 2. Department: **Office of the Treasurer & Tax Collector**
- 3. Contact Person: **Eric Manke** Telephone: **(415) 350-0700**
- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: \$
- 6. a. Matching Funds Required: **No**
b. Source(s) of matching funds (if applicable):
- 7. a. Grant Source Agency: **Larkin Street Youth Services**
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary:

This grant is to support OFE’s Smart Money Coaching program to partner with the Department of Homelessness and Supportive Housing and deliver financial coaching to at-risk Transitional Age Youth (TAY) through the Rising Up campaign. Smart Money Coaching will provide one-on-one financial coaching to TAY through all phases of the Rising Up program to support their financial capability and address their unique financial challenges.

The initial agreement awarded \$116,368 for the program. The additional \$65,000 in funds are to maintain the same service levels for the remainder of Fiscal Year 2023-24 and bring the agreement total to \$181,368.

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

Start-Date: **July 1, 2023** End-Date: **October 31, 2024**

- 10. a. Amount budgeted for contractual services: **\$65,000**
b. Will contractual services be put out to bid? **Yes**
c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **Yes**
d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**
- 11. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? \$

****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):

- Existing Site(s) Existing Structure(s) Existing Program(s) or Service(s)
- Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
- New Site(s) 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:

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

Adrienne Yan
(Name)

Manager, Taxpayer Assistance
(Title)

Date Reviewed: DocuSigned by:
Adrienne Yan
2512F0F7F9644C3 _____ 4/5/2024
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Tajel Shah
(Name)

Chief Assistance Treasurer
(Title)

Date Reviewed: _____ 4/8/2024 _____
(Signature Required)