

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

Grant Ordinance Information Form
(Effective May 2011)

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

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

1. Grant Title: State Transportation Improvement Program
2. Department: Public Works
3. Contact Person: Rachel Alonso Telephone: 415.558.4034
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$1,910,000.00
Grant Codes:

Grant Code	Project
PWSC03 1732FD	Lombard Street Vision Zero Project

- 6a. Matching Funds Required: 0%
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: California Transportation Commission
b. Grant Pass-Through Agency (if applicable): N/A
8. Proposed Grant Project Summary: To construct curb extensions and other pedestrian safety and transit features on Lombard/US-101 between Broderick Street and Franklin Street.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 7/1/2016 End-Date: 12/31/2020
10. Number of new positions created and funded: 0
11. Explain the disposition of employees once the grant ends? N/A
- 12a. Amount budgeted for contractual services: \$1,660,870
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? No, because of restrictions on use of these Federal grant funds.

d. Is this likely to be a one-time or ongoing request for contracting out? One-time

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$97,645

b2. How was the amount calculated? Using DPW's overhead rate

c. 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):

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

14. Any other significant grant requirements or comments: A resolution of local support for the project applications has been requested by December 2015.

****Disability Access Checklist****

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

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

16. 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 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 ADA Coordinator or Mayor's Office of Disability Reviewer:

Kevin Jensen

(Name)

Disability Access Coordinator

(Title)

Date Reviewed: 5 NOVEMBER 2015


(Signature Required)

Overall Department Head or Designee Approval:

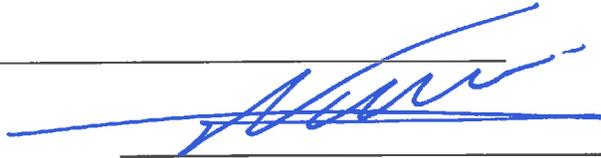
Mohammed Nuru

(Name)

Director, Department of Public Works

(Title)

Date Reviewed: 11/5/15


(Signature Required)