

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

Grant Ordinance Information Form
(Effective July 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 resolution:

1. Grant Title: Assistance to Firefighters
2. Department: Fire Department
3. Contact Person: Mark Corso Telephone: 415-558-3417
4. Grant Approval Status (check one):
[X] Approved by funding agency [] Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$ 1,485,014
6. a. Matching Funds Required: \$ 165,001
b. Source(s) of matching funds (if applicable): General Fund Capital Project
7. a. Grant Source Agency: Department of Homeland Security's Federal Emergency Management Agency (FEMA)
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: Upgrading Exhaust Extractor Systems
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: September 21, 2014 End-Date: September 20, 2015
10. Number of new positions created and funded: 0
11. Explain the disposition of employees once the grant ends? N/A
12. a. Amount budgeted for contractual services: No contractual services
b. Will contractual services be put out to bid? N/A
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? N/A
13. a. Does the budget include indirect costs?
[] Yes [X] No
b. 1. If yes, how much? \$
b. 2. How was the amount calculated?
c. 1. If no, why are indirect costs not included?
[] Not allowed by granting agency [X] 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? General overhead rate and administrative costs to implement program.

14. Any other significant grant requirements or comments:

****Disability Access Checklist****

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" 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) | |

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:

Jesusa Bushong

(Name)

HR Director

(Title)

Date Reviewed: _____


(Signature Required)

Overall Department Head or Designee Approval:

Mark Corso

(Name)

Chief Financial Officer

(Title)

Date Reviewed: 12/11/14


(Signature Required)