

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: Voting System Replacement Contract 2025
2. Department: Elections
3. Contact Person: John Arntz Telephone: 415 558 6110
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$416,431.10
6. a. Matching Funds Required: \$138,810.37
b. Source(s) of matching funds (if applicable): General Fund
7. a. Grant Source Agency: California Secretary of State
b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: The purpose of this agreement is to provide the City and County of San Francisco (City) with state funds to reimburse the City for payments made pursuant to a lease agreement for the replacement of voting systems implemented after April 29, 2015.

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

Start-Date: July 1, 2025

End-Date: August 31, 2026

10. a. Amount budgeted for contractual services: \$1,429,406
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?
d. Is this likely to be a one-time or ongoing request for contracting out? N/A
11. a. Does the budget include indirect costs?
 Yes 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 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? N/A

12. Any other significant grant requirements or comments: These funds are not part of any grant program. Instead, the Department is eligible for the funds based on it replacing a voting system after 2015. The one

outstanding criteria before executing a contract for the funds with the Secretary of State's Office is providing a resolution from the Board of Supervisors approving the Department's receipt of the funds.

Overall, the state legislature allocated funds to all counties to provide for reimbursement to counties for costs associated with replacing voting systems purchased or leased since 2015. No grant program was organized to disburse the funds to counties.

****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 checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input checked="" type="checkbox"/> Rehabilitated Site(s) | <input checked="" type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input checked="" type="checkbox"/> New Site(s) | <input checked="" 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:

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

Jonathan Ashery
(Name)

ADA Coordinator
(Title)

Date Reviewed: 2/20/2026

[Signature]
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

JOHN ARVIZ
(Name)

DIRECTOR
(Title)

Date Reviewed: 2/20/26

[Signature]
(Signature Required)