

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: **California HCD Local Housing Trust Fund Program Grant**
2. Department: **Mayor's Office of Housing and Community Development**
3. Contact Person: **Benjamin McCloskey** Telephone: **(415) 701-5575**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$2,000,000.00**
6. a. Matching Funds Required: **\$2,000,000.00**
b. Source(s) of matching funds (if applicable): **San Francisco Housing Trust Fund**
7. a. Grant Source Agency: **California Department of Housing and Community Development (HCD)**
b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary: **Rehabilitation of Affordable Housing**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **TBD, depending on HCD Award/Allocation Schedule**
End-Date: **Funds must be committed within 36 months of HCD's allocation.**
10. a. Amount budgeted for contractual services: **\$0**
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**
11. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? **N/A**
b. 2. How was the amount calculated? **N/A**
c. 1. If no, why are indirect costs not included? **N/A**
 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? **None.**
12. Any other significant grant requirements or comments:
San Francisco Housing Trust Fund must remain in place for 5 years. Funds awarded for affordable housing preservation must be disbursed to sub-awardees in the form of a loan. Funds repaid from sub-

awardees to the City of San Francisco may be re-used for affordable housing creation and preservation. Grant Code: MOLHTF

****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 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 checked="" 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) | |

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:

Eugene Flannery

(Name)

Environmental Compliance Manager

(Title)

Date Reviewed: 4-3-15


(Signature Required)

Department Head or Designee Approval of Grant Information Form:


Olson Lee

(Name)

Director

(Title)

Date Reviewed: 04/06/15


(Signature Required)