

File Number: 190910

(Provided by Clerk of Board of Supervisors)

**Gift Resolution Information Form**

(Effective July 2011)

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

The following describes the Gift referred to in the accompanying resolution:

1. Gift Title: **722 Montgomery Affordable Housing Fund Gift**
2. Department: **Mayor's Office of Housing and Community Development**
3. Contact Person: **Benjamin McCloskey** Telephone: **(415) 701-5575**
4. Gift Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Gift Funding Approved or Applied for: **\$100,000.00**
6. a. Matching Funds Required: **N/A**  
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Gift Source Agency: **San Francisco 722 Montgomery, LLC**  
b. Gift Pass-Through Agency (if applicable): **N/A**
8. Proposed Gift Project Summary: **722 Montgomery Affordable Housing Gift**
9. Gift Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **After A&E Reso is passed**  
End-Date: **N/A**
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 Gifting agency  To maximize use of Gift 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 Gift requirements or comments: **None.**

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Gift Information Forms to the Mayor's Office of Disability)**

13. This Gift is intended for activities at (check all that apply):

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

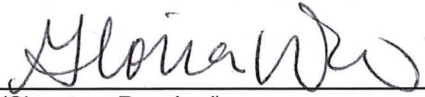
Comments:

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

Eugene Flannery  
(Name)

Environmental Compliance Manager  
(Title)

Date Reviewed: 4/4/2019

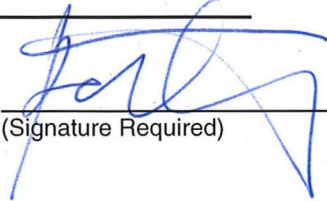
  
(Signature Required)

Department Head or Designee Approval of Gift Information Form:

Kate Hartley  
(Name)

Director  
(Title)

Date Reviewed: 4/5/19

  
(Signature Required)