

File No. 250104

Committee Item No. 10

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date February 12, 2025

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

**OTHER** (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Brent Jalipa Date February 6, 2025

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - California Department of Social Services - Center  
2 for Immigrant Protection - \$250,000 - FY2024-2027]

3 **Resolution retroactively authorizing the Mayor's Office of Housing and Community**  
4 **Development ("MOHCD"), on behalf of the City and County of San Francisco (the**  
5 **"City"), to execute and submit a Certification of Acceptance of Allocation**  
6 **Requirements (the "Certification") to the California Department of Social Services and**  
7 **take all actions in compliance with the Certification for a grant of \$250,000 under the**  
8 **Special Programs appropriated through the Budget Act of 2024, Section 195; and**  
9 **authorizing the City to accept and expend the grant in the amount of \$250,000 under**  
10 **the Special Programs appropriated through the Budget Act of 2024, Section 195, for the**  
11 **period of July 1, 2024, through June 30, 2027, for the purpose of providing supportive**  
12 **services and programming for the immigrant community in San Francisco.**

13  
14 WHEREAS, The State of California, through the Budget Act of 2024, allocated grant  
15 funding in the amount of \$250,000 to the City & County of San Francisco (the "City") for  
16 supportive services and programming for the immigrant community (the "Grant"); and

17 WHEREAS, The California Department of Social Services (the "Agency") has been  
18 delegated the responsibility for the administration of the Grant and the procedures related to  
19 the Grant; and

20 WHEREAS, The City, acting through the Mayor's Office of Housing and Community  
21 Development ("MOHCD"), desires to accept the Grant from the Agency; and

22 WHEREAS, As a condition of receiving the Grant, City must execute and submit a  
23 Certification of Acceptance of Allocation Requirements to the Agency, in substantially the form  
24 on file with the Clerk of the Board of Supervisors in File No. 250104, and is incorporated  
25 herein by reference ("Certification"); and

1           WHEREAS, The proposed Grant does not require an Annual Salary Ordinance  
2 amendment; and,

3           WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,  
4 therefore, be it

5           RESOLVED, That the City, acting through MOHCD, understands the general  
6 requirements in the Certification; and, be it

7           FURTHER RESOLVED, That the Director of MOHCD or designee will conduct all  
8 negotiations, execute and submit all documents related to the Grant, including, but not limited  
9 to, the Certification, related agreements, and/or payment requests, which may be necessary  
10 for the administration of the Grant; and, be it

11          FURTHER RESOLVED, That the Board of Supervisors approves the allocation and  
12 delegates to MOHCD, on behalf of the City, the authority to accept and expend the Grant and  
13 execute and submit the Certification to the Agency; and, be it

14          FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of  
15 indirect costs in the Grant budget; and, be it

16          FURTHER RESOLVED, That all actions authorized and directed by this Resolution and  
17 heretofore taken are ratified, approved and confirmed by this Board of Supervisors; and, be it

18          FURTHER RESOLVED, That within thirty (30) days of the Certification being fully  
19 executed by all parties, MOHCD shall provide the final agreement to the Clerk of the Board for  
20 inclusion into the official file.

1 Recommended:

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3 /s/  
Dan Adams, Director

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5 Approved:

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7 /s/ Benjamin McCloskey  
Daniel Lurie, Mayor

/s/ Jocelyn Quintos  
Greg Wagner, Controller

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**File Number:** 250104  
(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 Department of Social Services Allocation for Center for Immigrant Protection

**2. Department:** Mayor's Office of Housing and Community Development

**3. Contact Person:** Benjamin McCloskey Telephone: 628-652-5956

**4. Grant Approval Status (check one):**

☒ Approved by funding agency

☐ Not yet approved

**5. Amount of Grant Funding Approved or Applied for:** \$250,000

**6a. Matching Funds Required:** \$0

**b. Source(s) of matching funds (if applicable):** N/A

**7a. Grant Source Agency:** California Department of Social Services

**b. Grant Pass-Through Agency (if applicable):** N/A

**8. Proposed Grant Project Summary:** Proposed Expenditure Schedule attached

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

Start-Date: July 1, 2024

End-Date: June 30, 2027

**10a. Amount budgeted for contractual services:** None; attached expenditure schedule details grant to be made to nonprofit agency.

**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

**11a. Does the budget include indirect costs?** ☐ Yes ☒ No

**b1. If yes, how much?** \$

**b2. How was the amount calculated?**

**c1. 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?** None.

**12. Any other significant grant requirements or comments:** Authorizing legislation: Budget Act of 2024

(Provision 15 Section 195 of Senate Bill 108, Chapter 35, Statutes of 2024)

**\*\*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 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 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:

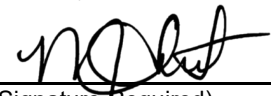
Comments:

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

Madeleine Sweet  
(Name)

Compliance Coordinator - Data, Evaluation and Compliance  
(Title)

Date Reviewed: 1/17/2025

  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Daniel Adams  
(Name)

Director  
(Title)

Date Reviewed: 1/17/2025 | 10:34 AM PST

DocuSigned by:  
  
(Signature Required)

## CDSS Center for Immigrant Protection - Expenditure Schedule

Agency Name	Project Description	CDSS Allocation
Center for Immigrant Protection	Provide supportive services and programming targeted to the transgender immigrant community.	\$250,000

**Allocation Notification and Award**

ALLOC-24-0025

<b>RECIPIENT NAME AND ADDRESS</b> City and County of San Francisco 1 South Van Ness Ave., 5 <sup>th</sup> Floor San Francisco, CA 94103		<b>CDSS ALLOCATION NUMBER</b>			
		<b>FY</b>	<b>Bill No.</b>	<b>Section Number</b>	<b>Provision</b>
		24/25	SB 108	195	15
<b>Program Contact</b> Alison Brinlee		<b>Program Contact Email</b> <a href="mailto:Alison.Brinlee@dss.ca.gov">Alison.Brinlee@dss.ca.gov</a>			
<b>Program Office</b> Office of Equity (OOE)		<b>Program Contact Telephone</b> (916) 764-7104			
<b>Authorizing Legislation</b> Budget Act of 2024 (Provision 15 Section 195 of Senate Bill 108, Chapter 35, Statutes of 2024)					
<b>ALLOCATION DETAILS</b>	<b>Allocation Amount</b>	<b>Award Date</b>		<b>Award Ending Date</b>	
	\$250,000.00	07/01/2024		06/30/2027	
<p>Pursuant to the authority referenced above, you have been awarded \$250,000.00 for the Center for Immigrant Protection to provide supportive services and programming for the transgender immigrant community ("Funded Purpose").</p> <p>This award is made contingent upon the availability of funds. If the Legislature takes action to reduce or defer the funding upon which this award is based, then this award will be amended accordingly.</p> <p>Please return the original, signed Allocation Notification and Award to:</p> <p style="text-align: center;">             Alison Brinlee              California Department of Social Services              744 P Street, MS 9-6-33              Sacramento, CA 95814  <a href="mailto:Alison.Brinlee@dss.ca.gov">Alison.Brinlee@dss.ca.gov</a> </p>					
<b>CERTIFICATION OF ACCEPTANCE OF ALLOCATION REQUIREMENTS</b>					
<i>As Recipient's Authorized Agent, I accept this Allocation and Award. By signing this Allocation and Award, I hereby certify and attest on behalf of the Recipient that the funds will be used for the purposes for which they have been appropriated and allocated and agree to comply with all requirements as a condition of funding.</i>					
<b>Printed Name of Recipient's Authorized Agent</b> Daniel Adams			<b>Title</b> Director		
<b>E-mail Address</b> Dan.adams@sfgov.org			<b>Telephone</b> (415) 704-5500		
<b>Signature</b> ▶			<b>Date</b>		
<b>Accepted by:</b>					
<b>Signature of the Deputy Director, Office of Equity, CDSS</b> ▶			<b>Date</b>		
<b>FOR CDSS USE ONLY</b>					
<b>Supplier ID</b> 0000007690			<b>Reporting Structure</b> 51809990		
<b>Service Location</b> 12643		<b>Object Code</b> 706		<b>Index</b> 9990	
<b>Project and Activity ID for Fund 0890</b> n/a			<b>Appropriation Reference and Program</b> 5180-151-0001 and 4275028		



## **Allocation Notification and Award (Continued)**

### **General Requirements**

By signing this Allocation Notification and Award, Recipient is certifying that it will use the allocated funds for the Funded Purpose identified in the Authorizing Legislation.

In addition, Recipient agrees to abide by the following:

- Recipient shall follow any applicable federal or state law relating to this Funded Purpose.
- Recipient shall maintain accurate fiscal data in accordance with generally accepted accounting principles and, where applicable, standards for governmental entities, documenting actual expenditures by category for the Funded Purpose.
- Recipient shall maintain documentation to substantiate that all costs are reasonable, necessary, allowable, and allocable to the Funded Purpose (e.g., invoices, receipts, agreements).
- By accepting these funds, Recipient agrees and acknowledges this Allocation Notification and Award is subject to audit by the State, including but not limited to, CDSS and the State Auditor, pertaining to the expenditure of funds provided. Recipient shall retain all records related to this Allocation Notification and Award for at least three years after Award Ending Date or where an audit has been requested, until the date the audit is resolved, whichever is longer.
- Recipient agrees to timely submit required forms, such as the Payee Data Record 204, to allow CDSS to disburse the allocated funds.
- Recipient may, at the request of CDSS, be required to provide reports related to the Funded Purpose. Such reports include, but are not limited to, any reports required by the Legislature, expenditure reports, and a close-out report.

**Mayor's Office of Housing and Community Development**  
City and County of San Francisco



**Daniel Lurie**  
Mayor

**Daniel Adams**  
Director

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**From:** Benjamin McCloskey, Deputy Director Mayor's Office of Housing and Community Development

**DATE:** January 28, 2025

**SUBJECT:** Accept and Expend Resolution for California Department of Social Services budget allocation and award for supportive services targeted to the transgender immigrant community

**GRANT TITLE:** California Department of Social Services Allocation for Center for Immigrant Protection

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Attached please find the original and 2 copies of each of the following:

- X Proposed resolution; original signed by Department, Mayor, Controller
- X Grant information form
- X Grant budget
- X Ethics Form 126
- X Grant award letter from funding agency
- X Grant agreement
- N/A Other (Explain):

Departmental representative to receive a copy of the adopted resolution:

Name: Benjamin McCloskey  
Phone: 415-701-5575  
Interoffice Mail Address: Benjamin.McCloskey@sfgov.org  
Certified copy required Yes ☐

No ☒



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 250104

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Andrea Gremer	628-652-5961
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
MYR Mayor's Office of Housing and CD	andrea.gremer@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Center for Immigrant Protection	<b>TELEPHONE NUMBER</b> None
<b>STREET ADDRESS (including City, State and Zip Code)</b> 526 Castro Street, San Francisco, CA 94114	<b>EMAIL</b> info@lgbtasylumproject.org

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 250104
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$250,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Pursuant to the California Budget Act of 2024 (Provision 15, Section 195 of Senate Bill 108, Chapter 35, Statutes of 2024), MOHCD has been awarded \$250,000.00 for the Center for Immigrant Protection to provide supportive services and programming for the transgender immigrant community.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Rimi	Anjali	Board of Directors
2	Hundley	Ryan	Board of Directors
3	Pai	Anisha	Board of Directors
4	Yuzgec	Gulhan	Board of Directors
5	Patalinghug	Jethro	Board of Directors
6	Herrera	Juan	Board of Directors
7	De La Vega	Alejandra	Board of Directors
8	Peraza	Jupiter	Board of Directors
9	Sengun	Okan	CEO
10	Arun	Kenan	CEO
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**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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☐ Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

**SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK**

**DATE SIGNED**

BOS Clerk of the Board

OFFICE OF THE MAYOR  
SAN FRANCISCO



DANIEL LURIE  
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Adam Thongsavat, Liaison to the Board of Supervisors  
RE: Accept and Expend Grant – Retroactive – California Department of Social Services – Center for  
Immigrant Protection - \$250,000 - FY2024-2027  
DATE: January 28, 2025

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Resolution retroactively authorizing the Mayor's Office of Housing and Community Development ("MOHCD"), on behalf of the City and County of San Francisco (the "City"), to execute and submit a Certification of Acceptance of Allocation Requirements (the "Certification") to the California Department of Social Services and take all actions in compliance with the Certification for a grant of \$250,000 under the Special Programs appropriated through the Budget Act of 2024, Section 195; and authorizing the City to accept and expend the grant in the amount of \$250,000 under the Special Programs appropriated through the Budget Act of 2024, Section 195 for the period of July 1, 2024 to June 30, 2027 for the purpose of providing supportive services and programming for the immigrant community in San Francisco.

Should you have any questions, please contact Adam Thongsavat at [adam.thongsavat@sfgov.org](mailto:adam.thongsavat@sfgov.org)