

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

Grant Information Form
(Effective March 2005)

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: Crane Cove Park Fundraising Initiative
2. Department: Port of San Francisco
3. Contact Person: Crezia Tano-Lee Telephone: 415-653-9517
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$7,000,000
- 6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable): n/a
- 7a. Grant Source Agency: San Francisco Parks Alliance
b. Grant Pass-Through Agency (if applicable): n/a
8. Proposed Grant Project Summary: The San Francisco Parks Alliance is partnering with the Port of San Francisco to provide private funds and in-kind contributions over the next five to eight years to complete remaining project components including the children's playground, dog run, and restoring the two historic crane tops.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: November 1, 2021 End-Date: March 31, 2028
- 10a. Amount budgeted for contractual services: TBD Based on funds raised
b. Will contractual services be put out to bid?
If funds are raised, Port Contract Procurement Process will be implemented
c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes
d. Is this likely to be a one-time or ongoing request for contracting out? One-time
- 11a. Does the budget include indirect costs? Yes No
b1. If yes, how much? \$ n/a
b2. How was the amount calculated? n/a

c. 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?

Department and Division Indirect Costs

12. Any other significant grant requirements or comments:

Design for the components will undergo further review (e.g. ADA, CEQA, etc.) at the time funding is raised.

****Disability Access Checklist****

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

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

New Structure(s)

14. The Departmental ADA Coordinator and/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 or Mayor's Office of Disability Reviewer: W. Proctor
(Name)

Date Reviewed: 9/16/2021

Department Approval: Elaine Forbes Executive Director
(Name) (Title)

(Signature) 