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: Donation Pursuant to the order of revised distribution of the Margaret Seneshen Living Trust
- 2. Department: San Francisco Police Department
- 3. Contact Person: Robert Ashpole Telephone: 415-837-7211
- 4. Grant (gift) Approval Status (check one):
 - [X] Approved by funding agency [] Not yet approved
- 5. Amount of Grant (gift) Funding Approved or Applied for: \$23,405.32
- a. Matching Funds Required: \$0
 b. Source(s) of matching funds (if applicable):
- 7. a. Grant (gift) Source Agency: Margaret Seneshen Living Trust
 - b. Grant Pass-Through Agency (if applicable):
- Proposed Grant (gift) Project Summary: A check in the amount of \$23,405.32 to the San Francisco Police Department pursuant to the order of revised distribution of the Margaret Seneshen Living Trust to the Police Department Mounted Unit.
- 9. Grant (gift) Project Schedule, as allowed in approval documents, or as proposed:

As this is a one-time donation, there is no schedule

- 10. a. Amount budgeted for contractual services: N/A
 - 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 [X] 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 [x] Other (please explain): N/A
 - c. 2. If no indirect costs are included, what would have been the indirect costs? None

Disability Access Checklist*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)				
13. This Grant (gift) is intended for activities at (check all that apply):				
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[X] Existing Program(s) or Service(s) [] New Program(s) or Service(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;				
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: SGT. SCOTT KIESEL #4122 Penpy Si 4 FOR (Name)				
Departmental ADA Coordinator				
Date Reviewed: $\frac{9/2}{2}$	-5/24	(Signature Required)		

Department Head or Designee Approval of Grant Information Form:

William Scott (Name)		
Chief of Police		
(Title)		$\sim 00 \div 0$
Date Reviewed:	29/17/2024	Willin South
		(Cignoture Dequired)