

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

Grant Resolution Information Form
 (Effective July 2011)

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

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

1. **Grant Title:** State-County Assessor’s Partnership Agreement Program (SCAPA)
2. **Department:** Assessor-Recorder
3. **Contact Person:** Edward J. McCaffrey **Telephone:** (415) 554-5231
4. **Grant Approval Status (check one):**
 Approved by funding agency Not yet approved
5. **Amount of Grant Funding Approved or Applied for:** \$1,285,000
6. a. **Matching Funds Required:** \$1,285,000
 b. **Source(s) of matching funds (if applicable):** Non-General Fund monies through a work order with the Department of Building Inspection.
7. a. **Grant Source Agency:** California Department of Finance
 b. **Grant Pass-Through Agency (if applicable):** n/a

8. Proposed Grant Project Summary:

The California State Legislature and Governor Jerry Brown have established the State-County Assessor’s Partnership Agreement Program to enhance local property assessment efforts. The Program will begin on a three-year pilot basis and be administered by the Department of Finance. Program funds are to be used to supplement, and not supplant, existing funding. This Program is codified in Revenue and Taxation Code Section 95.5.

The City and County of San Francisco applied on September 15, 2014, and was awarded \$1.285 million in total grant funding over the three-year period to focus exclusively on new construction assessments and enrollment (\$300,000 in FY2014-15, \$460,000 in FY2015-16 and \$525,000 in FY2016-17). Program funds will be used to hire and support additional staff involved in assessing and enrolling newly constructed property and in-progress new construction valuations. Along with San Francisco’s dollar-for-dollar match, state funds will provide much needed additional resources to reduce the backlog of new construction assessments and pilot more efficient processes.

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

Start-Date: October 15, 2014 **End-Date:** June 30, 2017

10. a. **Amount budgeted for contractual services:** None
- 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

c. 2. How was the amount calculated? n/a

b. 1. 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):

c. 2. If no indirect costs are included, what would have been the indirect costs?

The department does not have an established indirect cost rate in order to calculate what would have been the indirect costs.

12. Any other significant grant requirements or comments: n/a

****Disability Access Checklist****

15. 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)

16. 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 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 ADA Coordinator or Mayor's Office of Disability Reviewer:

Mike Nettles

(Name)

Senior Personnel Analyst

(Title)

Date Reviewed: _____

(Signature Required)

Overall Department Head or Designee Approval:

Carmen Chu

(Name)

Assessor-Recorder

(Title)

Date Reviewed: _____

(Signature Required)