

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: **Infill Infrastructure Grant**
2. Department: **Treasure Island Development Authority (TIDA/ADM)**
3. Contact Person: **Jamie Querubin** Telephone: **(415) 844-0620**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$30,000,000.00**
6. a. Matching Funds Required: \$ **N/A**
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Grant Source Agency: **California Department of Housing and Community Development**
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: **Grant proceeds will be dedicated to the development and construction of Qualified Infill Area on Treasure Island & Yerba Buena Island related to the development of housing on Treasure Island. The capital project consists of widening the existing Hillcrest Road, a Class II bike lane to complete the bicycle circulation network on Yerba Buena Island, and a one-way 2-lane roadway with a dedicated bike path between the Westside Bridges project and over the I-80 Tunnel Portal. The conceptual design includes removal of existing retaining walls and construction of new retaining walls set further into the steep hillside above Hillcrest Road, with design features to limit distractions to I-80 drivers.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **TBD, depending on execution date of Standard Agreement**
End-Date: **6/30/2028 (termination date of Standard Agreement)**

10. a. Amount budgeted for contractual services: **\$29,100,000**
b. Will contractual services be put out to bid? **YES**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **NO (Federal/State funds subject to Federal DBE requirements)**
d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**
11. a. Does the budget include indirect costs?
 Yes 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 [X] 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?

12. Any other significant grant requirements or comments: **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 is intended for activities at (check all that apply):

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

Please route accessibility review portions to DPW Disability Access Coordinators in advance of review deadlines, per (3) above.

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

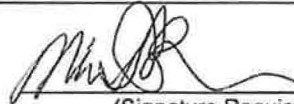
Nicole Bohn

(Name)

Director, Mayor's Office on Disability

(Title)

Date Reviewed: April 27, 2021



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Ken Bukowski

(Name)

Deputy City Administrator

(Title)

Date Reviewed: 4/30/21



(Signature Required)