

**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: **Hazard Mitigation Grant Program (HMGP) #4344-459-102R, Castro Mission Health Center Seismic Upgrade**

2. Department: **Department of Public Health**

3. Contact Person: **Kay Kim** Telephone: **(415) 554-2582**

4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$1,614,159.75**

6. a. Matching Funds Required: **\$538,053.25**  
b. Source(s) of matching funds (if applicable): **2016 Public Health & Safety General Obligation Bond (Resolution No. 450-20, File No. 201094)**

7. a. Grant Source Agency: **Federal Emergency Management Agency (FEMA)**  
b. Grant Pass-Through Agency (if applicable): **California Office of Emergency Services (CalOES)**

8. Proposed Grant Project Summary: **This project will include the construction of six reinforced concrete shearwalls with new foundations extending below the existing building foundation to the roof. A new fire alarm suppression and detection system will be installed for the entire second floor. A new fire alarm control panel and annunciator will be installed on the first floor and fire alarm devices and connections to smoke dampers will be implemented on the second floor. Modifications will be made to exterior of building, and entire interior will be remodeled with new spatial arrangement, partitions, and finishes. ADA-compliant restrooms will be installed.**

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

Start-Date: **May 22, 2020** End-Date: **April 2, 2023**

10. a. Amount budgeted for contractual services: **\$1,614,159.75**  
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 fund do not allow geographical preference]**  
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

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? **5% of Labor cost**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to May 22, 2020. The Department received the award on May 26, 2020. This grant does not require an ASO amendment.**

	(Existing) \$538,053.25 – 2016 Bond
Contract: CTR00002042	Fund: 15515
Fund: 11580	Authority: 11496
Authority: 10001	Project: 10031565
Project: 10031565 (existing Castro Mission Bond Project ID)	Activity: 47 (Funds pending Nov Bond sale)
Project Description: Castro Mission Health Center project includes seismic upgrade, partial renovation of the first floor, and a complete renovation of the second floor.	Dept: 229787
Activity: 62 (New) FEMA fund chart field	
Department: 207982	

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

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 11/1/2020 | 9:25 AM PST

DocuSigned by:  
Toni Rucker  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 11/3/2020 | 4:14 PM PST

DocuSigned by:  
Greg Wagner  
(Signature Required)

Greg wagner, COO for