

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

Grant Ordinance Information Form

(Effective July 2011)

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

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

1. Grant Title: Board of State and Community Corrections Proposition 64 Public Health and Safety Grant Program

2. Department: City Administrator / Office of Cannabis

3. Contact Person: Ken Bukowski

Telephone: 415-554-6172

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$1,000,000

6. a. Matching Funds Required: \$

b. Source(s) of matching funds (if applicable):

7. a. Grant Source Agency: Board of State and Community Corrections

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: To fund projects addressing public health and safety associated with the implementation of the Control, Regulate and Tax Adult Use of Marijuana Act.

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

Start-Date: May 1, 2021

End-Date: October 31, 2024

10. Number of new positions created and funded: One (1)

11. Explain the disposition of employees once the grant ends? Temporary exempt position would end.

12. a. Amount budgeted for contractual services: \$100,000

b. Will contractual services be put out to bid? To be determined

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes

d. Is this likely to be a one-time or ongoing request for contracting out? One time

13. a. Does the budget include indirect costs? Yes No

b. 1. If yes, how much? \$100,000

b. 2. How was the amount calculated? 10% of the total award, per grant agreement.

c. 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?

14. Any other significant grant requirements or comments: Although the grant is awarded, it will not be disbursed until this is passed.

****Disability Access Checklist****

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

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

Staff position should be familiar with accessibility requirements as applied to the scope of this work. Please contact MOD for training, as needed.

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

Nicole Bohn

(Name)

Director, Mayor's Office on Disability

(Title)

Date Reviewed: June 18, 2021


(Signature Required)

Overall Department Head or Designee Approval:

Kenneth A. Bukowski

(Name)

Deputy City Administrator

(Title)

Date Reviewed: 6/14/21


(Signature Required)