

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 of in-kind gifts, services and cash grant funds.

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

1. Grant Title: Friends of the San Francisco Public Library Mission Branch Renovation Project Grant Award, FY22

2. Department: Public Library

3. Contact Person: Christine Murdoch Telephone: 557-4246

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: Up to \$875,500 of in-kind gifts, services and cash monies.

6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: Friends of the San Francisco Public Library
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: The Friends of the San Francisco Public Library (Friends) is a non-profit organization that advocates, fundraises, and provides critical support for the San Francisco Public Library and related literary and educational programs. This grant allows the Library to deliver excellent library .

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

Start-Date: July 1, 2021 End-Date: June 30, 2025

10a. Amount budgeted for contractual services: \$0

- b. Will contractual services be put out to bid?
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
- d. Is this likely to be a one-time or ongoing request for contracting out?

11a. 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
 Other (please explain):

To maximize use of grant funds on direct services

c2. If no indirect costs are included, what would have been the indirect costs? There is not an indirect cost plan and we do not have an estimate of what these costs would be.

12. Any other significant grant requirements or comments:

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

Tom Fortin
(Name)

Chief of Main
(Title)

Date Reviewed: 5/14/2021

DocuSigned by:
Thomas Fortin

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Michael Lambert
(Name)

City Librarian
(Title)

Date Reviewed: 5/14/2021

DocuSigned by:
Michael Lambert

(Signature Required)