

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: **Blue Shield of California Foundation Economic Security and Mobility Program**

2. Department: **Status of Women**

3. Contact Person: **Kimberly Ellis** Telephone: **415-252-2571**

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

5. Amount of Grant Funding Approved or Applied for: **\$200,000**

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

7. a. Grant Source Agency: **Blue Shield of California Foundation**
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary:

Funding from the Blue Shield of CA Foundation will enable Department on the Status of Women (the Department) to (1) evaluate the impact of economic supports such as guaranteed income and micro-grants on women’s health, safety, and economic security; (2) advocate for the expansion of guaranteed income and/or micro-grants for survivors of domestic violence, human trafficking, and justice-impacted women; and (3) launch a micro-grant fund for survivors of domestic violence, human trafficking, and justice-impacted women.

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

Start-Date: **10/01/2022** End-Date: **09/30/2024**

10. a. Amount budgeted for contractual services: **\$173,514**
b. Will contractual services be put out to bid? **No. The project is a collaboration with two community organizations that have partnered in the previous contract of the program and will continue to work on supporting and providing the service delivery of this project.**
c. If so, will contract services help to further the goals of the Department’s Local Business Enterprise (LBE) requirements? **Sub-contractors are non-profits, not businesses.**
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? **\$20,514.00**

- b. 2. How was the amount calculated? **10% of direct costs**
- 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?

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 checked="" 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:

Lauren Battung
(Name)

Department ADA Coordinator/Executive Management Assistant
(Title)

Date Reviewed: 11/15/2022

DocuSigned by:
Lauren Battung
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(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Kimberly Ellis
(Name)

Director
(Title)

Date Reviewed: 11/15/2022

DocuSigned by:
Kimberly Ellis
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(Signature Required)