

**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: **Pedestrian and Bicycle Safety Program**

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

3. Contact Person: **Mimi Tam** Telephone: 628-217-6155

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$100,000**

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **United States Department of Transportation (DOT)**

b. Grant Pass-Through Agency (if applicable): **California Office of Traffic Safety**

8. Proposed Grant Project Summary:

**Best practice strategies will be conducted to reduce the number of persons killed and injured in crashes involving pedestrians and bicyclists. The funded strategies may include classroom education, community events, presentations, and workshops. These countermeasures should be conducted in communities with high numbers of pedestrian and/or bicycle related crashes including underserved communities, older adults, people with disabilities, multi-lingual speaking residents and school-aged children. Coordinated efforts such as Safe Routes to School initiatives, Vision Zero campaigns, and working with community-based organizations and health service providers are highly encouraged to prevent fatalities and injuries of vulnerable non-motorized road users.**

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

Start-Date: **10/01/2020** End-Date: **09/30/2021**

10a. Amount budgeted for contractual services: **\$19,768**

b. Will contractual services be put out to bid? **No.**

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? **One-time**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? \$

b2. How was the amount calculated? **N.A.**

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? **10% of Personnel costs, Travel expenses and Contractual services.**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to October 01, 2020. The Department received the letter of funding allocation on September 28, 2020.**

**Project Description: HD EHS EH16 2021 Pedestrian an**

**Project Code: 10036887**

**Fund: 11580**

**Dept ID: 251975**

**Authority: 10001**

**Activity: 0001**

**\*\*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 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:

Toni Rucker PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 11/1/2020 | 3:02 PM PST

DocuSigned by:  
Toni Rucker  
A04292F7331F44D...  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 11/3/2020 | 4:28 PM PST

DocuSigned by:  
Greg Wagner  
28527324732939F...  
(Signature Required)

Greg Wagner, COO for