

File Number: _____

(Provided by Clerk of Board of Supervisors)

Grant Information Form

(Effective March 2005)

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: n/a – this is a gift
2. Department: 82 – Public Health
3. Contact Person: Greg Wagner Telephone: 415.554.2900
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$5,000,000 gift (not grant)
- 6a. Matching Funds Required: \$0
- b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: San Francisco General Hospital Foundation (gift, not grant)
- b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: furniture, fixtures & equipment at new San Francisco General Hospital
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 11/21/15 End-Date: 11/21/16
10. Number of new positions created and funded: 0
11. If new positions are created, explain the disposition of employees once the grant ends?
- 12a. Amount budgeted for contractual services: \$0
- b. Will contractual services be put out to bid? n/a
- c. If so, will contract services help to further the goals of the department's MBE/WBE requirements?
- d. Is this likely to be a one-time or ongoing request for contracting out? n/a
- 13a. Does the budget include indirect costs? Yes No
- b1. If yes, how much? \$

b2. How was the amount calculated? n/a

c. 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): not applicable, this is a gift designated for the purchase of furniture, fixtures & equipment for the new San Francisco General Hospital

c2. If no indirect costs are included, what would have been the indirect costs?

n/a

14. Any other significant grant requirements or comments:

****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 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 checked="" type="checkbox"/> New Structure(s) | |

16. The Departmental ADA Coordinator and/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:

Departmental or Mayor's Office of Disability Reviewer: Ron Weigelt
(Name)

Date Reviewed: 10/30/15

Department Approval: Greg Wagner, Chief Financial Officer
(Name) (Title)
 
(Signature)