

**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: **Accept and Expend Grant –Water Emergency Transportation Agency - \$28,000,000**
2. Department: **Port of San Francisco**
3. Contact Person: **Julia Ayeni** Telephone: **415.962.6688**
4. Grant Approval Status (check one):  

☒ Approved by funding agency      ☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$28,000,000**
6. a. Matching Funds Required: **0**  
 b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: **Water Emergency Transportation Agency**  
 b. Grant Pass-Through Agency (if applicable): **NA**
8. Proposed Grant Project Summary: **Construction of the Mission Bay Ferry Landing to create a southern hub for ferry service into San Francisco that will address regional transportation demand for current and future development around Mission Bay and the Central Waterfront**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
 Start-Date: **June 1, 2025**      End-Date: **October 1, 2028**
10. a. Amount budgeted for contractual services: **\$28,000,000**  
 b. Will contractual services be put out to bid? **Yes**  
 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?
11. a. Does the budget include indirect costs?  

☐ Yes      ☒ **No**

b. 1. If yes, how much?  
 b. 2. How was the amount calculated?  
  
 c. 1. If no, why are indirect costs not included? **N/A**

☐ 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? **N/A**
12. Any other significant grant requirements or comments: **No**

**\*\*Disability Access Checklist\*\* (Department must forward a copy of all completed Grant Information Forms to the Office of Disability and Accessibility)**

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 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) |  |

14. The Departmental ADA Coordinator or the Office of Disability and Accessibility 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 Port of SF Access Compliance Officer or the Office of Disability and Accessibility Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Office of Disability and Accessibility Reviewer:

Melanie Kung

(Name)

Disability Access Coordinator, Port of SF

(Title)

Date Reviewed: 5/19/2025

DocuSigned by:

*Melanie Kung*

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(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Elaine Forbes

(Name)

Executive Director

(Title)

Date Reviewed: 5/19/2025

DocuSigned by:

*Elaine Forbes*

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(Signature Required)