File Number:  (Provided by Clerk of Board of Supervisors)						
<u>Grant</u>	Information Form					
(Effective March 2005)						
Purpose: Accompanies proposed Board of Super expend grant funds.	visors resolutions authorizing a Department to accept and	d				
The following describes the grant referred to in the	e accompanying resolution:					
1. Grant Title: 22 <sup>nd</sup> Street Trail Steps						
2. Department: Recreation and Park Department						
3. Contact Person: Tamar Barlev Tele	phone: (415) 831-6842					
4. Grant Approval Status (check one):						
[x] Approved by funding agency	[] Not yet approved					
5. Amount of Grant Funding Approved or Applied for: \$580,000						
6a. Matching Funds Required: \$0 b. Source(s) of matching funds (if applicable):						
. 7a. Grant Source Agency: Dogpatch & Northwes of Potrero Hill Recreation Center) b. Grant Pass-Through Agency (if applicable):	t Potrero Hill Green Benefit District (fiscal sponsor for Frie	ends				
Dogpatch & Northwest Potrero Hill Green Benefi construction of a set of pathway steps along an U Recreation Center on 22 <sup>nd</sup> Street between Misso	ds of Potrero Hill Recreation Center, through its fiscal spot District, is proposing an in-kind grant for the design and Inaccepted Right of Way adjacent to the Potrero Hill uri and Connecticut Streets. The cost estimate for this proportion Hill Recreation Center and their fiscal sponsor, District have raised for this project.					
9. Grant Project Schedule, as allowed in approve	al documents, or as proposed:					
Start-Date:upon approval by the Board of Superv	isors End-Date: upon notice of substantial completic	'n				
10a. Amount budgeted for contractual services:						
b. Will contractual services be put out to bid?	No					
<ul> <li>c. If so, will contract services help to further the requirements? N/A</li> </ul>	e goals of the department's MBE/WBE					
d. Is this likely to be a one-time or ongoing red	quest for contracting out? N/A					
11a. Does the budget include indirect costs?	[] Yes [X] No					
b1. If yes, how much? \$						

b2. How was the amount of	calculated?					
c. If no, why are indirect co [] Not allowed by gra [] Other (please expl	inting agency	[X] To maximi	ze use of grant funds on	ı direct services		
c2. If no indirect costs are	e included, what would	I have been the	e indirect costs?			
12. Any other significant grant requirements or comments:						
**Disability Access Checkl	ist***					
13. This Grant is intended fo	r activities at (check al	I that apply):				
<ul><li>[x] Existing Site(s)</li><li>[] Rehabilitated Site(s)</li><li>[] New Site(s)</li></ul>	[ ] Existing Structure(s) [ ] Rehabilitated Structure(s) [X ] New Structure(s)		[] Existing Program(s) or Service(s) [] New Program(s) or Service(s)			
14. The Departmental ADA (concluded that the project as other Federal, State and local disabilities, or will require un	s proposed will be in co al access laws and reg	ompliance with ulations and wi	the Americans with Disa Il allow the full inclusion	bilities Act and all of persons with		
Comments: Compliance inclu 1. Ensuring that any ser and have been inspe DAC. 2. Having staff trained in 3. Having auxiliary aids	rvice areas and related octed and approved by and how to provide reaso	I facilities open the RPD Disab nable modifica	ility Access Coordinator tions in policies, practice	(DAC) or the DPW es, and procedures.		
Departmental Disability Acce	ess Coordinator: John I	Romaidis, CAS (Name) Docusigned by:	р			
Date Reviewed: 7/15/2025		John Romaidi ——*(Signature)				
Department Approval: Ph	(Name)  (Signature)	General M (Title)	anager			