

File No. 111318

Committee Item No. 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: January 4, 2012

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget & Legislative Analyst Report |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |

OTHER

(Use back side if additional space is needed)

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Completed by: Victor Young
Completed by: Victor Young

Date: December 30, 2011
Date: _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Accept and Expend Grant - Lead Hazard Reduction Demonstration Program for FY2011-
2 2012 - \$2,500,000]

3 **Resolution authorizing the Mayor's Office of Housing to retroactively accept and**
4 **expend a grant from the U.S. Department of Housing and Urban Development for lead-**
5 **based paint hazard reduction in the amount of \$2,500,000 and program income not to**
6 **exceed \$200,000.**

7
8 WHEREAS, The U.S. Department of Housing and Urban Development (HUD) has
9 awarded a Fiscal Year 2011 Lead Hazard Control Grant to the City and County of San
10 Francisco (the City) in the amount of \$2,500,000 (the Grant), for a period of not more than
11 thirty-six months for the purpose of controlling lead based paint in eligible rental housing units
12 and homeowner occupied housing units constructed before 1978; and

13 WHEREAS, On November 1, 2011, the Director of the Mayor's Office of Housing
14 (MOH) entered into an agreement with HUD to accept the Grant; and,

15 WHEREAS, Under the Grant agreement HUD requires the City to submit its
16 performance benchmarks and proposed budget within 60 days for HUD review and approval,
17 and to commence operation of the lead hazard reduction demonstration program funded by
18 the Grant no later than December 3rd, 2011; and

19 WHEREAS, MOH has prepared the performance benchmark schedule and proposed
20 budget for the use of the Grant on file with the Clerk of the Board of Supervisors in
21 File No. 111318, which is hereby declared to be a part of this resolution as if set forth fully
22 herein; and

23 WHEREAS, The proposed budget includes existing and expected program income not
24 to exceed \$200,000 and indirect costs at a rate of 15%; and

1 WHEREAS, The matching funds of 36% required for the Grant have previously been
2 approved by the Board as part of the Community Development Block Grant Budget, the
3 Childhood Lead Poisoning Grant Budget, and the 2011-12 Annual Appropriation Ordinance;
4 and

5 WHEREAS, No amendment to the 2011-2012 Annual Salary Ordinance is required
6 with the acceptance of this Grant; now, therefore, be it

7 RESOLVED, That the Board of Supervisors hereby authorizes the Director of MOH or
8 his designee, on the behalf of the City, retroactively to accept and to expend the Grant and
9 any program income associated with the Grant; and, be it

10 FURTHER RESOLVED, That the Director of MOH or his designee is hereby authorized
11 to submit documentation and certifications required by HUD on behalf of the City.


12
13 Recommended:

14 Mayor's Office of Housing

15 
16 Olson Lee, Director

17 Approved:

18 
19 Edwin M. Lee, Mayor

20 
21 Ben Rosenfield, Controller

MAYOR'S OFFICE OF HOUSING
CITY AND COUNTY OF SAN FRANCISCO



EDWIN M. LEE
MAYOR

OLSON LEE
DIRECTOR

MEMORANDUM

To: Angela Calvillo, Clerk of the Board of Supervisors
From: Olson Lee, Director *Ol*
Date: November 4, 2011
Subject: Accept and Expend Resolution
Grant Title: FY11 Lead Hazard Reduction Demonstration Grant

The Mayor's Office of Housing (MOH) has received an award from the U.S. Department of Housing and Urban Development (HUD) Office of Healthy Homes and Lead Hazard Control in the amount of \$2,500,000. The award will be used to implement and administer the Mayor's Office of Housing Lead Program which will remediate lead-based paint hazards in approximately 125 units of pre-1978, privately owned housing for low-income families.

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution
- Grant information form, including disability checklist
- Grant award letter from funding agency
- Grant Agreement - HUD form 1044
- Grant budget
- Grant performance benchmarks

Departmental representative to receive a copy of the adopted resolution:

Name: Sonia Delgado-Schaumberg
Phone: 701-5540
Interoffice Mail Address: sonia.delgado-schaumberg@sfgov.org
Certified copy required Yes No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

File Number: _____

(Provided by Clerk of Board of Supervisors)

Grant Information Form

(Effective January 2000)

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: FY2011 Lead Hazard Reduction Demonstration Grant Program

2. Department: Mayor's Office of Housing (MOH)

3. Contact Person: Sonia Delgado-Schaumberg Telephone: 701-5540

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$ 2,500,000

6a. Matching Funds Required: \$895,104 over three-year grant period

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

Community Development Block Grant funds (57% of match) and Department of Public Health in-kind support (43% of match).

7a. Grant Source Agency: U.S. Department of Housing and Urban Development

b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary:

The award will be used to implement and administer the Mayor's Office of Housing Lead Reduction Program. The program will provide grants to property owners to remediate lead-based paint hazards in pre-1978, privately owned housing for low-income families. The program also will provide outreach and education for the prevention of lead poisoning in children ages six and younger.

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

Start Date: November 1, 2011

End Date: October 31, 2014

10. Number of new positions created and funded: 0

11. If new positions are created, explain the disposition of employees once the grant ends? N/A

12a. Amount budgeted for contractual services: \$363,581

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 MBE/WBE requirements? Yes

d. Is this likely to be a one-time or ongoing request for contracting out? One-time

13a. Does the budget include indirect costs?

Yes No

b1. If yes, how much?

\$132,255 from the grant

b2. How was the amount calculated?

The grantor allows a maximum of 15% of salary and fringe expenditures to be included for indirect costs.

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):

14. Any other significant grant requirements or comments:

HUD requires quarterly progress reports.

****Disability Access Checklist****

15. This Grant is intended for activities at (check all that apply):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

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:

For capital projects, ADA compliance and review is required before the project can commence and before any funds are expended. MOH works closely with MOD to obtain project-by-project approvals as necessary.

Departmental or Mayor's Office of Disability Reviewer: _____

(Name)

Date Reviewed:

11/7/2011

Department Approval:

Olson Lee,

Director

(Name)

(Title)

(Signature)



U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT
WASHINGTON, DC 20410-3000

OFFICE OF HEALTHY HOMES AND
LEAD HAZARD CONTROL

October 26, 2011

City and County of San Francisco, Mayor Office of Housing
Attn: Douglass Shoemaker
1 South Van Ness Avenue
5th floor
San Francisco, CA 94103-1267

Dear Mr. Shoemaker:

The Department of Housing and Urban Development is pleased to announce that your application submitted in response to the **Office of Healthy Homes and Lead Hazard Control's (OHHLHC's) Fiscal Year 2011 Lead Hazard Reduction Demonstration Program** Notice of Funding Availability has been selected for a grant award.

OHHLHC is sending a Unilateral Grant Agreement (Form HUD-1044) that will not require signature from the Grantee. The basic proposal is subject to discussions and further negotiations. These discussions must be completed by **October 15, 2011** for which an amended agreement (Form HUD-1044 (*Amendment*)) will be issued to incorporate the negotiated changes, and subsequently a revised management work plan, benchmark schedule, and budget (if necessary). In addition, the amended grant agreement will require the Authorizing Official's signature along with the Grant Officer to initiate the period of performance and fully execute grant funds.

It is with great pleasure to serve as your Grant Officer during the negotiations. If you have any questions regarding the Grant Agreement and/or Terms and Conditions, please do not hesitate to contact me. I may be reached by phone at 202-402-7584 or email at Royal.A.Rucker@hud.gov. Your Project Director will also be contacted in the next few days by a Government Technical Representative to provide technical assistance and review the special terms of this award.

Again, congratulations on your award. My office looks forward to assisting you in implementing the program so that, together, we can protect children from residential health and safety hazards.

Sincerely,

A handwritten signature in black ink, appearing to be "Royal A. Rucker", written over a circular scribble.

Royal A. Rucker
Grants Officer

cc:

William Nellis, Government Technical Representative
Karen Griego-West, Field Representative

Assistance Award/Amendment

**U.S. Department of Housing and
Urban Development
Office of Administration**

1. Assistance Instrument <input type="checkbox"/> Cooperative Agreement <input checked="" type="checkbox"/> Grant		2. Type of Action <input type="checkbox"/> Award <input checked="" type="checkbox"/> Amendment	
3. Instrument Number CALHD0225-11	4. Amendment Number 3	5. Effective Date of this Action See Block #16	6. Control Number
7. Name and Address of Recipient City and County of San Francisco, Mayor Office of Housing 1 South Van Ness Avenue, 5th Floor San Francisco, CA 94103-1267		8. HUD Administering Office HUD, Office of Healthy Homes and Lead Hazard Control 451 Seventh Street, SW Room 9245 Washington, DC 20410	
10. Recipient Project Manager Ms. Sonia Delgado-Schaumber, (415) 701-5540; <u>Sonia.delgado-schaumber@sfgov.org</u>		8a. Name of Administrator Deborah Roane	8b. Telephone Number (202) 402- 7592
11. Assistance Arrangement <input checked="" type="checkbox"/> Cost Reimbursement <input type="checkbox"/> Cost Sharing <input type="checkbox"/> Fixed Price		9. HUD Government Technical Representative William Nellis, (202) 402-7684	
12. Payment Method <input type="checkbox"/> Treasury Check Reimbursement <input type="checkbox"/> Advance Check <input checked="" type="checkbox"/> Automated Clearinghouse		13. HUD Payment Office U.S. Dept. of HUD CFO Accounting Center, 6AF 801 Cherry St., Unit #45 Ste. 2500 Ft. Worth, TX 76102	
14. Assistance Amount		15. HUD Accounting and Appropriation Data	
Previous HUD Amount	\$2,500,000.00	15a. Appropriation Number	15b. Reservation number
HUD Amount this action	\$0.00	8611/120174 LRLR/LHD	LHD11-05 (FY11)
Total HUD Amount	\$2,500,000.00	Amount Previously Obligated	\$2,500,000.00
Recipient Amount	\$895,104.00	Obligation by this action	\$0.00
Total Instrument Amount	\$3,395,104.00	Total Obligation	\$2,500,000.00



16. Description

Employer identification: 946000417 DUNS: 046004081 Program: LHD

This instrument sets forth the agreement between the parties as to all terms and conditions and provisions herein. By signing this award document, the Grantee certifies that it is in compliance with all administrative and financial provisions of this award. This Grant Amendment will execute grant **funds as of November 1, 2011.**

Period of Performance: November 1, 2011 through October 31, 2014 (36 months)

ALL OTHER TERMS AND CONDITIONS REMAIN UNDER CHANGED.

17. <input checked="" type="checkbox"/> Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office		18. <input type="checkbox"/> Recipient is not required to sign this document.	
19. Recipient (By Name) Olson Lee, Director		20. HUD (By Name) Troy Boston, Grant Officer	
Signature & Title 	Date (mm/dd/yyyy) 10/27/2011	Signature & Title 	Date (mm/dd/yyyy) 10/28/2011

ATTACHMENT F3H

WORK PLAN DEVELOPMENT WORKSHEET WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS FOR 36-MONTH PERIOD OF PERFORMANCE

Lead Hazard Reduction Demonstration Grant Program													OMB Approval Number 2539-0015 (exp 11/30/2010)	
* Grant Number:	Grantee Organization:				Mayor's Office of Housing				* Period of Performance:					
ACTIVITY	** 1Q GY1	2Q GY1	3Q GY1	4Q GY1	1Q GY2	2Q GY2	3Q GY2	4Q GY2	1Q GY3	2Q GY3	3Q GY3	4Q GY3	1Q GY4	
Applicant Capacity (0-120 days)														
Staff Hired	→													
Approved Environmental Review and Release of Funds	→													
Written Policies and Procedures	→													
Healthy Homes Implementation Units in Grant Agreement = 100														
Units Evaluated:	→													
Performance Standard		5%	15%	30%	45%	55%	65%	85%	95%	100%				
Work Plan Milestone		5	23	45	68	83	98	128	143	150				
% Planned														
Actual # Completed														
Actual % Completed														
Units in Progress														
Units Completed and Cleared:	→													
Performance Standard			2%	5%	15%	30%	45%	55%	65%	85%	95%	100%		
Work Plan Milestone			3	6	19	38	55	69	81	106	119	125		
% Planned														
Actual # Completed														
Actual % Completed														
Cumulative LOCCS DRAWDOWNS Grant Award Amount =	→													
Performance Standard				5%	10%	15%	20%	30%	45%	60%	80%	95%	100%	
LOCCS Drawdown Work Plan Milestone				\$ 125,000	\$ 250,000	\$ 375,000	\$ 500,000	\$ 750,000	\$ 1,125,000	\$ 1,500,000	\$ 2,000,000	\$ 2,500,000	\$ 2,500,000	
% Planned														
Actual LOCCS Drawdown														
Actual Cumulative LOCCS Drawdown %														
Healthy Homes Initiative														
Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$2,000,000	→													
Performance Standard				5%	10%	15%	20%	30%	45%	60%	80%	95%	100%	
LOCCS Drawdown Work Plan Milestone				\$ 100,000	\$ 200,000	\$ 300,000	\$ 400,000	\$ 600,000	\$ 900,000	\$ 1,200,000	\$ 1,600,000	\$ 2,000,000	\$ 2,000,000	
% Planned														
Actual LOCCS Drawdown														
Actual Cumulative LOCCS Drawdown %														
Community Outreach / Education / Training														
Community Outreach and Education Work Plan Milestone					2			2			2			
Community Outreach and Education Milestone Achieved														
Skills Training Work Plan Milestone					1			1			1			
Skills Training Milestone Achieved														
Performance Measured Against Close-Out													100%	
* Leave Grant Number and Period of Performance blank at time of	→													
** Q = Quarter; GY = Grant Year	→													

Grant Application Detailed Budget Worksheet

Name and Address of Applicant:

City and County of San Francisco
 Lead Program - Mayor's Office of Housing
 1 South Van Ness, 5th Floor
 San Francisco CA 94103

Category

Detailed Description of Budget (for full grant period)

1. Personnel (Direct Labor)	Estimated Hours at 3.5yrs	Avg FTE	Rate per Hour	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income	
Administration												
Program Director	67	1.00%	\$60	\$4,047		\$4,047						
DPH Public Health Manager	336	5.00%	\$60	\$20,057		\$20,057						
Fiscal Analyst	1,680	25.00%	\$43	\$72,710		\$72,710						
Monitoring & Compliance Manager	336	5.00%	\$43	\$14,542		\$14,542						
Total Administration Direct Labor				\$111,356		\$24,104		\$0			\$0	
Program												
Program Director	270	4.00%	\$60	\$16,188		\$16,188						
Program Manager	5,040	75.00%	\$51	\$258,955		\$258,955						
DPH Public Health Case Manager	1,008	15.00%	\$37	\$37,346		\$37,346						
Intake and Eligibility Coordinator	3,360	50.00%	\$30	\$99,926		\$99,926						
Underwriter	3,360	50.00%	\$37	\$125,630		\$125,630						
Housing Specialist	3,360	50.00%	\$43	\$145,421		\$145,421						
Housing Specialist	3,360	50.00%	\$43	\$145,421		\$145,421						
Housing Specialist	336	5.00%	\$51	\$17,264		\$17,264						
Total Program Direct Labor				\$846,151		\$312,489		\$0			\$0	
Total Direct Labor				\$957,507		\$620,915		\$0			\$0	
2. Fringe Benefits												
Administration												
Program Director	42.00%		\$4,047	\$1,700		\$1,700						
DPH Public Health Manager	35.00%		\$20,057	\$7,020		\$7,020						
Fiscal Analyst	42.00%		\$14,542	\$6,108		\$6,108						
Monitoring & Compliance Manager	42.00%		\$14,542	\$6,108		\$6,108						
Total Administration Fringe				\$45,866		\$8,720		\$0			\$0	
Program												
Program Director	42.00%		\$16,188	\$6,799		\$6,799						
Program Manager	42.00%		\$258,955	\$108,761		\$108,761						
DPH Public Health Case Manager	35.00%		\$37,346	\$13,071		\$13,071						
Intake and Eligibility Coordinator	42.00%		\$99,926	\$41,969		\$41,969						
Underwriter	42.00%		\$125,630	\$52,765		\$52,765						
Housing Specialist	42.00%		\$145,421	\$61,077		\$61,077						
Housing Specialist	42.00%		\$145,421	\$61,077		\$61,077						
Housing Specialist	42.00%		\$17,264	\$7,251		\$7,251						
Total Program Fringe				\$352,769		\$128,631		\$0			\$0	
Total Direct Fringe				\$398,135		\$280,784		\$0			\$0	
3. Travel												
3a. Transportation - Local Private Vehicle												
Travel to job sites			Mileage	Rate per Mile	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
				\$1	\$0		\$0					
Subtotal - Trans - Local Private Vehicle					\$0	\$0	\$0					

Grant Application Detailed Budget Worksheet

Detailed Description of Budget										
	Trips	Fare	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
3b. Transportation - Airfare (show destination)										
Airfare (2 people)	5	\$1,200	\$6,000	\$6,000						
Subtotal - Transportation - Airfare			\$6,000	\$6,000	\$0					
3c. Transportation - Other										
Ground Transportation (2 people)	Quantity	Unit Cost	Estimated Cost	HUD (OH/HLC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Hotel (2 people)	5	\$100	\$500	\$500						
Natl Healthy Homes Conf Reg Fee (2 ppl)	20	\$200	\$4,000	\$4,000						
Other Training Registration Fees	4	\$750	\$3,000	\$3,000						
	10	\$350	\$3,500	\$3,500						
Subtotal - Transportation - Other			\$11,000	\$11,000	\$0					
3d. Per Diem or Subsistence (Indicate location)										
Per Diem (2 people)	Days	Rate per Day	Estimated Cost	HUD (OH/HLC) Share	Applicant Contribution	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
	20	\$150	\$3,000	\$3,000						
Subtotal - Per Diem or Subsistence			\$3,000	\$3,000	\$0					
Total Travel Cost			\$29,000	\$29,000	\$0					\$0
4. Equipment (Only items over \$5,000 Depreciated value)										
Equipment	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Total Equipment Cost										

Grant Application Detailed Budget Worksheet

Detailed Description of Budget										
	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
5. Supplies and Materials (Items under \$5,000 Depreciated Value)										
5a. Consumable Supplies										
Subtotal - Consumable Supplies			\$0	\$0						
5b. Non-Consumable Materials										
Subtotal - Non-Consumable Materials			\$0	\$0						
Total Supplies and Materials Cost			\$0	\$0						
6. Consultants (Types)										
Days	Days	Rate per Day	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Total Consultants Cost			\$0	\$0						
7. Contracts and Sub-Grantees (List Individually)										
CBO Contracts	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
			\$60,000	\$60,000						
Total Subcontracts Cost			\$60,000	\$60,000	\$0					

Grant Application Detailed Budget Worksheet

Detailed Description of Budget										
8. Construction Costs										

Grant Application Detailed Budget Worksheet

8a. Administrative and legal expenses	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Administrative and legal expenses										
8b. Land, structures, rights-of-way, appraisal, etc	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Land, structures, rights-of-way, ...										
8c. Relocation expenses and payments	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Relocation expenses and payments										
8d. Architectural and engineering fees	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Architectural and engineering fees			\$0							
8e. Other architectural and engineering fees	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Other architectural and engineering fees										
8f. Project inspection fees	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Project inspection fees										
8g. Site work	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Site work										
8h. Demolition and removal	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Demolition and removal										
8i. Construction	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Construction										
8j. Equipment	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Equipment										
8k. Contingencies	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Contingencies										
8l. Miscellaneous	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Subtotal - Miscellaneous										
Total Construction Costs										

Grant Application Detailed Budget Worksheet

9. Other Direct Costs	Quantity	Unit Cost	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income	
Lead Hazard Control Remediation	125	\$8,300	\$1,037,500	\$1,034,716	\$2,784						
Relocation of Occupants	80	\$800	\$64,000	\$64,000	\$10,000						
BLL Testing	200	\$50	\$10,000								
Inspection/Risk Assessment	150	\$583	\$87,500	\$87,500							
Project Monitoring & Clearances	125	\$500	\$62,500	\$62,500							
Financing fees and soft costs	125	\$30	\$3,750	\$3,750							
Historical Preservation and Review	125	\$649	\$81,081	\$81,081							
Lab Fees	50	\$200	\$10,000	\$10,000							
Cleaning	125	\$500	\$62,500	\$62,500							
DPH Training	100	\$156	\$15,600		\$15,600						
Program Supplies	9	\$5,000	\$5,000		\$5,000						
Community Outreach	9	\$278	\$2,500		\$2,500						
Education Materials	9	\$278	\$2,500		\$2,500						
Printing and software		\$2,685	\$2,685		\$2,685						
Other DPH In-kind Outreach			\$82,000		\$82,000						
Inspection & violations issuance			\$227,000		\$227,000						
Total Other Direct Costs			\$1,756,116	\$0	\$1,406,046	\$360,069	\$0	\$0	\$0	\$0	
Total Direct Costs			\$3,191,757	\$0	\$2,367,745	\$324,012	\$0	\$0	\$0	\$0	
10. Indirect Costs	Type	Rate	Base	Estimated Cost	HUD Share	Applicant Match	Other HUD Funds	Other Federal Share	State Share Local/Tribal Share	Other	Program Income
Total FTE		15.00%	\$1,355,642	\$203,346	\$132,255	\$71,092	\$0	\$0	\$0	\$0	\$0
Operating Costs per salary/fringe				\$203,346	\$132,255	\$71,092	\$0	\$0	\$0	\$0	\$0
Total Indirect Costs				\$203,346	\$132,255	\$71,092	\$0	\$0	\$0	\$0	\$0
Total Estimated Costs				\$3,395,104	\$2,500,000	\$895,104	\$0	\$0	\$0	\$0	\$0

Grant Application Detailed Budget Worksheet Detailed Description of Budget

Analysis of Total Estimated Costs	Estimated Costs	Percent of Total
1 Personnel (Direct Labor)	\$957,507	30%
2 Fringe Benefits	\$598,135	12%
3 Travel	\$20,000	0%
4 Equipment	\$0	0%
5 Supplies and Materials	\$0	0%
6 Consultants	\$0	0%
7 Contracts and Sub-Grantees	\$60,000	2%
8 Construction	\$0	0%
9 Other Direct Costs	\$1,756,115	50%
10 Indirect Costs	\$203,346	6%
Total:	\$3,395,104	100%
HUD (C/HHHC) Share:	\$2,500,000	
Match (as percentage of HUD Share)	35.80%	

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Twegbe Inc.	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> Sorbor Twegbe, Sole Proprieter	
Contractor address: 197 Highland Ave., San Francisco, CA 94110	
Date that contract was approved: <i>(By the SF Board of Supervisors)</i>	Amount of contract: \$300,000
Describe the nature of the contract that was approved: Twegbe, Inc. will perform project monitoring for lead hazard reduction remediation work of participating properties that include privately owned single family homes and tenants occupied multi-family properties.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves: San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

