


PROJECT INFORMATION PACKAGE CHECKLIST

Before a Grant Agreement can be developed, Grantee must send a completed Project Information Package (“Package”) to Agency. Grantee should keep a complete copy of the Package for future use and reference.

All applicable documents must be submitted to Agency along with the checklist below. Grantee should check the appropriate box indicating a document is included in the Package or is not applicable to the project.

Required Documentation	
• Project Information Form (Section F)	<input checked="" type="checkbox"/>
• Project Summary	<input checked="" type="checkbox"/>
• Authorizing Resolution (Section H)	<input checked="" type="checkbox"/>
• Cost Estimate (Section I or J)	<input checked="" type="checkbox"/>
• Project Timeline	<input checked="" type="checkbox"/>
• Property Data Sheet (Section L) N/A	<input type="checkbox"/>
• Land Tenure/Site Control Documents N/A	<input type="checkbox"/>
• Photos of the Project Site N/A	<input type="checkbox"/>
• Site Plan N/A	<input type="checkbox"/>
• Permit Approval Status (Section N) N/A	<input type="checkbox"/>
• Payee Data Form (Std. 204 for nonprofits; Gov.TIN Form for government entities)	<input checked="" type="checkbox"/>
Additional Documents if Acquisition Project	
• If Conservation Easement, provide description of restrictions, reservations, and funding mechanism for long term stewardship N/A	<input type="checkbox"/>
• Willing Seller Letter(s) (Section P) N/A	<input type="checkbox"/>
• Appraisal, Preliminary Title Report, if available N/A	<input type="checkbox"/>

F. PROJECT INFORMATION FORM

Project Name LGBTQ History Museum	Estimated Date of Completion: <u>2027</u> Grant Amount: <u>\$5.5M</u> Estimated Total Project Cost: <u>\$17.5M</u> <small>(State grant, other funds, and in-kind)</small>		
Grantee Name (with mailing address) Mayor's Office of Housing and Community Development 1 South Van Ness Ave., 5 th Floor San Francisco, CA 94103 Check one: <input type="checkbox"/> Nonprofit <input checked="" type="checkbox"/> Local Agency <input type="checkbox"/> State Agency	County San Francisco		Nearest City/Town San Francisco
	Project Address (or nearest cross street) TBD TBD		
	Senate Dist. 11	Assembly Dist. 17	US Congressional Dist. 12
Grantee's Representative Authorized in Resolution (Signature required at bottom of this page) Name: <u>Daniel Adams</u> Title: <u>Director, Mayor's Office of Housing and Community Development</u> Phone: <u>415-701-5500</u> Email: <u>daniel.adams.@sfgov.org</u> Project Manager – Person with day-to-day responsibility for project (if different from authorized representative) Name: <u>Victor Ruiz-Cornejo</u> Title: <u>Policy Advisor</u> Phone: <u>415.604.6817</u> Email: <u>Victor.Ruiz-Cornejo@sgfov.org</u>			
Brief Description of Project <small>(Summarize major activities to be funded by this Grant)</small> Creation of first in the nation full scale LGBTQ history museum. This grant will assist in the establishment of this museum through assistance with programming and tenant improvements once the site is identified and acquired.	Latitude <u>N/A</u>	Longitude <u>N/A</u>	
Site Control/Land Tenure (check the box that applies) <input checked="" type="checkbox"/> Grantee owns the property. – Site to be identified <input type="checkbox"/> Grantee leases the property – Term End: <u>Enter date</u> <input type="checkbox"/> Grantee owns an easement on the property. <input type="checkbox"/> Grantee has an MOU with the property owner. <input type="checkbox"/> Not applicable – Project is programmatic only.	CEQA/Environmental Requirements <input type="checkbox"/> Exempt per CEQA Guidelines § <u>Enter section</u> Attach filed Notice of Exemption. <input type="checkbox"/> CEQA completed Attach fled Notice of Determination, Negative Declaration, or Mitigated Negative Declaration <input type="checkbox"/> CEQA is not complete Attach draft Initial Study with checklists. <input checked="" type="checkbox"/> CEQA not triggered <u>Site to be identified</u>		
I certify that the information in this Project Information Form, including all attachments, is complete and accurate. Signed: <u></u> <u>5/5/2024</u> Grantee's Authorized Representative as shown in Resolution Date <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <u>Daniel Adams</u> Print Name </div> <div style="text-align: center;"> <u>Director, Mayor's Office of Housing and Community Development</u> Title </div> <div style="text-align: center;"> Designee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <small>(If yes, attach letter of designation from authorized representative.)</small> </div> </div>			

COST ESTIMATE FORM

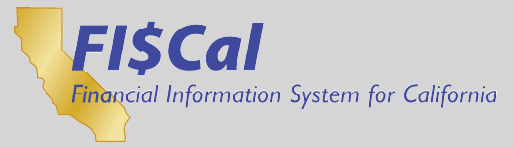
Project Elements	Total Project Costs	General Fund Grant	Other Funding (if applicable)	Other Funding (if applicable)
NON-CONSTRUCTION COSTS				
Direct Project Management Administration				
Staff Time (direct costs only)				
Incidental Charges		Ineligible		
Consultants				
Subtotal – Direct Management				
Planning, Design & Permitting				
Staff Time (direct costs only)				
Consultants				
Permit Costs				
Subtotal Planning, Design & Permitting				
CEQA Compliance (if applicable)				
Staff Time (direct costs only)				
Consultants				
Subtotal – CEQA				
Programming		\$500,000		
SUB-TOTAL Non-Construction Costs		\$500,000		
CONSTRUCTION COSTS				
Building rehabilitation and tenant improvements	\$5,000,000	\$5,500,000		
SUBTOTAL Construction Costs	\$5,500,000	\$5,500,000		
Contingency				
PROJECT GRAND TOTAL	\$5,500,000	\$5,500,000		

PROJECT TIMELINE

Activity Description	Timeline
Preliminary work on the project	August 2024- October 2024
Construction period	November 2024- January 2026
Submit Project Closeout package with final Payment Request to State	February 2026

State of California
Financial Information System for California (FI\$Cal)
GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250



The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*

Remit-To Address (Street or PO Box)*

City* State * Zip Code*+4

Government Type: City County Special District Federal Other (Specify) Federal Employer Identification Number (FEIN)*

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>
Dept/Division/Unit Name	<input type="text"/>	Complete Address	<input type="text"/>

Contact Person* Title

Phone number* E-mail address

Signature* Date

Beg. P. M. [Signature]