No	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 loan for \$5,047,167 from the California Energy Commission to fund the procurement and installation of 403 electric vehicle charging ports to charge the City and County of San Francisco's fleet of light duty vehicles
- 2. Department: Office of the City Administrator, Fleet Management Department (Fleet/ADM)

3. Contact Person: Camilla Taufic Telephone: 628-652-5619

4. Grant Approval Status (check one):

[X] Approved by funding agency [1] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$5,047,167.00

6. a. Matching Funds Required: \$2,828,859

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

Dept or Source	3-Year Commitment	Notes
Capital Planning		Annual GF allocation of \$180,000 for three years
Committee	540,000	each
		Existing expenditures in the Fleet Management
ADM Fleet Management	1,317,609	budget, which qualify as match
Port of San Francisco	93,750	NGF
SFPUC	296,250	NGF
SFMTA	581,250	NGF
TOTAL	2,828,859	

- 7. a. Grant Source Agency: California Energy Commission
  - b. Grant Pass-Through Agency (if applicable): N/A
- 8. Proposed Grant Project Summary: Funds will cover the purchase and installation of 403 electric vehicle chargers across 36 City-owned properties, to power 15 City departments' light duty passenger vehicles. This will support the City's clean energy goals, getting closer to meeting HACTO legislation, and the Climate Action Plan.
  - **9.** Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: April 21, 2025

End-Date: June 30, 2028 (anticipated completion date)

**10.** a. Amount budgeted for contractual services: **TBD** 

b. Will contractual services be put out to bid? **TBD** If so, will contract services help to further the goals of the Department's Local Business C. Enterprise (LBE) requirements? Yes Is this likely to be a one-time or ongoing request for contracting out? One-time d. **11.** a. Does the budget include indirect costs? []Yes [X] No If yes, how much? \$ b. 1. 2. How was the amount calculated? b. If no, why are indirect costs not included? 1. C. [] Not allowed by granting agency [X] To maximize use of grant funds on direct services [] Other (please explain): If no indirect costs are included, what would have been the indirect costs? Office utilities 2. C. and mainteance 12. Any other significant grant requirements or comments: N/A

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

13. This Grant is	intended fo	r activities at (chec	k all that apply):					
[X] Existing Site(s [] Rehabilitated S [] New Site(s)	Site(s)	[X] Existing Struct [] Rehabilitated S w Structure(s)		[X] Existing Program(s) or				
and concluded the all other Federal,	at the proje State and I	ct as proposed will	be in compliance salaws and regulati	and Accessibility have with the Americans with ions and will allow the faction in the faction.	h Disabilities Act and			
1. Having staff	trained in h	ow to provide reas	onable modificatio	ns in policies, practices	and procedures;			
2. Having auxil	iary aids ar	d services availabl	e in a timely mann	er in order to ensure co	ommunication 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 DPW Access Compliance Officer or the Office on Disability and Accessibility Personnel.								
If such access wo	ould be tech	nically infeasible, t	his is described in	the comments section	below:			
Comments:								
Elisha Gelardin (Name)	(Eli)	tor or Office on Dis	•					
(Title)				Signed by:				
Date Reviewed: _	6/9/2025			Elisha Glardin (1	Eli)			
				(Signature Nequireu)				
Department Head or Designee Approval of Grant Information Form:  Carmen Chu								
(Name) City Administra	ator							
<sup>(Title)</sup> Date Reviewed: _	6/10/2025			DocuSigned by:  EC3802397D2E435  (Signature Required)				
				(Signature Nequired)				