

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: The Governor's Office of Business and Economic Development - Cannabis Equity Grants Program for Local Jurisdictions
2. Department: City Administrator / Office of Cannabis
3. Contact Person: Katharine Petrucione Telephone: 415-554-4851
4. Grant Approval Status (check one):

☒ Approved by funding agency☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$3,324,052.50
6. a. Matching Funds Required: \$1,793,767.00
b. Source(s) of matching funds (if applicable): Eligible personnel costs and equity contribution.
7. a. Grant Source Agency: The Governor's Office of Business and Economic Development
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: To assist local equity applicants and licensees with start-up and ongoing costs associated.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: April 1, 2025End-Date: October 31, 2026
10. Number of new positions created and funded: None
11. Explain the disposition of employees once the grant ends? Not applicable
12. a. Amount budgeted for contractual services: \$200,000
b. Will contractual services be put out to bid? To be determined
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes
d. Is this likely to be a one-time or ongoing request for contracting out? One time with options
13. a. Does the budget include indirect costs?

☒ Yes☐ No

- b. 1. If yes, how much? Up to \$332,405.25 for administrative costs
 - b. 2. How was the amount calculated? Up to 10% of the award
 - c. 1. If no, why are indirect costs not included?

☐ Not allowed by granting agency☐ To maximize use of grant funds on direct services
 - c. 2. If no indirect costs are included, what would have been the indirect costs?

14. Any other significant grant requirements or comments:

****Disability Access Checklist****

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

| | | |
|-----------------------------------------------------------|----------------------------------------------------------------|-----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input checked="" type="checkbox"/> Rehabilitated Site(s) | <input checked="" type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

16. The Departmental ADA Coordinator 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:

To the greatest extent feasible, grant recipients utilizing the funds for architectural improvements must comply with the accessibility requirements of the California Building Code title 24, and follow all existing programmatic obligations as outlined in ADA Title III. The Office of Cannabis should make every effort to make this information available to grant recipients. Please contact the Mayor's Office on Disability with question or concerns about this requirement.

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Elisha Gelardin (Eli)

(Name)

Director, San Francisco Office on Disability and Accessibility

(Title)

Date Reviewed: 5/8/2025

Signed by:

Elisha Gelardin (Eli)

(Signature Required)

Overall Department Head or Designee Approval:

Nikesh Patel

(Name)

Director

(Title)

Date Reviewed: 5/12/2025

DocuSigned by:

Nikesh Patel

(Signature Required)