

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

Gift Resolution Information Form
(Effective July 2011)

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

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

- 1. Gift Title: **Yerba Buena Community Benefit District Gift for Annie North Plaza**
- 2. Department: **San Francisco Public Works**
- 3. Contact Person: **Elizabeth Ramos** Telephone: **(415) 554-4069**
- 4. Gift Approval Status (check one):
 Approved by funding agency Not yet approved
- 5. Amount of Gift Funding Approved or Applied for: **\$21,993.56**
- 6. a. Matching Funds Required: **N/A**
b. Source(s) of matching funds (if applicable): **N/A**
- 7. a. Gift Source Agency: **Yerba Buena Community Benefit District**
b. Gift Pass-Through Agency (if applicable): **N/A**
- 8. Proposed Gift Project Summary:

Soil excavation and disposal services at Annie North Plaza.

- 9. Gift Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **N/A** End-Date: **N/A**
- 10. a. Amount budgeted for contractual services:
\$54,983.90
- 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 Local Business Enterprise (LBE) requirements?
Yes.
- d. Is this likely to be a one-time or ongoing request for contracting out?
One-time request.
- 11. a. Does the budget include indirect costs?
 Yes No
- b. 1. If yes, how much? **N/A**

b. 2. How was the amount calculated? **N/A**

c. 1. If no, why are indirect costs not included?

Not allowed by Gifting agency

To maximize use of Gift funds on direct services

Other (please explain):

c. 2. If no indirect costs are included, what would have been the indirect costs?

Not applicable.

12. Any other significant Gift requirements or comments: None.

****Disability Access Checklist***(Department must forward a copy of all completed Gift Information Forms to the Mayor's Office of Disability)**

13. This Gift is intended for activities at (check all that apply):

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

14. 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 disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication 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 Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Public Works DAC approval with qualification: The Annie Plaza area is only suitable for non-accessible pedestrian passage since a north-south accessible route is included along the west side of the plaza only. No functional use of the Annie Plaza area is possible without first modifying the plaza in some manner to provide accessible surface slopes at, and accessible routes to, any programs, activities or services that anyone may wish to use the Annie Plaza area for in the future.

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

Kevin W. Jensen
(Name)

Disability Access Coordinator
(Title)

Date Reviewed: June 3, 2020



(Signature Required)

Department Head or Designee Approval of Gift Information Form:

Alaric Degrafinried
(Name)

Acting Director, San Francisco Public Works
(Title)

Date Reviewed: 6/7/2020 | 10:24:45 PM PDT

DocuSigned by:

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(Signature Required)