

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

Grant Ordinance 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: Accept and Expend - Funds for Election Administration in Response to COVID-19- \$846,801
2. Department: Department of Elections
3. Contact Person: John Arntz Telephone: (415) 554-4375
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$846,801
6. a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: Center for Tech and Civic Life
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: The purpose of this agreement is to provide the City and County of San Francisco (City) with funds to reimburse the City for payments made pursuant to a purchase agreement, lease agreement, or other contract for election administration activities in response to COVID-19
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: June 15, 2020 End-Date: December 31, 2020
10. Number of new positions created and funded: 0
11. Explain the disposition of employees once the grant ends? N/A
12. a. Amount budgeted for contractual services: \$846,801
b. Will contractual services be put out to bid? No
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
d. Is this likely to be a one-time or ongoing request for contracting out? This will be a one-time request.
13. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? \$
b. 2. How was the amount calculated?
c. 1. 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):

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

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 checked="" type="checkbox"/> New Site(s) | <input checked="" 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:

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

Andy Pastalanice
(Name)

Manager - Precinct Services Division
(Title)

Date Reviewed: 11/16/20

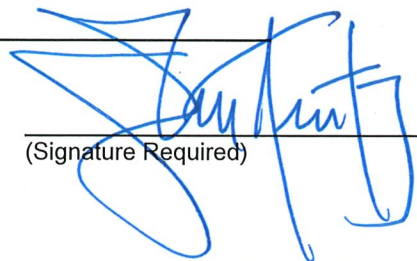

(Signature Required)

Overall Department Head or Designee Approval:

JOHN ARVIZ
(Name)

DIRECTOR
(Title)

Date Reviewed: 11/16/20


(Signature Required)