

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 Grant – Tipping Point Community - Director of Strategic Partnerships Grant - \$700,000]**
2. Department: **Mayor's Office**
3. Contact Person: **Adam Thongsavat** Telephone: **415-554-6153**
4. Grant Approval Status (check one):
☒ **Approved by funding agency** ☐ **Not yet approved**
5. Amount of Grant Funding Approved or Applied for: **\$700,000**
6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N/A**
7. a. Grant Source Agency: **Tipping Point Community**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **The proposed resolution authorizes the Mayor's Office to accept and spend a \$700,000 grant from Tipping Point Community to fund a Director of Strategic Partnerships from January 2026 through July 2028. The position will lead the City's public-private partnership efforts, coordinating with foundations, nonprofits, businesses, and civic leaders to bring additional funding, talent, and innovation to advance the City's core initiatives including homelessness, housing, economic revitalization, and government effectiveness.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **January 2026** End-Date: **July 2028**
10. a. Amount budgeted for contractual services: **\$0**
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? **N/A**
d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**
11. a. Does the budget include indirect costs?
☐ **Yes** ☒ **No**
b. 1. If yes, how much? \$
b. 2. How was the amount calculated? **N/A**
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? **\$0**

12. Any other significant grant requirements or comments: **No**

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

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

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

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

Eli Gelardin
(Name)

Director, San Francisco Office on Disability and Accessibility (ODA)
(Title)

Date Reviewed: 1/6/2026 _____ /s/ _____
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Sophia Kittler
(Name)

Budget Director, Mayor's Office

(Title)
Date Reviewed: 1/6/2026 _____ /s/ _____
(Signature Required)