

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: Continuum of Care Program
2. Department: Department of Homelessness and Supportive Housing
3. Contact Person: Dylan Telephone: 415.355.5201
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: not to exceed \$51,175,586
6. a. Matching Funds Required: not to exceed \$12,793,896 (25% match required)  
b. Source(s) of matching funds (if applicable): General Fund monies and in-kind match
7. a. Grant Source Agency: US Department of Housing and Urban Development  
b. Grant Pass-Through Agency (if applicable): n/a
8. Proposed Grant Project Summary: Proposed Grant Expenditure Schedule attached.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: 1/1/2020 End-Date: 6/1/2023
10. Number of new positions created and funded: None
11. Explain the disposition of employees once the grant ends? N/A
12. a. Amount budgeted for contractual services:  
b. Will contractual services be put out to bid? No, competitive grant process has been completed  
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
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): The grant budget includes 50% of eligible administration funds to the City to administer the program; HSH does not claim indirect costs.  
c. 2. If no indirect costs are included, what would have been the indirect costs? N/A
14. Any other significant grant requirements or comments: N/A

**\*\*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 type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s)       | <input checked="" 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:

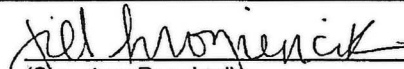
Jill Hroziencik

(Name)

Housing Subsidy Team Manager

(Title)

Date Reviewed: 8/27/2019

  
(Signature Required)

Overall Department Head or Designee Approval:


Jeff Kositsky

(Name)

Director, Department of Homelessness and Supportive Housing

(Title)

Date Reviewed: September 4, 2019

  
(Signature Required)