

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective March 2005)

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

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

1. Grant Title: **In-kind gift for Diversity Equity Inclusion (DEI) Consultant Services**

2. Department: **Department of Homelessness and Supportive Housing**

3. Contact Person: **Dylan Schneider** Telephone: **628.652.7742**

4. Grant Approval Status (check one): n/a – in-kind gift

**[ X - phase 1 ]** Approved by funding agency       **[ X - Phase 2 ]** Not yet approved

5. Amount of Grant Funding Approved or Applied for: **DEI Phase 1 approved by Tipping Point Community (donor) in the value of \$99,999. Building on the work DEI Phase 1, Tipping Point may, in its sole discretion engage a DEI Consultant for Phase 2 of this project as an additional in-kind gift to HSH in a value not to exceed \$150,000. Phase 2 has not yet been considered or approved by Tipping Point Board.**

6a. Matching Funds Required: **n/a**  
b. Source(s) of matching funds (if applicable): **n/a**

7a. Grant Source Agency: **Tipping Point Community**  
b. Grant Pass-Through Agency (if applicable): **n/a**

8. Proposed Grant Project Summary: **Tipping Point Community (TPC) will select a consultant with experience in Diversity Equity and Inclusion to support the development of racial equity action plans for HSH and the Homelessness Response System.**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **Upon Board of Supervisors approval and TPC selection of consultant**  
End-Date: **To be determined, no later than June 30, 2021**

10a. Amount budgeted for contractual services: **n/a**

b. Will contractual services be put out to bid? **n/a**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **n/a**

d. Is this likely to be a one-time or ongoing request for contracting out? **n/a**

11a. Does the budget include indirect costs?       Yes       No

b1. If yes, how much? **n/a**

b2. How was the amount calculated? **n/a**

c. 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): **n/a**

c2. If no indirect costs are included, what would have been the indirect costs? **n/a**

12. Any other significant grant requirements or comments: **None.**

**\*\*Disability Access Checklist\*\***

**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 checked="" 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 and/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 or Mayor's Office of Disability Reviewer: Scott W. Walton  
(Name)

Date Reviewed: September 24, 2020

Department Approval: Gigi Whitley Deputy Director of Administration and Finance  
(Name) (Title)  
*Gigi Marie Whitley*  
(Signature)