| 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: Just Home Cohort 1 Continuation Funds \$200,000
- 2. Department: Department of Homelessness and Supportive Housing
- **3. Contact Person:** Dylan Schneider **Telephone**: 628.652.7742
- 4. Grant Approval Status (check one):

[X] Approved by funding agency [] Not yet approved

- 5. Amount of Grant Funding Approved or Applied for: not to exceed \$200,000
- **6. a. Matching Funds Required:** No match funds required
 - b. Source(s) of matching funds (if applicable):
- **7.** a. Grant Source Agency: John D. and Catherine T. MacArthur Foundation
 - b. Grant Pass-Through Agency (if applicable): The Urban Institute
- 8. Proposed Grant Project Summary: HSH is the lead agency for the Just Home Program in San Francisco and was awarded \$200,000 through the Just Home Cohort 1 Continuation Funds to support continued project management of the Program. Continuation Funds will be used to ensure successful implementation of the site's planned project goals, sustaining local partnerships, implementing project components and managing shared resources across multiple city departments and organizations. The Manager of Housing and Justice Initiatives will ensure full implementation of the Just Home Program, including the Program Related Investment (PRI) housing project, data integration and evaluation, and systems change work facilitated by the project. Current project components of Just Home are expected to be completed by Fall 2026.
 - 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: June 15, 2025 End-Date: September 30, 2026

- **10. a.** Amount budgeted for contractual services: None.
 - 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 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 [X]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 **[X] Other (please explain):** Indirect costs were not built in, so that the position funded could be fully supported and in order to maximize use of grant funds.

c. 2. If no indirect costs are not included, what would have been the indirect costs? 5% or approximately \$10,000.

12. Any other significant grant requirements or comments:

Department ID: 203646 - HOM PROGRAMS Fund ID: 12910 - SR Human Welfare-Grants Oth Project ID: 10038932 - HOM MacArthur Foundation Activity ID: 0001 - HOM MacArthur Foundation

Authority ID: 10001 - Grants

Date Reviewed:

| **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 a | apply): | |
| [] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s) | [] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) | [X] Existing Program(s) or Service(s)[] New Program(s) or Service(s) | |
| and concluded that the pro Act and all other Federal, S | oject as proposed will be in cor State and local disability rights | fice on Disability have reviewed the proposal npliance with the Americans with Disabilities laws and regulations and will allow the full s include, but are not limited to: | |
| 1. Having staff trained in h | ow to provide reasonable modific | cations in policies, practices and procedures; | |
| 2. Having auxiliary aids an | d services available in a timely n | nanner in order to ensure communication access; | |
| | approved by the DPW Access Co | en to the public are architecturally accessible and mpliance Officer or the Mayor's Office on | |
| If such access would be tech | nically infeasible, this is describe | ed in the comments section below: | |
| Comments: Departmental ADA Coordina | tor or Mayor's Office of Disability | Reviewer: | |
| Cody Eliff | | | |
| (Name) | | | |
| ADA Coordinator, Departme | nt of Homelessness and Support | ive Housing | |
| (Title) Date Reviewed: 8/21/2025 | | Signed by: Lody I Hiff (Signature Required) | |
| | nee Approval of Grant Informa | tion Form: | |
| <u>Gigi Whitley</u> (Name) | | | |
| Deputy Director of Administra | ation and Finance | | |
| (Title) | | | |
| 8/21/2025 | | DocuSigned by: | |

(Signature Required)