

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: FY 21 Targeted Violence and Terrorism Prevention
2. Department: Department of Emergency Management
3. Contact Person: Mary Landers Telephone: (415) 353-5225
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$1,060,924
6. a. Matching Funds Required: \$ N/A
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: US Department of Homeland Security (DHS)
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: For the purpose of implementing local prevention frameworks and explore innovative approaches to preventing targeted violence and terrorism.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: October 1,2021 End-Date: September 30, 2023
10. Number of new positions created and funded: 1
11. Explain the disposition of employees once the grant ends? Employee positions cease at grant's end.
12. a. Amount budgeted for contractual services: \$683,800
b. Will contractual services be put out to bid? Yes
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? No. Federal grant does not allow.
d. Is this likely to be a one-time or ongoing request for contracting out? One time.
13. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? \$57,271
2. How was the amount calculated? Calculated amount is 5.71% of the total direct costs of \$1,003,653 and is less than the 10% de minimis rate allowed by the grant.
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?
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 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 type="checkbox"/> New Program(s) or Service(s) |
| <input checked="" type="checkbox"/> New Site(s) | <input 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:

Sandy Chan

(Name)

Human Resources Manager

(Title)

Date Reviewed: 1/10/22

DocuSigned by:

Sandy Chan

4FB15820333848B...

(Signature Required)

Overall Department Head or Designee Approval:

Mary Ellen Carroll

(Name)

Executive Director

(Title)

Date Reviewed: 1/10/22

DocuSigned by:

Mary Ellen Carroll

29E685E5254A4E0

(Signature Required)