Fi	le Number:  (Provided by Clerk of Board of Supervisors)
	Grant Resolution Information Form (Effective July 2011)
	urpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and spend grant funds.
Tł	ne following describes the grant referred to in the accompanying resolution:
2. 3.	Grant Title: Fleet Electric Vehicle Grant Department: GSA, Fleet Management Contact Person: Tom Fung Grant Approval Status (check one):  Telephone: 415-550-4650
	[ x ] Approved by funding agency [ ] Not yet approved
5.	Amount of Grant Funding Approved or Applied for: \$384,000
t sta	a. Matching Funds Required: \$300,000 b. Source(s) of matching funds (if applicable): The matching component of the grant is the base cost of (14) andard fleet vehicles which were budgeted by participating City departments and approved by the Board of upervisors in the FY13-15 Annual Appropriation Ordinance.
	a. Grant Source Agency: Department of Transportation / Metropolitan Transportation Commission b. Grant Pass-Through Agency (if applicable): Alameda County
arı pr	Proposed Grant Project Summary: The grant covers the incremental cost between a standard fleet vehicle of the cost of an electric vehicle, and the cost of electric vehicle charging stations. This allows the City to ocure more environmentally friendly vehicles and their charging infrastructure for the same price of a candard fleet vehicle.
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:
	Start-Date: July 30, 2013 End-Date: No target end-date
10	ea. Amount budgeted for contractual services: <i>\$0</i> b. Will contractual services be put out to bid? <i>No.</i>
	c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
	d. Is this likely to be a one-time or ongoing request for contracting out?
11	a. Does the budget include indirect costs? [] Yes [x] No
	b1. If yes, how much? \$ b2. How was the amount calculated?

c1. If no, why are indirect costs not included?
[] Not allowed by granting agency
[] Other (please explain):

[x] To maximize use of grant funds on direct services

- c2. If no indirect costs are included, what would have been the indirect costs?
- 12. Any other significant grant requirements or comments:

**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):							
[ ] Existing Site(s) [ ] Rehabilitated Site(s) [ ] New Site(s)	[ ] Existing Structure(s) [ ] Rehabilitated Structure(s) [ ] New Structure(s)	[ ] Existing Program(s) or Service(s) [ ] New Program(s) or Service(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 I	now to provide reasonable modifica	itions in policies, practices and procedures;					
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;							
<ol> <li>Ensuring that any service areas and related facilities open to the public are architecturally accessing have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.</li> </ol>							
If such access would be technically infeasible, this is described in the comments section below:							
Comments: Electric Vehicle Charging stations which are made as actable to the public at public porking garages or lots, if any, shall be installed under Mod and Popt of Environment guidelines for usasility by people with disabilities C-Johnson Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:							
(Name)							
Toterin Director, Mayors Offician Disubility							
Date Reviewed: 10 2	3 13	(Signature Required)					
		<del></del>					
Department Head or Designee Approval of Grant Information Form:							
(Name) (Title)							
				Date Reviewed:			
						(Signature Required)	