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: **Housing Navigators Program for Young Adults Formerly (or in) Foster Care**

2. Department: San Francisco Human Services Agency

3. Contact Person: Susie Smith   Telephone: (415) 307-3291

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: TBD by the State Department of Housing and Community Development, based on San Francisco's percentage of the total statewide number of young adults aged 18 to 25 years in foster care.

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

7a. Grant Source Agency: State of California Department of Housing and Community Development
 b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: this grant will to help young adults 18 to 25 years secure and maintain housing, with priority given to young adults formerly in the foster care or probation systems.

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

        Start-Date: TBD   End-Date: TBD

10a. Amount budgeted for contractual services:

 b. Will contractual services be put out to bid? TBD

 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? TBD

11a. Does the budget include indirect costs? TBD

 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   [ ] To maximize use of grant funds on direct services

[ ] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

The State Department of Housing and Community Development requires submission of a board resolution to apply for and accept funding for this program; however, we do not yet know San Francisco's funding amount or other details that will be determined once we know our allocation amount.

Proposal ID:
Version ID:
Project ID:

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)   [ ] Existing Structure(s)   [ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)   [ ] Rehabilitated Structure(s)   [ ] New Program(s) or Service(s)
[ ] New Site(s)   [ ] New Structure(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 how to provide reasonable modifications in policies, practices and procedures;

2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;

3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Robert Walsh
_____
(Name)

Director of Facilities
_____
(Title)

Date Reviewed: _10/12/2021_____

Robert Walsh
B962BD38660E4BC
(Signature Required)

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Department Head or Designee Approval of Grant Information Form:

_____/s/_____

Trent Rhorer

Executive Director, Human Services Agency

Date Reviewed: 10/5/21_____

DocuSigned by:

Trent Rhorer

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(Signature Required)