

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: **Gift of Air Filtration Units – Bay Area Air Quality Management District**

2. Department: **Department of Emergency Management**

3. Contact Person: **Victor Wai Ho Lim** Telephone: **415-748-0028**

4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$100,000 estimated market value**

6. a. Matching Funds Required: **\$0.00**

b. Source(s) of matching funds (if applicable): **N/A**

7. a. Grant Source Agency: **Bay Area Air Quality Management District**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

The Department of Emergency Management (DEM) is supporting the implementation of the Bay Area Air Quality Management District's (BAAQMD) Wildfire Air Quality Response Program to join resources to protect public health and improve indoor air quality in communities most vulnerable to wildfire smoke. Through this program, BAAQMD will purchase and provide heavy-duty portable air filtration units for DEM to help San Francisco prepare for wildfire smoke that have the potential to impact air quality in entire regions for consecutive days.

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

Start-Date: **August 1, 2021**

End-Date: **July 31, 2024**

10. a. Amount budgeted for contractual services: **\$0.00**

b. Will contractual services be put out to bid? **NO**

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 ☒ No

b. 1. If yes, how much? \$ **N/A**

b. 2. How was the amount calculated? **N/A**

c. 1. If no, why are indirect costs not included?

☐ Not allowed by Gifting agency

☐ To maximize use of Gift funds on direct services

[X] Other (please explain):

c. 2. If no indirect costs are included, what would have been the indirect costs?

This is a one-time gift of air filtration units to prepare for wildfire smoke that can impact San Francisco.

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

****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):

<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 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:

Sandy Chan

(Name)

Asst. Deputy Director, Administration and Support

(Title)

11/3/2021

Date Reviewed: _____

DocuSigned by:

Sandy Chan

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Mary Ellen Carroll

(Name)

Executive Director

(Title)

11/5/2021

Date Reviewed: _____

DocuSigned by:

Mary Ellen Carroll

(Signature Required)