

- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?

Sub-contractors are non-profits, not businesses.

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

N/A

****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 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:

Lauren Battung

(Name)

Department ADA coordinator/ Executive Management Assistant

(Title)

11/12/2021

Date Reviewed: _____

DocuSigned by:

B1509DB8DDEC4DD
 (Signature Required)

Overall Department Head or Designee Approval:

kimberly Ellis

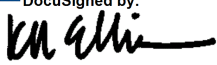
(Name)

Director

(Title)

11/10/2021

Date Reviewed: _____

DocuSigned by:

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 (Signature Required)