

File Number: 220001
(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: California Department of Cannabis Control, Local Jurisdiction Assistance Grant Program
2. Department: City Administrator / Office of Cannabis
3. Contact Person: Ken Bukowski Telephone: 415-554-6172
4. Grant Approval Status (check one):
☐ Approved by funding agency ☒ Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$3,075,769
6. a. Matching Funds Required: \$
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: California Department of Cannabis Control
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: To fund projects addressing the California Environmental Quality Act as it pertains to commercial cannabis permitting.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: TBD End-Date: March 31, 2025
10. Number of new positions created and funded: Five (5)
11. Explain the disposition of employees once the grant ends? Temporary exempt positions would end.
12. a. Amount budgeted for contractual services: \$75,000
b. Will contractual services be put out to bid? To be determined
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes
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? \$25,000
b. 2. How was the amount calculated? Percentage of costs applied to facilities, IT, and admin.
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 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 checked="" 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:

Reviewed per item 16 - no additional comments. REV 1



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

John Romaidis

(Name)

Acting Director - Mayor's Office on Disability

(Title)

Date Reviewed: *11/24/2021*

[Signature]
(Signature Required)

Overall Department Head or Designee Approval:

John Pierce

(Name)

Acting Director, Office of Cannabis

(Title)

Date Reviewed: *11/24/21*

[Signature]
(Signature Required)