

- 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

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?
Minimal administrative time of City staffing for grant submission and expenditure.

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 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. These requirements include, but are not limited to:

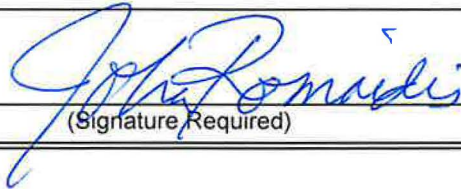
1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access.

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

John Romaidis
(Name)

Acting Director, Mayor's Office on Disability
(Title)

Date Reviewed: December 9, 2021


(Signature Required)

Overall Department Head or Designee Approval:

(Name)

(Title)

Date Reviewed: _____

(Signature Required)