| File Number: | |
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| (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: Community Economic Resilience Fund Planning Grant
- 2. Department: Office of Economic and Workforce Development
- 3. Contact Person: Crezia Tano Telephone/Email: crezia.tano@sfgov.org
- **4.** Grant Approval Status (check one):
 - [X] Approved by funding agency [1] Not yet approved
- **5.** Amount of Grant Funding Approved or Applied for: \$5,000,000
- **6.** a. Matching Funds Required: \$0
 - b. Source(s) of matching funds (if applicable): N/A
- 7. a. Grant Source Agency: California Economic Development Department
 - b. Grant Pass-Through Agency (if applicable): N/A
- **8.** Proposed Grant Project Summary:

As core partners of Community Economic Resilience Fund Planning Grant, OEWD, the Bay Area Good Jobs Partnership for Equity, and All Home will lead regional economic and workforce development planning, stakeholder engagement, program design, staff and workforce system training, and expansion of regional initiatives in service of opportunities for the regional workforce.

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

Start-Date: 10/1/2022 End-Date: 9/30/2024

- 10. Number of new positions created and funded: 1
- **11.** Explain the disposition of employees once the grant ends? The Department will seek additional Community Economic Resilience Fund Phase II funding for project sustainability.
- **12.** a. Amount budgeted for contractual services: \$4,582,334
 - 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? One-time
- **13.** a. Does the budget include indirect costs?

[X] Yes [] No

- b. 1. If yes, how much? \$60,000
- b. 2. How was the amount calculated? 10% based on Federal Modified Direct Costs

| C. | 1. | If no, why are indirect costs r | 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 includ | ed, what would have been the indirect costs? | | | |

14. Any other significant grant requirements or comments:

| **Disability Access Checkl | st*** | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|--|--|--|
| 15. This Grant is intended for activities at (check all that apply): | | | | | |
| [X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s) | [X] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) | [X] Existing Program(s) or Service(s) [] New Program(s) or Service(s) | | | |
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| 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: | | | | | |
| Departmental ADA Coordina | tor or mayor's office of Disability Ite | viewei. | | | |
| Mark Hogains | | | | | |
| (Name) | | | | | |
| Operations Manager (Title) | | | | | |
| Date Reviewed: 11/28/2022 10:11 AM PST | | Docusigned by: Mark (togains 2EARCEZDITAEE | | | |
| Date Neviewed:// | | (Signature Required) | | | |
| | | | | | |
| Overall Department Head or Designee Approval: | | | | | |
| Kate Sofis | | | | | |
| (Name) Executive Director, Office of Economic and Workforce Development | | | | | |
| (Title) | | | | | |
| Date Reviewed: 11/28/2022 | 9:18 AM PST | Kate Sofis F98E00C52682407 | | | |
| | | (Signature Required) | | | |