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: Encampment Resolution Funding (ERF-2-L)
- 2. Department: Department of Homelessness and Supportive Housing
- **3.** Contact Person: Dylan Schneider Telephone: 628.652.7742
- 4. Grant Approval Status (check one):
 - [x] Approved by funding agency [] Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: not to exceed \$10,849,033
- **6.** a. Matching Funds Required: None.
 - b. Source(s) of matching funds (if applicable): n/a
- 7. a. Grant Source Agency: California Business, Consumer Services and Housing Agency (BCSH)
 b. Grant Pass-Through Agency (if applicable): n/a
- 8. Proposed Grant Project Summary:

The Encampment Resolution Funding Program is a competitive grant program available to assist local jurisdictions in ensuring the wellness and safety of people experiencing homelessness in encampments by providing services and supports that address their immediate physical and mental wellness and result in meaningful paths to safe and stable housing. HSH will use these grant funds to support people experiencing unsheltered homelessness exit homelessness.

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

Grant Disbursement Timeline:

Start-Date: Upon BCSH approval of Standard Agreement End-Date: March 31, 2026

HSH Grant Expenditure Schedule:

Start-Date: Upon BCSH approval of Standard Agreement 100% of the grant funds to be obligated: June 30, 2024 At least 50% of the funds must be expended: June 30, 2024 100% of the funds expended by June 30, 2025. End-Date: June 30, 2025

10. a. Amount budgeted for contractual services: \$10,784,032.35

- b. Will contractual services be put out to bid? No, funds will be added to existing grant agreements as reflected in the Grant Expenditure Form.
- 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 [X] No
 - 1. If yes, how much?
 - 2. How was the amount calculated?
 - 3. If no, why are indirect costs not included?

[] Not allowed by granting agency [X] To maximize use of grant funds on direct services [] Other (please explain):

c. 1. If no indirect costs are included, what would have been the indirect costs? Approximately 5% or \$542,451

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):			
[X] Existing Site(s)	[X] Existing Structure(s)	[X] Existing Program(s) or	
Service(s) [] Rehabilitated Site(s) [] New Site(s)	[] Rehabilitated Structure(s) [] New Structure(s)	[] New Program(s) or Service(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;			
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:			
(Name)			
Director of Shelter and Outreach, Department of Homelessness and Supportive Housing			
(Title)		DocuSigned by:	
Date Reviewed:			

Department Head or Designee Approval of Grant Information Form:

Gigi Whitley (Name)			
Deputy Director of Administration and Finance			
(Title) Date Reviewed: 1/13/2023	DocuSigned by: Ligi Writley 967F7BF0D97A4C5 (Signature Requirea)		