c1. If no, why are indirect costs not included? [] Not allowed by granting agency [X] To maximize use of grant funds on direct services

b1. If yes, how much? \$

b2. How was the amount calculated?

| [] Other (please explain):  |  |   |
|---|--|---|
| c2. If no indirect costs are included, what would have been the indirect costs? There is not an indirect cost plan and we do not have an estimate of what these costs would be.   |  |   |
| 12. Any other significant grant requirements or comments:   |  |   |
| **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):  |  |   |
| [] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)   | [] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) | [X] Existing Program(s) or Service(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;   |  |   |
| <ol> <li>Ensuring that any service areas and related facilities open to the public are architecturally accessible and<br/>have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on<br/>Disability Compliance Officers.</li> </ol>   |  |   |
| 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:  |  |   |
| Maricela Leon-Barrera   |  |   |
| (Name)  |  |   |
| SFPL ADA Coordina   | ator   |   |
| (Title)   |  |   |
| Date Reviewed: _4/10/2023   | <u> </u>   | /S/<br>(Signature Required)   |
|   |  |   |
| Department Head or Designee Approval of Grant Information Form:   |  |   |
| Michael Lambert   |  |   |
| (Name)  |  |   |
| City Librarian  |  |   |
| (Title)   |  |   |

DocuSign Envelope ID: B82B0948-6EFB-41C1-B48C-FDC004654F91

Date Reviewed:

2

(Signature Required)