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File Number: 240557
(Provided by Clerk of Board of Supervisors)

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: Housing Assistance for Ukrainians (HAU)

2. Department: Human Services Agency (HSA)

3. Contact Person: Celia Pedroza Telephone: 415-557-6103

4. Grant Approval Status (check one):

[X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: $1,472,856

6. a. Matching Funds Required: $0
b. Source(s) of matching funds (if applicable):

7. a. Grant Source Agency: The Federal Office of Refugee Resettlement (ORR)
b. Grant Pass-Through Agency (if applicable): California Department of Social Services (CDSS)

8. Proposed Grant Project Summary: This Grant is to provide housing assistance services to ORR-eligible Ukrainian populations and other non-Ukrainian individuals displaced from Ukraine.

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

Start-Date: June 28, 2023 End-Date: September 30, 2026

10. a. Amount budgeted for contractual services: $1,472,856
b. Will contractual services be put out to bid? Yes
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

11. a. Does the budget include indirect costs?
[ ] Yes [X] No
b. 1. If yes, how much? $
b. 2. How was the amount calculated?
c. 1. 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. 2. If no indirect costs are included, what would have been the indirect costs? The grantor might have permitted 15% to be used as indirect, based on other grants that this grantor has issued.

12. Any other significant grant requirements or comments:

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We respectfully request approval to accept and expend these funds retroactive to June 28, 2023. The Department received the grant of $1,472,856 on July 5, 2023, for the period of June 28, 2023, to September 30, 2026.

The grant does not require an ASO amendment.

Department ID:	149673
Proposal ID:	CTR00003804
Fund ID:	12960
Project ID:	10040600
Project Description:	HS PA Refugee HAU Program
Activity ID:	0001
Authority ID:	10001
Version ID:	V101

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****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)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[X] New Program(s) or Service(s)
[X] New Site(s)	[ ] New Structure(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;
3. 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:

M'kia Mccright

(Name)

Manager III

(Title)

Date Reviewed: 4/23/2024

DocuSigned by: M'kia McCright 491EFC1578754EF...

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Trent Rhorer

(Name)

Executive Director

(Title)

Date Reviewed: 4/22/2024

DocuSigned by: Trent Rhorer 9763A8870BB74EE...

(Signature Required)