PROJECT INFORMATION PACKAGE CHECKLIST

Before a Grant Agreement can be developed, Grantee must send a completed Project Information Package ("Package") to Agency. Grantee should keep a complete copy of the Package for future use and reference.

All applicable documents must be submitted to Agency along with the checklist below. Grantee should check the appropriate box indicating a document is included in the Package or is not applicable to the project.

Required Documentation	
• Project Information Form (Section F)	☒
• Project Summary	☒
• Authorizing Resolution (Section H)	☒
• Cost Estimate (Section I or J)	☒
• Project Timeline	☒
• Property Data Sheet (Section L) N/A	☐
• Land Tenure/Site Control Documents N/A	☐
• Photos of the Project Site N/A	☐
• Site Plan N/A	☐
• Permit Approval Status (Section N) N/A	☐
• Payee Data Form (Std. 204 for nonprofits; Gov.TIN Form for government entities)	☒
Additional Documents if Acquisition Project	
• If Conservation Easement, provide description of restrictions, reservations, and funding mechanism for long term stewardship N/A	☐
• Willing Seller Letter(s) (Section P) N/A	☐
• Appraisal, Preliminary Title Report, if available N/A	☐

F. PROJECT INFORMATION FORM

Project Name
LGBTQ History Museum

Estimated Date of Completion: 2027

Grant Amount: $5.5M

Estimated Total Project Cost: $17.5M
(State grant, other funds, and in-kind)

Grantee Name (with mailing address)
Mayor's Office of Housing and Community Development
1 South Van Ness Ave., 5th Floor
San Francisco, CA 94103

Check one:
- ☐ **Nonprofit**
- ☒ **Local Agency**
- ☐ **State Agency**

County
San Francisco

Nearest City/Town
San Francisco

Project Address (or nearest cross street)
TBD
TBD

Senate Dist.	Assembly Dist.	US Congressional Dist.
11	17	12

Grantee's Representative Authorized in Resolution **(Signature required at bottom of this page)**

Name: Daniel Adams **Title:** Director, Mayor's Office of Housing and Community Development

Phone: 415-701-5500 **Email:** daniel.adams.@sfgov.org

Project Manager – Person with day-to-day responsibility for project (if different from authorized representative)

Name: Victor Ruiz-Cornejo **Title:** Policy Advisor

Phone: 415.604.6817 **Email:** Victor.Ruiz-Cornejo@sgfov.org

Brief Description of Project
(Summarize major activities to be funded by this Grant)

Creation of first in the nation full scale LGBTQ history museum. This grant will assist in the establishment of this museum through assistance with programming and tenant improvements once the site is identified and acquired.

Latitude	Longitude
N/A	N/A

CEQA/Environmental Requirements

- ☐ Exempt per CEQA Guidelines § Enter section
  Attach filed Notice of Exemption.
- ☐ CEQA completed
  Attach fled Notice of Determination, Negative Declaration, or Mitigated Negative Declaration
- ☐ CEQA is not complete
  Attach draft Initial Study with checklists.
- ☒ CEQA not triggered Site to be identified

Site Control/Land Tenure (check the box that applies)

- ☒ Grantee owns the property. – Site to be identified
- ☐ Grantee leases the property – Term End: Enter date
- ☐ Grantee owns an easement on the property.
- ☐ Grantee has an MOU with the property owner.
- ☐ Not applicable – Project is programmatic only.

I certify that the information in this Project Information Form, including all attachments, is complete and accurate.

Signed: _____ 5/5/2024
Grantee's Authorized Representative as shown in Resolution **Date**

Daniel Adams **Print Name**

Director, Mayor's Office of Housing and Community Development **Title**

Designee? ☐ **Yes** ☒ **No**
(If yes, attach letter of designation from authorized representative.)

COST ESTIMATE FORM

Project Elements	**Total Project Costs**	**General Fund Grant**	**Other Funding** (if applicable)	**Other Funding** (if applicable)
NON-CONSTRUCTION COSTS				
Direct Project Management Administration				
Staff Time (direct costs only)				
Incidental Charges		**Ineligible**		
Consultants				
Subtotal – Direct Management				
Planning, Design & Permitting				
Staff Time (direct costs only)				
Consultants				
Permit Costs				
Subtotal Planning, Design & Permitting				
CEQA Compliance (if applicable)				
Staff Time (direct costs only)				
Consultants				
Subtotal – CEQA				
Programming		$500,000		
SUB-TOTAL Non-Construction Costs		$500,000		
CONSTRUCTION COSTS				
Building rehabilitation and tenant improvements	$5,000,000	$5,500,000		
SUBTOTAL **Construction Costs**	$5,500,000	$5,500,000		
Contingency				
PROJECT GRAND TOTAL	$5,500,000	$5,500,000		

PROJECT TIMELINE

Activity Description	Timeline
Preliminary work on the project	August 2024- October 2024
Construction period	November 2024- January 2026
Submit Project Closeout package with final Payment Request to State	February 2026

State of California
Financial Information System for California (FI$Cal)

GOVERNMENT AGENCY TAXPAYER ID FORM

2000 Evergreen Street, Suite 215
Sacramento, CA 95815
www.fiscal.ca.gov
1-855-347-2250

The principal purpose of the information provided is to establish the unique identification of the government entity.

Instructions: You may submit one form for the principal government agency and all subsidiaries sharing the same TIN. Subsidiaries with a different TIN must submit a separate form. Fields marked with an asterisk (*) are required. Hover over fields to view help information. Please print the form to sign prior to submittal. You may email the form to: vendors@fiscal.ca.gov, or fax it to (916) 576-5200, or mail it to the address above.

Principal Government Agency Name*: City and County of San Francisco

Remit-To Address (Street or PO Box)*: C/O MOHCD, 1 South Van Ness Avenue, 5th Floor

City*: San Francisco State *: CA Zip Code*+4: 94103

Government Type:
- [x] City
- [x] County
- [ ] Special District
- [ ] Federal
- [ ] Other (Specify)

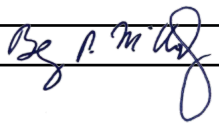
Federal Employer Identification Number (FEIN)*: 94-6000417

List other subsidiary Departments, Divisions or Units under your principal agency's jurisdiction who share the same FEIN and receives payment from the State of California.

Dept/Division/Unit Name	Complete Address
Mayor's Office of Housing & Community Development	1 South Van Ness Avenue, 5th Floor, San Francisco, CA 94103

Contact Person*: Benjamin McCloskey Title: Deputy Director, Finance and Admin

Phone number*: 415-701-5500 E-mail address: benjamin.mccloskey@sfgov.org

Signature*:  Date: 3/5/24