File No. 111318
-----------------

Committee Item	No. 1
Board Item No.	26

## **COMMITTEE/BOARD OF SUPERVISORS**

AGENDA PACKET CONTENTS LIST

Committee:	Budget and Finance Committee Date: January 4, 2012
Board of Sup	pervisors Meeting Date 1/10/12
Cmte Boar	
	Motion Resolution Ordinance Legislative Digest Budget & Legislative Analyst Report Ethics Form 126 Introduction Form (for hearings) Department/Agency Cover Letter and/or Report MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Award Letter Application
OTHER	(Use back side if additional space is needed)
	y: Victor Young  Date: December 30, 2011  December 30, 2011  December 30, 2011

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

9.

21.

[Accept and Expend Grant - Lead Hazard Reduction Demonstration Program for FY2011-2012 - \$2,500,000 and Program Income Not to Exceed \$200,000]

Resolution authorizing the Mayor's Office of Housing to retroactively accept and expend a grant from the U.S. Department of Housing and Urban Development for lead-based paint hazard reduction in the amount of \$2,500,000 and program income not to exceed \$200,000.

WHEREAS, The U.S. Department of Housing and Urban Development (HUD) has awarded a Fiscal Year 2011 Lead Hazard Control Grant to the City and County of San Francisco (the City) in the amount of \$2,500,000 (the Grant), for a period of not more than thirty-six months for the purpose of controlling lead based paint in eligible rental housing units and homeowner occupied housing units constructed before 1978; and

WHEREAS, On November 1, 2011, the Director of the Mayor's Office of Housing (MOH) entered into an agreement with HUD to accept the Grant; and,

WHEREAS, Under the Grant agreement HUD requires the City to submit its performance benchmarks and proposed budget within 60 days for HUD review and approval, and to commence operation of the lead hazard reduction demonstration program funded by the Grant no later than December 3<sup>rd</sup>, 2011; and

WHEREAS, MOH has prepared the performance benchmark schedule and proposed budget for the use of the Grant on file with the Clerk of the Board of Supervisors in File No.

111318

, which is hereby declared to be a part of this resolution as if set forth fully herein; and

WHEREAS, The proposed budget includes existing and expected program income not to exceed \$200,000 and indirect costs at a rate of 15%; and

Page 2 November 1, 2011

25

## MAY' R'S OFFICE OF HOUSI CITY AND COUNTY OF SAN FRANCISCO



EDWIN M. LEE MAYOR

> OLSON LEE DIRECTOR

	MEMORANDUM	
To:	Angela Calvillo, Clerk of the Board of Supervisors	
From:	Olson Lee, Director	
Date: Subject:	November 4, 2011  Accept and Expend Resolution	
Grant Title:	FY11 Lead Hazard Reduction Demonstration Grant	

The Mayor's Office of Housing (MOH) has received an award from the U.S. Department of Housing and Urban Development (HUD) Office of Healthy Homes and Lead Hazard Control in the amount of \$2,500,000. The award will be used to implement and administer the Mayor's Office of Housing Lead Program which will remediate lead-based paint hazards in approximately 125 units of pre-1978, privately owned housing for low-income families.

Attached please find the original and 4 copies of each of the following:

$   \sqrt{} $	Proposed grant resolution
$\square$	Grant information form, including disability checklist
- 77	the second secon

☑ Grant award letter from funding agency

☑ Grant Agreement - HUD form 1044

☑ Grant budget

☑ Grant performance benchmarks

# Departmental representative to receive a copy of the adopted resolution:

Sonia Delgado-Schaumberg Name: 701-5540

Phone:

sonia.delgado-schaumberg@sfgov.org Interoffice Mail Address: Yes ☑ Certified copy required

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

No

File Number		
File Number:(Provided by Clerk of	f Board of Supervisors).	
	<u>Grant Inform</u> (Effective Jai	
Purpose: Accompanexpend grant funds.		resolutions authorizing a Department to accept and
The following descri	bes the grant referred to in the acco	mpanying resolution:
1. Grant Title:	FY2011 Lead Hazard Reduction D	Demonstration Grant Program
2. Department:	Mayor's Office of Housing (MOH)	
3. Contact Person:	Sonia Delgado-Schaumberg	Telephone: 701-5540
4. Grant Approval S	tatus (check one):	
[X] Approved	by funding agency	[ ] Not yet approved
5. Amount of Grant	Funding Approved or Applied for:	\$ 2,500,000
	ching funds (if applicable): Development Block Grant funds (57%	\$895,104 over three-year grant period 6 of match) and Department of Public Health in-kind
	ency: U.S. Department of Housin ugh Agency (if applicable): N/A	g and Urban Development
The program will proprivately owned hou	sed to implement and administer the ovide grants to property owners to re	e Mayor's Office of Housing Lead Reduction Program emediate lead-based paint hazards in pre-1978, ogram also will provide outreach and education for th unger.
9. Grant Project Sch	nedule, as allowed in approval docur	nents, or as proposed:
Start Date: N	ovember 1, 2011	End Date: October 31, 2014
10. Number of new	positions created and funded: 0	
11. If new positions	are created, explain the disposition	of employees once the grant ends? N/A
12a. Amount budget	ed for contractual services: \$363,58	4
b. Will contractual	services be put out to bid? Yes	
c. If so, will contra	ct services help to further the goals	of the department's MBE/WBE requirements? Yes
d. Is this likely to b	e a one-time or ongoing request for	contracting out? One-time
13a. Does the budge	et include indirect costs?	[X] Yes [ ] No

b	51. If yes, how much? 52. How was the amount calculated? 53. The grantor allows a maximum of 15% of salary and fringe expenditures to be included for indirect costs.
C	c. If no, why are indirect costs not included?  [ ] Not allowed by granting agency  [ ] Other (please explain):
14.	Any other significant grant requirements or comments: HUD requires quarterly progress reports.
**D	isability Access Checklist***
15.	This Grant is intended for activities at (check all that apply):
[ ] F	Existing Site(s) [X] Existing Structure(s) [] Existing Program(s) or Service(s) Rehabilitated Site(s) [] Rehabilitated Structure(s) [] New Program(s) or Service(s) New Site(s) [] New Structure(s)
cor	The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal an ncluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all er Federal, State and local access laws and regulations and will allow the full inclusion of persons with abilities, or will require unreasonable hardship exceptions, as described in the comments section:
For	mments: r capital projects, ADA compliance and review is required before the project can commence and before any lds are expended. MOH works closely with MOD to obtain project-by-project approvals as necessary.
De	partmental or Mayor's Office of Disability Reviewer:(Name)
:	
Da	te Reviewed: <u>11/7/2011</u>
De	partment Approval: Olson Lee, (Name) (Title)

(Signature)

OFFICE OF HEALTHY HOMES AND LEAD HAZARD CONTROL

October 26, 2011

City and County of San Francisco, Mayor Office of Housing Attn: Douglass Shoemaker 1 South Van Ness Avenue 5<sup>th</sup> floor San Francisco, CA 94103-1267

Dear Mr. Shoemaker:

The Department of Housing and Urban Development is pleased to announce that your application submitted in response to the Office of Healthy Homes and Lead Hazard Control's (OHHLHC's) Fiscal Year 2011 Lead Hazard Reduction Demonstration Program Notice of Funding Availability has been selected for a grant award.

OHHLHC is sending a Unilateral Grant Agreement (Form HUD-1044) that will not require signature from the Grantee. The basic proposal is subject to discussions and further negotiations. These discussions must be completed by **October 15**, 2011 for which an amended agreement (Form HUD-1044 (*Amendment*) will be issued to incorporate the negotiated changes, and subsequently a revised management work plan, benchmark schedule, and budget (if necessary). In addition, the amended grant agreement will require the Authorizing Official's signature along with the Grant Officer to initiate the period of performance and fully execute grant funds.

It is with great pleasure to serve as your Grant Officer during the negotiations. If you have any questions regarding the Grant Agreement and/or Terms and Conditions, please do not hesitate to contact me. I may be reached by phone at 202-402-7584 or email at Royal.A. Rucker@hud.gov. Your Project Director will also be contacted in the next few days by a Government Technical Representative to provide technical assistance and review the special terms of this award.

Again, congratulations on your award. My office looks forward to assisting you in implementing the program so that, together, we can protect children from residential health and safety hazards.

Sincerely,



Royal A. Rucker Grants Officer

cc:

William Nellis, Government Technical Representitive Karen Griego-West, Field Representative

### Assistance Award/Amendment

#### U.S. Department of Housing and Urban Development Office of Administration

Assistance Instrument				·
	2. Type of Act	<del></del>		
Cooperative Agreement Grant  3. Instrument Number 4. Amendment Number	Award	E	endment	<u> </u>
	5. Effective D. Action	ate of this	6. Control Ni	ımber
CALHD0225-11 3	. 1	ock #16		
7. Name and Address of Recipient		nistering Office	ــــــــــــــــــــــــــــــــــــــ	
City and County of San Francisco, Mayor Office of Housing			nes and Lead H	azard Control
1 South Van Ness Avenue, 5th Floor	451 Seventh S			
San Francisco, CA 94103-1267	Room 9245			
Sau Francisco, CA 74105-1207	Washington,	OC 20410		
	8a. Name of A	dministrator	8b. Telephon	Number
	Deborah R		(202) 402-	
10. Recipient Project Manager Ms. Sonia Delgado-Schaumber, (415) 701-5540; Sonia delgado-			l Representative	
schaumber@sfgov.org	William No	llis, (202) 4	02-7684	
11. Assistance Arrangement 12. Payment Method	13. HUD Paym	ent Office		
Cost Reimbursement Treasury Check Reimbursement	U.S. Dept. of			
Cost Sharing Advance Check		ting Center,		•
Fixed Price Automated Clearinghouse	Ft. Worth, T	St., Unit #45 S X 76102	ste. 2500	
	1 4 77 00 113, 1	21.70102		
14. Assistance Amount	15. HUD Acco	inting and Appi	opriation Data	
Previous HUD Amount \$2,500	00.00 15a. Appropria	ion Number		15b. Reservation
HUD Amount this action	50.00			number
110D Amount and action	80.00 8611/120174	LRLR/LHD		LHD11-05 (FY11)
Total HUD Amount \$2,500	00.00 Amount Pre	viously Oblig	ated	\$2,500,000.00
Recipient Amount \$89	04.00 Obligation l	y this action		\$0.00
Total Instrument Amount \$3,39	04.00 Total Oblig	ation	······································	\$2,500,000.00
16. Description				
Employer identification: 946000417 DUNS: 046004081		Program: I	HD	
		•.		
This instrument sets forth the agreement between th	acrtica as to all tarm		4:4:	
herein. By signing this award document, the Grante	parties as to an term	is and con	umons and	provisions
and financial provisions of this arrest. This Country	cerunes that it is in	complian	ce with all	administrative
and financial provisions of this award. This Grant A	endment will execu	ite grant <u>fi</u>	inds as of	November 1,
<u>2011.</u>			-	
		•		
Period of Performance: November 1, 2011 throug	October 31, 2014	(36 montl	18)	
Period of Performance: November 1, 2011 throug	October 31, 2014	(36 montl	18)	
Period of Performance: November 1, 2011 throug	October 31, 2014	(36 montl	18)	
			18)	
Period of Performance: November 1, 2011 through			18)	
			18)	
			18)	
			18)	
			18)	
ALL OTHER TERMS AND CONDITIONS REN			18)	
ALL OTHER TERMS AND CONDITIONS REA	AIN UNDER CHA	NGED.		this document.
ALL OTHER TERMS AND CONDITIONS REA  17.  Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office	AIN UNDER CHA	NGED.		this document.
ALL OTHER TERMS AND CONDITIONS REN  17.  Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office  19. Recipient (By Name)	18. Reci	NGED.  pient is not re	quired to sign	this document.
ALL OTHER TERMS AND CONDITIONS REA  17.  Recipient is required to sign and return three (3) copies of this document to the HUD Administering Office	18. Reci	NGED.  pient is not re  Name)  on, Grant O	quired to sign	this document.

form HUD-1044 (8/90) ref. Handbook 2210,17

#### ATTACHMENT F3H

# WORK PLAN DEVELOPMENT WORKSHEET WITH MINIMUM BENCHMARK PERFORMANCE STANDARDS FOR 36-MONTH PERIOD OF PERFORMANCE

Leau I id	azard Reduct	ion Demons	tration Grant	Program				. 0	MB Approval Nu	mber 2539-00	015 (exp 11/30	/2010)	
* Grant Number:	Grantee C	rganizatio	n:	Mayor's	Office of H	ousing	* Perio	d of Perfo	rmance:				
ACTIVITY	** 1Q GY1	2Q GY1	3Q GY1	4Q GY1	1Q GY2	2Q GY2	30 GY2	4Q GY2	1Q GY3	2Q GY3	3Q GY3	4Q GY3	1Q GY4
Applicant Capacity (0-120 days)													
Staff Hired				<u> </u>	· ·		<u> </u>					· .	
Approved Environmental Review and Release of Funds		•											
Written Policies and Procedures		•											
Healthy Homes Implementation Units in Grant Agreement = 100													
Units Evaluated:										<u> </u>			
Performance Standard		5%	15%	30%	45%	55%	65%	85%	95%	100%	27.75.70		
Work Plan Milestone	ART ha	180	23	45	68	83	98	128	143	150	8.75%		2500
% Planned		33.00		45		uu s	3.	120	143	100	× 1, 18 2.5		
Actual # Completed										:			
Actual % Completed													
Units in Progress	-					-	7 .						
Units Completed and Cleared:													
Performance Standard	nutt jerioo	renear by Lin	2%	5%	15%	30%	45%	55%	65%	85%	95%	100%	Najangan Teraga
Work Plan Milestone					#108#	2014.52		luis fândr Ar 90 Gast		\$ E.S.	WARET.	45346	
% Planned	Alteration of	<u> Na Nagara Serti</u>	31	6	19	38.5	56	69	81 47	106	119	125	Depleted of health
Actual # Completed													
Actual % Completed			-										
Cumulative LOCCS DRAWDOWNS Grant Award Amount =										· · ·			
Performance Standard				5%	10%	15%	20%	30%	45%	60%	80%	95%	100%
LOCCS Drawdown Work Plan Milestone				\$ 125,D00	\$ 250,000	\$ 375,000	\$ 500,000	\$ 750,000	\$ 1,125,000	\$1,500,000	\$2,000,000	\$2,500,000	\$ 2,500,000
% Planned	-												
Actual LOCCS Drawdown													
Actual Cumulative LOCCS Drawdown %	•												
Healthy Homes Initiative													
Cumulative LOCCS DRAWDOWNS Grant Award Amount = \$2,000,000													
Performance Standard				6%	10%	15%	20%	30%	45%	60%	80%	96%	100%
LOCCS Drawdown Work Plan Milestone					S.A.	\$ 300,000	\$ 400,000		\$ 900,000	\$1,200,000	\$1,600,000	\$2,500,000	\$ 2,000,000
% Planned													
Actual LOCCS Drawdown Actual Cumulative LOCCS													· · ·
Drawdown % Community Outreach /	1												
Education/ Training Community Outreach and Education Work Plan Milestone	44.4	1413 ST 213 ST 71249	40.00		2			2		A. Maria	2		
Community Outreach and Education Milestone Achieved													
Skills Training Work Plan Vilestone		No.			444			\$ ( <b>1</b> 37)			X		
Skills Training Milestone Achieved				4-1, 7-1 W-1					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				_ Kasa- ee
Performance Measured Against													100%
Leave Grant Number and Period of I	Performance	blank at tim	e of										

FACTOR 3 ATTACHMENT H, Pages 7, 11

			<u>3</u>	ant Annli	Grant Application Detailed Rudget	Failed		Worksheet		•			
Name and Address of Applicant:	ant:	City and C	ounty of Sai	n Francisco				CIRCIA	Public reportin	burden for this collect	on of information is estimated	d to average 3	ours 12 minutes per
		1 South Va	<u>ram - Mayor</u> an Ness, 5th	Lead Program - Mayor's Office of Housing 1 South Van Ness, 5th Floor	sing				maintaining th	data needed, and com	pleting and reviewing the colle	ection of Inforn	nation. This agency
		Sam Franc	Sam Francisco CA 94103	103					currently valid multiple HDD (	OMB control number, .] OHHLHC)s. HUD will us	currently valid OMB control number. Information collected will provide proposed budget data for multiple HUD (OHHLHC)s. HUD will use this information in the selection of applicants. Response to this	Ade proposed b	udget data for
Category				Deta	Detailed Description of Budget (for full grant per	Budget (f	or full grant period)		request does n	request does not lend itself to confidentiality.	rtiality.		
		Estimated Hours at							Other Hill		Other tederal Etate Char		
1. Personnel (Direct Labor)		3.5yrs	Avg FTE	Rate per Hour	Estimated Cost	198	HUD Share	Applicant Match	Funds		Local/Tribal Share	Other	Income
Program Director	Daniel Adams	67	1.00%	\$60	\$4.047			\$4 047		1		-	
DPH Public Health Manager	Karen Cohn	336		\$60	\$20,057	è							
Monitoring & Complaince Manager	Ruby Harris	1,680	Т	\$43	\$72,710		\$72,710			-			
Total Administration Direct Labor					\$111,356		\$87.252	\$24.104		\$0	\$	\$	
Program						ď							
Program Director	Daniel Adams	270	Ţ.	\$60	\$16,188			\$16,188	,				
DPH Public Health Case Manager	David Lo	1 008	15.00%	\$51	\$258,955			\$258,955					
Intake and Eligibility Coordinator	Rosa Hernandez	3,360		\$30	\$99,926		\$99,926	#01,040				$\dagger$	
Underwriter	Lore delos Reyes	3,360	Г	\$37	\$125,630	100	\$125,630						
Housing Specialist	Michael Palmer	3,360	50.00%	\$43	\$145,421	N P	\$145,421						
Housing Specialist	Phuong Thai	336	5.00%	\$51.	\$17,264		\$17,264					1	
Total Program Direct Labor					\$846.151		\$533.662	\$310 489					
							4000,001	9014,700		40	96	9	
Total Direct Labor					\$957,507		\$620,915	\$336,593		\$0 \$0	\$0	0 .\$0	\$0
									Other HUD	Other Federal	State Share		
2. Fringe Benefits Administration		Rate (%)		Base	Estimated Cost		HUD Share	Applicant Match	Funds	Share	Local/Tribal Share	Other	Income
Program Director		42.00%		\$4,047	\$1,700			\$1,700				1	
DPH Public Health Manager		35.00%		\$20,057	\$7,020			\$7,020					
Monitoring & Complaince Manager	1	42.00%		\$72,710	\$30,538		\$30,538		-	-			
		,		1	40,100	2000	*0,100					+	
Program Program					\$45,366		\$36,646	\$8,720	€	\$0 \$0	\$0	\$0	\$0
Program Director		42.00%		\$16.188	\$6.799			\$6.799					
Program Manager		42.00%		\$258,955	\$108,761			\$108,761					
Intake and Elicibility Coordinates		35.00%		\$37,346	\$13,071			\$13,071					
Underwriter .		42.00%		\$99,926	\$41,969		\$41,969	}.					
Housing Specialist		42.00%		\$145,421	\$61,077		\$61,077					1	
Housing Specialist		42.00%		\$145,421	\$61,077		\$61,077						
Housing Specialist		42.00%		\$17,264	\$7,251		\$7,251	-					
Total Program Fringe					\$352,769		\$224,138	\$128,631	\$0	\$0	\$0	\$0	*
Total Dispot Esimon		And the Case of th											
Total Direct Fringe					\$398,135		\$260,784	\$137,351	\$0	0 \$0	\$0	\$0	\$0
3. Travel												+	
		•					,		Other Lills	Other Endors!	Ctata Chan		
3a. Transportation - Local Private Vehicle		Mileage		Rate per Mile	Estimated Cost		HUD Share	Applicant Metch	Funds	Share	Local/Tribal Share	Other	Income
laver to ob sites				\$1	\$0			\$0					
Subtotal - Trans - Local Private Vehicle					08:		\$0	\$0			-	1	
								40					,

			-				re-east					College Monton
						of Budget	scription	Detailed Description of Budget				Construction Costs
<u> </u>		. "			Worksheet	1	tailed	ication De	Grant Application Detailed Budge	G		
		.,										
					\$0	\$60,000	0	\$60,000				Total Subcontracts Cost
	1	<u> </u>				\$60,000	0	Т				BO Contracts
Income	Other	Local/Tribal Share	Share	Funds	Applicant Match	HUD Share	St .	Estimated Cost	Unit Cost		Quantity	7. Contracts and Sub-Grantees (List individually)
Program		ral State Share	Other Federal	Other HUD								
						\$0	0	\$0	Section of the sectio			Total Consultants Cost
						\$0	d13					
income	Other	Share Local/Tribal Share	Share	Funds	Applicant Match	HUD Share	St	Estimated Cost	Rate per Day		Days	6. Consultants (Type)
Program		of State Chare	Other Ender	Other HIII	*			•				
					1	\$0	0	\$0				Total Supplies and Materials Cost
	:											Subtotal - Non-Consumable Materials
Income	Other	Local/Tribal Share	Share	Funds	Applicant Match	HUD Share	11	Estimated Cost	Unit Cost		Quantity	5b. Non-Consumable Materials
Drogram		State Chare	Other Ender	Other LIII		·					•	
						\$0	ביים	\$0				Subtotal - Consumable Supplies
MCOME	Officer		Sildic	runus	Opphoant mater	non state	-+	Latiniation Coa	Citt Cost		- Canality	va. Vinaminaris culplines
Program		Other Federal State Share	Other Feder	Other HUD		5		T Control Control	list Cost			
												o. Supplies and Materials (items under \$5,000 Depreciated Value)
						of Budget	cription (	Detailed Description of Budget				Country and Makedala Barra and Late 75 000 December 11 Live
					Worksheet		tailed	ication De	Grant Application Detailed Budget	ြင		
									]   •			
							100					Otal Equipment Cost
	1	1								1 0.00 characters		
Income	Other	Share   Local/Tribal Share	Share	Funds		HUD Share	<u>=</u>	Estimated Cost	Unit Cost		Quantity	Equipment (Only Items over \$5,000 Depreciated value)
			Other tedar		Applicant Match		98-					
\$0	\$0	\$0 \$0		\$0	\$0	\$20,000	3	\$20,000				Total Travel Cost
						\$3,000		\$3,000				Subtotal - Per Diem or Subsistence
					- 1	\$3,000		\$3,000	\$150		20	er Diem (2 people)
Income	Other	Share Local/Tribal Share	Share	Funds	Contribution	HUD (OHHLC) Share	130	Estima	Rate per Day		Days	3d. Per Diem or Subsistence (indicate location)
Program		al State Share	Other Federa	Other HUD	Applicant							
					\$0	\$11,000		\$11,000				Subtotal - Transportation - Other
-												
						\$3,500		\$3,500	. \$350		10	ther Training Registration Fees
						\$3,000		\$3,000	\$750		4	at! Healthy Homes Conf Reg Fee (2 ppl)
						\$500			\$100		کا د	Ground Transportation (2 people)
Income	Other	Local/Tribal Share	Share	Funds	Contribution	D (OHHLC) Share		Estimate	Unit Cost		Quantity	Transportation - Other
Program		State Share	~ ·	Other HUD	Applicant			1	· ``.			
					\$0	\$6,000	)	\$6,000				Subtotal - Transportation - Airfare
			-			\$6,000		$\top$	\$1,200		ŭ	rfare (2 people)
Income	Other	Share Local/Tribal Share	Share	Funds	Applicant Match	HUD Share		Estimated Cost	Fare		Trips	3b. Transportation - Airfare (show destination)
Program	-	al State Share	Other Federa	Other HUD								
							cription c	Detailed Description of Budget				
					Worksheet		tailed	cation De	Grant Application Detailed Budget	G <sub>t</sub>		

•	Total Construction Costs	Subtotal - Miscellaneous		8l. Miscellaneous	Subtotal - Contingencies		8k. Contingencies	- Hardenberg	Subtotal - Founment	8j. Equipment		Subtotal - Construction	8l. Construction	autotal - Definition and Tempyal	Subtotal Domolition and tale	8h. Demolition and removal	Subtotal - Site work	8g. Site work	Subtotal - Project inspection fees		8f. Project inspection fees		Subtotal - Other architectural and engineering fees	8e. Other architectural and engineering fees	And Surgicial and sugaresting second	Subtotal - Architectural and enc	8d. Architectural and engineering fees	Subtotal - Relocation expenses and payments	8c. Relocation expenses and payments		Subtotal - Land, structures, rights-of way,	8b. Land, structures, rights-of way, appraisal, etc	Subtotal - Administrative and legal expenses	da. Administrative and legal expenses	
														/al					es				nd engineering fees	eering fees	ices	inperior foot	g fees	and payments	yments		hts-of way,,	ay, appraisal, etc	egal expenses	Denses	
				a			0	0000	2007	0										****								62.3			EStat	-			
			delinity				Quantity		S CONTROL OF	Quantity			Quantity			Quantity	4-	Quantity			Quantity			Quantity			Quantity	* WEST 23	Quantity			Quantity		Quantity	:
			+	· ·							, ,											_ <u>G</u>													
			Olit Cost	lait Cost			Unit Cost			Unit Cost			Unit Cost			Unit Cost		Unit Cost			Unit Cost	Grant Application		Unit Cost			Unit Cost		Unit Cost			Unit Cost		Unit Cost	
			Estimated Cost				Estimated Cost			Estimated Cost			Estimated Cost			Estimated Cost		Estimated Cost			Estimated Cost	cation Detai		Estimated Cost	\$0		Estimated Cost		Estimated Cost			Estimated Cost		Estimated Cost	e de la composição de l
			HUD Share				HUD Share			HUD Share			HUD Share			HUD Share	130000	HUD Share			HUD Share	Detailed Budget V		HUD Share			HUD Share		HUD Share			HUD Share		HUD Share	
			Applicant Match		-		Applicant Match		ш	Applicant Match			Applicant Match		- 1	Applicant Match		Applicant Match			Applicant Match	Worksheet		Applicant Match		\$0	Applicant Match		Applicant Match	-		Applicant Match		Applicant Match	
			Funds	B			Other HUD Funds			Other HUD			Other HUD Funds			Other HUD		Other HUD Funds			Other HUD			Other HUD Funds			Other HUD		Funds			Other HUD Funds		Funds	Other HUD
			Share	Other Federal			Other Federal State Share	-		Other Federal			Other Federal Share			Other Federal		Other Federal			Other Federal			Other Federal			Other Federal		Share Share			<u>t</u>			Other Federal
			Local/Tribal Share	State Share			Share			Other Federal State Share Share Local/Tribal Share			State Share Local/Tribal Share		and the state of the state of	State Share	L. I	State Share Local/Tribal Share			State Share			State Share Local/Tribal Share			al State Share		Other Federal State Share Share Local/Tribal Share	2	-	Other Federal State Share Share Local/Tribal Share			ral State Share
			Other			ł	Other					$\perp$	Other		Ç			Other		Sing				Other		1	Other		Other			Other		Other	
			Income	Program			Program			Program			Program Income		and of the	Program		Program		The state of the s	Program			Program		1	Program		Program			Program		Income	Program

HUD (OHHLHC) Share:
Match (as percentage
of HUD Share)

WorkSheet         Other HUD         Other Federal State Share Local/Trihad Share         Other Flunds         Processor           00         \$10,000         \$10,000         Icocal/Trihad Share         Other Flunds           81         \$10,000         Icocal/Trihad Share         Other Flunds           81         \$15,600         Icocal/Trihad Share         Icocal/Trihad Share           82,5000         \$5,000         Icocal/Trihad Share         Icocal/Trihad Share           \$2,5000         \$2,500         Icocal/Trihad Share         Icocal/Trihad Share           \$2,5000         \$2,500         Icocal/Trihad Share	Continue					<u> [45] [45] [</u>	30% 12% 0%	\$957,507 \$398,135 \$20,000		Personnel (Direct Labor) Fringe Benefits Travel	1 Personnel (Dire 2 Fringe Benefits 3 Travel		
Circuit Application   Detailed Budget   Worksheet	Cyrant Application   Defauled Budget   Worksheet   State Share   Defauled State Share   D					<del>-1</del>	Percent of Total	Estimated Costs		timated Costs	Analysis of Total Es		
Cirant Application   Detailed Budget   Worksheet   W	Cyrant Application Detailed Budget Worksheet   Cyrant Application Detailed Budget Worksheet   Cyrant Budget Bu												
Cirant Application Detailed Budget Worksheet   Cirant Application Detailed Budget Worksheet   Condition Detailed Sheet   Condition Detailed Sheet   Condition Detailed Sheet   Condition Sheet	Crant Application Detailed Budget Worksheet   Pagam								heet	ailed Budget Works f Budget	Grant Application Deta Detailed Description of	•	
Crant Application   Defailed Budget Worksheet   Crant Application   Defailed Budget Worksheet   Crant Application   Defailed Budget Worksheet   Crant   Crant   Defailed Budget Worksheet   Crant	Grant Application Detailed Budget Worksheet         Worksheet         Forgam         Program           Internation         0amily         Unit Cost         Estimated cost         400 Shire         Other full         Other federal State Share         Program           Internation         250         \$300         \$100 Shire         \$150 Shire         \$						,						
Carron   Application   Detailed Budget   Worksheet   State Share   Sta	Carant Application   Detailed Budget Worksheet   State Share   State S	۴		\$	,			\$2,500,000	\$3,395,104			ited Costs	Total Estima
Cirant Application   Detailed Budget   Worksheet   W	Content   Cont	ľ	T	\$				\$132,255	\$203,346			is	Total Indirect Cos
Crant Application   Defauled Budget   Worksheet   State Share   State	Cirant Application Detailed Budget Worksheet											s per said Jumpe	Oberating Cost
Crrant Application   Defauled Budget   Worksheet   State   S	Contract		-					\$132,255	\$203,346	\$1,355,642	15.00%	ner salary/fringe	Onerating Costs
Circant Application Detailed Budget Worksheet         Control Budget Worksheet <td>  Crant Application   Detailed Budget Worksheet                                    </td> <td>1</td> <td>1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Total ETE</td>	Crant Application   Detailed Budget Worksheet	1	1										Total ETE
Circant Application   Detailed Budget   WorkSheet	Carant Application   Detailed Budget   Worksheet	Progran	Other	State Share Local/Tribal Share	Federal	1		HUD Share	Estimated Cost	Base	Rate		10. Indirect Costs
Crant Application   Detailed Budget   Worksheet	Content   Cont		1									\$	
Caract Application   Defauled   Budget   Worksheet   Sata Share   Other rederal   Sata Share   Other	Crant Application   Detailed Budget   Worksheet   Country   Content   Cont		T	\$1				\$2,367,	\$3,191,757 \$0		STATE OF STATE OF		Total Direct Costs
Crant Application   Defauled Budget   Worksheet     Other Fudical State Share   Other Fudical Share	Crant Application   Detailed Budget   Worksheet   State Share   Other Federal State												
Cirant Application   Detailed   Budget   Worksheet	Carant Application   Detailed Budget   Worksheet   Carant Application   Detailed Budget   Worksheet   Carant Application   Detailed Budget   Worksheet   Carant Share   C	Ī		\$		\$0		\$1,406,0				Costs	Total Other Direct
Cirrant Application   Detailed Budget   WorkSheet	Cirant Application Detailed Budget Worksheet         Other Fuls (State Share)						4		1,000			ation's issuance	Inspection & vio.
Crant Application   Detailed Budget   Worksheet	Grant Application Detailed Budget Worksheet           Chantily         Unit cost         Estimated Cost         HUD Share         Applicant Match Funds         Other Federal State Share         Other Federal State Share         Other Share         Other Federal State Share	1					\$227,000		200,000				Outreach
Grant Application Detailed Budget Worksheet         Application Detailed Budget Worksheet         Other Hulb Other Federal State Share Incor/Fribal Share         Other Federal State Share <td>  Crant Application   Detailed Budget   Worksheet   Contember   Co</td> <td></td> <td>+</td> <td></td> <td></td> <td></td> <td>883 000</td> <td></td> <td>00000</td> <td></td> <td></td> <td>nd</td> <td>Other DPH In-kir</td>	Crant Application   Detailed Budget   Worksheet   Contember   Co		+				883 000		00000			nd	Other DPH In-kir
Grant Application Detailed Budget Worksheet           Quantity         Unit cost         Estimated Cost         Applicant Match         Other Federal State Share         Other F	Crant Application Detailed Budget Worksheet   Cost   Cother Hub Share   Cother Hub Share   Cother Federal State Share   Cother Fed												
Character   Content   Co	Control   Cont						\$2,685		\$2,685	\$2,685		ware	Printing and soft
Content   Cont	Grant Application Detailed Budget Worksheet           Collegation         Detailed Budget Worksheet         Applicant Match Federal State Share         Other Federal Other Federal State Share         Other Federal State Share <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$2,500</td> <td></td> <td>\$2,500</td> <td>\$278</td> <td>9</td> <td>ials</td> <td>Education Mater</td>						\$2,500		\$2,500	\$278	9	ials	Education Mater
Crant Application   Detailed Budget   Worksheet	Crant Application Detailed Budget Worksheet						\$2,500		\$2,500	\$278	9	each	Community Outr
Carant Application   Detailed Budget WorkSheet   Other Fedéral State Share   Other F	Grant Application Detailed Budget Worksheet           Color Remediation         Quantity         Unit Cost         Estimated Cost         HUD Share         Applicant Match Punds         Other Federal State Share						\$5,000		\$5,000	\$5,000	100		DPH Iraning
Carant Application Detailed Budget Worksheet	Crant Application Detailed Budget Worksheet						\$15,600		e15 800 %	9110			
Carant Application Detailed Budget WorkSheet	Crant Application Detailed Budget Worksheet												Cicalinia
Carant Application Detailed Budget Worksheet	Crant Application Detailed Budget Worksheet			,				\$62,500	\$62,500	\$500	125	,	Cleaning
Carant Application Detailed Budget Worksheet	Coloration   Coloration   Cost   Coloration   Cost   Coloration   Cost   Coloration   Cost   Coloration   Cost							\$10,000	\$10,000	\$200	50 02	valion and Review	Historical Preser
Contemporaries   Cont	Grant Application Detailed Budget Worksheet           Collegation         Description         Description         Description         Description         Description         Description         Description         Description         State Share (local/tribal Shar	1						\$81.081	\$81.081	9640	135	nd soft costs	Financing fees a
Grant Application Detailed Budget Worksheet         Other Federal State Share         Other Federal State Share </td <td>Grant Application Detailed Budget Worksheet           Quantity         Unit Cost         Estimated Cost         HUD Share         Applicant Match         Other Federal State Share         Other Federal State Share         Other Other           pants         80         \$80,000         \$1,037,500         \$1,034,716         \$2,784         \$1,004/17/1bal Share         Other Other           pants         80         \$80,000         \$1,034,716         \$2,784         \$1,000         \$1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>\$02,500 000,500</td> <td>202,200</td> <td>\$300</td> <td>125</td> <td>ng &amp; Clearances</td> <td>Project Monitorin</td>	Grant Application Detailed Budget Worksheet           Quantity         Unit Cost         Estimated Cost         HUD Share         Applicant Match         Other Federal State Share         Other Federal State Share         Other Other           pants         80         \$80,000         \$1,037,500         \$1,034,716         \$2,784         \$1,004/17/1bal Share         Other Other           pants         80         \$80,000         \$1,034,716         \$2,784         \$1,000         \$1							\$02,500 000,500	202,200	\$300	125	ng & Clearances	Project Monitorin
Grant Application Detailed Budget Worksheet         Orksheet         Other Federal State Share	Grant Application Detailed Budget Worksheet           Quantity         Unit Cost         Estimated Cost         HUD Share         Applicant Match Funds         Other Federal State Share         Other Federal Sta	1	ļ.					\$87,500	\$87,500	\$583	150	Assessment	Inspection/Risk A
Crant Application Detailed Budget Worksheet  Other Hub Other Federal State Share Other Hub Share Other Hub Share Other Folder Share Other Folder State Share Other State State Share Other State State Share Other State State Share Other State	Grant Application Detailed Budget Worksheet  Other Federal State Share   Other Federal								\$10,000	\$50	200		BLL Testing
Orant Application Detailed Budget Worksheet  Ouantity  Ount Cost  St. 3300 \$1,037,500 \$5,034,716 \$2,784  Orksheet  Other Hub Other Federal State Share   Other Funds   Oth	Grant Application Detailed Budget Worksheet  Ouantity  Other Federal State Share other Funds  Other Federal State Share other State Share other							\$64,000	\$64,000	\$800	80	cupants	Relocation of Oc
Grant Application Detailed Budget Worksheet  Other Federal State Share Other Funds Share Local/Tribal Share Other	Grant Application Detailed Budget Worksheet  Other Federal State Share Other Funds Share Local/Tribal Share Other							\$1,034,716	\$1,037,500	\$8,300	125	ontrol Remediation	l ead Hazard Co
Grant Application Detailed Budget Worksheet  Other Funds Share Other Floridate Share Oth	Grant Application Detailed Budget Worksheet  Other Federal State Share   Constitute   Constitute							Top onaic	Latin mod Occ.	Cilit Cook	quality	sts	9. Other Direct Co.
	1 . 1	Program	Other		Other Federal St			LIIO Chara	Estimated Cost	Tak Cont			
	. 1						orksheet		ation Detail	rant Applic	Gı		

# FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL (S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (Please print clearly.)		
Name of City elective officer(s):		ctive office(s) held:
Members, Board of Supervisors	Men	nbers, Board of Supervisors
	· · · · · · · · · · · · · · · · · · ·	
Contractor Information (Please print clearly.)	<u>-</u>	
Name of contractor: Twegbe Inc.		
Please list the names of (1) members of the contractor's boar financial officer and chief operating officer; (3) any person vany subcontractor listed in the bid or contract; and (5) any padditional pages as necessary.  Sorbor Twegbe, Sole Proprieter	vho has an owners	ship of 20 percent or more in the contractor: (4)
Confractor address: 197 Highland Ave., San Francisco, CA 9	4110	
Date that contract was approved: (By the SF Board of Supervisors)	Amount	of contract: \$300,000
Describe the nature of the contract that was approved: Tweb remediation work of participating properties that include priv family properties.  Comments:	ately owned singl	e family homes and tenants occupied multi-
This contract was approved by (check applicable):  Ithe City elective officer(s) identified on this form		
$\square$ a board on which the City elective officer(s) serves: $\underline{S}$	San Francisco Bo	pard of Supervisors
the board of a state agency (Health Authority, Housing Board, Parking Authority, Redevelopment Agency Compevelopment Authority) on which an appointee of the C	Authority Commission, Relocat	nission, Industrial Development Authority ion Appeals Board, Treasure Island
Print Name of Board		
Filer Information (Please print clearly.)	· · · · · · · · · · · · · · · · · · ·	
Name of filer: Angela Calvillo, Clerk of the Board		Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San France	cisco, CA 94102	É-mail: Board.of.Supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective	e officer)	Date Signed
0.		
Signature of Board Secretary or Clerk (if submitted by Board S	Secretary or Clerk	Date Signed