	lumber: rovided by Clerk of Board of Supervisors)							
(1	, ,	mation Form						
	(Effective	e July 2006)						
	ose: Accompanies proposed Board of Supervisors and grant funds.	s ordinances aut	thorizing a Departi	ment to accept and				
The fo	ollowing describes the grant referred to in the acc	ompanying ordi	nance:					
1. G	Grant Title: FY 11 Regional Catastrophic Preparedness Grant Program							
2. D	Department: Department of Emergency Management							
3. C	ontact Person: Mary Landers	Telephone	: 705-8531					
4. Gr	ant Approval Status (check one):							
	[X] Approved by funding agency	[] Not yet	approved					
5. An	nount of Grant Funding Approved or Applied for:	\$1,281,976						
	atching Funds Required: \$427,325 ource(s) of matching funds (if applicable): San Fr	ancisco general	funds and regiona	al funds				
	rant Source Agency: US Department of Homelan rant Pass-Through Agency (if applicable): Califor	• (,	ncy (CalEMA)				
	roposed Grant Project Summary: For the purpose event of a catastrophic disaster.	e of regional plar	nning to develop p	olans and procedures				
9. Gr	ant Project Schedule, as allowed in approval doc	uments, or as p	roposed:					
	Start-Date: July 1, 2011	End-Date: Marc	ch 31, 2014					
10. N	lumber of new positions created and funded: 0							
11. E	xplain the disposition of employees once the gran	nt ends?						
12a. <i>I</i>	Amount budgeted for contractual services: \$							
b. \	Will contractual services be put out to bid? N/A							
	If so, will contract services help to further the goarequirements? N/A	ls of the departr	ment's MBE/WBE					
d.	Is this likely to be a one-time or ongoing request	for contracting o	out?					
13a. [Does the budget include indirect costs?	[]Yes	[X] No					

b1. If yes, how much? b2. How was the amo				
c. If no, why are indire [X] Not allowed b [] Other (please	by granting agency	[] To maxim	ze use of grant funds on direct services	
c2. If no indirect cost	s are included, what woul	ld have been th	e indirect costs? Unknown.	
14. Any other significan	t grant requirements or co	mments:		
Disability Access Ch	ecklist*			
15. This Grant is intende	ed for activities at (check a	all that apply):		
[X] Existing Site(s) [] Rehabilitated Site(s) [X] New Site(s)	[X] Existing Structur [] Rehabilitated Stru [] New Struc	ıcture(s)	[] Existing Program(s) or Service(s) [X] New Program(s) or Service(s)	
concluded that the project other Federal, State and	ct as proposed will be in c local access laws and re	compliance with gulations and v	e on Disability have reviewed the propose the Americans with Disabilities Act and will allow the full inclusion of persons with described in the comments section:	l all
Comments:				
Departmental or Mayor's	Office of Disability Revie	ewer:_ <u>Terrence</u>	e <u>Daniel</u> (Name)	-
Date Reviewed: <u>April 19</u>	9, 2012			
Department Approval:	Anne Kronenberg (Name)	Executi	ve Dir. Dept. of Emergency Managemen	<u>ıt</u>
	, ,		, ,	
	(Signature)			