File Number:(Provided by Clerk of Board of Supervisors)		
	ance Information For fective May 2011)	<u>orm</u>
Purpose: Accompanies proposed Board of Supervexpend grant funds.	visors ordinances aut	thorizing a Department to accept and
The following describes the grant referred to in the	e accompanying ordi	nance:
Grant Title: Port Security Grant Program FY 2	2013	
2. Department: Fire Department		
3. Contact Person: Mark Corso	Telephone: 558-34	117
4. Grant Approval Status (check one):		
[X] Approved by funding agency	[] Not yet	approved
5. Amount of Grant Funding Approved or Applied	l for: \$7,608,000	
6a. Matching Funds Required: \$ 2,536,093 b. Source(s) of matching funds (if applicable): G	Seneral Fund	
7a. Grant Source Agency: Federal Emergency Ma b. Grant Pass-Through Agency (if applicable): n/		
8. Proposed Grant Project Summary: Purchase	of Fireboat	
9. Grant Project Schedule, as allowed in approva	l documents, or as p	roposed:
Defibrillators: Start-Date: 09/01/2013	E	End-Date: 08/31/2015
10. Number of new positions created and funded	: 0	
11. Explain the disposition of employees once the	grant ends? n/a	
12a. Amount budgeted for contractual services: \$	0	
b. Will contractual services be put out to bid? r	n/a	
c. If so, will contract services help to further the requirements? n/a	e goals of the Depart	ment's Local Business Enterprise (LBE)
d. Is this likely to be a one-time or ongoing req	uest for contracting of	out? n/a
13a. Does the budget include indirect costs?	[]Yes	[ X] No
b1. If yes, how much? \$ n/a b2. How was the amount calculated? n/a		

<ul><li>c. If no, why are indirect costs not included?</li><li>[] Not allowed by granting agency</li><li>[] Other (please explain):</li></ul>		[X] To maximize use of grant funds on direct services		
c2. If no indirect costs are	e included, what would	I have been the	e indirect costs? Employee Time	
14. Any other significant gra	nt requirements or cor	nments: No		
**Disability Access Checkli	st***			٦
15. This Grant is intended for	r activities at (check all	I that apply):		
<ul><li>[X] Existing Site(s)</li><li>[] Rehabilitated Site(s)</li><li>[] New Site(s)</li></ul>	[X] Existing Structure [] Rehabilitated Struc [] New Structure(s)		[X] Existing Program(s) or Service(s) [] New Program(s) or Service(s)	
concluded that the project as other Federal, State and loca	proposed will be in coal access laws and reg	ompliance with ulations and wi	Disability have reviewed the proposal and the Americans with Disabilities Act and all Il allow the full inclusion of persons with escribed in the comments section:	
Comments:				
Departmental ADA Coordina	tor or Mayor's Office o	f Disability Re	viewer:	
<u>Jesusa Bushong</u> (Name)				
Human Resources Director				
(Title)				
Date Reviewed:		-	(Signature Required)	-
				_
Overall Department Head or	Designee Approval:			
Mark Corso				
(Name)				
Chief Financial Officer (Title)				
Date Reviewed:				
		_	(Signature Required)	_