

File Number: _____
(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: **Round 2 Proposition 84 Integrated Regional Water Management Grant Funds from the California Department of Water Resources**
2. Department: **SFPUC**
3. Contact Person: **Erin Hagan** Telephone: **(415) 554-0706**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$ 1,400,000**
6. a. Matching Funds Required: **\$ 2,022,261**
b. Source(s) of matching funds (if applicable):
Funds for the SFPUC match will come from Water System Improvement Program (WSIP) Project CUW30103
7. a. Grant Source Agency: **California Department of Water Resources**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary:

On behalf of numerous local public agencies including the SFPUC, ABAG applied for a Proposition 84 Integrated Regional Water Management Program Grant from the State of California, Department of Water Resources (DWR) to help fund the implementation and operation of 19 local, subregional, and regional water conservation, water recycling, ecosystem restoration, green infrastructure, and flood management-watershed projects to be carried out by the participating agencies.

DWR awarded ABAG a grant of \$20,000,000 in State funding, requiring an estimated \$14,428,997 in agency matching funds. Each of the participating agencies is responsible for the cost-share match of at least 25% required under the DWR agreement with ABAG. Expenditure of matching funds may include costs incurred since September 30, 2008.

DWR and ABAG entered into a grant agreement in July 2014, whereby State grant funds will be disbursed by DWR to ABAG, the fiscal agent for the grant funds, on a reimbursement basis. With Commission authorization, the SFPUC and ABAG will enter into a grant implementation agreement in which ABAG agrees to disburse the grant funds to the SFPUC for implementation of the Regional Groundwater Storage and Recovery Project Phase 1A – South Westside Basin, Northern San Mateo County in accordance with the implementation agreement.

Under Phase 1A of this Project, five groundwater wells will be constructed in Daly City, Colma, and South San Francisco. Work in Phase 1A consists of well drilling (to approximately 550 to 750 feet deep), construction, development and pump testing.

The Regional Groundwater Storage and Recovery Project is part of the SFPUC's Water System improvement Program, with the goal of developing local groundwater supply for use during drought conditions. When completed and operational, the Project will store up to 60,500 acre-feet in the South Westside Groundwater Basin, a capacity that would provide approximately 7.5 years of dry-year supply.

The estimated cost of Phase 1A for the purpose of this grant agreement is \$3,452,261, of which \$1,400,000 will be provided through State grant funding. The estimated SFPUC cost share of \$2,022,261 will be paid from funds available in WSIP Project CUW30103.

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

Start-Date: **February 1, 2015**

End-Date: **The Regional Groundwater Storage and Recovery Project Phase 1A – South Westside Basin, Northern San Mateo County is expected to be completed in July 31, 2016. The duration of this agreement will terminate when the SFPUC's obligations under the Agreement have been fully satisfied, no later than December 31, 2018.**

10. a. Amount budgeted for contractual services: **\$3,452,261**
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? **The overall project has a LBE goal of 14%**
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 indirect costs would be \$460,000 that includes costs for design, environmental review, and construction management.

12. Any other significant grant requirements or comments:

****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):

- | | | |
|--|---|--|
| <input type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> 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:

(Name)

(Title)

Date Reviewed: _____ (Signature Required)

Department Head or Designee Approval of Grant Information Form:

(Name)

(Title)

Date Reviewed: _____ (Signature Required)