

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: **Federal Transportation Elderly and Disabled Specialized Transit Program (FTA Section 5310)**

2. Department: **Department of Public Health, Laguna Honda Hospital**

3. Contact Person: **William Frazier** Telephone: **415-759-3384**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$239,000.00**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Federal Transit Administration**

b. Grant Pass-Through Agency (if applicable): **California Department of Transportation**

8. Proposed Grant Project Summary: **The Federal Transportation Administration (FTA) established a capital grants funding program entitled the Elderly and Disabled Specialized Transit Program, or FTA Section 5310. The program, administered by the California Department of Transportation (CALTRANS) addresses the transportation needs of elderly persons and persons with disabilities.**

Laguna Honda Hospital and Rehabilitation Center (Laguna Honda) was successful in its application acquire transit vehicles via the FTA Section 5310 program. The application process was competitive, involving many nonprofit and public agencies throughout the State. The grant would enable Laguna Honda to acquire two medium shuttle vehicles and one large transit vehicle with a value not to exceed two hundred thirty-nine thousand dollars (\$239,000.00) from FTA Section 5310 funds.

The new vehicles are necessary to replace the current shuttles that are being used to transport patients, visitors, and staff to and from the public transit stations, (MUNI and BART) and the hospital campus, as well as to transport patients to and from services located in the community. The current shuttles are 20 years old and newer vehicles will enable the continuance of this very valuable transportation service.

CALTRANS would be responsible for the procurement of the vehicles and would transfer the vehicles to Laguna Honda.

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

Start-Date: **October 9, 2013**

End-Date: **December 31, 2025**

10a. Amount budgeted for contractual services: **N/A**

b. Will contractual services be put out to bid? **No**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **N/A**

b2. How was the amount calculated? **N/A**

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **In operating costs**

12. Any other significant grant requirements or comments: **The City and County of San Francisco, Department of Public Health, Laguna Honda Hospital and Rehabilitation Center will enter a standard agreement with CALTRANS. Laguna Honda will agree to the terms of the CALTRANS Disadvantaged Business Enterprise, Race Neutral Implementation Agreement. Laguna Honda is required to furnish a Bi-Annual Report on the use of the vehicles. Laguna Honda will allow CALTRANS to make bi-annual inspections of the vehicles to verify the condition and appropriate use of the vehicles. Laguna Honda will implement a Title VI anti-discrimination plan, which has been already approved by CALTRANS and is required for the utilization of federally funded vehicles. The acquisition of the vehicles will satisfy the requirements of the City's Healthy Air Clean Transportation Ordinance.**

GRANT CODE (Please include Grant Code and Detail in FAMIS): HLFTAV

****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):

Existing Site(s)

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)

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:

Ron Weigelt

(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed: _____

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed: _____

(Signature Required)