

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Ordinance Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: Kindergarten to College Outreach Position
2. Department: Office of the Treasurer and Tax Collector
3. Contact Person: Amanda Fried Telephone: (415)554-0889
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$100,000
6. a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: Earned Assets Resource Network (EARN)
b. Grant Pass-Through Agency (if applicable): n/a
8. Proposed Grant Project Summary: Grant funds will support the work of the San Francisco Office of Financial Empowerment to increase financial security for San Franciscans. Specific uses: Support the salary and benefits of a full-time Outreach Coordinator for the Kindergarten to College Program to manage the community outreach and school site coordination activities for the K2C program.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: December 1st 2014 End-Date: December 1st 2015
10. Number of new positions created and funded: 1
11. Explain the disposition of employees once the grant ends?
12. a. Amount budgeted for contractual services: \$0
b. Will contractual services be put out to bid?
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
d. Is this likely to be a one-time or ongoing request for contracting out?
13. a. Does the budget include indirect costs?
 Yes 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 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?

14. Any other significant grant requirements or comments:

****Disability Access Checklist****

15. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" 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) | |

16. 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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Although no indirect costs are part of the grant, requests for reasonable modifications and effective communication such as ASL interpretation must be funded during the grant cycle upon program participants' requests.

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Joanna Fraguli

(Name)

Dep. Director for Programmatic Access

(Title)

Date Reviewed: 11/24/2014


(Signature Required)

Overall Department Head or Designee Approval:

Amanda Fried

(Name)

Manager, Policy and Legislation

(Title)

Date Reviewed: 11/24/14


(Signature Required)