

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: San Francisco Community Investment Fund Capital Improvements Fund
2. Department: Mayor's Office of Housing and Community Development (MOHCD)
3. Contact Person: Brian Cheu Telephone: (415) 701-5584
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$1,000,000
6. a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable): N/A
7. a. Grant Source Agency: San Francisco Community Investment Fund
b. Grant Pass-Through Agency (if applicable): N/A
8. Proposed Grant Project Summary:
Funding for capital improvements to community facilities in San Francisco's economically challenged communities.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: April 17, 2015 End-Date: Completion of program
10. a. Amount budgeted for contractual services: None. Grants to non-profit organizations
b. Will contractual services be put out to bid? N/A
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
11. a. Does the budget include indirect costs?
 Yes No
b1. If yes, how much? \$
b2. How was the amount calculated?
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): To maximize grant funds for capital improvements
c2. If no indirect costs are included, what would have been the indirect costs?
Indirect costs are usually not allowed by our department for capital improvement grants.
12. Any other significant grant requirements or comments: Grant Code - MOCICI

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

Eugene Flannery
(Name)

Environmental Compliance Manager
(Title)

Date Reviewed: 3-9-15


(Signature Required)

Department Head or Designee Approval of Grant Information Form:


(Name)

(Title)

Date Reviewed: _____

(Signature Required)