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 a	ant referred to	in the accompan	vina resolution:
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1.	Grant	Title:	Gift of	one	donation	of	\$350,000

2. Department: Fire Department

3. Contact Person: Mark Corso Telephone: 415-558-3417

4. Grant Approval Status (check one):

[X] Approved by funding agency [] Not yet approved

- 5. Amount of Grant Funding Approved or Applied for: \$350,000
- 6. a. Matching Funds Required: \$0
 - b. Source(s) of matching funds (if applicable): N/A
- 7. a. Grant Source Agency: Gift from individuals Mr. & Mrs. Bernard Osher
 - b. Grant Pass-Through Agency (if applicable): N/A
- **8.** Proposed Grant Project Summary: Mr. & Mrs. Osher have donated \$350,000 to the Fire Department for the purchase of two ambulances
- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: N/A - one-time donation for use on specific equipment End-Date:

- **10.** a. Amount budgeted for contractual services: N/A
 - 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 [X] No

- b. 1. If yes, how much? \$0
- 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 [X] Other (please explain): Donation of Equipment

- c. 2. If no indirect costs are included, what would have been the indirect costs? None
- **12.** Any other significant grant requirements or comments:

14. Any other significant grant requirements or comments:

Disability Access Checklist*						
15. This Grant is intended for activities at (check all that apply):						
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	[X] Existing Program(s) or Service(s)[] New Program(s) or Service(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:						
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:						
Jesusa Bushong	*					
(Name)		*				
HR Director						
	8,2015	(Signature Required)				
	,	,				
Overall Department Head or Designee Approval:						
Mark Corso (Name)						
Chief Financial Officer						
(Title)	115	11,00				
Date Reviewed: 10 /8/15 (Signature Required)						