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: Gift of one donation of \$25,000.00
- 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: \$25,000.00
- a. Matching Funds Required: \$0
 b. Source(s) of matching funds (if applicable): N/A
- 7. a. Grant Source Agency: Gift from entity AAA Northern California, Nevada & Utah
 b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: AAA Northern California, Nevada & Utah has donated \$25,000.00 to the San Francisco Fire Department.

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

N/A – One-time donation

- **10.** Number of new positions created and funded: 0
- **11.** Explain the disposition of employees once the grant ends? N/A
- **12.** 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
- **13.** 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): One-time donation

c. 2. If no indirect costs are included, what would have been the indirect costs? None

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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		
(Title)		
Date Reviewed:/ //	6	(Signature Required)
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Overall Department Head or Designee Approval:		
Mark Corso (Name)		
Chief Financial Officer (Title)		
Date Reviewed: 7/7/16 (Signature Required)		(Signature Required)