| File Number: (Provided by Clerk of Board of Supervisors) | | | |
|---|--|--|--|
| Grant Resolut | ion Information i | Form . | |
| · | ctive July 2011) | | |
| Purpose: Accompanies proposed Board of Supervisexpend of in-kind gifts, services and cash grant func | ors resolutions au ls. | uthorizing a Department to accept and | |
| The following describes the grant referred to in the a | accompanying res | olution: | |
| 1. Grant Title: Friends of the San Francisco Public Library Annual Grant Award, FY 16-17 | | | |
| 2. Department: Public Library | | | |
| 3. Contact Person: Christine Murdoch | Telephone | e: 557-4246 | |
| 4. Grant Approval Status (check one): | | | |
| [X] Approved by funding agency | [] Not yet | approved | |
| Amount of Grant Funding Approved or Applied fo monies. | r: Up to \$763,355 | of in-kind gifts, services and cash | |
| 6a. Matching Funds Required: \$0 b. Source(s) of matching funds (if applicable): | | | |
| 7a. Grant Source Agency: Friends of the San Franci b. Grant Pass-Through Agency (if applicable): | sco Public Library | • | |
| 8. Proposed Grant Project Summary: The Friends organization that advocates, fundraises, and provide related literary and educational programs. This grant public programs and services. The types of programs Programs, Adult Programs, Collections, Staff Develo Programs. | s critical support t allows the Librar and services su | for the San Francisco Public Library and y to provide direct support for a variety of pported by these grants include: Youth | |
| 9. Grant Project Schedule, as allowed in approval do | ocuments, or as p | roposed: | |
| Start-Date: July 1, 2016 End-Date: June 30, 2017 | | | |
| 10a. 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 go requirements? | oals of the Depart | ment's Local Business Enterprise (LBE) | |
| d. Is this likely to be a one-time or ongoing reques | st for contracting o | out? | |
| 1a. Does the budget include indirect costs? | []Yes | [X] No | |
| b1. If yes, how much? \$ b2. How was the amount calculated? | | | |

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

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| c2. If no indirect costs are included, what would have been the indirect costs? There is not an indirect cost plan and we do not have an estimate of what these costs would be. | | | | |
|---|---|---|--|--|
| 12. Any other significant grant requirements or comments: | | | | |
| **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) [] 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) | | |
| 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; | | | | |
| 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: | | | | |
| Marti Goddard | | | | |
| (Name) | | | | |
| Access Services Manager | | | | |
| (Title) | | | | |
| Date Reviewed: <u> 名/い</u> | 15010 | (Signature Required) | | |
| | | | | |
| Department Head or Designee Approval of Grant Information Form: | | | | |
| Luis Herrera | | | | |
| (Name) | | | | |
| City Librarian | , | | | |
| (Title) Date Reviewed: | 17/2016 | (Signature Required) | | |
| | , | (2.0.mm, 2.12.dz., 2.1) | | |

[] Not allowed by granting agency [] Other (please explain):

[X] To maximize use of grant funds on direct services