

12. Any other significant grant requirements or comments:

- The grant requires that DPH submit quarterly progress reports detailing number of samples taken, number of postings required and any other concerns or importance affecting shoreline safety of beach goers.
- Retroactive approval is sought because State grant funds are not calculated by July 1, 2016. The entire beach grant program, all coastal counties in California, is funded by both federal and state funds and the federal funds are calculated post July 1, 2016.

GRANT CODE: HCEH15-1700

****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) Existing Structure(s) Existing Program(s) or Service(s)
 Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
 New Site(s) 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:

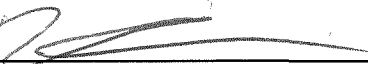
Comments:

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

For Matthew Valdez
(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency
(Title)

Date Reviewed: 09-27-16



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

For Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 9/29/16


(Signature Required)