File Number:(Provided by Clerk of Board of Supervisors)						
	<u>solution Information Form</u> (Effective July 2011)					
	ervisors resolutions authorizing a Department to accept and					
The following describes the grant referred to in	the accompanying resolution:					
1. Grant Title: National Endowment for the A	arts Our Town					
2. Department: San Francisco Arts Commission						
3. Contact Person: Rachelle Axel	Telephone: 415-252-2564					
4. Grant Approval Status (check one):						
[x] Approved by funding agency	[] Not yet approved					
5. Amount of Grant Funding Approved or Applied for: \$75,000						
6a. Matching Funds Required: Yes b. Source(s) of matching funds (if applicable): Orgram; Office of Economic and Workforce	City and County of San Francisco's Cultural Equity Grant Development; Grants for the Arts					
7a. Grant Source Agency: <b>National Endowmen</b> b. Grant Pass-Through Agency (if applicable):	t for the Arts					
Project which activates a network of streets to Chinatown community. The Chinatown Music interventions will help create and maintain a	A Our Town grant supports the Chinatown Alleyways that serve as cultural and economic arteries for the EFE FESTIVE FESTIVE FOR THE PROPERTY (Street), and other arts sense of place drawing residents and visitors to the soft supportive housing, many service organizations and					
9. Grant Project Schedule, as allowed in approval documents, or as proposed:						
Start-Date: 8/1/2016	End-Date: 7/31/2018					
10a. Amount budgeted for contractual services:	\$75,000					
b. Will contractual services be put out to bid?	40					
c. If so, will contract services help to further the requirements?	e goals of the Department's Local Business Enterprise (LBE)					
d. Is this likely to be a one-time or ongoing requ	uest for contracting out?					
11a. Does the budget include indirect costs?	[]Yes [x]No					
b1. If yes, how much? \$ <b>n/a</b> b2. How was the amount calculated?						

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

[] Not allowed by gr [] Other (please exp	lain):	[ x ] To maximize use of grant funds on direct services			
c2. If no indirect costs a  12. Any other significant gra	·		e indirect costs?		
**Disability Access Check Forms to the Mayor's Offic		ust forward a	copy of all comple	eted Grant Information	
13. This Grant is intended fo	or activities at (check all	that apply):			
[ x ] Existing Site(s) [ ] Rehabilitated Site(s) [ ] New Site(s)	[ x ] Existing Structure [ ] Rehabilitated Struc [ ] New Structure(s)		[ x ] Existing Progr [ x ] New Program	ram(s) or Service(s) (s) or Service(s)	
14. The Departmental ADA ( concluded that the project as other Federal, State and loca with disabilities. These requ	s proposed will be in co al disability rights laws a	mpliance with and regulation	the Americans with s and will allow the	Disabilities Act and all	
1. Having staff trained in h	ow to provide reasonal	ole modificatio	ns in policies, practi	ices and procedures;	
2. Having auxiliary aids an	d services available in	a timely mann	er in order to ensur	e communication access	
<ol><li>Ensuring that any service have been inspected and a Disability Compliance Office</li></ol>	pproved by the DPW A				
If such access would be tech	nically infeasible, this is	s described in	the comments secti	on below:	
Comments:					
Comments.					
Departmental ADA Coordinat	or or Mayor's Office of	Disability Revi	ewer:	·	
Rebekah Krell (Name)			11.00		
			-		
Deputy Director / CFO (Title)					
Date Reviewed: 10 - 2	7-16	)	bol	0	
Date New Constitution			(Signature Required)		
Department Head or Design	ee Approval of Grant	Information F	orm:		
Tom DeCaigny					
(Name)					
Director of Cultural Affairs				<del>-</del>	
(Title)		4	A CA	r ( ) A	
Date Reviewed: 10 ∫ 3	i/2016	······································	Signature Required)	Dec	