File Number: 171082

Grant Information Form

(Effective January 2000)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grants referred to in the accompanying resolutions:

1. Grant Title: Jon Simmonds Donation

2. Department: Airport Commission

3. Contact Person: Cathy Widener Telephone: (650) 821-5023

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: \$11,168.00

6a. Matching Funds Required: \$0

b. Source(s) of matching funds (if applicable): Not Applicable

- 7a. Grant Source Agency: Not Applicable
- b. Grant Pass-Through Agency (if applicable):
- 8. Proposed Grant Project Summary: Donation of property to aviation museum collection of 163 commercial aviation artifacts
- Grant Project Schedule, as allowed in approval documents, or as proposed: Immediate
- 10. Number of new positions created and funded: 0
- 11. If new positions are created, explain the disposition of employees once the grant ends? Not Applicable
- 12a. Amount budgeted for contractual services: 0
 - b. Will contractual services be put out to bid? No

If so, will contract services help to further the goals of the department's Local DBE requirements? Not Applicable

| C. | Is this likely to be a one-time or ongoing request for contracting out? Not Applicable | | | | |
|---|--|-----------|-----------------|----|--|
| 13a. | Does the budget include indirect costs? | []Yes | [X] No | | |
| b1. If yes, How much? b2. How was the amount calculated? | | | | | |
| C. | If no, why are indirect costs not included? [] Not allowed by granting agency [] To maximize use of grants funds on direct services [X] Other (please explain): No budget needs for grants | | sing. | | |
| 14. | Any other significant grant requirements or comments: | Not App | licable | | |
| ** Disability Access Checklist** | | | | | |
| 15. | Both Grants are intended for activities at (check all tha | t apply): | | | |
| [X] E | Existing Site(s) [X] Existing Structure(s) [X] Existing | Program | (s) or Service(| s) | |
| [] Rehabilitated Site(s) [] Rehabilitated Structures(s) [] New Program(s) or Service(s) | | | | | |
| [] New Site(s) [] New Structure(s) | | | | | |
| 16. | The Departmental ADA Coordinator and/or the Mayor's Office on Disability has reviewed the proposal and concluded that the projects 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: | | | | | |
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Departmental or Mayor's Office of Disability

| Reviewer: not applicable | (Name) |
|--------------------------|---------|
| Date Reviewed: | |
| Department Approval: | |
| (Name) | (Title) |
| (Signature) | |