File Number: <u>171082</u>

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: Thomas G. Dragges 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: \$47,435.00
- 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 998 airline and airport timetables
- 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 Applic	-	be a	one-ti	ime (or or	ngoir	ng re	eque	est fo	or co	ntra	cting	out	? N	ot	
13a. Does t		get inc	lude i	indir	ect c	costs	?				[]	Yes	[X]	No	0	
b1. If yes b2. How				alcula	ated	l?										
[] N [] To	 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 grant processing. 															
14. Any ot	. Any other significant grant requirements or comments: Not Applicable															
** Disability	y Acces	s Ch	ecklis	st**												
15. Both 6	3rants a	re inte	ended	for a	activ	/ities	at (ched	ck al	I tha	ıt ap	ply):				
[X] 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)	[] N	ew Sti	ructu	ıre(s	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:																

Departmental or Mayor's Office of Disability

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