File Number:(Provided by Clerk of Board of Supervisors)					
		ution Information Form ctive July 2011)			
Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.					
The following describes the grant referred to in the accompanying resolution:					
1. Grant Title: Public Beach Safety Grant Program					
2. Department: San Francisco Department of Public Health, Environmental Health Branch					
3. Contact Person: Core	ey Chrisman	Telephone: (415) 25	2-3849		
4. Grant Approval Status (ch	neck one):				
[X] Approved by fu	nding agency [] Not yet approved			
5. Amount of Grant Funding Approved or Applied for: \$ 30,000					
6 a. Matching Funds Required: \$ 0.00 b. Source(s) of matching funds (if applicable):					
7 a. Grant Source Agency: State Water Resource Control Board b. Grant Pass-Through Agency (if applicable):					
8. Proposed Grant Project Summary: Collect bay and ocean shoreline water samples weekly & transport to Millbra lab for pathogen analysis.					
9. Grant Project Schedule, as allowed in approval documents, or as proposed:					
Start-Date: July 1	, 2017	End-Date: June 30, 2018			
10 a. Amount budgeted for contractual services: \$ 0					
b. Will contractual services be put out to bid? No					
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?					
d. Is this likely to be a one-time or ongoing request for contracting out? Ongoing					
11 a. Does the budget includ	e indirect costs?	[X] Yes [] No			
b1. If yes, how much? \$3,538 b2. How was the amount calculated? 14 % of total personnel					
c1. If no, why are indirect []Not allowed by gr []Other (please exp	anting agency	[] To maximize use of grant	funds on direct services		

to Millbrae

Rev: 08-2014 1

c2. If no indirect costs are included, what would have been the indirect costs?

- 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, 2017. 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, 2017.

GRANT CODE: HCEH15-1800

_					
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 a	ctivities at (check all that apply):			
	[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[X] 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;				
	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:		t.		
	Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:				
	Toni Rucker, PhD				
	(Name)				
	DPH ADA Coordinator				
	(Title) 02/2013	2018	2 Ruch		
	Date Reviewed:		(Signature Required)		
_			(0		
Department Head or Designee Approval of Grant Information Form:					
7	Barbara A. Garcia, MPA (Name)				
20	Director of Health		21		
	(Title)				
	Date Reviewed:	1 %	(Circulature Ba Aladi)		
			(Signature Required)		