

File Number: F1 €H I
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective 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: General Fund Grant – Lake Merced Trail Improvements
2. Department: San Francisco Recreation and Park Department
3. Contact Person: Toni Moran Telephone: 415 581-2555

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$1,000,000

6a. Matching Funds Required: \$ Not Required
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: California Natural Resources Agency
b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: Public Outreach, Design and Construction of Lake Merced Trail Improvements

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: December 01, 2017 End-Date: April 30, 2021

10a. Amount budgeted for contractual services: ~\$1,000,000

- b. Will contractual services be put out to bid? Yes
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes
- d. Is this likely to be a one-time or ongoing request for contracting out? One-time

11a. Does the budget include indirect costs? Yes No

- b1. If yes, how much? \$ 0
- b2. How was the amount calculated? N/A
- c1. If no, why are indirect costs not included?

Not allowed by granting agency To maximize use of grant funds on direct services
 Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?
Department and Division overhead associated with Project and Construction Management Services.

12. Any other significant grant requirements or comments: Bi-Annual Reporting Required. Audit records must be kept on file for 5-year after final payment is received.

****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):

- | | | |
|-----------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input checked="" type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> 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: The project conceptual plan for renovation and construction drawings will be reviewed and approved by the City's Disability Access Coordinator for compliance with ADA requirements.


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

Paulina Araica, Disability Coordinator
(Name)

Disability Access Coordinator, San Francisco Public Work

(Title)

Date Reviewed: 12/08/17


(Signature Required)

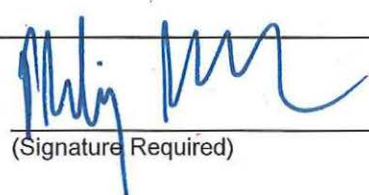
Department Head or Designee Approval of Grant Information Form:

Philip A. Ginsburg
(Name)

General Manager

(Title)

Date Reviewed: 12-08 -2017


(Signature Required)