	umber: ovided by	2181162 V Clerk of Board of Supervisors)		
			tion Information Form ctive July 2011)	
•	se: Acco		sors resolutions authorizing a Department to accept and	
The fo	llowing	describes the grant referred to in the	accompanying resolution:	
1.	Grant Title: Small Business Technical Assistance Expansion Program			
2.	Department: Office of Economic and Workforce Development			
3.	Contac	ct Person: Lisa Pagan	Telephone: 415-554-6936	
4.	Grant Approval Status (check one):			
	[X] App	proved by funding agency	[] Not yet approved	
5.	Amount of Grant Funding Approved or Applied for: \$203,917.50			
6.	a. b.	Matching Funds Required: \$203,917 Source(s) of matching funds (if appli	7.50 cable): Small Business Administration (SBA)	
7.	 a. Grant Source Agency: Governor's Office of Business and Economic Development b. Grant Pass-Through Agency (if applicable): Humboldt State University Program Foundation 			
8.	Proposed Grant Project Summary: The San Francisco Small Business Development Center (SFSBDC) provides one-on-one, confidential consulting and training to help small businesses and entrepreneurs start, expand, facilitate investment and create jobs in the City and County of San Francisco. The Small Business Technical Assistance Expansion Program (SB TAEP) provides state grant funding to expand consulting and training services provided by SFSBDC.			
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:			
	Start-D	Date: 10/1/2018 End-Date: 9/3	0/2019	
10	a. b. c. d.	If so, will contract services help to fu Enterprise (LBE) requirements? Yes	o bid? Yes, via a Request for Qualifications (RFQ) rther the goals of the Department's Local Business	
11	. a. b.	Does the budget include indirect cos [] Yes [X] No 1. If yes, how much? N/A	ts?	

How was the amount calculated? N/A

c. 1. If no, why are indirect costs not included?

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

b.

2.

- c. 2. If no indirect costs are included, what would have been the indirect costs?\$25,673.21 (12.59%)
- **12.** Any other significant grant requirements or comments:

None

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):						
[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:						
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:						
N/A						
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:						
Dylan Smith (Name)						
Special Assistant to the Director (Title)						
Date Reviewed: 10/29/16 (Signature Required)						
Department Head or Designee Approval of Grant Information Form:						
Joaquin Torres (Name)						
Director						
(Title)						
Date Reviewed: 29 Octdor 2018 (Signature Required)						
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