| | umber: ovided by | y Clerk of Board of Supervisors) | |
|--------|--|--|--|
| | | Grant Resolution Information Form (Effective July 2011) | |
| • | | companies proposed Board of Supervisors resolutions authorizing a Department to accept grant funds. | |
| The fo | llowing | describes the grant referred to in the accompanying resolution: | |
| 1. | Grant Title: SlingShot 2.0 Tech Apprenticeship System Design | | |
| 2. | Department: Office of Economic and Workforce Development | | |
| 3. | Contact Person: Lisa Pagan Telephone: (415) 554-6936 | | |
| 4. | Grant Approval Status (check one): | | |
| | [X] Ap | oproved by funding agency [] Not yet approved | |
| 5. | Amount of Grant Funding Approved or Applied for: \$ 176,532.00 | | |
| 6. | a. b. | Matching Funds Required: \$ 8,300 Source(s) of matching funds (if applicable): General Fund | |
| 7. | a. b. | Grant Source Agency: California Workforce Development Board Grant Pass-Through Agency (if applicable): NOVA Workforce Development Board | |
| 8. | Proposed Grant Project Summary: | | |
| | There are currently inadequate systems in place to convene and coordinate employers, workforce agencies, training and education providers and local talent. These funds will be used to convene K-12 school districts, community colleges, employers, workforce development boards, and industry champions to develop a regional tech apprenticeship network and a prototype for a Bay Area apprenticeship model for one or more tech occupations. | | |
| 9. | Grant Project Schedule, as allowed in approval documents, or as proposed: | | |
| | Start-Date: April 2019 End-Date: September 2020 | | |
| 10. | a. b. c. d. | Amount budgeted for contractual services: \$25,000 Will contractual services be put out to bid? Yes If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Yes Is this likely to be a one-time or ongoing request for contracting out? One-time request | |
| 11. | , а. b. | Does the budget include indirect costs? [] Yes [X] No 1. If yes, how much? \$ 0 | |

services

c. 1. If no, why are indirect costs not included?
[] Not allowed by granting agency
[X] To maximize use of grant funds on direct

How was the amount calculated?

| [] Other (please explain): c. 2. If no indirect costs are included, what would have been the indirect costs? Current negotiated indirect cost rate is 16.48% of direct costs, or \$29,092. 12. Any other significant grant requirements or comments: | | | | |
|---|---|--|--|--|
| **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): | | | | |
| | sting Program(s) or Service(s) 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: | | | | |
| Departmental ADA Coordinator or Mayor's Office of Disability Reviewer: | | | | |
| Dylan Smith (Name) | | | | |
| Special Assistant to the Director (Title) Date Reviewed: 2/8/19 | | | | |
| (Signatu | re Required) | | | |
| Department Head or Designee Approval of Grant Information Form: | | | | |
| <u>Joaquin Torres</u> (Name) | | | | |
| Director, Office of Economic and Workforce Development | | | | |
| (Title) Date Reviewed: // Fcbruer 2019 (Signature Required) | | | | |