| File | Number:     |                                |   |
|------|-------------|--------------------------------|---|
| (    | 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: Senate Bill 1 Local Partnership Formulaic Fund Program
- 2. Department: San Francisco Public Works

3. Contact Person: Elizabeth Ramos

Telephone: 415.554.4069

4. Grant Approval Status (check one):

[x] Approved by funding agency

[] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$1,750,000

| Grant Contract ID | Project                               |  |
|-------------------|---------------------------------------|--|
| TBD               | Alemany Boulevard Pavement Renovation |  |

**6.** a. Matching Funds Required:

Minimum:

\$1,750,000

Actual:

\$1,750,000

b. Source(s) of matching funds (if applicable):

Proposition K Local Sales Tax

7. a. Grant Source Agency:

California Transportation Commission

b. Grant Pass-Through Agency (if applicable):

Not Applicable

8. Proposed Grant Project Summary:

Street resurfacing of 1.3 miles of a key arterial in San Francisco. The project consists of repairs to the road base, paving work, curb ramp construction, and sidewalk and curb repairs.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date:

04/2019

End-Date:

06/30/2023

**10.** a. Amount budgeted for contractual services:

\$3,182,000

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, the contract will meet our department's LBE requirement. d. Is this likely to be a one-time or ongoing request for contracting out? One-time request. 11. a. Does the budget include indirect costs? [X] Yes []No b. 1. If yes, how much? \$206,114 b. 2. How was the amount calculated? FY18/19 indirect cost plan 1. C. 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):

If no indirect costs are included, what would have been the indirect costs? Not Applicable

12. Any other significant grant requirements or comments: Not applicable

2.

C.

| **Disability Access Checkli<br>Forms to the Mayor's Office   |   | a copy of all completed Grant Information   |  |  |  |  |
|--|---|---|--|--|--|--|
| 13. This Grant is intended for   | activities at (check all that apply   | r):   |  |  |  |  |
| [X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)   | [] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)                                  | [] Existing Program(s) or Service(s) [] New Program(s) or Service(s)  |  |  |  |  |
| concluded that the project as other Federal, State and loca  | proposed will be in compliance v  | on Disability have reviewed the proposal and with the Americans with Disabilities Act and all tions and will allow the full inclusion of persons ed to: |  |  |  |  |
| 1. Having staff trained in he  | ow to provide reasonable modific  | ations in policies, practices and procedures;   |  |  |  |  |
| 2. Having auxiliary aids an  | 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 tech   | nically infeasible, this is describe  | d in the comments section below:  |  |  |  |  |
| Comments:  |   |   |  |  |  |  |
| Departmental ADA Coordinat <u>Kevin Jensen</u> (Name)  | or or Mayor's Office of Disability  | Reviewer:   |  |  |  |  |
| ` '  |   |   |  |  |  |  |
| Disability Access Coordinator (Title)  Date Reviewed:  | 243,2019  | (Signature Required)  |  |  |  |  |
| Department Head or Design  | nee Approval of Grant Informat  | ion Form:   |  |  |  |  |
| (Name)   |   |   |  |  |  |  |
| Director, San Francisco Publi  | c Works   |   |  |  |  |  |
| (Title)  Date Reviewed:  | y 8, 2019 -   | (Signature Required)  |  |  |  |  |