File Number:	190634	
(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: State Transportation Development Act (TDA), Article 3
- 2. Department: Municipal Transportation Agency and Public Works

3. Contact Person: Oscar Quintanilla

Telephone: 415.554.5847

4. Grant Approval Status (check one):

[] Approved by funding agency

[X] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$972,338 (\$486,169 for PW, \$486,169 for MTA)

Grant Contract ID	Department	Project
TBD	SFMTA	Vision Zero Bicycle and Pedestrian Improvements
TBD	SF Public Works	Curb Ramps
TBD	SF Public Works	Public Sidewalk Repair

6. a. Matching Funds Required:

\$0

- b. Source(s) of matching funds (if applicable): Not Applicable
- 7. a. Grant Source Agency:
 Metropolitan Transportation Commission
 - b. Grant Pass-Through Agency (if applicable): Not Applicable
- 8. Proposed Grant Project Summary:

SFMTA: Design, engineering, construction, maintenance, and project management of pedestrian and bicycle projects

SFPW: Preliminary engineering (planning and design) of curb ramps for compliance with the Federal Americans with Disabilities Act; Public sidewalk, curb, gutter, and angular return repair, reconstruction, and replacement.

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

Start-Date:

07/2019

End-Date:

06/2022

10. a. Amount budgeted for contractual services: None

Will contractual services be put out to bid? b. Not Applicable C. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? Not Applicable d. Is this likely to be a one-time or ongoing request for contracting out? Not Applicable 11. a. Does the budget include indirect costs? [X] Yes (DPW and MTA) []No b. If yes, how much? 1. \$206,601 SFMTA: SFPW: \$179,159 2. How was the amount calculated? b. FY18/19 department overhead rate SFMTA: SFPW: FY19/20 indirect cost plan 1. If no, why are indirect costs not included? C. [] To maximize use of grant funds on direct services [] Not allowed by granting agency [] Other (please explain): If no indirect costs are included, what would have been the indirect costs? C. 2. Not Applicable **12.** Any other significant grant requirements or comments:

Not applicable

	X.,			
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)	[] 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 h	now to provide reasonable modifica	ations in policies, practices and procedures;		
2. Having auxiliary aids ar	nd services available in a timely ma	anner 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	nnically infeasible, this is described	in the comments section below:		
Comments:				
Demonstrated ADA Occusion	A COST -			
Departmental ADA Coordina	tor or Mayor's Office of Disability F	Reviewer:		
Kevin Jensen (Name)				
Disability Access Coordinator				
(Title)				
Date Reviewed: 6 MA	12019	(Signature Required)		
Department Head or Designee Approval of Grant Information Form:				
Mohammed Nuru	· · · · · · · · · · · · · · · · · · ·			
(Name)				
Director, San Francisco Pub	lic Works			
(Title) Date Reviewed: 5/3	1/2019	Alm		
	/	(Signature Required)		