File Number: ____191109 ____ (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: House	Grant Title: Housing Opportunities for Persons with AIDS Performance Renewal Grant				
2. Department: Ma	Department: Mayor's Office of Housing and Community Development				
3. Contact Person:	Benjamin McCloskey	Telephone: 4	15-701-5575		
4. Grant Approval S	Status (check one):				
[X] Approved	by funding agency	[] Not yet ap	pproved		
5. Amount of Grant Funding Approved or Applied for: \$1,430,000					
6a. Matching Funds Required: None (see item #12) b. Source(s) of matching funds (if applicable): N/A					
7a. Grant Source Agency: US Department of Housing and Urban Development b. Grant Pass-Through Agency (if applicable): N/A					
8. Proposed Grant Project Summary: FY19 HOPWA Performance Grant Agreement attached					
	hedule, as allowed in approval doc : January 1, 2020		proposed: December 31, 2022		
10a. Amount budgeted for contractual services: None; attached expenditure schedule details grant to be made to nonprofit agency.					
b. Will contractua	I services be put out to bid? N/A				
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A					
d. Is this likely to	be a one-time or ongoing request	for contractin	g out? N/A		
11a. Does the budge	et include indirect costs?	[] Yes	[x] No		
b1. If yes, how mub2. How was the a	uch? \$ amount calculated?				
c1. If no, why are indirect costs not included? [] Not allowed by granting agency [] To maximize use of grant funds on direct services [x] Other (please explain): HUD allows up to 3% of the grant to be used for administrative expenses c2. If no indirect costs are included, what would have been the indirect costs?					

12. Any other significant grant requirements or comments: CFDA 14.241

MOHCD will leverage HOPWA entitlement funds of \$150,000 annually for 3 years for a total of \$450,000.

Note: Leverage funds is non-match cash committed to making program fully operational. Leverage funds may be used to support any program related cost. Amount and source of leverage funds are the same as previous HOPWA performance renewal grant.

Disability Access Checklist*(Department must forward a copy of al Forms to the Mayor's Office of Disability)	I completed Grant Information			
13. This Grant is intended for activities at (check all that apply):				
	ng Program(s) or Service(s) Program(s) or Service(s)			
14. The Departmental ADA Coordinator or the Mayor's Office on Disability Inconcluded that the project as proposed will be in compliance with the American other Federal, State and local disability rights laws and regulations and will with disabilities. These requirements include, but are not limited to:	icans with Disabilities Act and all			
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 comm	nents section below:			
Comments:				
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:				
Eugene Flannery (Name)				
Environmental Compliance Manager (Title)				
Date Reviewed: 10-16-19 (Signature	Required)			
Department Head or Designee Approval of Grant Information Form:				
Dan Adams (Name)				
Acting Director				
(Title) Date Reviewed: 10 / 17 / 19	hukem			

(Signature Required)