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: 900 Innes Remediation (India Basin) Project
- 2. Department: Recreation and Park
- 3. Contact Person: Toni Moran

Telephone: (415) 581-2555

4. Grant Approval Status (check one):

[X] Approved by funding agency [] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$4,000,000

6a. Matching Funds Required: No

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

7a. Grant Source Agency: California State Controller's Office – Local Government and Programs Services Division.

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

8. Proposed Grant Project Summary: Funding will be used to support the 900 Innes remediation project and Historic Mitigation Measure Implementation

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

Start-Date: July 1, 2019 End-Date: December 2020

10a. Amount budgeted for contractual services: \$1,800,000 (Construction Bid)

- 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

[X]Yes

- d. Is this likely to be a one-time or ongoing request for contracting out? One time only
- 11a. Does the budget include indirect costs?

b1. If yes, how much? \$ ~ \$546,467

b2. How was the amount calculated? The indirect costs represent about 50% of the SFRPD Project Management Budget of \$532,933 and 50% of the SDPW Construction Management cost of \$560,000 that will be billed to the grant.

c1. If no, why are indirect costs not included?

[] Not allowed by granting agency [] To maximize use of grant funds on direct services

[] No

[] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

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):	
	ing 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:	
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;	
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:	
<u>Arfaraz Khambatta</u> (Name)	
Disability Access Coordinator, San Francisco Public Works (Title)	A
Date Reviewed: ////>////////////////////////////////	re Required)
Department Head or Designee Approval of Grant Information Form:	
Philip A. Ginsburg (Name)	
General Manager, Recreation and Park Department	
(Title)	M
Date Reviewed: <u><u>M</u> <u>M</u></u>	

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