File N	umber:	/ Clerk of Board of Supervisors)				
(FI	ovided by		adution Information Form			
		Grant Re	solution Information Form (Effective July 2011)			
	se: Acc d grant		pervisors resolutions authorizing a Department to accept and			
The fo	llowing	describes the grant referred to in	the accompanying resolution:			
1.	Grant Title: Hazard Mitigation Grant Program (HMGP) #4353-171-46P City and County of San Francisco, Hazard Mitigation Plan Update					
2.	Depar	tment: Office of the City Administ	rator			
3.	Conta	ct Person: Melissa Higbee	Telephone: 415-554-4939			
4.	Grant Approval Status (check one):					
	[X] Ap	pproved by funding agency	[] Not yet approved			
5.	Amou	nt of Grant Funding Approved or	Applied for: \$150,000			
6.	a. b.	Matching Funds Required: \$52, Source(s) of matching funds (if				
7.	a. b.		Emergency Management Agency (FEMA) applicable): California Office of Emergency Services (CalOES)			
Mitigat conting conduct Adapta allow f update Franci	8. Proposed Grant Project Summary: The goal of this work is to update the San Francisco 2014 Hazard ditigation Plan (HMP) to better include the impact of climate change on natural hazards risks, while also ontinuing a robust assessment and mitigation of our non-climate hazards, such as seismic hazards. We will onduct a vulnerability assessment and develop adaptation strategies using best practices identified in the CA daptation Planning Guide as well as the recent update to the CA General Plan Guidance. This approach will llow for the 2019 HMP to support the City and County in completing an SB 379-compliant Safety Element pdate. Our goal is for this plan to become a key strategic guiding document for the City and County of San francisco and for it to serve as a model for other cities on how to update their own local HMP in a manner omplying with SB 379.					
9.	Grant	Project Schedule, as allowed in a	approval documents, or as proposed:			
	Start-[Date: September 16, 2019	End-Date: April 16, 2022			
10	. a. b. c. d.	Enterprise (LBE) requirements?	out to bid? No to further the goals of the Department's Local Business			

11. a.

b. b. []Yes

1

	[] Other (pl	If no, why are indirect costs not included? owed by granting agency [] To maximize use of grant funds on direct services lease explain):
	c. 2.	If no indirect costs are included, what would have been the indirect costs? \$5,000
12	Any other s	significant grant requirements or comments:

Forms to the Mayor's Office	e of Disability)	
13. This Grant is intended fo	r activities at (check all that appl	y):
[] 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)
concluded that the project as other Federal, State and local	s proposed will be in compliance	e on Disability have reviewed the proposal and with the Americans with Disabilities Act and all ations and will allow the full inclusion of persons ited to:
1. Having staff trained in h	ow to provide reasonable modif	ications in policies, practices and procedures;
2. Having auxiliary aids ar	nd services available in a timely	manner in order to ensure communication acces
	approved by the DPW Access Co	en to the public are architecturally accessible an ompliance Officer or the Mayor's Office on
If such access would be tech	nnically infeasible, this is describ	ed in the comments section below:
practices for achieving this	s. tor or Mayor's Office of Disability	t with MOD and Digital Services on best y Reviewer:
(Title)		
Date Reviewed: April 23, 202	<u>20</u> _	(Signature Required)
•		
Department Head or Desig Kenneth A. Bukowski	nee Approval of Grant Informa	ation Form.
(Name) Deputy City Administra	ator	
(Title) Date Reviewed: 5/20/2	.0	Kenneth Bukowski

Disability Access Checklist*(Department must forward a copy of all completed Grant Information

(Signature Required)