File Number:

(Provided by Clerk of Board of Supervisors)

Grant Ordinance Information Form

(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- **1.** Grant Title: Governor's Office of Business and Economic Development Cannabis Equity Grants Program for Local Jurisdictions
- 2. Department: City Administrator / Office of Cannabis
- 3. Contact Person: Marisa Rodriguez Telephone: (415) 307-2065
- **4.** Grant Approval Status (check one):
 - [] Approved by funding agency [X] Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: \$ 4,995,000
- 6. a. Matching Funds Required: \$ No
 - b. Source(s) of matching funds (if applicable):
- 7. a. Grant Source Agency: Governor's Office of Business and Economic Developmentb. Grant Pass-Through Agency (if applicable):
- 8. Proposed Grant Project Summary: Grant funding will be used to assist Equity Applicants in San Francisco to gain entry to, and to successfully operate in, the state's regulated cannabis marketplace. Proposed support includes helping Equity Applicants receive cannabis business permits; technical assistance to provide access to legal services, access to real estate, and education; and direct support to equity applicants to build out their businesses.
- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: July 1, 2020

End-Date: June 30, 2021

- 10. Number of new positions created and funded: 2
- **11.** Explain the disposition of employees once the grant ends? Terminated.
- **12.** a. Amount budgeted for contractual services: \$450,000
 - 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
 - d. Is this likely to be a one-time or ongoing request for contracting out? Likely recurring
- **13.** a. Does the budget include indirect costs?
 - [X] Yes [] No

C.

- b. 1. If yes, how much? \$ 499,500
- b. 2. How was the amount calculated? 10% of Grant Budget
 - 1. 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):c. 2. If no indirect costs are included, what would have been the indirect costs?
- **14.** Any other significant grant requirements or comments:

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):

[] Existing Site(s)	[] Existing Structure(s)	[X] Existing Program(s) or Service(s)
[] Rehabilitated Site(s)	[] Rehabilitated Structure(s)	[] New Program(s) or Service(s)
[] New Site(s)	[] New Structure(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;

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 comments section below:

Comments:

Mayor's Office on Disability is available for consult with the Office of Cannabis on the effective implementation of items 14 (1-2) above. All resulting public facing materials should also be digitally accessible, in consult with the Office of Digital Services.

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer: Nicole Bohn

(Name)

Director, Mayor's Office on Disability

(Title)

Date Reviewed: May 14, 2020

Signature Required)

Department Head or Designee Approval of Grant Information Form:

(Name)

(Title)

Date Reviewed:

(Signature Required)