	umber:ovided by Clerk of Board of Supervisors)				
	Grant Resolution Information Form (Effective July 2011)				
•	se: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and d grant funds.				
The fo	llowing describes the grant referred to in the accompanying resolution:				
1.	 Grant Title: Hazard Mitigation Grant Program (HMGP) #4407-182-5R City and County of San Francisco, Mitigation of City-Owned Nonductile Concrete Buildings 				
2.	2. Department: Office of the City Administrator				
3.	Contact Person: Danielle Mieler Telephone: 415-554-4540				
4.	Grant Approval Status (check one):				
	[X] Approved by funding agency [] Not yet approved				
5.	5. Amount of Grant Funding Approved or Applied for: \$294,431				
6.	 a. Matching Funds Required: \$98,144 b. Source(s) of matching funds (if applicable): California Strong Motion Implementation Program/General Fund 				
7.	 a. Grant Source Agency: Federal Emergency Management Agency (FEMA) b. Grant Pass-Through Agency (if applicable): California Office of Emergency Services (CalOES) 				
8. Proposed Grant Project Summary: The purpose of the project is to develop and pilot a screening, evaluation, and rating program for older city-owned concrete buildings that are vulnerable to collapse in earthquakes. This pilot program will focus on the development of necessary data collection and analysis tools followed by engineering evaluation of a selection of 10 to 12 City-owned buildings that represent a variety of concrete building construction types, sizes, and possible hazards. Following the deployment of the pilot program, analysis of all City-owned concrete buildings will be undertaken as a separate project. The pilot will also lay the ground work for a citywide program of screening, evaluation, and rating of approximately 3,400 privately owned concrete buildings in San Francisco.					
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:				
	Start-Date: February 5, 2020 End-Date: June 7, 2021				
10	 a. Amount budgeted for contractual services: \$303,000 – Contractor has not been identified yet. 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
Is this likely to be a one-time or ongoing request for contracting out? One-time

d.

11. a.

[] Yes

b.

b.

 c. 1. If no, why are indirect costs not included? [X] Not allowed by granting agency [] To maximize use of grant funds on direct ser [] Other (please explain): 	
c. 2. If no indirect costs are included, what would have been the indirect costs? \$5	5,000
12. Any other significant grant requirements or comments:	

**Disability Access Check Forms to the Mayor's Offi		l a copy of all completed Grant Information
13. This Grant is intended f	or activities at (check all that apply):
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)	[X] Existing Structure(s)[] Rehabilitated Structure(s)[] New Structure(s)	[] Existing Program(s) or Service(s) [X] New Program(s) or Service(s)
concluded that the project a other Federal, State and loc	s proposed will be in compliance	on Disability have reviewed the proposal and with the Americans with Disabilities Act and all tions and will allow the full inclusion of persons ed to:
1. Having staff trained in	how to provide reasonable modific	eations in policies, practices and procedures;
2. Having auxiliary aids a	nd services available in a timely m	nanner in order to ensure communication access;
	approved by the DPW Access Co	n to the public are architecturally accessible and mpliance Officer or the Mayor's Office on
If such access would be ted	hnically infeasible, this is describe	d in the comments section below:
implementation of the req	ty is available for consult with cuirements in 14 (1-3), above. ator or Mayor's Office of Disability	
(Name)	Dioability	
Director, Mayor's Office on	Disability	The World of the Control of the Cont
(Title)	2	MR
Date Reviewed: April 16, 20	020	(Signature Required)
Department Head or Desi	gnee Approval of Grant Informa	tion Form:
Kenneth Bu	kowski	
(Name) Chief Financia		
(Title)		
Date Reviewed:	120	(Signature Required)