File N	Imber: vided by Clerk of Board of Supervisors)			
(1.10	vided by Clerk of Board of Supervisors)			
	Grant Resolution Information Form (Effective July 2011)			
	e: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and grant funds.	I		
The fo	owing describes the grant referred to in the accompanying resolution:			
1.	. Grant Title: COVID-19 National Dislocated Worker Grant			
2.	Department: Office of Economic and Workforce Development			
3.	Contact Person: Lisa Pagan Telephone: (415) 554-6936			
4.	. Grant Approval Status (check one):			
	[X] Approved by funding agency [] Not yet approved			
5.	. Amount of Grant Funding Approved or Applied for: \$800,000.00			
6.	a. Matching Funds Required: \$0b. Source(s) of matching funds (if applicable): N/A			
7.	 a. Grant Source Agency: United States Department of Labor b. Grant Pass-Through Agency (if applicable): California Employment Development Department 			
8.	 Proposed Grant Project Summary: OEWD, in partnership with State of California Employment Development Department, will expand the public workforce development system to respond to a surge in unemployment due to COVID-19. 			
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:			
	Start-Date: April 10, 2020 End-Date: March 31, 2022			
10	 Amount budgeted for contractual services: \$720,000 Will contractual services be put out to bid? No If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A Is this likely to be a one-time or ongoing request for contracting out? One-time 			
11	 a. Does the budget include indirect costs? [X] Yes [] No b. 1. If yes, how much? \$80,000 b. 2. How was the amount calculated? 10% admin cap c. 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): 			

If no indirect costs are included, what would have been the indirect costs? N/A

12. Any other significant grant requirements or comments:N/A

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):				
[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[X] Existing Structure(s)[] Rehabilitated Structure(s)[] New Structure(s)	[X] Existing Program(s) or Service(s)[] New 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;				
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:				
Commonto.				
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:				
Alfredo Fajardo				
(Name)				
Workforce Programs Compliance Officer				
(Title)		DocuSigned by:		
Date Reviewed: 5/27/2020	5:02 PM PDT	Alfredo Fejerdo (Signature Required)		
		BB26445694A074765Yun Gu)		
Department Head or Designee Approval of Grant Information Form:				
Joaquín Torres				
(Name) <u>Director, Office of Economic and Workforce Development</u>				
(Title)	and Workloide Development			
5/28/2020) 6:09 AM PDT	DocuSigned by:		
Date Reviewed: 5/28/2020		Josquin Torres (Signature Required)		