	umber : ovided by	Clerk of Board of Supervisors)			
		Grant Resolu (Eff	ution Information Form ective July 2011)		
	se: Acc d grant		risors resolutions authorizing a Department to accept and		
The fo	llowing	describes the grant referred to in the	e accompanying resolution:		
1.	1. Grant Title: California Complete Count Census 2020 Grant - \$259,232				
2.	Department: City Administrator – Office of Civic Engagement and Immigrant Affairs				
3.	Conta	ct Person: Adrienne Pon, OCEIA	Telephone: 415-581-2317		
4.	. Grant Approval Status (check one):				
	X App	proved by funding agency	[] Not yet approved		
5.	Amount of Grant Funding Approved or Applied for: \$259,232				
6.	a. Matching Funds Required: \$ N/A (Adds additional state match)b. Source(s) of matching funds (if applicable): N/A				
7.	 a. Grant Source Agency: California Department of General Services b. Grant Pass-Through Agency (if applicable): Government Operations – Complete Count 				
8.	Proposed Grant Project Summary: This grant provides supplemental funding for outreach activities designed to maximize the count of San Franciscans for the Census.				
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:				
	Start-E	Date: March 1, 2019	End-Date: September 30, 2020		
10	. a.	Amount budgeted for contractual se	ervices: \$259,232		

- b. Will contractual services be put out to bid? Yes, as community grants.
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A
- d. Is this likely to be a one-time or ongoing request for contracting out? One-time.
- **11.** a. Does the budget include indirect costs?

[] Yes X No

- b. 1. If yes, how much? \$
- b. 2. How was the amount calculated?
- c. 1. If no, why are indirect costs not included?
- X Not allowed by granting agency X 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? N/A
- **12.** Any other significant grant requirements or comments: Board presentation of this grant acceptance resolution was delayed to add amendments related to privacy based on BOS Resolution 073-20.

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)	[] 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: All grantees should be made aware of programmatic accessibility obligations in question 14 above. Mayor's Office on Disability is available for compliance consult on these items as needed.					
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:					
Nicole Bohn					
(Name)					
<u>Director, Mayor's Office on Disability</u> Title)					
Date Reviewed: July 1, 2020)	(Signature Required)			
		(- g., w. w. v 12 dan 2 w)			
Department Head or Designee Approval of Grant Information Form:					
Ken Bukowski (Name)					
Deputy City Administrator/CFO					
(Title) Date Reviewed: 7/8/20		Kenneth Bukowski			
Date Reviewed. 175725		(Signature Required)			