File Number:(Provided by Clerk of Board of Supervisors)			
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Grant Resolution Information Form (Effective July 2011)			
Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.			
The following describes the grant referred to in the accompanying resolution:			
Grant Title: Nature Playspace			
Department: Recreation and Park Department			
3. Contact Person: Daliah Khoury Telephone: (415) 831-6897			
4. Grant Approval Status (check one):			
[X] Approved by funding agency [] Not yet approved			
5. Amount of Grant Funding Approved or Applied for: \$204,000 (in-kind)			
6a. Matching Funds Required: \$0 b. Source(s) of matching funds (if applicable):			
7a. Grant Source Agency: Kaiser Permanente b. Grant Pass-Through Agency (if applicable): KABOOM!			
8. Proposed Grant Project Summary: This grant will provide RPD with an in-kind grant of construction and design services related to the installation of a new Nature Playspace at Heron's Head Park.			
9. Grant Project Schedule, as allowed in approval documents, or as proposed:			
Start-Date: 2/4/21 End-Date: Upon Project Completion			
10a. Amount budgeted for contractual services: \$0			
b. Will contractual services be put out to bid?			
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?			
d. Is this likely to be a one-time or ongoing request for contracting out?			
11a. Does the budget include indirect costs? [] Yes [X] No			
b1. If yes, how much? \$ b2. How was the amount calculated?			
c1. If no, why are indirect costs not included? [] Not allowed by granting agency [] To maximize use of grant funds on direct services [X] Other (please explain): This is an in-kind grant.			

- c2. If no indirect costs are included, what would have been the indirect costs?
- 12. Any other significant grant requirements or comments:

*Disability Access Checkl Forms to the Mayor's Offic		d a copy of all completed Grant Information
13. This Grant is intended fo	r activities at (check all that appl	y):
X] Existing Site(s)] Rehabilitated Site(s)] New Site(s)	[] 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 as other Federal, State and loca	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	now to provide reasonable modifi	cations in policies, practices and procedures;
2. Having auxiliary aids ar	nd services available in a timely i	manner in order to ensure communication access;
	approved by the DPW Access Co	en to the public are architecturally accessible and ompliance Officer or the Mayor's Office on
f such access would be tech	nnically infeasible, this is describ	ed in the comments section below:
Comments:		
Departmental ADA Coordina ∟ucas Tobin	ntor or Mayor's Office of Disability	r Reviewer:
Name)		
ADA Coordinator for Program	mmatic Access	DocuSigned by:
Date Reviewed: 2/4/2021		Lwas Tobin 2775167A16FEA76PRequired)
		(Signature Required)
Department Head or Desig	nee Approval of Grant Informa	ation Form:
Phil Ginsburg		
Name)		
General Manager (Title)		DocuSigned by:

Date Reviewed: 2/4/2021