File	Number:		
(Provided by	Clerk of Board of S	upervisors)

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:

- 1. Grant Title: Non-Competitive CARES Act Recovery Assistance Revolving Loan Fund
- 2. Department: Office of Economic and Workforce Development
- 3. Contact Person: Lisa Pagan Telephone/Email: lisa.pagan@sfgov.org
- 4. Grant Approval Status (check one):
 - [x] Approved by funding agency

[] Not yet approved

- **5.** Amount of Grant Funding Approved or Applied for: \$550,000
- **6.** a. Matching Funds Required: \$0
 - b. Source(s) of matching funds (if applicable): N/A
- 7. a. Grant Source Agency: Department of Commerce's Economic Development Administration
 - b. Grant Pass-Through Agency (if applicable): N/A
- **8.** Proposed Grant Project Summary:

OEWD will use the CARES Act Recovery Assistance Revolving Loan Funds to support microentrepreneurs with limited or no access to conventional loans in the same lending areas our existing RLF award serves. A focus will be placed on supporting businesses in Neighborhood Revitalization Strategy Areas (NRSAs) as designated by the U.S. Department of Housing and Urban Development (HUD). NRSAs were established as a means to create communities of opportunity in distressed neighborhoods. The goal is to reinvest in human and economic capital, and economically empower low-income residents as part of an overall community revitalization and Covid-19 recovery strategy.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: January 1, 2021 End-Date: June 30, 2022

- **10.** a. Amount budgeted for contractual services: \$550,000
 - b. Will contractual services be put out to bid? Yes
 - If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? No
 - 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? N/A
- c. 1. If no, why are indirect costs not included?

[] Not allowed by granting agency

[] Other (please explain): c. 2. If no indirect costs are included, what would have been the indirect costs? \$55,000,					
EDA's indirect cost rate is capped at 10%					
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;					
 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:					
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:					
Dylan Smith					
(Name)					
Special Assistant to the Director (Title) DocuSigned by:					
Date Reviewed: 2/19/2021	9:48 AM PST	Dylan Smith (Signature Required)			
Department Head or Designee Approval of Grant Information Form:					
Anne Taupier (Name)					
Acting Director, Office of Economic and Workforce Development (Title) DocuSigned by:					
Date Reviewed: 2/19/2021 1:19 PM PST					

[x] To maximize use of grant funds on direct services