

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Ordinance Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Leveraging Collaboration to End Domestic Violence: San Francisco HEALing Roots Collaborative**
2. Department: **Status of Women**
3. Contact Person: **Kimberly Ellis** Telephone: **415-252-2571**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$300,000**
6. a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: **Blue Shield of California Foundation**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **To provide support for the City & County of San Francisco to create a multi-sector collaborative that will engage youth, families, and community leaders to implement violence prevention strategies that center racial justice, challenge, and change gender norms, and promote healthy relationships.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **04/01/2021** End-Date: **03/31/2023**
10. Number of new positions created and funded: **1.0 FTE 1820 Junior Administrative Analyst at Department on the Status of Women**
11. Explain the disposition of employees once the grant ends? **The Junior Administrative Analyst position will terminate.**
12. a. Amount budgeted for contractual services:
b. Will contractual services be put out to bid? **No. The project is a collaboration with three community organizations that have partnered on this application to lead development of a multi-sector collaborative, facilitate trainings and community conversations, and implement healthy relationships curriculum into their programming.**

- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Sub-contractors are non-profits, not businesses.**
- d. Is this likely to be a one-time or ongoing request for contracting out? **One-time.**

13. a. Does the budget include indirect costs?

Yes No

- b. 1. If yes, how much? \$
- b. 2. How was the amount calculated?
- 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):

- c. 2. If no indirect costs are included, what would have been the indirect costs?

If calculated at 10% of salaries, the indirect costs for this program would have been \$16,026.40.

14. Any other significant grant requirements or comments: **None.**

****Disability Access Checklist****

15. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

16. 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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Carol Sacco

(Name)

Department ADA Coordinator/ Associate Director

(Title)

Date Reviewed: 4/16/2021

DocuSigned by:

Carol Sacco

(Signature Required)

Overall Department Head or Designee Approval:

Kimberly Ellis

(Name)

Director

(Title)

Date Reviewed: 4/19/2021

DocuSigned by:

Kimberly Ellis

(Signature Required)