File Number: 211050

(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form

(Effective March 2005)

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

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

- 1. Grant Title: 2021 Continuum of Care Competition
- 2. Department: Department of Homelessness and Supportive Housing
- **3. Contact Person:** Dylan Schneider **Telephone:** 628.652.7742
- 4. Grant Approval Status (check one):
 - [] Approved by funding agency [x] Not yet approved

5. Amount of Grant Funding Approved or Applied for: Not to exceed \$59,300,000

6a. Matching Funds Required: 25% required match, not to exceed \$14,825,000

b. Source(s) of matching funds (if applicable): General Fund

- 7a. Grant Source Agency: U.S. Department of Housing and Urban Development
- b. Grant Pass-Through Agency (if applicable): n/a
- 8. Proposed Grant Project Summary: Proposed Grant Expenditure Schedule
- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 01/01/2022 End-Date: 06/01/2025

10a. Amount budgeted for contractual services: Not to exceed \$59,300,000

- b. Will contractual services be put out to bid? No, competitive grant process has been completed.
- c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? n/a
- d. Is this likely to be a one-time or ongoing request for contracting out? n/a
- **11a. Does the budget include indirect costs?** [] Yes [x] No

b1. If yes, how much? n/a

b2. How was the amount calculated? n/a

c. 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): The grant budget includes 50% of eligible administration funds to the City to administer the program; HSH does not claim indirect costs.

- c2. 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*

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

[X] Existing Site(s) [] Rehabilitated Site(s) [X] New Site(s)

[X] Existing Structure(s) [] Rehabilitated Structure(s) [X] New Structure(s) [X] Existing Program(s) or Service(s) [X] Program(s) or Service(s)

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(Name)

14. The Departmental ADA Coordinator and/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:

SCOTT W. WALTON

Comments:

Departmental or Mayor's Office of Disability Reviewer:

Date Reviewed: October 4, 2021

Department Approval: Gigi Whitley, HSH Deputy Director of Administration and Finance

Signature)