| File Number: |                                |
|--------------|--------------------------------|
| (Provided by | Clerk of Board of Supervisors) |
|              | Grani                          |

## **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: Rising Up Campaign
- 2. Department: Office of the Treasurer & Tax Collector

3. Contact Person: Eric Manke Telephone: (415) 350-0700

**4.** Grant Approval Status (check one):

[X] Approved by funding agency [] Not yet approved

- **5.** Amount of Grant Funding Approved or Applied for:
- **6.** a. Matching Funds Required: **No** 
  - b. Source(s) of matching funds (if applicable):
- 7. a. Grant Source Agency: Larkin Street Youth Services
  - b. Grant Pass-Through Agency (if applicable):
- **8.** Proposed Grant Project Summary:

This grant is to support OFE's Smart Money Coaching program to partner with the Department of Homelessness and Supportive Housing and deliver financial coaching to at-risk Transitional Age Youth (TAY) through the Rising Up campaign. Smart Money Coaching will provide one-on-one financial coaching to TAY through all phases of the Rising Up program to support their financial capability and address their unique financial challenges.

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

Start-Date: January 1, 2022 End-Date: December 31, 2022

- 10. Number of new positions created and funded: 0
- 11. Explain the disposition of employees once the grant ends? N/A
- **12.** a. Amount budgeted for contractual services: \$130,000
  - b. Will contractual services be put out to bid? Yes
  - c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes**
  - d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**
- **13.** a. Does the budget include indirect costs?

[] Yes [**X**] No

[] Other (please explain):

[] Not allowed by granting agency

If yes, how much? N/A

How was the amount calculated? N/A

If no, why are indirect costs not included?

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

1.

2.

1.

2.

b.

b.

C.

| \$13,000                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                               |                                                                      |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------------------|--|
| 14. Any other significant grant requirements or comments: N/A                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                      |  |
| **Disability Access Checklist***                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                               |                                                                      |  |
| 15. 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) | [] Existing Program(s) or Service(s) [] New Program(s) or Service(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:                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                      |  |
| Grace O'Connor                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               |                                                                      |  |
| (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                      |  |
| Manage, Lax (Title)                                                                                                                                                                                                                                                                                                                                                                                                                      | payer Assistance Services                                                     | — DocuSigned by:                                                     |  |
| 9/24/2021<br>Date Reviewed:                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                               | Grace O'Connor                                                       |  |
| Bate Neviewed:                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                               | (Sighature Reduired)                                                 |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                               |                                                                      |  |
| Overall Department Head or Designee Approval:                                                                                                                                                                                                                                                                                                                                                                                            |                                                                               |                                                                      |  |
| Tajel Shah                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                               |                                                                      |  |
| (Name)                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                               |                                                                      |  |
| Chief Assistant Treasurer  (Title)  DocuSigned by:                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                      |  |
| 9/24/2021 Date Reviewed:  Tayul Shah                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                               |                                                                      |  |
| Date Reviewed (Signature Required)                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                               |                                                                      |  |

If no indirect costs are included, what would have been the indirect costs?

Similar grants included 10% indirect cost rate which would result in approximately