File No. 121067 Committee Item No. 1
Board Item No. 24

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** 11/14/2012

Board of Supervisors Meeting **Date** November 20, 2012

Cmte	Board	
☐	☐	Motion
☒	☒	Resolution
☐	☐	Ordinance
☐	☐	Legislative Digest
☐	☐	Budget and Legislative Analyst Report
☐	☐	Legislative Analyst Report
☐	☐	Youth Commission Report
☐	☐	Introduction Form (for hearings)
☐	☐	Department/Agency Cover Letter and/or Report
☐	☐	MOU
☒	☒	Grant Information Form
☒	☒	Grant Budget
☐	☐	Subcontract Budget
☒	☒	Contract/Agreement
☒	☒	Form 126 – Ethics Commission
☐	☐	Award Letter
☒	☒	Application
☐	☐	Public Correspondence

OTHER **(Use back side if additional space is needed)**

☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	
☐	☐	

Completed by: Victor Young **Date** November 9, 2012
Completed by: Victor Young **Date** 11-15-12

FILE NO. 121067 RESOLUTION NO.

[Accept and Expend Grant - Adolescent Health Working Group Health Education Collaborative - $120,000]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of $120,000 from The California Wellness Foundation to participate in a program entitled Adolescent Health Working Group Health Education Collaborative for the period of October 1, 2012, through September 30, 2014.

WHEREAS, The California Wellness Foundation has agreed to fund Department of Public Health (DPH) in the amount of $120,000 for the period of October 1, 2012, through September 30, 2014; and

WHEREAS, As a condition of receiving the grant funds, the California Wellness Foundation requires the City to enter into an agreement (Agreement), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 121067; which is hereby declared to be a part of this Resolution as if set forth fully herein; and

WHEREAS, The purpose of this project is to improve the status of sexual health education within the public school system; and

WHEREAS, DPH will subcontract with Bayview Hunters Point Foundation in the total amount of $27,000; for the period of October 1, 2012 through, September 30, 2014; and

WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially reimburses DPH for two existing positions, one Assistant Health Educator (Job Class No. 2819) at .25 FTE and one Health Worker II (Job Class No. 2586) at .25 FTE for the period of October 1, 2012 through, September 30, 2014; and

WHEREAS, The budget includes a provision for indirect costs in the amount of $6,000; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $120,000 from The California Wellness Foundation; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

RECOMMENDED:

Barbara A. Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

City and County of San Fran sco

Department of Public Health

Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA cwe for
Director of Health

DATE: October 10, 2012

SUBJECT: Grant Accept and Expend

GRANT TITLE: Adolescent Health Working Group Health Education Collaborative - $120,000

Attached please find the original and 4 copies of each of the following:

☒ Proposed grant resolution, original signed by Department

☒ Grant information form, including disability checklist -

☒ Budget and Budget Justification

☒ Grant application

☒ Agreement / Award Letter

☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.

Certified copy required Yes ☐ No ☒

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

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: **Adolescent Health Working Group (AHWG) Health Education Collaborative**

2. Department: **Department of Public Health**

3. Contact Person: **Michael Baxter, MSW** Telephone: **(415) 575-5685**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: **$120,000**

6a. Matching Funds Required: $ **N/A**
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **The California Wellness Foundation**
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **AHEC is requesting a total of $120,000 to improve the status of sexual health education within the public school system by: 1) Coordinating school health education efforts to ensure consistency and to eliminate duplication; 2) Developing and testing a new sexuality education curriculum that is grounded in social justice principles and focuses on building healthy teen relationships and sexual autonomy; 3) Establishing teams that include a classroom teacher, community clinic educator and peer educators at all SFUSD high schools, and providing them with training and ongoing support to implement this new program.**

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

Start-Date: **Year1 10/1/12** **End-Date:** **Year1 9/30/13**
Year2 10/1/13 **Year2 9/30/14**

10a. Amount budgeted for contractual services: **$27,000**

b. Will contractual services be put out to bid? No

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? One-time

11a. Does the budget include indirect costs? [X] Yes [ ] No

b1. If yes, how much? **$6,000**
b2. How was the amount calculated?
5% of total grant amount; modest indirect maximizes use of funds for direct services

c1. 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):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

GRANT CODE (Please include Grant Code and Detail in FAMIS):
Grant Code: HCMC04-13; Index Code: HCHPMFAMPLGR

****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)	[X] Existing Structure(s)	[X] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] New Structure(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;
3. 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:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 10/10/12

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 10/10/12

(Signature Required)

TCWF GRANT BUDGET FORM

Organization Name: SFDPH, Community Health Programs for Youth

Date: 6/7/2012

Note: Use this form to indicate your expenses within the categories listed below. Please use those line items necessary to describe your budget. "Other Expenses" should be used if no other category fits.

Instructions:

*Use only whole dollars when completing the budget form. Totals are automatically calculated. Use the **"tab"** key to move from one field to the next. If you need to change a number, click on the field, enter the new number.*

Attach a budget narrative that explains each line item.

	Year 1	Year 2 (if applicable)	Year 3 (if applicable)	Total From TCWF
Direct Costs:				
Personnel:				
Salary	$31,520	$32,308	$0	$63,828
Fringe Benefits	9,480	9,692	0	19,172
Total Personnel (A)	**$41,000**	**$42,000**	**$0**	**$83,000**
Operating Expenses:				
Rent	$0	$0	$0	$0
Utilities	0	0	0	0
Supplies	1,000	0	0	1,000
Printing	3,000	0	0	3,000
Travel	0	0	0	0
Postage	0	0	0	0
Equipment	0	0	0	0
Subcontracts/Consultants*	12,000	15,000	0	27,000
Other Expenses	0	0	0	0
Total Operating (B)	**$16,000**	**$15,000**	**$0**	**$31,000**
Total Direct Costs (C) (A + B = C)	**$57,000**	**$57,000**	**$0**	**$114,000**
Indirect Costs:				
(Calculated 15% for reference only)	8,550	8,550	0	17,100
(up to 15% of Total Direct Costs) **(D)**	$3,000	$3,000	$0	$6,000
Total Expenses (C+D)	**$60,000**	**$60,000**	**$0**	**$120,000**

NOTE: It is the policy of The California Wellness Foundation that administrative overhead or indirect costs up to a maximum of 15 percent of direct costs per year will be allowed. The indirect costs must be listed separately in the budget as a line item.

* includes scholarships, regranting, etc.

BUDGET NARRATIVE
SFDPH, Community Health Programs for Youth
Year 1 (10/01/2012-09/30/2013)

PERSONNEL:

2819 Assistant Health Educator	.25 FTE	$18,000
2586 Health Worker II	.25	$13,520

Both positions support curriculum development, training, and pilot implementation; 2819 Assistant Health Educator also supports youth involvement in all aspects of project

Salary	$31,520
Fringe @ 30%	$ 9,480
TOTAL PERSONNEL	$41,000

OPERATING:

Supplies $ 1,000
Will support the purchase of curriculum, other adjunct materials

Printing $ 3,000
Will support duplication of curriculum for all parties; creation, duplication of activity sheets for in-class use, etc.

Subcontract $12,000
Subcontract to Bayview Hunter's Point Foundation to support role of administrative/data coordinator to project; this funding allows expansion of currently existing position housed at BVHPF.

TOTAL OPERATING $16,000

Indirect: $ 3,000
5% to cover some of the administrative costs associated with running this project, i.e., accounting, payroll, etc

BUDGET NARRATIVE
SFDPH, Community Health Programs for Youth
Year 2 (10/01/2013-09/30/2014)

PERSONNEL:

2819 Assistant Health Educator	.25 FTE	$18,450
2586 Health Worker II	.25	$13,858

Both positions support curriculum development, training, and pilot implementation; 2819 Assistant Health Educator also supports youth involvement in all aspects of project

Salary	$32,308
Fringe @ 30%	$ 9,692
TOTAL PERSONNEL	$42,000

OPERATING:

Subcontract	$15,000

Subcontract to Bayview Hunter's Point Foundation to support role of administrative/data coordinator to project; this funding allows expansion of currently existing position housed at BVHPF.

Indirect:	$ 3,000

5% to cover some of the administrative costs associated with running this project, i.e., accounting, payroll, etc

I. Executive Summary

The San Francisco Department of Public Health (DPH), the mission of which is to protect and promote the health of all San Franciscans is pleased to submit this grant proposal under TCWF's Teenage Pregnancy Prevention (TPP) funding priority. We are requesting support for the AHWG Health Education Collaborative (AHEC). AHEC is a combined effort of DPH, the San Francisco Adolescent Health Working Group (AHWG), numerous community organizations (CBOs), and the San Francisco Unified School District (SFUSD). When the State Legislature eliminated the Office of Family Planning's TPP Initiative and San Francisco lost $600,000 in teen pregnancy prevention funding, the City had achieved one of the lowest teen birth rates in the nation at 20 births per 1000[1] population. Determined not to cede ground, our organizations established AHEC in order to turn a potential crisis into an opportunity. Our members included administrators, teachers, community educators, curriculum development specialists and trainers with extensive experience and expertise in adolescent sexual health education. Our goals were to evaluate and improve school-based sexuality education within the City's public high schools, ensuring the best use of limited financial resources in this age of austerity.

AHEC recently completed an assessment of the status of sexual health education within the public school system. We also reviewed the groundbreaking research of Dr. Amy Schalet into why, at 5.2 per 1000 population, the Netherlands adolescent birth rates were so much lower than those of the U.S.[2]. The plan we developed in response to our findings is designed to capitalize on the strengths of our various organizations, coordinate efforts, eliminate duplication, improve and standardize current high school sexuality education curricula and its delivery, and enhance school/community/clinic linkages.

AHEC is requesting a total of $120,000 over two years from TCWF to support implementation of this plan. The proposed project includes three primary components: 1) Coordinating school health education efforts to ensure consistency and to eliminate duplication; 2) Developing and testing a new sexuality education curriculum that is grounded in social justice principles and focuses on building healthy teen relationships and sexual autonomy; 3) Establishing teams that include a classroom teacher, community clinic educator and peer educators at all SFUSD high schools, and providing them with training and ongoing support to implement this new program. The curriculum will be finalized by the end of August 2012. Requested funds will support field-testing, evaluating and refining it during the 2012/13 School Year, and systematic, district wide implementation during the 2013/14 School Year.

Our target population is San Francisco adolescents who attend public high schools. During the 2010-2011 School Year, SFUSD had a total enrollment of 18,498 high school students, with a gender break down of 48% female and 52% male. Ethnic demographics were 11% African American, 45% Asian, 6% Filipino, 23% Latino, 8.5% White, and 6.5% other. Some 51% participate in the free or reduced cost lunch program, indicating low-income status. Among SFUSD respondents to the 2009 Youth Risk Behavior Survey, 10% of high schoolers self-identified as lesbian, gay, bisexual, transgender, or questioning (LGBTQ). In San Francisco, Latino and African American teens, who are more likely to be poor, have notably higher birth rates (55 per 1,000 and 44 per 1000, respectively) than their white and Asian/Pacific Islander (API) peers. Data indicate that newcomer/immigrant and LGBTQ-identified youth are also at higher risk for early parenthood and related poor health outcomes.

Researcher Amy T. Schalet and others have identified poverty and discrimination, defined as socially established patterns of prejudice and rejection, as playing key roles in elevating teen pregnancy rates. Economic, racial, and sexual inequities drive additional factors associated with teen fertility rates, including lack of hope for the future, involvement in risk behaviors such as substance use, and having experienced violence, including sexual coercion and abuse. Our groundbreaking curriculum will eschew the traditional risk-as-a-deterrent approach and treat sexual development as a natural progression. Grounded in social justice principles, it will provide youth with the tools to develop a healthy understanding of and respect for their own sexuality, build skills for sexual self-autonomy, and gain comprehensive knowledge of the sexual health resources available to them. As a result, we expect to see increases in the proportion of teens seen in community clinics and decreases in sexual risk taking among SF high school students, eventually leading to lower teen birth and STI in San Francisco.

II. Proposed Scope of Work

A. Introduction: The San Francisco Department of Public Health (DPH) is pleased to submit this grant proposal for two years of funding under TCWF's Teenage Pregnancy Prevention (TPP) priority for the AHWG Health Education Collaborative (AHEC). This project will improve school-based sexuality education within the City's public high schools. AHEC is a combined effort of DPH Community Health Programs for Youth (CHPY), the San Francisco Unified School District (SFUSD) Health Programs Section, and was formed under the aegis of the San Francisco Adolescent Health Working Group (AHWG). It includes the following partners, all of which conduct health education in public schools: Huckleberry Youth Programs, UCSF New Generation Health Center, Planned Parenthood, Family Service Agency, Health Initiatives for Youth, and Mission Neighborhood Health Center. AHEC was formed when the State Legislature eliminated the Office of Family Planning's TPP Initiative, resulting in a collective loss of $600,000 in pregnancy prevention funding. At 20 births per 1000[3] population, San Francisco had achieved one of the lowest teen birth rates in the nation. Determined not to cede ground, we turned a potential crisis into an opportunity. We began with a one-year process to assess the status of sex education within the public school system, including a review of relevant data, a high school principal survey, key informant interviews with school and CBO staff, and focus groups with public high school students. We also reviewed the pioneering research of Dr. Amy Schalet into why, at 5.2 per 1000 population, the Netherlands adolescent birth rates were so much lower than those of the U.S.[4]. TCWF funding will support implementation of a 3-part plan developed in response to our findings: 1) coordinating school health education efforts to ensure consistency and to eliminate duplication; 2) developing and testing a new sexuality education curriculum that is grounded in social justice principles and focuses on building healthy teen relationships and sexual autonomy; 3) building teams at every SFUSD high school that include a classroom teacher, community clinic educator and peer educators, and providing them with training and ongoing support to implement this new curriculum City-wide.

B. Needs Addressed: SFUSD mandates that all high school students receive comprehensive health education, including a component on relationships and sexuality. At most schools this instruction is provided during a semester-long 9th grade class that must also cover mental health, nutrition/fitness, substance use/abuse and transitioning to high school. While the SFUSD Health Programs Office offers training to all staff assigned to teach this course, they cannot make attendance mandatory. Our survey of high school principles found that only a handful of schools had health education teachers who were fully trained and accredited in this subject area. According to Christopher Pepper, Lead Health Education Teacher for SFUSD, many District health teachers "don't have the expertise required" to provide current, comprehensive information on reproductive health. Historically, some teachers have worked with community health educators to cover this topic. When well established, these school/DPH/CBO partnerships have linked students to community clinics and other services. However, many teachers, particularly those newly assigned to teach the course, are unaware of such opportunities. Both teachers and school administrators express the need for more training, greater coordination of guest speakers, and standardized curricula with simple, easy-to-use activities that can be customized to meet the varied educational needs of each school's students.

In school year 2010-11 SFUSD high schools had a total enrollment of approximately 18,500 students, with a gender break down of 48% female and 52% male. Ethnic demographics were 11% African American, 45% Asian, 6% Filipino, 23% Latino, 8.5% White, and 6.5% other. A majority of students were low-income, with 51% participating in the free or reduced cost lunch program[5]. In San Francisco, Latino and African American teens, who are more likely to be poor, have notably higher birth rates (55 per 1,000 and 44 per 1000, respectively) than their white and Asian/Pacific Islander (API) peers[6]. These disparities are also reflected in STI rates[7]. Within API communities, Filipino and Pacific Islander youth are at highest risk for early parenthood[8], and Family PACT data indicates that these young women seek pregnancy-testing services at much higher rates than do other API girls[9]. Immigration status may play a role in higher teen birth rates among Latina and some API youth. Almost 31% of all SFUSD students are classified as Limited English Proficiency[10]. Immigrant youth frequently struggle to reconcile their parents' values regarding sexuality with those of the youth cultures to which they are exposed at school and in the media. Often, these young people cannot discuss sex at home. In today's anti-immigrant climate, newcomer families often don't have access to

health care, due to legal restrictions, institutional discrimination, and language barriers[11]. Many newcomer teens are unaware of the services available to them through San Francisco's network of youth clinics. During our focus groups, immigrant youth in particular expressed a desire for more information on youth consent laws, clinic locations and costs, and how to access health care. Lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth of all colors experience both discrimination and higher rates of teen parenthood. The National 2009 Youth Risk Behavior Survey found that students who identified as LGBTQ were more likely to engage in risk behaviors that contribute to poor health outcomes[12]. The 10% of San Francisco high school students who identified as LGBTQ were significantly more likely than their heterosexual peers to report being pregnant (8% vs. 2%) or getting someone pregnant (15% vs. 3%)[13]. They were also far more likely to report having been bullied, (29% vs. 11%), and to have been threatened or injured with a weapon at school (21% vs. 6%)[14].

Researcher Amy T. Schalet and others have identified poverty and discrimination, defined as socially established patterns of prejudice and rejection, as playing key roles in elevating teen pregnancy rates[15]. Economic, racial and sexual inequity drive additional factors associated with teen fertility rates, including lack of hope for the future, involvement in risk behaviors such as substance use, and having experienced violence, including sexual coercion and abuse[16]. Schalet's research established that the normalization of teen sexuality and relationships is a major contributing factor to better sexual health outcomes among Western European youth. While these teens are taught about the risks of unprotected sex, they are also taught that becoming sexually active is a normal part of adolescence and are empowered to regulate their own behavior "in the context of steady and emotionally healthy romantic relationships[17]." This is in direct opposition to the U.S., where teen sexuality is dramatized as fraught with dangers and gender conflicts[18]. The current educational paradigm of teen sex = risk also leaves little room for discussing sexual response and pleasure, despite growing evidence that doing so alongside safer sex messaging can increase the effective use of contraception[19]. Many focus group members wanted more information on this topic. As one girl stated, "They don't want us to know it's [sex is] amazing. [They think] the more you promote it, maybe we'll go out to do it more."

C. Approach: As previously stated, AHEC is taking a three-pronged approach to improve school-based health education in San Francisco: 1) creating a structure for improved coordination between the school district, health department, and clinic-based agencies; 2) developing and field-testing a new high school sex education curriculum to better address the needs outlined in our assessment; 3) consistently implementing this curriculum district-wide. During the 2012/13 School Year, requested funds will support field-testing and refining the curriculum. During the 2013/14 School Year, requested funds will enable district-wide implementation, including training and mentoring teachers, community educators and student peer leaders.

1) Coordinating Structure: The AHWG Health Education Collaborative is a working committee of the San Francisco Adolescent Health Working Group, a coalition of over 300 committed youth, adults, and representatives of public and private agencies. It receives financial and administrative support from DPH and the San Francisco Department of Children, Youth and Families. An outgrowth of the AHWG Teen Pregnancy Prevention Subcommittee, its membership includes representatives of SFUSD, DPH Community Health Programs for Youth (CHPY), and the community organizations that conduct health education in San Francisco schools. If funded, membership will expand to include ISIS, Inc. a pioneer in the field of social media-based youth sexuality education. The Collaborative is divided into two working committees. The Steering Committee consists of higher-level administrative representatives from each participating agency, thus ensuring organizational buy-in. This group provides general project oversight and coordination and is responsible for fundraising. The Curriculum and Training Committee is a working group that includes administrators, trainers, curriculum specialists, teachers and community educators; again, all participating agencies are represented. CHPY provides administrative support to both committees, which make decisions using a consensus building process. Over the past year, this structure has resulted in a completed needs assessment, support for changes in local educational policy, and the development of a new curriculum, to be completed by the start of the 2012/13 School Year. As we move into the pilot-testing and implementation phases of the project, AHEC members will meet more frequently - at least monthly for the Steering Committee and one to two times a month for the Curriculum Committee. This will necessitate greater administrative support, particularly for coordination and evaluation purposes.

2) Curriculum Development: SFUSD recently purchased Positive Prevention Plus: California Edition (PPPC) for high school use. The District adopted this curriculum because: 1) it provides lesson plans that are easily implemented by teachers new to sex education; 2) its authors are open to adjustments in order to meet community needs. Since January, AHEC's Curriculum and Training Committee has been modifying the PPPC in order to more effectively address at-risk immigrant and LGBTQ youth and youth of color by incorporating Amy Schalet's **ABCD Framework** for sexuality education[20]: **Autonomy** of the sexual self, including recognizing sexual wishes and boundaries; **Building** good romantic relationships; fostering **Connectedness** to parents, peers and community; Recognizing **Diversities** and removing **Disparities** in access to vital socioeconomic resources. It will include key elements missing from PPPC: 1) A social justice unit that fosters acceptance of human diversity while acknowledging various forms of discrimination and their potential impact on sexual decisions; 2) sexual anatomy and physiology, including human sexual response; 3) personalized understanding of the responsibilities and consequences of relationships and sexual activity through presentations by trained teen parent and HIV+ youth; 4) skill-building for healthy relationships that acknowledges students' ability for self-regulation while helping them to understand personal values, desires and boundaries; 5) a component on California minor consent laws and local clinic access, led by youth peer educators and to include a clinic and/or High School Wellness Center visit; 6) a life-planning unit that includes preconception health information and that fosters a positive sense of future.

The curriculum will present teachers with a consistent set of learning objectives; for each objective it will offer a choice of learning activities designed to meet the needs of individual student populations. In order to support community building, parent-child interaction and positive peer norms, AHEC will work with ISIS, Inc. to fully incorporate social media, particularly in the form of homework, special credit and group assignments. According to ISIS founder and Executive Director, Deb Levine, ours will be the first curriculum in the country to do so. AHEC will pilot the program at Balboa and Burton High Schools because they both have: 1) administrators who strongly support the project; 2) school-based clinics with active Youth Advisory Boards whose members are already trained to provide sessions on minor consent; 3) experienced health education teachers who have a history of working with community educators. In addition, the student bodies at these campuses are broadly representative of the total SFUSD population.

C) District-wide Implementation: During the 2013/14 School Year, AHEC will implement the modified PPPC district-wide. At each school, we will create health education teams consisting of trained classroom teachers who are permanently assigned to teach health education, an experienced community-based health educator, and peer educators trained by the Balboa Teen Clinic Youth Advisory Board to provide the unit on minor consent. CBO/Clinic educators will be assigned to work with specific schools based on existing relationships and campus proximity and will be available to mentor teachers who are new to the topic of sexuality education. In addition, they will provide students with a direct link to youth clinics. Creating an additional avenue to health care access, peer educators will be recruited from school Wellness Centers, which exist at 15 SFUSD high schools and provide behavioral health services and referrals for sexual health care.

D. Intended Results: Implementing this standardized, yet highly flexible sexuality education program district-wide will ensure that SFUSD high school students receive effective sexuality education. The strong collaborative relationships that we are building through AHEC will ensure the project's viability after the grant period has ended. By treating sexual development as a natural progression, and eschewing the traditional risk-as-a-deterrent approach, our curriculum will provide youth with the tools to develop a healthy understanding of and respect for their own sexuality, build skills for sexual self-autonomy, and gain knowledge of the sexual health resources available to them. The message that young people are capable of having healthy romantic relationships that *may* include sexual activity, and that they have promising futures ahead of them that can include healthy, thriving families is especially important for youth of color, who often are negatively portrayed as being "deviant" in their sexual behaviors and incapable of self-control. As a result, we expect to see increases in the number of teens seen in community clinics and decreases in sexual risk taking among high school YRBS respondents, eventually leading to lower teen birth and STI rates.

D. Challenges: *Challenge 1. Coordination and Consensus:* AHEC multi-organizational membership consists of administrators, curriculum specialists, clinic staff and front-line health educators and master teachers. Managing communication represents a major challenge that has been met to date through regularly structured

working meetings and ongoing email and phone communication. A group this large and diverse also has the potential to break down due to competing interests; through AHWG, CHPY has extensive experience building consensus, managing work through smaller subcommittees, ensuring that funding efforts are equitable, and maintaining a transparent decision making structure. *Challenge 2, Funding:* As is the case for any health education project in the current economic climate, we expect that raising funds will be challenging, albeit not impossible. In Year 1, we expect to maximize in-kind contributions from all involved agencies, including leadership and staffing from DPH. Additionally, we have submitted, or will soon be submitting, invited proposals to several foundations including the Metta Fund ($125,000/yr. for 2 years), the Federal Home Loan Bank ($50,000), and the Ford Foundation (TBD). In Year 2, in which significantly larger funds will be required to fully implement the project, we also anticipate increased City and County dollars through DPH as well as the Department of Children, Youth and Families. *Challenge 3, School Buy-In:* Our larger challenge will be fostering administrative and teacher buy-in at the individual school level. Every high school has its own organizational culture and administrative priorities. In the past, this has resulted in varying levels of support for health instruction, including providing access to outside agencies and the assignment of qualified teachers. In April 2012, with support from AHEC, the SFUSD Health Programs Office had a major success in getting the School Board to revise the district's Comprehensive Health Education Policy requiring that health education be taught by teachers trained and qualified in this topic[21]. With TCWF funding our new curriculum and teacher training, AHEC is in a perfect position to provide schools with the support necessary to ensure compliance with this new requirement.

III. Grant Objectives

Objective 1: By May 31, 2012, health educators and teachers, with the assistance of Balboa Clinic Youth Advisory Board members, will pilot a modified version of the Positive Prevention Plus high school curriculum with a minimum of 700 students. Participating students will report increases in: 1) knowledge about sexuality; 2) self-efficacy for developing healthy relationships; 3) positive behaviors related to sexual health as measured on pre/post tests. Activities: finalizing curriculum revisions (08/12); cross training /orientation of staff and students piloting the curriculum (09-10/12); working with ISIS, Inc. to develop social media components (07-10/12); developing and implementing evaluation tools (09/12 and ongoing); piloting curriculum; reviewing 1st semester evaluation data to revise accordingly (01/13-02/13); reviewing 2nd semester evaluation data (06/13); finalizing, producing and printing curriculum (07/12).

Objective 2: By November 2013, staff involved in developing and piloting the modified PPPC will train and provide technical support to a minimum of 25 teachers from at least 16 SFUSD High Schools to implement the curriculum. Participating teachers will report increases in knowledge and self-efficacy in the area of sexual health instruction as measured through pre/post tests. Activities: School principles ensure assignment of qualified HE teachers (07-08/13); AHEC determines CBO/school assignments (07-08/13); DPH Trainers and piloting educators develop, schedule and implement teacher, community educator and youth peer leader trainings (08-10/13); 4) AHEC Curriculum and Training Committee plans, schedules and conducts periodic retreats to provide mentoring and support (12/13, 01-02/14, 06/14).

Objective 3: By May 31, 2014, at least 80% of SFUSD high school students enrolled in a semester-long health education course will participate in the modified PPPC; Participating students will report increases in knowledge about sexuality, self-efficacy for developing healthy relationships and positive behaviors related to sexual health as measured on pre/post tests. Activities: implementing the curriculum, including teacher coordination of guest and student speakers at all participating high schools (09/13-05/14); providing support to SFUSD health education teachers through AHEC and community/school partnerships (09/13-05/14); ISIS monitoring, moderating and evaluating social media activities (09/13-05/14); AHEC Coordinator schedules and oversees evaluation activities (09/13-05/14).

IV. Applicant Organization

A. Organization History, Mission, and Activities: AHEC is a project of DPH, Community Health Programs for Youth (CHPY) and the Adolescent Health Working Group (AHWG), an ad hoc coalition of over 300 committed youth, adults, and representatives of public and private agencies. CHPY oversees eight of the City's youth-focused clinic sites, which provide primary, behavioral and sexual health care and

education to over 5,000 youth annually. All CHPY clinics are public/private partnerships that have allowed us to maximize comprehensive, coordinated services while minimizing duplication. CHPY's current operating budget is approximately $3,000,000. Founded in 1996 by a group of adolescent health providers and advocates, AHWG's mission is to significantly advance the health and well being of youth and young adults in San Francisco and beyond. AHWG acts as a convening body and promotes best practices through production of comprehensive health-related tools and resources for adolescents in San Francisco as well as the health professionals who work with them. Recent accomplishments include updates of our Adolescent Providers Toolkit Series, which is distributed nationwide and includes volumes on primary care, behavioral health, sexual health, and minor consent laws. **B. Qualifications:** Under the guidance of Michael Baxter, the AHEC project is uniquely positioned to receive input from multiple community parties and concrete support from DPH. AHEC member agencies have been working with youth in San Francisco for decades and all have established successful, effective health education practices. Between them, member agencies already work in most SFUSD High Schools, and our collaborative is well positioned to pilot the curriculum, train teachers, cross-train community educators and expand the model to all district high schools. **C. Key Personnel:** *Project Manager, Michael Baxter,* MSW, has worked in adolescent health for over twenty-five years. He is employed by SFDPH as the Manager of Youth Programs for its Community Oriented Primary Care Division, and as the Director of Family Planning/Preconception Services for its Maternal, Child and Adolescent Health division. Michael has implemented health education programs focusing on reproductive health for incarcerated youth and was instrumental in ensuring a continuum of HIV services for young people. *Senior Health Educator, Marcia Zorrilla,* MPH, CHES has worked at the Balboa Teen Health Center, where she has 17 years experience designing, implementing, and evaluating health education programs ranging from nutrition to pregnancy prevention. Seven years ago, she established the Center's Youth Advisory Board (YAB), which recently received the Moving the Movement Award from the California School Health Centers Association for their role in furthering the school-based health centers movement. *Health Educator, Victor Travis,* has been working with adolescents at Balboa and nearby middle and high schools for 11 years. In addition to conducting class sessions on sexual health, self-esteem, and relationships, he runs popular weekly groups for at risk African American and Latino American males. He has a passion for presenting dating and healthy relationship workshops in a way that all young people can relate to and learn from. *Owen Morse, AHEC Coordinator,* has worked in CHPY administration over two years and is currently staffing both AHEC committees.

V. Evaluation Plan

A. Process Evaluation: All versions of the modified PPP Curriculum will be kept on file. Planning and coordination meetings will be documented through organizational agreements, sign-in sheets, and meeting agendas and notes. Training attendance and student participation will be tracked through training or lesson plans, sign-in sheets, student logs, archives of online participation and feedback surveys. Findings from student and instructor/educator feedback forms and focus groups will help to refine trainings and the curriculum throughout project duration. **B. Outcome Evaluation:** Changes in both teacher and student knowledge and self-efficacy, as well as changes in student behavioral intent will be measured through the administration of pre/post training and course surveys as well as YRBS results. Clinic logs will provide a measure of increased clinic use. AHEC may also obtain qualitative data on training and intervention effectiveness through focus groups with teachers, community educators, and students. **C. Evaluation History**: From July 2008 through June 2011, CHPY received a CWF grant for its "Youth Peer Provider Project" which placed six trained high school students in youth clinics annually to serve as patient advocates, providing clinical support, health education, and community outreach. CHPY exceeded its process objective for Peer Providers to reach 400 clinic clients by 49%. Evaluations found that Peer Providers were satisfied with their placements, and felt supported by project leaders and clinic staff.

Financial Request.

We are requesting $120,000 over two years, 9/1/12 - 8/31/14. TCWF funding will primarily support staffing for the project and allow for curriculum purchase and duplication, classroom props and other printing needs.

The California Wellness Foundation
Grantmaking for a Healthier California

GRANTEE'S COPY

September 17, 2012

Dr. Marcellina Ogbu
Director, Community Programs
City and County of San Francisco, Department of Public Health
101 Grove Street
San Francisco, CA 94102

RE: **Grant Agreement Letter for Grant # 2012-171**

Dear Dr. Ogbu:

It is my pleasure to inform you that The California Wellness Foundation (Foundation) has approved a $120,000 grant to City and County of San Francisco, Department of Public Health (Grantee) to be conducted by your Community Health Programs for Youth to support the purpose described as follows:

> For project support for the Community Health Programs for Youth's Adolescent Health Education Collaborative to reduce teenage pregnancy rates in San Francisco County, to be conducted substantially in accordance with the attached (1) Grant Summary, (2) Grant Budget, (3) Grant Announcements and Promotional Activities: Requirements, (4) Youth Involvement in Foundation-Funded Events, and (5) Website and Electronic Publication Policies.

Please read the following conditions and attachments to this Agreement very carefully. This Agreement between the Foundation and Grantee shall be effective when signed by an authorized representative of your organization and returned to the Foundation.

GRANT CONDITIONS

I. General

Grantee shall use the grant funds solely for the purposes of the grant as described above, which purposes are encompassed within Grantee's mission described in its Articles of Incorporation. Any significant changes in the purposes for which grant funds are spent must be approved in writing by the Foundation before implementation.

II. Reporting/Recordkeeping

To enable the Foundation to evaluate the effectiveness of this grant, Grantee shall submit written reports to Foundation containing (1) a description of the progress that Grantee has made toward achieving the purposes for which this grant was made, (2) a financial accounting of the expenditure of grant funds, (3) copies of any significant publications such as reports, policy briefs, evaluations, and summaries or articles containing research or data resulting from the grant, and (4) a report on the Grantee's compliance with the terms of this Agreement. Grantee shall submit such reports on the schedule outlined in the attached Grant Summary.

Grantee shall maintain books to show these grant funds separately. All expenditures made in furtherance of the purposes of the grant shall be charged off against the grant and shall appear on those books. Grantee shall keep adequate records to substantiate such expenditures. Grantee shall make such

books and records available to Foundation at reasonable times for review and audit. Grantee shall keep copies of all relevant books and records and all reports to the Foundation for at least four years after completion of the use of the grant funds. The Foundation may also verify any information contained in Grantee's reports by interviewing Grantee's personnel.

III. Return of Unexpended Funds; Remedies on Default

Grantee shall repay to the Foundation, upon the completion date shown on the attached Grant Summary, any portion of the grant funds not expended or committed for the purposes of the grant described above.

In the event that the Foundation determines, in its sole discretion, that Grantee has breached or failed to carry out any material provision of this Agreement, the Foundation may, in addition to any other legal remedies it may have, including the termination of this Agreement, refuse to make any further grant payments to Grantee, and the Foundation may demand in writing the return of all or part of the unexpended grant funds, which the Grantee shall immediately repay to the Foundation. The amount of such unexpended grant funds to be repaid to the Foundation shall not include funds needed to meet obligations incurred by Grantee to third parties, in good faith, for the purposes of the grant described above, prior to Grantee's receipt of the Foundation's written demand for repayment. In addition to the rights reserved to the Foundation in the first sentence of this paragraph, the Foundation may also terminate this Agreement and take the actions described above with respect to unexpended grant funds if it determines, in the exercise of its reasonable discretion, that circumstances relevant to the Grantee, including, by way of illustration, those respecting its organization or financial condition, are such that the Foundation has reason to conclude that satisfactory completion of the objectives contemplated by this grant are in jeopardy.

IV. Tax Status

The Grantee has furnished the Foundation (i) with a copy of its letter from the Internal Revenue Service recognizing that the Grantee is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code (IRC) and that it is not a private foundation as defined in IRC Section 509(a) or (ii) evidence that it is an appropriate government entity. The Grantee must give the Foundation immediate written notice if there is any change or potential change in the Grantee's tax exempt or nonprivate foundation status.

The grant funds are not earmarked to be used in any attempt to influence legislation within the meaning of IRC Section 4945(e), or to engage in any other activity which, if conducted directly by the Foundation, would result in the imposition of any tax on the Foundation under IRC Chapter 42. No agreement, oral or written, to that effect has been made between the Foundation and Grantee. If the grant involves public policy issues, the Foundation is relying upon Grantee's representations, made in Grantee's grant request and proposed budget, that this grant does not exceed the amount budgeted by Grantee for activities that are not attempts to influence legislation within the meaning of IRC Section 4945(e).

The grant funds are not designated or earmarked for "influencing legislative or administrative action", "for or in connection with direct communication with any elective state official, legislative official or agency", or "for or in connection with soliciting or urging other persons to enter into direct communication with any elective state official, legislative official or agency official", as defined by the California Political Reform Act of 1974, or in any other manner which would require the Foundation to

register or to make any filing under any federal, state or local statute, ordinance or regulation governing or relating to lobbying, political activity, elections or the influencing of governmental action.

Grantee shall not use any portion of the grant funds to influence the outcome of any specific election for candidates to public office, to carry on any voter registration drive except as provided in IRC Section 4945(f), to induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, or to take any other action inconsistent with IRC Section 501(c)(3).

With regard to the selection of any entity to carry out the purposes of this grant, Grantee retains full discretion and control over the selection process, acting completely independently of the Foundation. There is no agreement, written or oral, by which the Foundation may cause Grantee to choose any particular entity.

V. Grant Announcements and Promotional Activities

The Foundation may issue a press release concerning the grant which may include information about Grantee and/or the activity funded by this grant. The Foundation may also include information on the grant in its periodic public reports.

The Grantee shall appropriately refer to the Foundation as a funding source for any written, electronic, or other communications materials produced with support from this grant, as well as in all publications and press releases regarding this grant. For any such public references to the Foundation, please refer to Attachment III of this Agreement for requirements. Any tangible or intangible property, including copyrights, obtained or created by Grantee as part of the activity funded by this grant shall remain the property of Grantee; however, Grantee shall grant a royalty-free license to the Foundation to use, reprint, or distribute any such copyrighted materials for informational or promotional purposes which do not conflict with Grantee's purposes.

VI. Other Provisions

The Grantee is solely responsible for the activity supported by the grant funds, the content of any product of the activity, and the manner in which any such product may be disseminated.

This Agreement shall not be deemed to create any relationship of agency, partnership, or joint venture between the parties hereto, and Grantee shall make no such representation to anyone.

Grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its officers, directors, trustees, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission of Grantee, its employees, or agents, in applying for or accepting the grant, in expending or applying the grant funds or in carrying out any project or program to be supported by the grant, except to the extent that such claims, liabilities, losses, or expenses arise from or in connection with any act or omission of the Foundation, its officers, directors, trustees, employees, or agents.

This Agreement shall supersede any prior oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to the subject matter hereof. This Agreement may not be amended or modified, except in writing signed by both parties hereto.

GRANT AGREEMENT
Attachment I

GRANT SUMMARY

GRANT NUMBER: 2012-171 **DATE AUTHORIZED**: 9/14/2012

GRANTEE NAME: City and County of San Francisco, Department of Public Health/Community Health Programs for Youth

AMOUNT: $120,000 over 24 months

CONTACT, TITLE, ADDRESS:
Dr. Marcellina Ogbu
Director, Community Programs
City and County of San Francisco, Department of Public Health
101 Grove Street
San Francisco, CA 94102
Tel: 415-554-2630
Fax: 415-469-4096
marcellina.ogbu@sfdph.org

PROJECT INFORMATION:
Mr. Michael Baxter, M.S.W.
Director, Primary Care Youth Programs and Family P
Community Health Programs for Youth
30 Van Ness Avenue, Suite 260
San Francisco, CA 94102
Tel: 415-575-5685
Fax: 415-575-5799
michael.baxter@sfdph.org

TCWF PROGRAM DIRECTOR: Julio Marcial

GRANT PURPOSE: For project support for the Community Health Programs for Youth's Adolescent Health Education Collaborative to reduce teenage pregnancy rates in San Francisco County.

GRANT OBJECTIVES:
- By year two, develop, pilot and implement the Positive Prevention Plus (PPP) sexuality education curriculum for a minimum of 700 unduplicated youth.
- By year two, train and provide technical support to a minimum of 25 teachers in the implementation of a comprehensive sexuality education program.

SPECIAL CONDITIONS:
- It is the policy of The California Wellness Foundation that administrative overhead or indirect costs up to a maximum of 15 percent of direct costs per year will be allowed.
- Approval from the Foundation is required for budget modifications in any year in which total annual expenses are expected to be over or under the total annual budget by 20 percent or more. The request must be made in writing prior to the expenditure of funds, and must be accompanied by a budget reflecting line-item expenditures from inception to date. The final grant report must also include a detailed expenditure report by line item, including any approved budget modifications.

If this letter and its attachments correctly set forth your understanding of the terms and conditions of this grant, please have the appropriate officer sign the enclosed original of the letter and return it (with the attachments) to the Foundation. Please retain the enclosed "Grantee's copy" for your files. Please pay particular attention to the enclosed funding schedule and reporting requirements shown on the Grant Summary. **Also note, in order for the first grant payment to be made on the scheduled payment date, the signed Agreement must be received by the Foundation no later than the 15th of the month in which the first payment is due.** Otherwise, the date of payment will be moved to the 25th of the next month.

Julio Marcial, Program Director, is responsible for the administration of this grant. All future communications concerning this grant should be directed to him.

On behalf of The California Wellness Foundation Board and staff, let me express how delighted we are to offer this support to City and County of San Francisco, Department of Public Health/Community Health Programs for Youth. We extend every good wish for the success of this grant.

Sincerely,

Diana M. Bontá, R.N., Dr.P.H.
President and Chief Executive Officer

Accepted on behalf of City and County of San Francisco, Department of Public Health (Grantee) by:

Authorized Signature

Marcellina A. Ogbu
Printed Name

Marcellina A Ogbu
Title
Director, Community Programs

9/18/12
Date

GRANT PERIOD: Start Date: October 1, 2012 End Date: September 30, 2014

PAYMENT SCHEDULE:

10/25/2012	$60,000
10/25/2013	$60,000

NARRATIVE AND FINANCIAL REPORTS DUE: (with reporting period to be covered):

10/31/2013	Narrative Progress Report	(Covering October 2012 through September 2013)
10/31/2013	Financial Progress Report	(Inception through September 2013)
10/31/2014	Narrative Final Report	(Comprehensive)
10/31/2014	Financial Final Report	(Comprehensive)

GRANT AGREEMENT
Attachment II

TCWF GRANT BUDGET

GRANTEE: City and County of San Francisco, Department of Public Health/Community Health Programs for Youth

GRANT #: 2012-171

	Year 1	Year 2 (if applicable)	Year 3 (if applicable)	Total From TCWF
Direct Costs:				
Personnel:				
Salary	$31,520	$32,308	$0	$63,828
Fringe Benefits	9,480	9,692	0	19,172
Total Personnel (A)	**$41,000**	**$42,000**	**$0**	**$83,000**
Operating Expenses:				
Rent	$0	$0	$0	$0
Utilities	0	0	0	0
Supplies	1,000	0	0	1,000
Printing	3,000	0	0	3,000
Travel	0	0	0	0
Postage	0	0	0	0
Equipment	0	0	0	0
Subcontracts/Consultants*	12,000	15,000	0	27,000
Other Expenses	0	0	0	0
Total Operating (B)	**$16,000**	**$15,000**	**$0**	**$31,000**
Total Direct Costs (C) (A + B = C)	**$57,000**	**$57,000**	**$0**	**$114,000**
Indirect Costs:				
(up to 15% of Total Direct Costs) **(D)**	$3,000	$3,000	$0	$6,000
Total Expenses (C+D)	**$60,000**	**$60,000**	**$0**	**$120,000**

NOTE: It is the policy of The California Wellness Foundation that administrative overhead or indirect costs up to a maximum of 15 percent of direct costs per year will be allowed. The indirect costs must be listed separately in the budget as a line item.

* Includes scholarships, regranting, etc.

GRANT AGREEMENT
Attachment III

GRANT ANNOUNCEMENTS AND PROMOTIONAL ACTIVITIES: REQUIREMENTS

Any references in media materials or other external documents regarding the Foundation must use the following language, which cannot be altered, edited, or expanded upon without the prior written approval from the Communications Department of the Foundation.

If your project or event is **solely funded** by the Foundation, use the following description:

> "The *(project/event)* is funded by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private independent foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention."

If your project or event is **partially funded** by the Foundation, use the following description:

> "The *(project/event)* is funded in part by a grant from The California Wellness Foundation (TCWF). Created in 1992 as a private independent foundation, TCWF's mission is to improve the health of the people of California by making grants for health promotion, wellness education and disease prevention."

For the purpose of distributing flyers, posters, or other such announcements, the following sentence should appear in the materials if the project or event promoted is **solely funded** by the Foundation:

> "Funded by a grant from The California Wellness Foundation."

If the project or event promoted is **partially funded** by the Foundation, use the following description:

> "Funded in part by a grant from The California Wellness Foundation."

Use of Foundation's Logo: The Foundation rarely provides authorization for the use of its logo in grantee-produced external communications. Grantee may not include the Foundation's logo in its written materials, website or video productions, unless prior approval has been obtained from the Foundation's Communications Department. Such Grantee requests to use the Foundation's logo must be initiated with their assigned program director.

GRANT AGREEMENT
Attachment IV

YOUTH INVOLVEMENT IN FOUNDATION-FUNDED EVENTS

On occasion the Foundation may convene conferences or meetings that grantees are either required to, or invited to, attend. In those instances where grantees are working with youths who may attend such events, the Foundation strongly encourages grantees to only involve youth age eighteen or older. If the grantee decides to involve youths under the age of eighteen, it is the preference of the Foundation that such youths be accompanied by a parent or legal guardian. If this is not feasible, the Foundation requires that its approved Field Trip and Medical Treatment Authorization form be fully completed and delivered to the Grantee (with a copy to the Foundation) prior to the youths' departure for the event in question. Grantees should include funds in their travel budgets to cover the costs of these activities. Grantees should understand that they are solely responsible for their involvement of youths under the age of eighteen in their grant activities and at least one communication with the parents of such youths in the context of such involvement should make that clear to reinforce the provision to that effect in the approved form.

GRANT AGREEMENT
Attachment V

WEBSITE AND ELECTRONIC PUBLICATION POLICIES

The popularity of the Internet makes it necessary to specify certain policies all TCWF grantees must adhere to when disseminating information concerning the Foundation through electronic publications such as websites and newsletters. These policies have been developed to ensure that TCWF's mission and grantmaking programs are described accurately and consistently; that grant funds are used responsibly; and products are produced cost effectively.

Policies Applicable to ALL TCWF Grantees

Use only the language provided in Attachment III of your Grant Agreement Letter when referencing the Foundation's program and grants.

If grantees with websites want to provide information about TCWF to their site visitors, grantees should link to the Foundation's website -- http:\\www.CalWellness.org.

Grantees may not use the Foundation name and/or logo on grantee websites or any implication that such sites were created ***by*** TCWF without TCWF's express written permission.

Grantees may not duplicate information (text, photos, etc.) from the Foundation's site for use on grantee websites.

Policies Applicable ONLY to Grantees Using TCWF Funds to Create Websites, etc.

Prior to going forward with any website or electronic publications, submit a strategic plan for review to your program director that explains the target audience, proposed name of site, length of operation, structure (site map), content, designers, maintenance and cost.

"Brand" the site with a name clearly related to its stated purpose, but not bearing the name of The California Wellness Foundation.

Devote the site exclusively to aspects of the work outlined in the strategic website plan that was ***approved*** in writing by the Foundation and adheres to the stated purpose of the grant.

Agree not to link TCWF-funded sites to commercial websites that promote your organization's non-TCWF related work.

Agree not to develop sites with TCWF grant funds that include any promotional information about your organization's staff, their resumes or client lists, except specific information included in strategic website plans ***approved*** by TCWF.

File No.121067

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information *(Please print clearly.)*	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information *(Please print clearly.)*	
Name of contractor: **Bayview Hunters Point Foundation**	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. (1) please see attached for Bd. of Directors (2) CEO: Jacob Moody, MSW, CFO: Al Middlebrooks, COO: Lillian (Kim) Shine (3) N/A (4) N/A (5) N/A	
Contractor address: 150 Executive Park Blvd. Suite 2800 San Francisco Ca 94134	
Date that contract was approved:	Amount of contract: $27,000 ($12,000 in year 1, $15,000 in year 2)
Describe the nature of the contract that was approved: Contract funds will partially support administrative assistant position assigned to AHEC project collaborative through BVHPF	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

X a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information *(Please print clearly.)*	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos.Legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer) — Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk) — Date Signed

BAYVIEW HUNTERS POINT FOUNDATION
for Community Improvement

BOARD OF DIRECTORS – 2012

Officer/Member, Title	*Professional/Organizational Affiliations*
James Kendrix – President	• Retired – CFO City College of San Francisco. ***Affiliations***: • National Black MBA Association, Inc.
Shirley Jones – Vice-President	• Retired – Executive Director of Nonprofit Organization
Deanna Abma – Secretary	▪ Program Manager – City College of San Francisco ***Affiliations:*** ▪ SFUSD Career Education Planning and Steering Committees, 2004-2007 ▪ Northern California Intersegmental Articulation Council, 2004-present ▪ Intersegmental Committee of Academic Senates (ICAS) General Education Task Force, 2007, 2010
Susan Watson – Treasurer	• Program Associate – Regional Asthma Management and Prevention Initiative, a Project of the Public Health Institute
Erma Cobb	• Retired – Public School Administrator/Educator ***Affiliations:*** ▪ African American Communities for Education, Inc. ▪ California School Administrators ▪ National Association of Secondary School Administrators ▪ National Staff Development Council ▪ United Administrators of San Francisco
Claude Everhart	▪ Retired ***Affiliations:*** ▪ Established a governmental/public relations consulting firm ▪ serves on the boards of the Young Community Developers ▪ Founded the Young Community Developers, a youth development and job-training program in San Francisco's Bayview-Hunters Point community
Wayzel Fuller	• Pharmacist – Walgreens ***Affiliations:*** • California Pharmacist Association • American Association of Pharmacist
Ronald Person	▪ Retired - Health Care Administrator – Alameda County