

File Number: 161319
(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: **Prescription Drug Overdose Prevention Project**

2. Department: **Department of Public Health
Center for Public Health Research**

3. Contact Person: **Phillip Coffin** Telephone: **415-437-6282**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$434,777 in the 4-year project period**
(Year 1 = \$17,777; Year 2 = \$205,000, Year 3 = \$106,000; Year 4 = \$106,000)

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **The California Department of Public Health**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **San Francisco Department of Public Health (SFDPH), in conjunction with a graphic designer, will develop and produce educational materials around naloxone and opioid stewardship to be used for an academic detailing intervention with medical providers and pharmacists in California counties. SFDPH will provide training and oversight of academic detailing on this topic for medical providers in California counties.**

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

Full project period: Start-Date: **07/01/2016** End-Date: **8/31/2019**

10a. Amount budgeted for contractual services: **\$371,957 in the 4-year project period**
(Year 1 = \$15,389; Year 2 = \$184,856, Year 3 = \$85,856; Year 4 = \$85,856)

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? **N/A**

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

b1. If yes, how much? **\$9,579 in the 4-year project period**
(Year 1 = \$0; Year 2 = \$3,193, Year 3 = \$3,193; Year 4 = \$3,193)

b2. How was the amount calculated? **25% of Personnel & Fringe**

c1. If no, why are indirect costs not included?

Not allowed by granting agency
 Other (please explain):

To maximize use of grant funds on direct services

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

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to July 01, 2016. The Department received the subaward agreement on July 19, 2016.

Grant Code: HCIV03/1700

****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):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input 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) | |

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:

Matthew Valdez
(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency
(Title)

Date Reviewed: _____

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: _____

(Signature Required)