

File No. 140010

Committee Item No. 2

Board Item No. 7

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date February 5, 2014

Board of Supervisors Meeting

Date February 11, 2014

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

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Completed by: Linda Wong

Date January 31, 2014

Completed by: L.W.

Date February 6, 2014

1 [Accept and Expend Grant - Building Resilience Against Climate Effects: Empowering San
2 Francisco Communities to Address Climate Change - \$173,515]

3 **Resolution retroactively authorizing the San Francisco Department of Public Health to**
4 **accept and expend a grant in the amount of \$173,515 from Centers for Disease Control**
5 **and Prevention to participate in a program entitled Building Resilience Against Climate**
6 **Effects: Empowering San Francisco Communities to Address Climate Change, for the**
7 **period of September 1, 2013, through August 31, 2014.**

8
9 WHEREAS, Centers for Disease Control and Prevention has agreed to fund
10 Department of Public Health (DPH) in the amount of \$173,515 for the period of September 1,
11 2013, through August 31, 2014; and

12 WHEREAS, The full project period of the grant starts on September 1, 2013, and ends
13 on August 31, 2016, with years two and three subject to availability of funds and satisfactory
14 progress of the project; and,

15 WHEREAS, As a condition of receiving the grant funds, Centers for Disease Control
16 and Prevention requires the City to enter into an agreement (Agreement), a copy of which is
17 on file with the Clerk of the Board of Supervisors in File No.140010; which is hereby declared
18 to be a part of this Resolution as if set forth fully herein; and

19 WHEREAS, The purpose of this project is to assess climate health impacts and
20 vulnerabilities, create a community resiliency indicator system, project the burden of disease,
21 assessing public health interventions, developing and implementing a climate and health
22 adaptation plan and develop specific public health intervention methods, and evaluate effects
23 of change for at-risk populations within San Francisco; and

1 WHEREAS, DPH will subcontract with San Francisco Public Health Foundation and
2 San Francisco Collaborating Agencies Responding to Disaster in the total amount of
3 \$130,492; for the period of September 1, 2013, through, August 31, 2014; and

4 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
5 partially reimburses DPH for three existing positions, one Principal Administrative Analyst (Job
6 Class No. 1824) at .05 FTE, one Health Coordinator II (Job Class No. 2591) at .075 FTE, and
7 one Health Coordinator I (Job Class No. 2589) at .15 FTE for the period of September 1,
8 2013, through, August 31, 2014; and

9 WHEREAS, A request for retroactive approval is being sought because DPH received
10 retroactive program approval from Centers for Disease Control and Prevention on October 22,
11 2013, for a project start date of September 1, 2013; and

12 WHEREAS, The budget includes a provision for indirect costs in the amount of \$7,875;
13 now, therefore, be it


14 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
15 in the amount of \$173,515 from Centers for Disease Control and Prevention; and

16 FURTHER RESOLVED, That DPH is hereby authorized to enter retroactively into a
17 subcontract agreement in the amount of \$130,492 with San Francisco Public Health
18 Foundation and San Francisco Collaborating Agencies Responding to Disaster for services
19 under the grant entitled Building Resilience Against Climate Effects: Empowering San
20 Francisco Communities to Address Climate Change; for the project period of September 1,
21 2013, through, August 31, 2014; and, be it

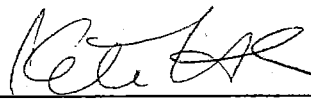
22 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
23 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
24 be it

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

3
4 RECOMMENDED:

5 
6 _____
7 Barbara A. Garcia, MPA
8 Director of Health

APPROVED:

9 
10 _____
11 Office of the Mayor

12 
13 _____
14 Office of the Controller

File Number: 140010
(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: **Building Resilience Against Climate Effects (BRACE): Empowering San Francisco Communities to Address Climate Change**

2. Department: **Department of Public Health, Population Health Division**

3. Contact Person: **Cyndy Comerford** Telephone: **(415) 252-3989**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **Total \$673,515 in the 3-year project period (Year 1 = \$173,515; Year 2 = \$250,000; Year 3 = \$250,000)**

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

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention**

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

3. Proposed Grant Project Summary:

The purpose of San Francisco's Climate and Health Program is to address the public health consequences of climate change and its implications on human health. Using the Building Resilience Against Climate Effects (BRACE) framework, this grant project will assess climate health impacts and vulnerabilities, create a community resiliency indicator system, project the burden of disease, assessing public health interventions, developing and implementing a climate and health adaptation plan and develop specific public health intervention methods, and evaluate effects of change for at-risk populations within San Francisco. Working with a large group of stakeholders representing local, state and federal agencies, non-governmental organizations and community groups, SFDPH's Climate and Health program will also incorporate stakeholder engagement in the development of climate change mitigation and adaptation actions that will be implemented locally.

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

Approved Year one project: Start-Date: 09/01/13 End-Date: 08/31/14

Full project period: Start-Date: 09/01/13 End-Date: 08/31/16

10a. Amount budgeted for contractual services: **\$130,492 in Year 1**
\$421,191 in the 3-year project period

b. Will contractual services be put out to bid?

No. SFDPH will be contracting with the San Francisco Public Health Foundation, an approved contractor on the City's Fiscal Intermediary List, and the San Francisco Collaborating Agencies Responding to Disaster (SFCARD). Both organizations were explicitly detailed in our grant application as our fiscal intermediary and supporting community based organization, respectively.

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

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

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

b1. If yes, how much? **\$7,875 in Year 1; \$20,542 in the 3-year project period**

b2. How was the amount calculated? **Indirect costs were calculated by multiplying the total salaries and mandatory fringe benefits amount by 25.2%.**

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:

We respectfully request for approval to accept and expend these funds retroactive to September 1, 2013. The Department received the original notice of award on August 31, 2013 which required budget modification approval from the CDC. The budget modification approval was delayed because of the government shutdown and The Department received retroactive program approval from the CDC on 10/22/2013.

This is new funding, but it is a continued grant. We just finished a three year grant cycle and this will fund an additional three years. We have staff at the San Francisco Public Health Foundation who are working on this project - hence it being retroactive. We need to expedite the accept and expend to ensure we pay our employees. This grant is providing support for existing General Fund staff.

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCHPBADMINGR (HCEh12)**

****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 checked="" 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) | |

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: 11/12/13


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 11/12/13


(Signature Required)

BUILDING RESILIENCE AGAINST CLIMATE EFFECTS FOR LOCAL PUBLIC HEALTH DEPARTMENTS - CDC-RFA-EH13-1305

Empowering San Francisco Communities to address the health effects of climate change

San Francisco Department of Public Health Year 1 Budget Narrative/Justification

Budget	Year 1			Year 2			Year 3					
	Annual	FTE	In-Kind	Total	Annual	FTE	In-Kind	Total	Annual	FTE	In-Kind	Total
Personnel:												
Project Director: Cynthia Comerford, Manager of Planning and Fiscal Policy												
<i>SFDPH - Environmental Health</i>												
<i>1824-Principal Administrative Analyst</i>	\$ 112,678	25.000%	20.000%	\$5,634	\$ 112,678	25.000%	20.000%	\$5,634	\$112,678	25.000%	20.000%	\$5,634
Community and Evaluation Liaison: Lindsey Realmuto, Health Program Planner												
<i>SFDPH - Environmental Health</i>												
<i>2818-Health Program Planner</i>	\$ 86,605	25.000%	X	\$0	\$ 86,605	25.000%	X	\$0	\$ 86,605	5.000%	X	\$0
Epidemiological Supervisor: Rajiv Bhatia, Director of Environmental Health												
<i>SFDPH - Environmental Health</i>												
<i>2233-Supervising Physician</i>	\$ 227,365	5.000%	X	\$0	\$ 227,365	5.000%	X	\$0	\$227,365	5.000%	X	\$0
Manager, Emergency Preparedness and Response Branch, Shannon Limjoco												
<i>2591-Health Program Coordinator.II</i>	\$ 85,098	7.500%		\$6,382	\$ 85,098	8.000%		\$6,808	\$ 85,098	5.000%		\$4,255
<i>SFDPH - Public Health Emergency Preparedness & Response</i>												
Health Coordinator - Tanya Bustamante												
<i>2589-Health Program Coordinator.I</i>	\$ 71,952	15.000%		\$10,793	\$ 71,952	15.000%		\$10,793	\$ 71,370	5.000%		\$3,569
<i>SFDPH - Public Health Emergency Preparedness & Response</i>												
Director, Public Health Emergency Preparedness & Response, Naveena Bobba												
<i>2230-Physician Specialist</i>	\$ 160,524	5.000%	X	\$0	\$ 160,524	5.000%	X	\$0	\$160,524	5.000%	X	\$0
<i>SFDPH - Public Health Emergency Preparedness & Response</i>												
Director of Neighborhood Resilience - Daniel Homsey												
<i>0931-Manager.III</i>	\$ 128,518	15.000%	X	\$0	\$ 128,518	15.000%	X	\$0	\$128,518	15.000%	X	\$0
<i>City and County of San Francisco, GSA Strategic Initiatives</i>												
<i>In-Kind Salary Support</i>			\$ 88,493				\$ 88,493				\$ 88,493	
Salaries				\$22,809				\$23,234				\$13,457
MFB - Mandatory Fringe Benefits (37%):				\$8,439				\$8,597				\$4,979
Total Salaries & MFB				\$31,248				\$31,831				\$18,437

BUILDING RESILIENCE AGAINST CLIMATE EFFECTS FOR LOCAL PUBLIC HEALTH DEPARTMENTS - CDC-RFA-EH13-1305

Empowering San Francisco Communities to address the health effects of climate change

San Francisco Department of Public Health Year 1 Budget

Narrative/Justification

Budget	Year 1		Year 2		Year 3	
Contractual Staff:						
San Francisco Public Health Foundation Enterprises						
Health Data Analyst	\$89,650	\$136,950	\$91,000	\$145,499		
Communication Specialist	\$55,000	\$5,000	\$5,000	\$91,000		
Climate Consultant	\$3,500	\$6,500	\$6,500	\$10,000		
Geospatial Database Consultant	\$8,000	\$2,000	\$2,000	\$6,500		
Evaluation Design, Implementation, and Analysis	\$4,000	\$10,000	\$10,000	\$2,000		
Spatial Web Development	\$8,000	\$10,000	\$10,000	\$15,000		
Indirect Cost	\$8,150	\$12,450		\$5,650		
SFCARD	\$40,842	\$65,297		\$73,445		
Travel:						
Air Travel/Transportation	\$1,200	\$2,500		\$2,574		
Lodging	\$1,500	\$3,000		\$3,000		
Conference Registration	\$1,200	\$2,400		\$2,400		
	\$3,900	\$7,900		\$7,974		
Direct:						
	\$165,640	\$241,978		\$245,355		
Indirect:						
	\$7,875	\$8,021		\$4,646		
Total	\$173,515	\$250,000	Total	\$250,000	Total	\$250,000

BUILDING RESILIENCE AGAINST CLIMATE EFFECTS FOR LOCAL PUBLIC HEALTH DEPARTMENTS - CDC-RFA-EH13-1305

Empowering San Francisco Communities to address the health effects of climate change

San Francisco Department of Public Health Year 1 Budget Narrative/Justification

City and County of San Francisco Personnel	Y1 Budget	Justification
Project Director (Cyndy Comerford), Manager of Planning and Fiscal Policy, Environmental Health Branch for SFDPH	\$ 5,634	Cyndy will direct and manage all aspects of the project; She will serve as the primary contact for this grant and will have grant administrative responsibilities related to the budget and development of sub-contracts and related scopes of work. She will provide project oversight, strategic guidance, and coordinate collaboration with local and regional public agencies. She also is responsible for the research design, data analysis, environmental assessment and statistical analysis portion of this project.
Program Manager, Public Health Emergency Preparedness & Response Branch for SFDPH (Shannon Limjuco)	\$ 6,382	Shannon will oversee the creation of the EOP Annex's Disaster Response Plan and the assessment of public health interventions. She will serve as a liaison between the Public Health Emergency Preparedness and Response Branch and city agencies and planning activities focused emergency response and medical capacity surge.
Health Program Coordinator I, Public Health Emergency Preparedness & Response for SFDPH (Tanya Bustamante)	\$ 10,793	Tanya will serve as the Planning Coordinator for the Public Health Emergency Preparedness & Response Team. She will play a key role on the maintaining the work plan for the team. She will also be responsible for researching and writing the Disaster Response Plan and coordinating exercises and implementation.
Director of Occupational and Environmental Health Branch for SFDPH (Rajiv Bhatia)	In-Kind	Rajiv will provide direction and expertise on all phases of the cooperative agreement including analyses. Dr. Bhatia will also review and edit reporting documents, facilitate communication and collaboration with public agencies.
Health Program Planner, Environmental Health Branch for SFDPH (Lindsey Realmuto)	In-Kind	Lindsey will act as the community and evaluation liaison for this grant. She will work directly with collaborating partners in developing and implementing a comprehensive evaluation work plan. She will also interface with community partners and act as the SFDPH representative at community outreach events..
Director of Public Health Emergency Preparedness & Response for SFDPH (Naveena Bobba)	In-Kind	Naveena will serve to support and provide guidance for the grant in matters relating to public health emergency preparedness. Her section will work with partners to develop plans that integrate with local, state and federal agencies efforts.
Director of Strategic Initiatives for the City Administrator's Office (Daniel Homsey).	In-Kind	Daniel will oversee the community engagement portion of the grant and will have grant administrative responsibilities related to the budget and development of sub-contracts and related scopes of work. Daniel will provide project oversight and offer strategic direction on all program design and implementation elements. He will also coordinate with local and regional agencies and elected officials in the engagement and resilience action plan development cycles.
Total Salaries	\$ 22,809	
MFB - Mandatory Fringe Benefits (37%):	\$ 8,439	
DPH Staff Project Travel		
Out of State Conference Travel	\$ 1,200	Airfare and ground transport for staff person to attend out-of-state conferences + CDC Project Meetings
Conference Registration Fees	\$ 1,200	Registration for National Conferences and local and regional workshops/symposium
Out of State Lodging	\$ 1,500	Out of State lodging for national conferences and CDC project meetings
Total Staff Travel	\$ 3,900	

BUILDING RESILIENCE AGAINST CLIMATE EFFECTS FOR LOCAL PUBLIC HEALTH DEPARTMENTS - CDC-RFA-EH13-1305
Empowering San Francisco Communities to address the health effects of climate change
 San Francisco Department of Public Health Year 1 Budget Narrative/Justification

Contractual Services		
Health Data and Geospatial Analyst (Matt Wolff)	\$ 55,000	Salary and Benefits for Health Data Analyst (1.0 FTE for 9 months) through the San Francisco Public Health Foundation (SFPHF) to who will perform highly technical aspects of the project related to the analysis of health data and geographical information systems. This includes acquiring, organizing, editing, analyzing, and visualizing data through maps, charts, and graphs for the vulnerability assessment, burden of disease projections, and project evaluation. The analyst will also perform searches of bibliographic databases and data entry as needed.
Communication Specialist (Elise Gonzalez)	\$ 3,000	Through a consulting services contract with SFPHF, the Communication Specialist will develop a communications strategy, educational materials and web content. This information will be deployed through multiple venues and media to share information we develop in the course of this project. The Communication Specialist will also create a social media networking site using our existing web resources.
Climate Consultant (To be Hired)	\$ 3,500	Through a consulting services contract with the SFPHF, The Climate Consultant will prepare technical reports and technical documentation, including the reports summarizing climate forecasts and health impacts, the vulnerability assessment, the burden of disease, adaptation interventions and their evidence basis, inventory of climate change adaptation plans and gap analysis.
Geospatial Database Consultant (Devan Morris)	\$ 8,000	Through a consulting services contract with the SFPHF, the Geospatial Database Consultant will support database management for tracking information on climate and health interventions and adaptation plans and develop the backend database system for our community resiliency indicator system.
Evaluation Design, Implementation, and Analysis (Edmund Seto)	\$ 4,000	Through a consulting services contract with the SFPHF - University of California at Berkeley will perform evaluation design, supervision of evaluation data collection, and analysis of evaluation data for evaluation of process and impacts and recommendations for process improvement.
Spatial Web Development	\$ 8,000	Through a consulting services contract, a web developer will provide services to host our community resiliency indicator system.
Fiscal management fee for contractual services with the SFPHF (10%)	\$ 8,150	DPH will contract with the San Francisco Public Health Foundation to provide fiscal management for these services. They charge 10% management Fees
SF CARD - Community Based Organization	\$ 40,842	Through a consulting services contract, SFCARD will be hired as a contractor to engage community partners on climate change and public health. SFCARD will develop a framework to engage community partners in review of the an adaptation plan and design of public education and outreach plan, with special attention to vulnerable populations, including those populations with known health disparities. SF CARD will work with community leaders and organizational liaisons, to assist them with developing and implementing an adaptation plan by organizing and facilitating working groups, capturing goals and priorities, and converting them into a program framework.
Total Contractual Services	\$ 130,492	
Indirect Costs		
Indirect Costs	\$7,875	
Total Project Budget Year 1	\$ 173,515	

BUILDING RESILIENCE AGAINST CLIMATE EFFECTS FOR LOCAL PUBLIC HEALTH DEPARTMENTS

CDC-RFA-EH13-1305

Empowering San Francisco Communities to address the health effects of climate change

I. Project Narrative

A. Background

A.1. History

While climate change is a global problem, its impacts will be local, threatening the security and well-being of San Francisco. Climate change is expected to increase temperatures, change precipitation patterns, increase the frequency and severity of extreme weather events, and increase sea-level rise—all of which will have significant effects to San Francisco's environment, health, and economy. California is already experiencing the effects of climate change. Since 1920, average annual temperatures have been increasing across California, including in the San Francisco Bay Area. The July 2006 California heat wave—which was felt in San Francisco—was the largest heat wave on record since 1948.

San Francisco is surrounded by coastline on three sides where dense population concentration exists. It is predicted that along the California coast, sea level may rise between 1.0-1.5 meters by 2100 - an estimate that is based on emission scenarios that are being outpaced by current emission rates. With a conservative 1.4 meter rise in sea level, it is estimated the number of San Franciscans at risk to a 100-year flood will increase significantly. Sea level rise threatens to increase risk of flooding at hospitals, schools, the San Francisco Airport, other key infrastructure, coastal wetlands, and even hazardous material sites, the latter of which can increase the risk of exposure to toxic chemicals of nearby residents and ecosystems.

Successful adaptation to climate change in San Francisco will not only benefit the city, but serve as a model for local health departments.

A.2. Need

For the last decade, cities have invested in developing climate action plans to reduce their greenhouse gas emissions, yet lesser attention has been paid to developing adaptive measures to protect the public's health in the event of climate change-related extreme weather events or to expanding the capacity of public health departments to plan and prepare for such events. As such, the San Francisco Department of Public Health (SFDPH) began assessment and planning to develop climate change programs in 2010 with the support of funding from the CDC. We are now well positioned to conduct additional vulnerability assessments for climate-related environmental hazards, project the burden of disease associated with climate change and translate climate science into policy to develop and implement an adaptation plan with multiple-agency and community involvement. Proactively building resilience to climate change is a powerful opportunity to improve the health of our city's residents.

A.3. Purpose and Objectives

The purpose of San Francisco's Climate and Health Program is to address the public health consequences of climate change and its implications on human health. The program will assess climate trends, define disease burden, develop specific intervention methods, and evaluate effects of change for at-risk populations within San Francisco to:

- Promote community resilience through education, empowerment and engagement to reduce vulnerability to climate change.
- Increase both local level capacity and internal department capacity to utilize climate health science.
- Incorporate stakeholder engagement in the development of climate change mitigation and adaptation actions.
- Implement adaptation efforts which achieve health co-benefits and improve health disparities.
- Serve as a model for local health departments.

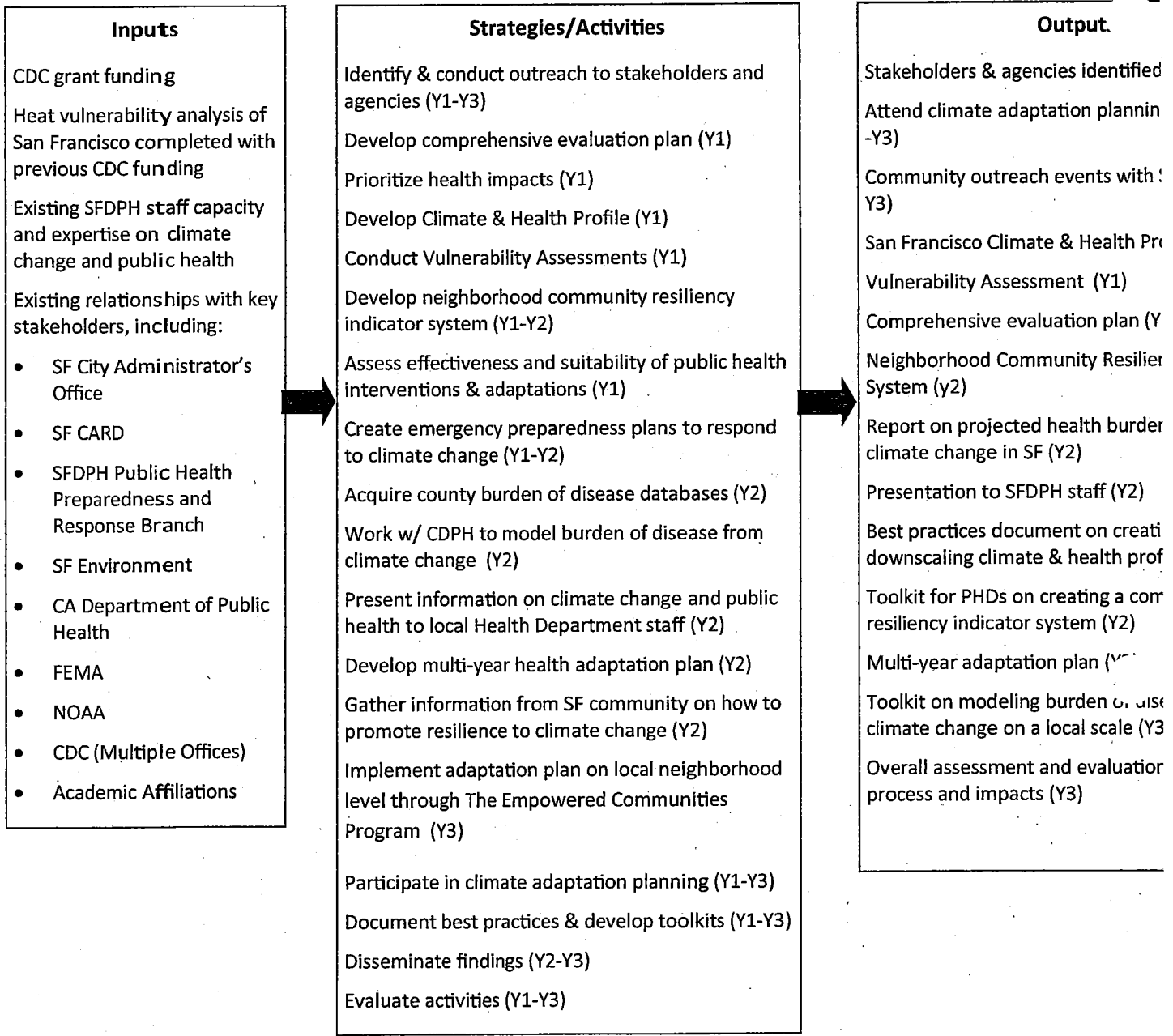
The objectives of San Francisco's Climate and Health Program are to:

- Develop a Climate and Health Profile report and a community resiliency indicator system that qualitatively and quantitatively describes the climate related risk factors and health outcomes of concern for San Francisco over key future timeframes.
- Implement an epidemiological and statistical process to determine and project the trajectory, magnitude, and additional health burden of five or more health impacts and/or key risk factors associated with future climate change in San Francisco.
- Conduct an assessment to determine the effectiveness and suitability of public health interventions and adaptations for select health impacts and/or risk factors that are associated with climate change in San Francisco.
- Develop, disseminate and begin implementing a multi-year, climate-adaptation plan for the health sector that includes interventions and adaptations with performance measures that are focused on achieving a measurable health impact.
- Engage and educate stakeholders on health impacts of climate change and adaptation plans.

A.4. Outcomes

The outcomes of San Francisco's Climate and Health Program are to work with community based organizations and community members in disadvantaged areas to identify and describe current capabilities to respond and adapt to climate change. With an understanding of the social, environmental and economic conditions that enable these capabilities or create barriers, we will develop a model of community capacity and establish a set of indicators to describe community resilience. With a better understanding of community capacity, we will deliver public health interventions and adaptation plans specific to San Francisco communities that will mitigate increases in climate-related health impacts, help eliminate existing health disparities and develop local adaptive capacity.

Goal: Address public health consequences of climate change and its implications



C. Program Strategy

San Francisco's Climate and Health Program will use the public health framework (BRACE) to implement its program strategy (see the logic model on the previous page).

C.1. BRACE Step 1

For the first part of this project, SFDPH will review how climate change is impacting the city, the associated effects on health, assess vulnerabilities and establish an indicator system to work with neighborhoods to understand adaptive capacity. The purpose of these steps is to detect and respond to potential health threats due to climate change and understand neighborhood conditions that have a significant impact on resiliency and adaptive capacity. The outcomes will be to develop a climate and health profile, use data to conduct vulnerability assessments and create a community resiliency index system.

SFDPH will work with climatologists within state agencies to review existing downscaled climate change scenarios and climate impact research intended for local planning efforts. We will review models developed by the California Energy Commission, the California Natural Resources Agency and the Public Interest Energy Research Program (PIER). SFDPH will also work with other city agencies such as the San Francisco Public Utilities Commission and the San Francisco Department of Environment to ensure there is consensus on climate forecasts and projections for climate impacts.

C.1.a Climate and Health Profile

The analysis of climate forecasts and projections will influence our prioritization of health burdens and risk factors for the Climate and Health Profile. We will also review findings from the California Department of Public Health (CDPH) to help guide our prioritization of health impacts. We will combine a growing body of literature from other city and state health agencies which has been completed over the last three years with the cooperative agreement from CDC. Based on our prior assessment, the main health impacts anticipated for San Francisco are: extreme heat illness and deaths; respiratory illness from increased air pollution; increased allergies and asthma from more exposure to pollens and molds; respiratory illness from regional wildfires; water and food-borne disease; shellfish poisoning; environmental infectious diseases; and direct and indirect health impacts from other extreme weather events, such as flooding and cold snaps. There are also longer-term critical issues, which we would like to explore, such as the reduction in income from increased food prices or decreased availability of healthy food, or relocation from populated coastal areas. Key risk factors for adverse health impacts from climate change include: lack of healthy built environments; health disparities; food insecurity; heat islands; lack of accessible and public transportation; living in vulnerable geographic areas; lack of community resilience; mental health conditions; economic dislocation; lack of access to care; poor adaptive capacity; and lack of institutional preparedness capacity.

We will review and summarize the findings from our previous work and new available information to prioritize the leading health impacts and risk factors to climate change.

C.1.b Vulnerability Assessment

Based on our climate and health profile we will complete additional vulnerability assessments, similar to the heat vulnerability assessment completed in the first cohort of funding from the CDC. Our vulnerability assessment will be completed at the finest resolution possible in order to be used for neighborhood level planning. Predictions for neighborhoods that are especially vulnerable to climate impacts in San Francisco are critical for local government agencies' ability to adequately prepare for potential threats to public health resulting from climate change. Through our vulnerability assessment, we will identify the census block groups that are particularly vulnerable, so public health planning efforts can be targeted geographically.

In addition to identifying geographic areas that exhibit risk factors for relative vulnerability, our assessments will help identify potential risk factors for populations groups. Our vulnerability assessments will explore further how factors such as ethnicity, linguistic isolation, and low education contribute significantly to vulnerability. In light of this, and with the high percentage of minorities in the San Francisco Bay Area, protecting human health and safety of all communities from climate impacts will require ensuring emergency preparedness efforts reach the linguistically and culturally isolated. Successful strategies being adopted to reach minority communities include increasing community engagement through working with neighborhood councils and local community based organizations.

C.1.c Community Resiliency Indicator System

Based on the Climate and Health Profile and vulnerability assessment, we will develop a neighborhood community resiliency indicator system. This will take scientific data and translate it into useable information on the neighborhood scale. Resilience is defined as "the ability of groups or communities to cope with external stresses and disturbances as a result of social, political and environmental change." Scientists expect climate change to result in a number of stressors on both natural and human systems. The purpose of developing the indicator system is to assess resilience to climate change stressors in San Francisco using quantitative and qualitative approaches and advance both public and individual interventions that increase the city's collective adaptive capacity.

The intended outcomes are the identification and articulation of reasonably anticipated stressors resulting from climate change, a quantitative and qualitative assessment of community resilience to climate change for San Francisco and a public dialogue on actions to build community resilience.

We will synthesize the key findings from qualitative surveys and quantitative measurements along with additional recommendations gleaned from a literature review of best practices on increasing resilience to environmental stressors. Through a series of facilitated stakeholder and neighborhood meetings, we will test or "ground truth" findings from the qualitative and quantitative assessments and then deliberate on and prioritize recommendations for the indicator system.

The purpose of the assessment is not to create a static document or recommendation for policy makers; rather, it is to initiate and maintain an ongoing public conversation about the city's resilience. We will organize a description of the stressors as well as the key findings and

recommendations of the assessment into a social media site. The purpose of the site will be to stimulate and encourage additional contributions of ideas and commitments to action from the citizenry. Citizen contributions will be followed by responses from public officials. The social media site will recognize and applaud actions by citizens to build resilience in their own communities. Lastly, we will create a toolkit for local public health departments and cities for creating a community resiliency indicator system.

C.1.d Stakeholder Engagement

We will present a proposal of BRACE 1 to technical advisors, community based stakeholders and relevant city agencies. We will incorporate their feedback to improve and strengthen our ability to forecast climate effects and assess vulnerabilities.

Our technical advisors will include federal agencies such as NOAA, the EPA and CDC. We will work closely with CDPH to ensure our work is in line with state guidelines and established best practices for local public health agencies on creating downscaled climate and health profiles. Our technical advisors will also include academic institutions, such as UC Berkeley and San Francisco State University.

Our community based stakeholders will include San Francisco Agencies Responding to Disasters (SFCARD), local chapters of the Nature Conservancy and regional CBOs. The vehicle for stakeholder engagement will be through the attendance of regional planning meetings, attendance at relevant conferences and professional meetings. We will also hold meetings and encourage stakeholders to attend, provide feedback and disseminate report findings.

C.2. *BRACE Step 2*

The purpose of projecting the burden of disease from climate impacts is to quantify the additional burden of health outcomes due to climate change for the purpose of supporting prioritization and decision making.

C.2.a Projected Burden of Disease

We will project the disease burden using a comparative risk assessment methodology, which will be developed in partnership with CDPH. Our goal will be to adapt data, health outcomes and risk factors which will be relevant on a local downscaled level. We will conduct a literature review to identify exposure-response relative risks for health outcomes. Using projections in the Climate and Health Profile, we will assess the change in climate risk factor distribution and calculate the change in burden of disease for different climate change scenarios. The analyses will allow us to make comparisons of trajectory and magnitude of specific disease burdens, injuries and risk factors in the same geographies. The outcome will facilitate developing priorities based on disease burden.

The data will be assessed based on geographic availability and scale as well as the availability of additional demographic information and other key variables used in vulnerability assessment. Our goal will be to create a toolkit for public health departments on how to implement an epidemiological and statistical process to determine and project the health impacts and key risk factors associated with climate change at the local level.

Based on currently available data and modeling techniques, projecting climate effects and associated health outcomes on a small, city scale can be difficult. For this component of the grant, we will be heavily relying on technical assistance and guidance from CDPH and CDC – which have much greater capacity to perform this type of down-scaled climate model. This process will provide an excellent opportunity to evaluate how feasible and reliable climate impact models are at such a small scale.

C.2.b Stakeholder Engagement

We will work with CDPH and seek guidance from the CDC to identify data issues and propose alternate methodologies given the complexities in this analysis.

C.3. *BRACE Step 3*

The purpose of assessing public health interventions is to identify and develop the most suitable health interventions for the health impacts of greatest concern. The health impacts will have been defined and quantified in BRACE Step 1 and 2.

C.3.a Assessing Public Health Interventions

SFDPH will analyze existing risk assessments to inform climate related response efforts, align the Climate Grant activities with other ongoing community health assessment initiatives, and avoid duplication of efforts. Risk assessments and related data that will be analyzed include:

- Prior work developed in the past three years from the cooperative agreement with CDC.
- Public Health Hazard Vulnerability Assessment: The Public Health and Emergency Preparedness and Response (PHEPR) Branch of SFDPH is currently part of a CDC-funded project through which a jurisdictional and regional Hazard Vulnerability Assessment is being conducted. The project will be completed in August 2013. Once the risk assessment is complete, SFDPH will convene a jurisdictional multi-disciplinary team to rank and prioritize the public health threats and risks within the jurisdiction. Results from the risk assessment will be used to inform and prioritize PHEPR activities during future grant years, along with CDC and CDPH priorities.
- Medical Surge Assessment and Gap Analysis: Eight hospitals and six long-term care facilities in the city of San Francisco participated in the medical surge capability assessment that serves to identify both strengths and gaps across the city, inform future planning initiatives for SFDPH, and share best practices across the hospital community.
- Health Care Services Master Plan: Part of this project's overall goal was developing community-informed recommendations regarding equitable access to health care services and as part of this effort vulnerable populations in San Francisco were identified by neighborhood.
- Climate and Health Profile, Vulnerabilities Assessment and the Community Resiliency Indicator System.

We will produce a final report which summarizes key information contained in recent risk assessments conducted for SFDPH that focus on hazards and vulnerable populations. The

report will include an analysis on how the data should impact emergency preparedness efforts for climate-related extreme weather events.

C.3.b Creating Public Health Emergency Response Plans

Based on the assessment, we will create additional emergency plans to respond to climate-related extreme weather events. The PHEPR Branch is responsible for maintaining the SFDPH Emergency Operations Plan (EOP). The EOP encompasses all hazards that may occur in the City and County of San Francisco in which SFDPH may play a response role. This includes hazards both natural and man-made, and range from planned events to large-scale disasters.

The EOP does not currently contain an Annex for several climate-related extreme weather events, including extreme cold and flood. As part of this grant, we will prepare additional annexes to supplement the EOP and provide specific response actions for each event. Each Annex will include the following sections: 1) an overview of the event detailing expected health conditions, triggers or thresholds for activation, activation phases, and potential city-wide impacts; 2) an overview of the San Francisco response, including agency roles and scale and scope of response; 3) an overview of the public health response, including functions to be activated in the Department Operations Center as well as goals, objectives, and operational activities; and 4) additional resources such as key contact information and educational/outreach material.

C.3.c Stakeholder Engagement

We will perform outreach to stakeholders in order to advance disaster preparedness planning and response as it relates to climate-related extreme weather events. The PHEPR Branch already coordinates with a number of local planning partners via several current SFDPH project initiatives designed to advance community health in San Francisco. By leveraging these existing resources and expertise, SFDPH will be able to involve stakeholders in climate grant activities. We work closely with city-wide Disaster Preparedness and the San Francisco Department of Emergency Management. We also work closely with city hospitals and long term care providers through the San Francisco Hospital Council Emergency Preparedness Partnership. SFDPH is also working with neighborhood participants in eleven emergency response districts on a Community Health Emergency Planning project. This project involves 45 organizations and nearly 200 programs and includes Community Oriented Primary Care clinics, Consortium clinics, Community Behavioral Health Services sites, and community based organizations that provide mental health services and/or substance abuse services.

Regional stakeholders include the Bay Area Center for Regional Disaster Resilience and the Association of Bay Area Governments, which are partnering along with other regional stakeholders to develop a San Francisco Bay Area Disaster Resilience Action Plan.

Over the course of the grant, and in collaboration with other city agencies, we will conduct outreach to identified stakeholder groups in order to involve and educate members about SFDPH emergency preparedness efforts around climate-related extreme weather events. Outcomes will include stakeholder awareness of SFDPH activities and plans and the provision of input into plans by stakeholders when appropriate.

We will also develop and plan a presentation on climate change and public health impacts for internal health department staff to increase awareness and internal capacity to respond to climate-related events and impacts in the future.

C.4. BRACE Step 4

San Francisco is committed to empowering its neighborhoods to take an active role in increasing their resilience by developing local neighborhood level action plans that advance investments in both mitigation and preparedness strategies that will reduce the impact of climate change on resident's health. This project will leverage the Neighborhood Empowerment Network's Empowered Communities Program to implement a climate and health adaptation plan.

San Francisco's Neighborhood Empowerment Network (NEN) was created to align a wide variety of city wide stakeholders who are committed to building the resilience of its local communities. The primary initiative of the NEN is the Empowered Communities Program (ECP). The ECP is a capacity building initiative that brings together government, nonprofit, academic and private sector agencies to work side by side with neighborhood stakeholders to strengthen their community's ability to successfully negotiate and recover from disasters of any size and type. The ECP aligns the resources and expertise of the network members and deploys them in a coordinated manner that is reflective of the community's priorities. The outcome for the community is a pre-event condition and state of preparedness, physically and socially, that will allow them to perform at the highest level in times of stress. To date this program has been recognized as a best practice by the United Nations International Strategic Disaster Reduction Initiative (UNISDR), FEMA and the CDC Office of Public Health Preparedness and Response.

Key Program Tenets:

- Educates residents about the types of hazards climate change can generate.
- The program area is defined at the neighborhood level.
- Nurtures the creation of a community wide vision of resilience which is culturally competent and is customized to the unique goals and needs of the community
- Advances a culture of trust, ownership and cooperation within a community.
- Coordinates capacity building organizations resources at individual, organizational and community levels simultaneously.
- Advances FEMA's Whole Community Approach by introducing capacity building organizations that are not identified as traditional disaster preparedness agencies (i.e. Universities).
- Prepares communities to respond to both large and small events in their neighborhood
- Supports communities as they address the functional areas of mitigation, preparedness, response, restoration and recovery in the face of climate change.

- Emphasizes capacity building for local leadership as well as strengthening the amount of local social capital through enhanced communication networks and collective problem solving.

C.4.a Creation of Neighborhood Level Adaptation Plans

The ECP's role in this project will be to educate communities regarding their vulnerabilities, the potential burden of disease and potential interventions. As an extension of this risk awareness outreach, communities will receive comprehensive technical support from the ECP as they craft and implement resilience action plans to prepare them to successfully respond in times of stress generated by climate change.

Projected Community Benefits:

- Communities will be more prepared at the individual, organizational and community levels to respond to challenges in a more coordinated fashion across sectors.
- Communities will be better positioned to support the needs of the vulnerable members of their neighborhoods during times of stress (i.e. heat events).
- Communities will participate more effectively in mitigation efforts (i.e. creation of cooling centers).

C.4.b Implementation of Neighborhood Action Plans

A community that leverages the NEN's ECP will generate a Resilience Action Plan that will address the projected health impacts of climate change and support the community in its self-identified mitigation, preparedness, response, restoration and recovery goals. As a result of this investment, communities will be far better positioned to address and respond to known, and unknown impacts on their neighborhoods residents' health and well being. In addition, they will have increased capacity to partner with organizations and agencies from a wide variety of sectors that engage them over time as the impacts of climate change escalate and unfold.

C.4.c Stakeholder Engagement

In addition to the agencies names aforementioned in BRACE STEP 4, outreach will be conducted with the San Francisco Human Services Agency (SFHSA) and the San Francisco Department of Environment (SFDOE). SFHSA is responsible for Mass Care, Housing, and Human Services, under Regional and Local Disaster Response Plans, which includes operation of cooling center shelters during extreme heat events and SFDOE is charged with creating the City's Climate Action Plan.

C.5. *BRACE Step 5*

C.5.a Climate and Health Evaluation and Performance Measurement Plan

Through our evaluation efforts, SFDPH aims to ensure that we successfully meet all the short and long term goals and objectives of the grant. Our evaluation efforts will help us make sure that we meet project deadlines and stay on the right track to produce the desired outcomes of the project. With this grant, SFDPH hopes to build a foundation that strengthens community

resilience to climate change over time. By evaluating and monitoring our project outcomes, we will be better able to successfully maintain and build community resiliency in San Francisco after the project is over. Additionally, our evaluation efforts will provide insight into how our activities can be improved upon, which will serve as a model for other cities and municipalities seeking to build their community resiliency and capacity to respond to climate change.

Within the first year of the grant SFDPH, in collaboration with our partners at UC Berkeley, will develop a comprehensive evaluation work plan that will identify and evaluate short-term process outcomes and project goals, as well as long-term project goals (see logic model). Our UC Berkeley partners have extensive experience with program evaluation and can provide invaluable understanding and direction for successful evaluation planning.

Building off of work done for our previous CDC Climate and Health grant, SFDPH has already identified and engaged with stakeholders and partners that will provide key insights and best practices for evaluating this project's goals and outcomes. Additionally, program partners will play an integral role in reviewing and disseminating our evaluation findings.

On an annual basis, targeted partners will receive a short survey to ensure that project process goals are being met and that partners are actively involved with the evaluation process. The survey will address the following questions:

- What is important about this project to your organization?
- How do the goals of the project correspond to your organization's mission and goals?
- How much progress would you expect this program to have made at this time?
- Are you satisfied with the progress that has been made on this project at this point in time?
- Evaluation is a key component of our grant activities, how would you use the results of our evaluation of this project?
- What do you see as the critical evaluation questions that SFDPH should be asking right now?
- What resources (i.e., time, funds, evaluation expertise, access to respondents, and access to policymakers) might your organization contribute to our evaluation effort?
- Are there steps that SFDPH could be taking better meet the goals of this project?

Specific evaluation efforts will be targeted for each project outcome of the grant. The following summarizes the key questions our evaluation efforts will strive to answer, strategic partners to target, and potential and existing data sources that we can use in our evaluation.

Key questions to answer through our evaluation include:

BRACE Step 1

Climate and Health Profile

- Does the climate and health profile sufficiently address the primary health impacts faced by climate change in San Francisco?

- Are the links between health impacts and a changing climate clearly explained in a way that is understandable to the general public?

Create a Community Resiliency Indicator System

- Do the proposed community resiliency indicators represent an exhaustive list of indicators that are measurable and appropriate to measure a community's resilience to climate change and other emergency events?
- How will this indicator system be implemented and maintained over time in order to measure a community's changing resilience?

BRACE Step 2

Model projected burden of disease from Climate Change on San Francisco

- Are state-wide models and projections useful for climate change modeling and climate action planning at a localized level?

BRACE Step 3

Develop climate change disaster preparedness plans

- Do the preparedness plans adequately address all potential public health threats from climate change in San Francisco?
- Do the preparedness plans have a well-defined and strategic implementation plan?

Develop materials to present internally to health department on the potential impacts of climate change on public health

- Did the presentation to local health department staff increase internal understanding and awareness on the potential health impacts of climate change?
- What short term or long term action steps were planned, if any, to increase capacity to respond to climate change based on this presentation?

BRACE Step 4

Implement neighborhood adaptation plans

- How successful were we in disseminating and implementing the climate change adaptation plan in San Francisco communities?
 - How many people attended community meetings where the plan was discussed?
 - How many people saw social media or news posts regarding the climate change adaptation plan?
 - What was the estimated total reach of communication efforts?
- Did community events increase awareness among the participants about the potential health impacts of climate change in their community?
- What follow-up actions are being taken by the community after being presented with the adaptation plans?

- Did the implementation of adaptation plans increase community resilience over time?

BRACE Step 5

Evaluate overall projects processes and impacts

- Did SFDPH meet all project goals and complete the project outcomes?
- Was SFDPH successful in integrating project partners into the evaluation process?
- What were the significant challenges or barriers faced during this project?
- What best practices can be learned from this project?
- Did this project health increase community resiliency to risks posed by climate change?

Using the results from our evaluation efforts, SFDPH hopes to continually engage with its stakeholders and communities in a meaningful way to develop strong and resilient communities. We hope that our project will be used as a model for other municipalities in projecting health impacts from climate change at the local level and using that information to build strong and resilient communities at the neighborhood level.

C.5.b Potential and Existing Data Sources

- Qualitative information gathered from community outreach events in the form of transcribed notes
- Post-meeting follow-up surveys (paper or electronic)
- Community Resilience Indicator System
- Before and after survey of presentation participants
- Existing literature
- Focus groups and surveys
- The Sustainable Communities Index (www.sustainablesf.org), a comprehensive set of performance indicators for livable and sustainable cities, could be utilized to track neighborhood resiliency progress over time.
- Existing Environmental Health regulatory data
- Metadata Access Tool for Climate and Health (MATCH)
- Modeled disease burden data from CDPH

C.5.c Stakeholder Engagement

Strategic partners will include - UC Berkeley, California Department of Public Health (CDPH), CDC, SFDPH Public Health Preparedness and Emergency Response, EMS SF CARD and The City Administrator of the City and County of San Francisco.

D. Organizational Capacity to Execute Approach

San Francisco Department of Public Health (SFDPH), as a large department of the City and County of San Francisco (CCSF), has its own grants fiscal unit, information technology support

staff, human resources unit and contract staff, which will provide administrative support to this project.

The San Francisco Department of Public Health – Environmental Health Branch (SFDPH-EH) will be the lead coordinating agency with responsibility for this project. SFDPH-EH is a demonstrated leader in public health and climate change issues. SFDPH-EH has successfully created a Climate and Health Program within their section with the support from the CDC in the first cohort of funding through the Climate-Ready States & Cities Initiative. Over the last three years we have been working on planning initiatives to prevent heat stress morbidity and mortality from extreme heat events and associated air quality impacts. We have conducted strategic planning in the development of a City and County of San Francisco heat wave disaster response plan and appropriate surveillance and health education/outreach activities to protect San Franciscans. Through this process, we have engaged community partners to have a comprehensive approach to understanding vulnerability and interventions that will target those communities and populations at highest risk for illness in order to advance urban health, social and environmental justice.

Our Key Successes and Outcomes include:

- The development of an environmental health assessment methodology to map determinants of heat vulnerability to assess the spatial distribution of extreme heat and associated air quality impact vulnerability.
- Heat Wave Disaster Response Plan which will be an annex to San Francisco's new Emergency Operation Plan.
- Developed a draft heat emergency educational curriculum.
- Developed environmental health Indicators for climate change.
- An assessment of the health co-benefits of San Francisco's Climate Action Plan.
- A gap analysis of San Francisco's public health capacity and adaptations to reduce human health effects of climate change by National Environmental Public Health Performance Standards (NEPHPS) self-assessment instrument and the Ten Essential Services of Public Health
- Key informant interviews to inform education and outreach strategies and production of a Report of an Assessment of Community Perspectives about the Protection of Vulnerable Populations during a Heat Emergency in San Francisco.
- The dissemination of research, plans and information on climate health by presenting at the following:
 - The State of California's Climate Action Team Public Health Workgroup
 - Bay Area Regional Energy and Climate Resilience - Public Health Sector Discussion
 - San Francisco's City agency meeting about climate adaptation in San Francisco
 - The 139th Annual American Public Health Conference in San Francisco

- The 2nd CDC/NOAA Climate Science Symposium in Atlanta.
- The Annual NAACHO Conference in Los Angeles.

As a result of our work, the SFDPH Heat Vulnerability Index was asked to be included in the State of California's Climate Adaptation Strategy as an example of local public health leadership in Adaptation Planning. The Heat Vulnerability Index is also being used in San Francisco Climate Action Planning efforts and was part of the San Francisco Planning Department's Urban Forestry Plan.

Through our work, we have established partnerships with other local, state and federal government agencies, nongovernmental organizations and universities to more effectively address U.S. and global health aspects of climate change. SFDPH-EHS has provided leadership to state and local governments regarding health protection from climate change effects, such that SFDPH-EHS is acting as a credible source of information on the health consequences of heat waves for the San Francisco population, including heat risks and adaptations for resilience. SFDPH-EHS will continue to share knowledge with CDC and other stakeholders, by conducting process evaluation that ensures implementation of program activities and compiling findings, promising best practices and lessons learned to serve as a model for local health departments. Adaptation planning is a long-term process that will evolve over time – SFDPH-EHS is committed to continuing an effective climate and health program to provide data, analysis, planning and implementation with other agencies and stakeholders.

D.1. Collaboration Summary

This cooperative agreement will be collaboration between the SFDPH-EH and The Public Health Emergency Preparedness and Response (PHEPR) Branch of the San Francisco Department of Public Health and The City Administrator of the City and County of San Francisco. San Francisco Collaborating Agencies Responding to Disaster (SF CARD) will be our supporting community based organization responsible for engaging community partners on climate change and public health and facilitating the deployment of San Francisco's Neighborhood Empowerment Network's Empowered Communities Program.

PHEPR serves the public, Department of Public Health, and partners by coordinating health emergency preparedness, response, and recovery efforts. PHEPR Branch activities include strategic planning, efficient allocation of resources, and leveraging of SFDPH and citywide capabilities. Through the development of regularly practiced emergency response plans, trainings, and exercises, the PHEPR Branch helps SFDPH foster a culture of preparedness that includes all staff and partners. The PHEPR Branch regularly partners with city agencies, healthcare providers, community organizations, businesses and the public to ensure that they are prepared and are well informed of the situation and response during emergencies.

The City Administrator of the City and County of San Francisco oversees 18 different city agencies, several of which play a key role in the effort to address Climate Change. Key agencies include the Department of Public Works which oversees the engineering, design and construction of most City buildings and infrastructure as well as the 10 Year Capital Plan which lays out the long term vision for the City in regards to large capital projects and bond

generation. The City Administrator also plays a leading role in the recovery of San Francisco in the event of a natural disaster.

SF CARD works with human service organizations serving vulnerable populations to ensure the continuity of their services to clients after a disaster. SF CARD will also be operational following a disaster and will coordinate resources among its network of non-profit human service organizations to meet the recovery needs of those served through these community-based organizations. Organizations currently working in the coalition with SF CARD include the American Red Cross, Salvation Army, Helplink, San Francisco Lighthouse for the Blind, the Volunteer Center, San Francisco Senior Center, Food Bank, Independent Living Resource Center, Project Open Hand, Episcopal Community Services, St. Anthony Foundation, and the San Francisco Interfaith Council.

D.2. Project Management.

The San Francisco Department of Public Health Project Lead is Cyndy Comerford, Manager of Planning and Fiscal Policy in the Environmental Health Branch. She will serve as the primary contact for this grant and will have grant administrative responsibilities related to the budget and development of sub-contracts and related scopes of work. Since 2010, she has been the principal investigator of the CDC Climate Ready States and Cities Initiative and led the development of the San Francisco Climate and Health Program. She has led a multi-disciplinary team with expertise in biostatistics, emergency disaster response, emergency medical services, environmental epidemiology, atmospheric science, indicator development, and climatology. Cyndy will provide project oversight, strategic guidance, and coordinate collaboration with local and regional public agencies. She also is responsible for the research design, data analysis, environmental assessment and statistical analysis portion of this project. She holds a Master's Degree in Environmental Policy and Planning and has comprehensive experience planning and developing public health programs and providing technical assistance to incorporate public health considerations into federal, state and local planning decisions.

Shannon Limjuco, Program Manager, Public Health Emergency Preparedness & Response, will oversee the creation of the EOP Annex's Disaster Response Plan and the assessment of public health interventions. She will serve as a liaison between the Public Health Emergency Preparedness and Response Branch and city agencies and planning activities focused emergency response and medical capacity surge. She holds a Master's in Public Health and has extensive experience developing, testing, and implementing emergency response plans.

Tanya Bustamante, Health Program Coordinator I, Public Health Emergency Preparedness & Response Branch. Tanya Bustamante is a Planning Coordinator for the Public Health Emergency Preparedness & Response Team. She will play a key role on the maintaining the work plan for the team. She will also be responsible for researching and writing the Disaster Response Plan and coordinating exercises and implementation.

Rajiv Bhatia is the Director of Occupational and Environmental Health for the San Francisco Department of Public Health and an Assistant Clinical Professor of Medicine at the University of California at San Francisco. He will provide direction and expertise on all phases of the

cooperative agreement including analyses. Dr. Bhatia will also review and edit reporting documents, facilitate communication and collaboration with public agencies.

Lindsey Realmuto, Health Program Planner in the Environmental Health Section of SFDPH, will act as the community and evaluation liaison for this grant. She will work directly with collaborating partners in developing and implementing a comprehensive evaluation work plan. She will also interface with community partners and act as the SFDPH representative at community outreach events. Lindsey holds a Master's Degree in Public Health with a focus on Environmental and Occupational Health and has experience performing program evaluation and collaborating with community partners.

Naveena Bobba is the Director of the Public Health Emergency Preparedness and Response Section at the San Francisco Department of Public Health. She will serve to support and provide guidance for the grant in matters relating to public health emergency preparedness. Her section will work with partners to develop plans that integrate with local, state and federal agencies efforts.

Daniel Homsey, Director of Strategic Initiatives for the City Administrator's Office is the General Services Project Lead. He is also the Director of the Neighborhood Empowerment Network. He will oversee the community engagement portion of the grant and will have grant administrative responsibilities related to the budget and development of sub-contracts and related scopes of work. Daniel will provide project oversight and offer strategic direction on all program design and implementation elements. He will also coordinate with local and regional agencies and elected officials in the engagement and resilience action plan development cycles. Daniel holds a degree in Political Science from San Francisco State University and been working in the community organizing and capacity building field for a decade and is a specialist in the field of neighborhood resilience.

SFCARD will be hired as a contractor to engage community partners on climate change and public health. SFCARD will develop a framework to engage community partners in review of the adaptation plan and design of public education and outreach plan, with special attention to vulnerable populations, including those populations with known health disparities. SFCARD will work with community leaders and organizational liaisons, to assist them with developing and implementing an adaptation plan by organizing and facilitating working groups, capturing goals and priorities, and converting them into a program framework.

The San Francisco Public Health Foundation (SFPHF) will serve as a fiscal intermediary to hire staff for the cooperative agreement. SFPHF has previous experience working with SFDPH and CCSF, public health expertise, experience developing emergency response plans and assessment skills. The services provided SFPHF will include:

- A full time health data and geospatial analyst who will perform highly technical aspects of the project related to the analysis of health data and geographical information systems. This includes acquiring, organizing, editing, analyzing, and visualizing data through maps, charts, and graphs for the vulnerability assessment, burden of disease projections, and project evaluation. The analyst will also perform searches of bibliographic databases and data entry as needed.

- A communication specialist who will develop a communications strategy, educational materials and web content. This information will be deployed through multiple venues and media to share information we develop in the course of this project. The communication specialist will also create a social media networking site using our existing web resources.
- A climate consultant who will aid in the preparation technical reports and technical documentation, including the reports summarizing climate forecasts and health impacts, the vulnerability assessment, the burden of disease, adaptation interventions and their evidence basis, inventory of climate change adaptation plans and gap analysis, and the project evaluation.
- A geospatial database consultant who will support database management for tracking information on climate and health interventions and adaptation plans and develop the backend database system for our community resiliency indicator system.
- An evaluation design, implementation, and analysis of evaluation data for evaluation of process and impacts and recommendations for process improvement through UC Berkeley.
- A spatial web developer will web provide services to create our community resiliency indicator system.



Grant Number: 1UE1EH001128-01 REVISED

Principal Investigator(s):
CYNDY COMERFORD

Project Title: BRACE: EMPOWERING SAN FRAN COMMUNITIES TO ADDRESS CHANGE

CYNDY COMERFORD
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1390 MARKET ST
SUITE 822
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Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 09/01/2013 – 08/31/2014
Project Period: 09/01/2013 – 08/31/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Ralph U Robinson
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1UE1EH001128-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	\$22,809
Fringe Benefits	\$8,439
Personnel Costs (Subtotal)	\$31,248
Travel Costs	\$3,900
Consortium/Contractual Cost	\$130,492

Federal Direct Costs	\$165,640
Federal F&A Costs	\$7,875
Approved Budget	\$173,515
Federal Share	\$173,515
TOTAL FEDERAL AWARD AMOUNT	\$173,515

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$250,000
03 \$250,000

Fiscal Information:

CFDA Number: 93.070
EIN: 1946000417A8
Document Number: UEH001128A

IC	CAN	2013	2014	2015
EH	939ZTGH	\$173,515	\$250,000	\$250,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$173,515	\$173,515
2	\$250,000	\$250,000
3	\$250,000	\$250,000

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4141 / Processed: ERAAPPS 10/31/2013

SECTION II – PAYMENT/HOTLINE INFORMATION – 1UE1EH001128-01 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1UE1EH001128-01 REVISED

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – EH Special Terms and Conditions – 1UE1EH001128-01 REVISED

Funding Opportunity Announcement (FOA) Number: EH13-305

Award Number: 1 UE1/EH001128-01

TERMS AND CONDITIONS OF THIS AWARD (REVISED)

1. **APPROVAL OF RESPONSE TO REVISED BUDGET:** The purpose of this amended Notice of Award approves the response to the requirement of a revised budget as noted for the program entitled, Building Resilience Against Climate Effects through Existing Climate and Health Capacity. We have reviewed the budget information submitted by your organization dated October 17, 2013 and find it to be acceptable.

2. Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

3. All other terms and conditions issued with this award remain in full effect, unless otherwise changed, in writing, by the Grants Management Officer.

STAFF CONTACTS

Grants Management Specialist: Lisa R Williams
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building
2920 Brandywine Road, Mail Stop K 70
Atlanta, GA 30341
Email: lwilliams2@cdc.gov Phone: 770.488.2897 Fax: 770.488.2670

Grants Management Officer: Ralph U Robinson
Center for Disease Control and Prevention
Procurement and Grants Office
Koger Center/Colgate Bldg/Room 3218
2920 Brandywine Road, MS K-70
Atlanta, GA 30331
Email: inp2@cdc.gov Phone: 770-488-2441 Fax: 770-488-2670

SPREADSHEET SUMMARY

GRANT NUMBER: 1UE1EH001128-01 REVISED

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	Year 1	Year 2	Year 3
Salaries and Wages	\$22,809		
Fringe Benefits	\$8,439		
Personnel Costs (Subtotal)	\$31,248		
Travel Costs	\$3,900		
Other Costs		\$250,000	\$250,000
Consortium/Contractual Cost	\$130,492		
TOTAL FEDERAL DC	\$165,640	\$250,000	\$250,000
TOTAL FEDERAL F&A	\$7,875		
TOTAL COST	\$173,515	\$250,000	\$250,000



Grant Number: 1UE1EH001128-01

Principal Investigator(s):
CYNDY COMERFORD

Project Title: BRACE: EMPOWERING SAN FRAN COMMUNITIES TO ADDRESS CHANGE

CYNDY COMERFORD
BUSINESS OFFICIAL
1390 MARKET ST
SUITE 822
SAN FRANCISCO, CA 94102

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 09/01/2013 – 08/31/2014
Project Period: 09/01/2013 – 08/31/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$173,515 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Ralph U Robinson
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD L. A – 1UE1EH001128-01

Award Calculation (U.S. Dollars)

Other Costs	\$173,515
Federal Direct Costs	\$173,515
Approved Budget	\$173,515
Federal Share	\$173,515
TOTAL FEDERAL AWARD AMOUNT	\$173,515
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$173,515

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02	\$250,000
03	\$250,000

Fiscal Information:

CFDA Number: 93.070
EIN: 1946000417A8
Document Number: UEH001128A

IC	CAN	2013	2014	2015
EH	939ZTGH	\$173,515	\$250,000	\$250,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$173,515	\$173,515
2	\$250,000	\$250,000
3	\$250,000	\$250,000

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: N / OC: 4141 / Processed: ERAAPPS 08/22/2013

SECTION II – PAYMENT/HOTLINE INFORMATION – 1UE1EH001128-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1UE1EH001128-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.

- d. The HS Grants Activity Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – EH Special Terms and Conditions – 1UE1EH001128-01

Funding Opportunity Announcement (FOA) Number: EH13-1305
Award Number: 1 UE1/EH001128-01

TERMS AND CONDITIONS OF THIS AWARD

1. **INCORPORATION:** The application dated 06/05/2013 in response to Funding Opportunity Announcement Number EH13-1305 entitled, Building Resilient Programs Against Climate Effects through Existing Climate and Health Capacity, as amended, is made a part of this Non-Research award by reference.

2. **APPROVED FUNDING:** Funding in the amount of \$173,515 is approved for the Year 01 budget period, which is 09/01/2013 through 08/31/2014. All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

3. **REVISED BUDGET AND WORKPLAN REQUIREMENT:** By 10/01/2013, the grantee MUST submit a revised budget with narrative justification and work plan to include, a) anticipated hire date for the Health Data and Geospatial Analyst; b) identify travelers by specified name or job title; c) provide itemized costs for travel expenses per the budget guidelines; d) provide seven elements for consultant approval; e) provide 6 elements for contract approval; and f) an overall revised budget and workplan conducive to the approved award amount of \$173,515. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Management Officer noted in Section IV. Staff Contacts will receive the information.

4. **INDIRECT COSTS:** Indirect costs are approved based on the Indirect Cost Rate Agreement dated 03/28/2013, which calculates indirect costs as follows, an approved rate of 25.20% of salaries, which includes the COWAP allocation reported in the cost allocation plan. The effective dates of this indirect cost rate are from 03/28/2013 until amended.

5. **SUMMARY STATEMENT RESPONSE REQUIREMENT:** The objective review summary comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist as noted in the CDC Contact section of this Notice of Award, not later than 10/01/2013. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

6. **RENT OR SPACE COSTS:** Recipients are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply and 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87). The recipient also has a responsibility to ensure sub-recipients expend funds in compliance with federal laws and regulations. Furthermore, it is the responsibility of the recipient to ensure rent is a legitimate direct cost line item which the recipient has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the recipient must provide a narrative justification which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist noted in Section IV. Staff Contacts.

7. FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):

All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current

regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

8. FEDERAL REPORTING REQUIREMENTS

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS:

All applicant organizations **must obtain** a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the **US D&B D-U-N-S Number Request Form** or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov.

If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY (FFATA):

The reporting requirements are as follows:

- This requirement is for both mandatory and new competitive discretionary grants awarded **on or after October 1, 2010** (effective FY 2011). Earlier awards, e.g., awards made in FY 2010 (10/1/2009-9/30/2010) should **NOT** contain the subaward reporting requirement "because the subaward reporting began with FY11 (10/1/2010)." Continuations made to pre-2010 awards do **NOT** fall under FFATA subaward reporting requirements.
- All sub-award information **must be reported** by the prime awardee.
- For those new Federal grants as of October 1, 2010, if the initial award is equal to or over \$25,000, reporting of sub-award and executive compensation data is required.

- If the initial award is below \$25,000 but subsequent grant modifications result in a total award equal to or over \$25,000, the award will be subject to the reporting requirements, as of the date the award exceeds \$25,000.
- If the initial award equals or exceeds \$25,000 but funding is subsequently de-obligated such that the total award amount falls below \$25,000, the award continues to be subject to the reporting requirements of the Transparency Act and this Guidance.
- An "award" for the purposes this paragraph includes the entire Project Period.
- New awards made after October 1, 2010 shall include the FFATA language, which will remain in effect until the project expires. Subawards that meet the prescribed dollar threshold (\$25,000) will have to be reported.

Place an "X" below to indicate whether or not the FFATA requirement applies to this award:

FFATA DOES APPLY. THE GRANTEE MUST FOLLOW THIS SECTION

FFATA DOES NOT APPLY – THE GRANTEE MAY SKIP THIS SECTION

Pursuant to A-133 (see § .205(h) and § .205(i)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

In accordance with 2 CFR Chapter 1, Part 170 **REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION**, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

A. Reporting of first-tier subawards.

1. **Applicability.** Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111–5) for a subaward to an entity (see definitions in paragraph E. of this award term).
2. **Where and when to report.**
 - i. You must report each obligating action described in paragraph A.1. of this award term to <http://www.fsrc.gov>.
 - ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).
3. **What to report.** You must report the information about each obligating action that the submission instructions posted at <http://www.fsrc.gov> specify.

B. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—

- i. The total Federal funding authorized to date under this award is \$25,000 or more;
- ii. In the preceding fiscal year, you received—

(a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>).

2. Where and when to report. You must report executive total compensation described in paragraph A.1. of this award term:

- i. As part of your registration profile at <http://www.ccr.gov>.
- ii. By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

i. In the subrecipient's preceding fiscal year, the subrecipient received—

(a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>).

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

- i. Subawards, and
- ii. The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

- i. A Governmental organization, which is a State, local government, or Indian tribe;
- ii. A foreign public entity;
- iii. A domestic or foreign nonprofit organization;
- iv. A domestic or foreign for-profit organization;
- v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ____210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:

- i. Receives a subaward from you (the recipient) under this award; and
- ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

- i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

NON-DELINQUENCY on FEDERAL DEBT

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act.

These requirements apply to all types of organizations and awards, including foreign grants

9. ANNUAL FEDERAL FINANCIAL REPORT (FFR)(SF 425):

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of each budget period. The FFR for this budget period is due to the Grants Management Specialist by 12/31/2014. Reporting timeframe is 09/01/2013 through 08/31/2014.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

eRa Commons website: <http://era.nih.gov/>

If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of un-liquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing,

http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf

PROGRESS/PERFORMANCE REPORTING:

Semi-annual progress reports are a requirement of this program.

INTERIM PROGRESS REPORT (IPR)

The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is 09/01/2013 through 03/31/2014. A due date and specific IPR guidance will be provided at a later date.

The report must contain the following:

- Status/Progress of Current Budget Period Goals and Objectives
- Also include key organizational changes, key staff changes, and an implementation plan for each activity.
- Current Budget Period Financial Progress and amount of estimated unobligated balances
- New Budget Period Program Proposed Activity Objectives and timelines
- Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
- Measures of Effectiveness.
- Additional requested information.
- Detailed Line-Item Budget and Justification.
- Use the SF424 forms: http://www.whitehouse.gov/omb/grants/grants_forms.html
- For the Budget details and justification follow the Budget Guidelines at: <http://www.cdc.gov/od/pgo/funding/grantmain.htm>

ANNUAL PROGRESS REPORT (APR)

Due 90 days following the end of the budget period 12/31/2013. Report should include:

- A comparison of actual accomplishments to the goal established for the period;
- The reasons for failure, if established goals were not met; and
- Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

The Final Progress Report is required no later than 90 days after the end of the project period. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports

10. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations.

The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

The audit report must be sent to:
Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)
ATTN: Audit Resolution, Mail Stop E-14
2920 Brandywine Road
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

11. SUBGRANT/SUBRECIPIENT AWARDS: Seed Grants/Sub-Grants are not authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed funding as a procurement requirement per the organization's established procedures.

12. TRAVEL COST: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

13. FOOD AND MEALS: Costs associated with food or meals are allowable when consistent OMB Circulars and guidance, DHHS Federal regulations, Program Regulations, DHHS policies and guidance. In addition, costs must be proposed in accordance with recipients approved policies and a determination of reasonableness has been performed by the recipients. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

14. PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator

or program or project director named on this notice of award. The request must be submitted no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

15. CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Lisa R. Williams, Grants Management Specialist
Centers for Disease Control, PGO, OEOHIPS Branch, Team 1
2920 Brandywine Road, Mail Stop K-70
Atlanta, GA 30341-4146
Telephone: 770-488-2897
Fax: 770-488-2670
Email: LRW3@cdc.gov

16. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

17. PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

18. CANCEL YEAR. 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2005 funds will expire September 30, 2010. All FY 2005 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2010. After this date, corrections or cash requests will not be permitted.

19. CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department

of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

20. EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review: the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed: http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

21. PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative--Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on the FFR, as appropriate.

22. KEY PERSONNEL: In accordance with 45 CFR 74.25(c)(2) & (3) CDC recipients shall obtain prior approvals from CDC for (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

23. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website:
http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

24. ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

25. Lobbying Restrictions (June 2012)

Applicants should be aware that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, subrecipient, or agent acting for such recipient or subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

Restrictions on lobbying activities described above also specifically apply to lobbying related to any proposed, pending, or future Federal, state, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

This prohibition includes grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (hereinafter referred to collectively as "legislation and other orders"). Further prohibited grass roots lobbying communications by award recipients using federal funds could also encompass any effort to influence legislation through an attempt to affect the opinions of the general public or any segment of the population if the communications refer to specific legislation and/or other orders, directly express a view on such legislation or other orders, and encourage the audience to take action with respect to the matter.

In accordance with applicable law, direct lobbying communications by award recipients are also prohibited. Direct lobbying includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and which are directed to members, staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

Lobbying prohibitions also extend to include CDC/HHS grants and cooperative agreements that, in whole or in part, involve conferences. Federal funds cannot be used directly or indirectly to encourage participants in such conferences to impermissibly lobby.

However, these prohibitions are not intended to prohibit all interaction with the legislative or executive branches of governments, or to prohibit educational efforts pertaining to public health that are within the scope of the CDC award. For state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are permissible. There are circumstances for such grantees, in the course of such a normal and recognized executive-legislative relationship, when it is permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, such communications cannot directly urge the decision makers to act

with respect to specific legislation or expressly solicit members of the public to contact the decision makers to urge such action.

Many non-profit grantees, in order to retain their tax-exempt status, have long operated under settled definitions of "lobbying" and "influencing legislation." These definitions are a useful benchmark for all non-government grantees, regardless of tax status. Under these definitions, grantees are permitted to (1) prepare and disseminate certain nonpartisan analysis, study, or research reports; (2) engage in examinations and discussions of broad social, economic, and similar problems in reports and at conferences; and (3) provide technical advice or assistance upon a written request by a legislative body or committee.

Award recipients should also note that using CDC/HHS funds to develop and/or disseminate materials that exhibit all three of the following characteristics are prohibited: (1) refer to specific legislation or other order; (2) reflect a point of view on that legislation or other order; and (3) contain an overt call to action.

It remains permissible for CDC/HHS grantees to use CDC funds to engage in activities to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; foster coalition building and consensus on public health initiatives; provide leadership and training, and foster safe and healthful environments.

Note also that under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors and/or funded parties) are prohibited from using appropriated Federal funds to lobby in connection with the award, extension, continuation, renewal, amendment, or modification of the funding mechanism under which monetary assistance was received. In accordance with applicable regulations and law, certain covered entities must give assurances that they will not engage in prohibited activities.

CDC cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law. Recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

Use of federal funds inconsistent with these lobbying restrictions could result in disallowance of the cost of the activity or action found not to be in compliance as well as potentially other enforcement actions as outlined in applicable grants regulations.

26. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):

Pursuant to the Standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA)(45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. Through this agreement, the recipient is acting under a grant of authority from CDC to carry out Building Resilient Programs Against Climate Effects through Existing Climate and Health Capacity which is authorized by Sections 311 and 317(k)(2) of the Public Health Service Act [42 U.S.C. Sections 243 and 247b(k)(2)], as amended. The CDC grants this authority to the recipient for purposes of this project. Further, CDC considers this to be of vital events and registry for which disclosure of protected health information by covered entities is authorized by section 164.512(b)).

27. PAYMENT INFORMATION:

Automatic Drawdown (Direct/Advance Payments):

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533

Email: PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

Please Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true

Cross Servicing Payment Branch:

http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

International Payment Branch:

Bhavin Patel (301) 443-9188

Note: Mr. Patel is the only staff person designated to handle all of CDC's international cooperative agreements.

b.) If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services
PSC/DFO/Division of Payment Management
7700 Wisconsin Avenue – 10th Floor
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

For additional information and/or to obtain your agency point of contact at the Payment Management System, please visit the following website: http://www.dpm.psc.gov/contacts/dpm/dpm.aspx?cms_branchevent=/contacts/dpm/univ_nonprofit/univ_nonprofit.object

28. ACCEPTANCE OF THE TERMS OF AN AWARD: By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award as set forth here and in the Funding Opportunity Announcement Number EH13-1305 entitled, Building Resilient Programs Against Climate Effects through Existing Climate and Health Capacity and is obligated to perform in accordance with the terms and conditions of the award. If the recipient cannot accept the terms and conditions, the recipient should notify the Grants Management Officer.

29. CERTIFICATION STATEMENT: By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

30. FY 2012 Enacted General Provisions

The following provisions apply to grants, cooperative agreements and loans funded by the Departments of Labor, Health and Human Services, and Education Appropriations Act, Fiscal Year 2012, Public Law 112-74, and Fiscal Year 2012 funds transferred under the Patient Protection and Affordable Care Act, PL 111-148.

General Provisions Title II

Section 203 - Cap on Researcher Salaries

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from \$199,700 to \$179,700 effective December 23, 2011.

*** Note 1: The salary limitation applies to all individuals directly or indirectly funded by the grant, not just researchers.

*** Note 2: Senior Executive Level II salary can be found at the Office of Personnel Management web site: <http://www.opm.gov/oca/12tables/indexSES.asp>

SALARY CAP LIMITATIONS:

Timeframe of Award: FY 12 awards issued on or before December 22, 2011, that have had no FY 12 funds obligated since December 23

Salary Cap: Executive Level I (\$199,700)

Program Action: None for current year. May adjust salary levels for future years to ensure no funds are awarded for salaries over the limit

Grantee Action: None for current year. Apply salary limit as specified in continuation guidance in future years. Carryover request may reflect salary limitations in affect at the time of award.

Timeframe of Award: FY 12 awards issued on or after December 23, 2011

Salary Cap: Executive Level II (179,700)

Program Action: Adjust salary levels for current and future years to ensure no funds are awarded for salaries over the limit

Grantee Action: Adjust salary levels for current and future years and re-budget funds freed as a result of the lower limit.

Timeframe of Award: Awards in previous fiscal years

Salary Cap: As specified in original award

Program Action: None

Grantee Action: None

Section 218 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 220 - Prevention Fund Reporting Requirements

(a) *The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111-148.*

(b) *With respect to funds provided for fiscal year 2012, the Secretary shall include on the website established under subsection (a) at a minimum the following information:*

(1) *In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, the planned uses of the funds, to be posted not later than the day after the transfer is made.*

(2) *Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.*

(3) *Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.*

(4) *A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.*

(5) *Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or subcontracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.*

Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

Responsibilities for Informing Sub-recipients:

(a) *Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF fund purposes, and amount of PPHF funds.*

(b) *Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2012 PPHF funds. When a recipient awards 2012 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.*

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall

reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

General Provisions, Title V

Section 503 - Proper Use of Appropriations - Publicity and Propaganda [LOBBYING] FY2012 Enacted

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

Section 253 - Needle Exchange

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

General Provisions, Title IV

Department of Agriculture's FY 2012 Title IV, Section 738 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 738 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

Department of Agriculture's FY 2012 Title IV, Section 739 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 739 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax

liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability; unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 433 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 433 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 434 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 434 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

31. CDC CONTACTS

Programmatic and Technical Contact

Steven Davis, Project Officer
Centers for Disease Control and Prevention (CDC)
National Center for Environmental Health (NCEH)
4770 Buford Highway, MS F59
Atlanta, Georgia 30341
770-488-1326 (office)
770-488-3460 (fax)
Email: SDavis1@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Lisa R Williams

Centers for Disease Control and Prevention
 Procurement and Grants Office
 Koger Center, Colgate Building
 2920 Brandywine Road, Mail Stop K 70
 Atlanta, GA 30341
 Email: williams2@cdc.gov Phone: 770.488.2897 Fax: 770.488.2670

Grants Management Officer: Ralph U Robinson
 Center for Disease Control and Prevention
 Procurement and Grants Office
 Koger Center/Colgate Bldg/Room 3218
 2920 Brandywine Road, MS K-70
 Atlanta, GA 30331
 Email: inp2@cdc.gov Phone: 770-488-2441 Fax: 770-488-2670

SPREADSHEET SUMMARY
GRANT NUMBER: 1UE1EH001128-01

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
Other Costs	\$173,515	\$250,000	\$250,000
TOTAL FEDERAL DC	\$173,515	\$250,000	\$250,000
TOTAL FEDERAL F&A			
TOTAL COST	\$173,515	\$250,000	\$250,000

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SUMMARY STATEMENT

REVIEW DATE: June 27, 2013

APPL NUMBER: EH001128

INSTITUTION: City of San Francisco DBA Public Health Department

TITLE: Building Resilience Against Climate Effects for Local Health Departments:
Empowering San Francisco communities to address the health effects of climate change

APPROVED

SCORE: 93

SUMMARY:

The purpose of San Francisco's Climate and Health Program is to address the public health consequences of climate change and its implications on human health using the BRACE framework. This framework will assess climate health impacts and vulnerabilities, create a community resiliency indicator system, project the burden of disease, assessing public health interventions, developing and implementing a climate and health adaptation plan and develop specific public health intervention methods, and evaluate effects of change for at-risk populations within San Francisco. This project includes working with a variety of stakeholders such as local, state and federal agencies, non-governmental organizations and community groups and academic institutions. The primary outcome of this project will include increasing the public understanding, awareness of public health impacts from climate change and improving health disparities related to climate change.

Strengths:

- Applicant emphasizes how geographical features put their city, and its residents, at risk from climate change.
- Applicant places considerable emphasis on community input, buy-in and participation.
- Application aims to prevent and reduce health disparities that may exist or come about due to climate change.
- Applicant recognizes the importance of evaluating the acceptability and utility of the models and tools they develop as a result of their research.
- Application lists, among their main objectives, the desire to share what they learn with other health departments.
- The SFDPH seems well positioned to do this work and demonstrates capacity to leverage existing partnerships with state, local, Federal, and academic groups.

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- Application clearly aligns with BRACE framework and identifies project milestones, timeline, and deliverables. SFDPH has capability and plans to properly conduct program evaluation.
- Applicant outlines plans for deliverables of Climate and Health Profile, indicator systems, identifying burden of disease, dovetailing off of previous work and collaborations with partners, and for leveraging the funding opportunity.

Weaknesses:

- Application places a lot of attention on direct heat-related health impacts, but has no mention of indirect effects (such as drought, which may increase the price of water and/or food and thus result in financial and food insecurity).
- Application states that targeted partners will receive surveys regarding project process goals only annually, which may be too infrequent given the project's anticipated timeline is only three years. More frequent input from partners (and from all partners, to increase the likelihood of buy-in) would be helpful.
- Application states that most people guiding this initiative are "In-Kind" on the budget, raising concern that their involvement will be minimal and that this project will not be as much of a priority as their paid work. Without consistent guidance and oversight, the project may flounder or quality may suffer.
- One of the applicant's primary partners, UC Berkeley, is not located in San Francisco (but in the East Bay). It would have been ideal to have stronger evaluation support from a local institution (e.g. USF, UCSF) that may have stronger ties to San Francisco communities.

Budget: \$250,000

Recommendations:



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
Director of Health

DATE: November 12, 2013

SUBJECT: Grant Accept and Expend

GRANT TITLE: Building Resilience Against Climate Effects: Empowering San Francisco Communities to Address Climate Change - \$173,515

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

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *EW* Mayor Edwin M. Lee *EL*
RE: Accept and Expend Grant- Building Resilience Against Climate Effects:
Empowering San Francisco Communities to Address Climate Change -
\$173,515
DATE: January 7, 2014

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$173,515 from Centers for Disease Control and Prevention to participate in a program entitled Building Resilience Against Climate Effects: Empowering San Francisco Communities to Address Climate Change for the period of September 1, 2013, through August 31, 2014.

I request that this item be calendared in Budget and Finance Committee.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

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BOARD OF SUPERVISORS
SAN FRANCISCO
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