File Number:(Provided by Clerk	of Board of Superv	isors)			
		Grant Resolution In	nformation For	<u>·m</u>	
Purpose: Accompa expend grant fund	• •	Board of Supervisors re	esolutions autho	orizing a Department to accept and	
The following desc	cribes the grant r	eferred to in the accon	npanying resolu	ition:	
1. Grant Title: Th	e Department o	f Psychiatry Inpatien	t Unit Improve	ments	
2. Department:		of Psychiatry of Public Health			
3. Contact Perso	n: Jason Zook			Telephone: (628) 206-6853	
4. Grant Approval	Status (check o	ne):			
[x] Approve	ed by funding age	ency	[] Not yet ap	proved	
5. Amount of Grar	nt Funding Appro	oved or Applied for: \$1	,900,000		
6a. Matching Func b. Source(s) of m	•				
	•	rson Bakar Foundation f applicable): San Fran		l Hospital Foundation (SFGHF)	
8. Proposed Grai (Beds, furniture , c		ary: FFE Upgrades fo	r Psychiatric S	Services located on ZSFG Campus	
9. Grant Project Schedule, as allowed in approval documents, or as proposed:					
Start-Da	ate: 06/08/21	End-Date: 08/31/22	2		
10a. Amount budg b. Will contractual					
c. If so, will cont requirements		p to further the goals o	of the Departme	ent's Local Business Enterprise (LBE)	
d. Is this likely to	be a one-time o	or ongoing request for	contracting out	? N/A	
11a. Does the bud	get include indire	ect costs?	[] Yes	[x] No	
b1. If yes, how r b2. How was the	much? N/A e amount calcula	ated? N/A			

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

[] Not allowed by granting agency	[x] 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? 5% SFGHF Indirect Administrative
- 12. Any other significant grant requirements or comments:

Project consists of multiple small projects. Some efforts are furniture replacement only. Some require minor construction work that will be performed by the ZSFG facilities Dept, CH6 Contractors or through DPW JOC contract based on scope and availability (i.e. seismic anchoring of heavy or tall furniture/equipment, etc).

We respectfully request for approval to accept and expend these funds retroactive to June 08, 2021. The Department received the MOU on December 6, 2021.

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

Proposal ID: CTR00002804

Project Desc: Department of Psychiatry Inpatient Unit Improvement - FFE Upgrades for

Psychiatric Services located on ZSFG Campus. (Beds, furniture, equipment)

Project ID: 10038374

Activity: 0001 Fund ID: 21132 Dept ID: 251667 Auth ID: 10001

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Disability Access Checklist*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)					
13. This Grant is intended for activities at (check all that apply):					
[X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s)	<pre>[x] Existing Program(s) or Service(s) [] New Program(s) or Service(s)</pre>			
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: Toni Rucker, PhD					
(Name)					
DPH ADA Coordinator					
(Title)	2022 4 14 54 555	DocuSigned by:			
Date Reviewed:	2022 4:14 PM PST	Toni Kuker			
		(Signature Required)			
Department Head or Designee Approval of Grant Information Form:					
Dr. Grant Colfax (Name)					
Director of Health					
(Title)	2022 12:53 PM PST	Greg Wagner			
Date Reviewed:		(Signature Required)			
		(Signature Required) Greg Wagner, COO for			

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