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

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Comprehensive Sexual and Reproductive Health Program**

2. Department: **Department of Public Health**
Maternal Child and Adolescent Health

3. Contact Person: **Aline Armstrong** Telephone: 415-420-0980

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: **$250,000**

6a. Matching Funds Required: **$0**
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **State of California**
b. Grant Pass-Through Agency (if applicable): **Essential Access Health**

8. Proposed Grant Project Summary:

The San Francisco Department of Public Health (DPH) proposes to use the grant funds to strengthen the overall quality of the California Comprehensive Sexual and Reproductive Health (SRH) program and its ability to meet the needs of the community, provide comprehensive family planning health services to Family Planning clients of reproductive age to plan and space their pregnancies, to assist family planning clients to take steps toward becoming fully healthy individuals by initiating reproductive life planning discussions and providing preconception/inter-conception care, when indicated, through March 31, 2027, increase the community's knowledge and access to family planning services offered by DPH, and improve and maintain DPH financial systems to ensure contract compliance.

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

Start-Date: **04/01/2026** End-Date: **03/31/2027**

10a. Amount budgeted for contractual services: **$0**

b. Will contractual services be put out to bid? **N.A.**

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

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

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

b1. If yes, how much? **$32,608**
b2. How was the amount calculated? **15% of Total Personnel Cost**

c1. If no, why are indirect costs not included? **N.A.**
[ ] 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? **N.A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to April 1, 2026. The Department received the award on April 3, 2026.

The grant does not require an ASO amendment, does not create net new positions, and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2587	Health Worker III	0.20	04/01/2026	03/31/2027
2	2593	Health Program Coordinator III	0.58	04/01/2026	03/31/2027

Project Description: **FY26-27 California Comprehensive Sexual and Reproductive**
Project ID: **10043496**
Proposal ID: **CTR00005375**
Fund: **11580**
Version ID: **V101**
Authority ID: **10001**
Activity ID: **0001**

****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)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] New Structure(s)	

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 6/8/2026 | 11:17 PM PDT

Signed by: Aman Lail 9A666BBF6D5245C...
(Signature Required)
Aman Lail, CAO, Ambulatory Services Division for Toni Rucker

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 6/9/2026 | 5:26 PM PDT

Signed by: jenny louie for daniel tsai 40CFE25DD8B4464...