

File Number: 221248
(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: **Refugee Health Assessment Program (RHAP) - Federal Fiscal Year (FFY) 2022-23
Award Number 22-38-90899-00**
2. Department: **Department of Public Health
Population Health Division**
3. Contact Person: **Susan Philip** Telephone: **415.802.5462**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$324,061**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **Office of Refugee Health**
b. Grant Pass-Through Agency (if applicable): **California Department of Public Health**
8. Proposed Grant Project Summary:

Ensure that 90% of all arriving refugees start the health assessment process. Ensure that 60% of all arriving asylees, special immigrant visa holders, Cuban/Haitian entrants, federally-certified victims of human trafficking, Afghan and Ukrainian humanitarian parolees, other eligible entrants start the health assessment process. Ensure that 90% of all arriving refugees, asylees, Cuba/Haitian entrants, federally certified victims of human trafficking, Afghan and Ukrainian humanitarian parolees, and other eligible entrants, have a completed health assessment within 90 days from date of arrival, date parole status is granted, date asylum status is granted, or date of certification.

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

Start-Date: **October 1, 2022**

End-Date: **September 30, 2023**

- 10a. Amount budgeted for contractual services: **\$56,706**
- b. Will contractual services be put out to bid? **No.**
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**
- d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

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

b1. If yes, how much? **N.A.**

b2. How was the amount calculated? **N.A.**

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? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

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

No.	Class	Job Title	FTE	Start Date	End Date
1	2589	Health Program Coordinator I	1.000	10/01/2022	09/30/2023
1	2587	Health Worker III	0.500	10/01/2022	09/30/2023
2	2587	Health Worker III	0.375	10/01/2022	09/30/2023
3	1820	Jnr. Administrative Analyst	0.050	10/01/2022	09/30/2023

We respectfully request for approval to accept and expend these funds retroactive to October 1, 2022. The Department received the award letter on October 1, 2022. The AL # for this grant is 93.566.

Project Description: **HD HED CH11-2223 Refugee Healt**
 Project ID: **10038428**
 Proposal ID: **CTR00002838**
 Fund ID: **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):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 11/7/2022 | 9:22 AM PST

DocuSigned by:

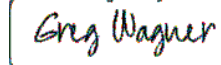
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 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 11/9/2022 | 4:15 PM PST

DocuSigned by:

 205275247028487...
 (Signature Required)

greg wagner, COO for