

File No. 101570

Committee Item No. _____

Board Item No. 51

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date Jan 4, 2011

Cmte Board

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

OTHER

(Use back side if additional space is needed)

- | | |
|--------------------------|-------------------------------------|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

Agreement # 10-0511 *

Completed by: Andrea Ausberry Date 12/16/10

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

* To view full document
Request file # 101570

The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that every entry should be supported by a valid receipt or invoice. This not only helps in tracking expenses but also ensures compliance with tax regulations. The second part of the document provides a detailed breakdown of the company's financial performance over the last quarter. It includes a comparison of actual results against budgeted figures and identifies areas where the company has exceeded expectations. The final part of the document outlines the company's strategic goals for the upcoming year and the steps that will be taken to achieve them. It also mentions the need for continuous monitoring and reporting to ensure that the company stays on track.

1 [Accept and Expend Grant – Sudden Oak Death - \$896]

2
3 **Resolution authorizing the San Francisco Department of Public Health to accept and**
4 **expend retroactively a grant (Agreement #10-0511) from the California Department of**
5 **Food and Agriculture in the amount of \$896 to fund the project “Sudden Oak Death” for**
6 **the period of July 1, 2010, through June 30, 2011.**

7
8 WHEREAS, The California Department of Food and Agriculture (CDFA) awarded DPH
9 funding for the Sudden Oak Death Project in the amount of \$896, for the period of July 1,
10 2010 through June 30, 2011; and,

11 WHEREAS, This funding will allow DPH to contain the spread of Sudden Oak Death;
12 and,

13 WHEREAS, As a condition of receiving the grant funds, CDFA requires the City to
14 enter into an agreement (the “Agreement”), a copy of which is on file with the Clerk of the
15 Board of Supervisors in File No.101570; which is hereby declared to be a part of this
16 resolution as if set forth fully herein; and,

17 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH
18 for two existing positions, one Agricultural Inspector (Job Class #3450) at .005 FTE and one
19 Junior Administrative Analyst (Job Class #1820) at 0.001 FTE, for the period of July 1, 2010
20 through June 30,2011; and,

21 WHEREAS, A request for retroactive approval is being sought because DPH did not
22 receive notification of the award until November 10, 2010 for a project start date of July 1,
23 2010; and,

24 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
25 \$169; and, now, therefore, be it

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RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively in the amount of \$896 from the CDFA; and, be it

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

FURTHER RESOLVED, That the Controller is directed to designate the positions funded under this agreement as a "G" or grant-funded position which would terminate when the agreement expires; and, be it

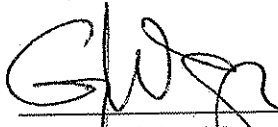
FURTHER RESOLVED, That the Director of Health is authorized to enter into the agreement on behalf of the City.

RECOMMENDED:

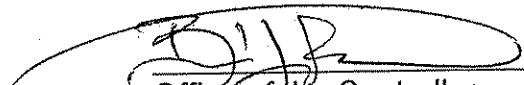


Mitchell Katz, M.D.
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D. *MH*
Director of Health
DATE: November 30, 2010
SUBJECT: Grant Accept and Expend
GRANT TITLE: Sudden Oak Death - \$896

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: Not Applicable, DPH did not apply for this grant, this is a recurring agreement
- Award Letter - Not applicable , no application was submitted
- Agreement
- Other (Explain): None

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health,
1380 Howard St.

Certified copy required Yes

No

File Number: 101570
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective January 2000)

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:

Sudden Oak Death Agreement #10-0511

2. Department:

**Department of Public Health, Environmental Health Section
1390 Market Street, Suite 822, San Francisco, CA 94102**

3. Contact Person: **Miguel Monroy**

Telephone: **415-252-3939**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$896.00**

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

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

7a. Grant Source Agency: **California Department of Food and Agriculture (CDFA)**

8. Proposed Grant Project Summary:

Sudden Oak Death- The purpose of the program is to contain the spread of Sudden Oak Death (SOD). SOD is a serious plant disease that attacks many types of plants and trees common to the Pacific Northwest. In 14 coastal California counties including San Francisco County, outbreaks of SOD have killed thousands of native oak and tanoak trees. Under the SOD contract, inspectors will perform both state quarantine enforcement activities, along with additional non-mandatory activities, including inspections at plant nurseries and inspections of green waste.

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

Start-Date: **07/01/2010**

End-Date: **06/30/2011**

10. Number of new positions created and funded: **None.**

11. If new positions are created, explain the disposition of employees once the grant ends? : **N/A**

12a. Amount budgeted for contractual services: **N/A**

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 MBE/WBE requirements? : **N/A**

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

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? A. **\$169.00**

b2. How was the amount calculated?

The indirect cost figure was calculated by multiplying the indirect cost rate (24.02%) x the total personnel services cost. The indirect cost rate is allowed by the CDFA.

c. 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):

14. Any other significant grant requirements or comments:

DPH respectfully request approval from Board of Supervisors to retroactively accept and expend grant funds because the Department received the final agreement on November 10, 2010

**The grant revenues collected from the State into index code/sub-object code:
HCHPBINSPECT - 48999**

****Disability Access Checklist****

15. 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) | |

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____



Jason Hashimoto

Date Reviewed: 12/1/10

Department Approval: _____



Mitchell Katz, M.D.

Director of Public Health



San Francisco City and County
Department of Public Health
Environmental Health Section
Agriculture Program

Gavin Newsom, Mayor
Mitchell H. Katz, Director of Health
Rajiv Bhatia, M.D., M.P.H.
Director of Environmental Health

Miguel Monroy
Agricultural Commissioner

Date: 11/10/10

**Budget Justification for the Sudden Oak Death –Pest Exclusion contract
Agreement # 10-0511**

The figures on the accompanying sheet represent the projected work done for FY 10/11 (July 1, 2010-June 30, 2011). The hourly wage of \$39.00 was calculated based on averaging the hourly pay of the all participants of the program (including 1 Agricultural Inspector, and a Jr. Administrative Analyst) and include the 24.04% overhead allowed by the CDFA and mileage reimbursement at 0.50 per mile. With approximately 18 hours proposed for this year, the total contract amount for this contract is \$896.00

* To view full document
Request file # 101570

AGREEMENT NUMBER 10-0511
REGISTRATION NUMBER

- This Agreement is entered into between the State Agency and the Contractor named below:
 STATE AGENCY'S NAME
DEPARTMENT OF FOOD AND AGRICULTURE
 CONTRACTOR'S NAME
COUNTY OF SAN FRANCISCO
- The term of this Agreement is: July 1, 2010 through June 30, 2011
- The maximum amount of this Agreement is: \$896.00
 EIGHT HUNDRED NINETY-SIX DOLLARS AND NO CENTS
- The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement:

Exhibit A – Scope of Work Attachment 1	1 Page(s) 99 Page(s)
Exhibit B – Budget Detail and Payment Provision Attachment 1	1 Page(s) 2 Page(s)
Exhibit C – General Terms and Conditions - GTC 610	3 Pages
Exhibit D - Special Terms and Conditions	1 Page(s)
Exhibit E - Additional Provisions	3 Page(s)

5. Name of Program: Sudden Oak Death (Quarantine)

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

California Department of General Services Use Only

Exempt per:

CONTRACTOR

CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.)

COUNTY OF SAN FRANCISCO

BY (Authorized Signature)

DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING

Miguel A. Monroy, Agricultural Commissioner

ADDRESS

1390 MARKET STREET, SUITE 822, SAN FRANCISCO, CA 94102-5303

STATE OF CALIFORNIA

AGENCY NAME

DEPARTMENT OF FOOD AND AGRICULTURE

BY (Authorized Signature)

DATE SIGNED

PRINTED NAME AND TITLE OF PERSON SIGNING

JANICE L. PRICE, CONTRACTS MANAGER

ADDRESS

1220 N STREET, ROOM 115, SACRAMENTO, CA 95814

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter.
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request.
- 6. Call file from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- | | |
|---|--|
| <input type="checkbox"/> Small Business Commission | <input type="checkbox"/> Youth Commission |
| <input type="checkbox"/> Ethics Commission | <input type="checkbox"/> Planning Commission |
| <input type="checkbox"/> Building Inspection Commission | |

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Mar

SUBJECT: Resolution authorizing the Department of Public Health to retroactively accept and expend a grant in the amount of \$896 to fund the project "Sudden Oak Death."

The text is listed below or attached:

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only: