

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: **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**

8. 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 (HCEh04)**

****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: _____ (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: _____ (Signature Required)