

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: **California Home Visiting State General Fund Expansion**
- 2. Department: **Department of Public Health- Maternal Child and Adolescent Health**

3. Contact Person: **Diane Beetham** Telephone: **628-217-6817**

4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$658,150**

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

7a. Grant Source Agency: **California Department of Public Health**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:
The California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division intends to award your county health department with home visiting State General Funds (SGF). This funding is to be utilized solely for the purpose of implementing or expanding one of your local evidence-based Nurse Family Partnership (NFP), Healthy Families America (HFA), or Parents as Teachers (PAT) home visiting models.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **July 1, 2021** End-Date: **June 30, 2023**

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

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

b1. If yes, how much? **\$122,030**
b2. How was the amount calculated? **25% of Total Personnel and Fringe Benefits**

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. Number of new positions created and funded:

| Role | Position |
|---------------------|------------------|
| Public Health Nurse | 1.0 FTE PCS 2830 |

13. If new positions are created, explain the disposition of employees once the grant ends?

We would retain, look for additional funding, and likely use Federal Financial Participation to fund at least partially.

14. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2021. The Department received the letter of funding allocation on July 15, 2021.

Project: 10037090
Project Description: HN MCH PM103 2122 CHVP SGF Inn
Fund: 11580
Authority: 10001
Activity: 0001
Dept: 251988

****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 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:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 10/14/2021 | 9:32 AM PDT

DocuSigned by:
Toni Rucker
706292F7331F34D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 10/7/2021 | 10:52 AM PDT

DocuSigned by:
Greg Wagner
205275247528487...
(Signature Required)
Greg wagner, COO for