

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: **Public Beach Safety Program Grant**
- 2. Department: **San Francisco Department of Public Health, Environmental Health Branch**
- 3. Contact Person: **Corey Chrisman** Telephone: **(415) 252-3849**
- 4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

- 5. Amount of Grant Funding Approved or Applied for: **\$87,675**
YR1: \$29,225 Term: 07/01/2025 – 06/30/2026
YR2: \$29,225 Term: 07/01/2026 – 06/30/2027
YR3: \$29,225 Term: 07/01/2027 – 06/30/2028

- 6 a. Matching Funds Required: **\$ 0.00**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7 a. Grant Source Agency: **State Water Resources Control Board**
- b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary: **Collect bay and ocean shoreline water samples weekly & transport to Millbrae lab for pathogen analysis.**

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

Start-Date: **July 1, 2025** End-Date: **June 30, 2028**

- 10 a. 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.**

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

- b1. If yes, how much? **\$10,284**
- b2. How was the amount calculated? **14 % of total personnel**

- 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:

The grant requires that DPH submit quarterly progress reports detailing number of samples taken, number of postings required and any other concerns or importance affecting shoreline safety of beach goers.

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2025. The Department received the grant of \$87,675 on October 29, 2025, for the period of July 1, 2025, to June 30, 2028.

The grant does not require an ASO amendment, does not create net new positions, and partially reimburses the department for two existing positions for 36 months for the period from July 1, 2025, through June 30, 2028.

No.	Class	Job Title	FTE	Start Date	End Date
1	6124	Principal Environmental Health Inspector	0.002	07/01/2025	06/30/2028
2	6122	Senior Environmental Health Inspector	0.104	07/01/2025	06/30/2028

Dept id: 251975
Fund ID: 11580
Authority: 10001
Proposal ID: CTR00004596
Project Desc: HD EHS EH15 2526 Beach Water Quality Monitoring
Project: 10041968
Activity: 0001
Version: V101

****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):

- 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:

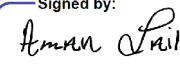
Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 3/13/2026 | 4:23 PM PDT


Signed by:

 (Signature Required)
 Aman Lail for Toni Rucker
 CAO, Ambulatory Services Division

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 3/13/2026 | 6:23 PM PDT

Signed by:

 (Signature Required)