Docusign Envelope ID: 796BE728-FB04-48F4-8F4F-2E57FB5D6D8B

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: **Housing and Homelessness Incentive Program**

2. Department: **Department of Public Health**
San Francisco Health Network

3. Contact Person: **Alex Boyder** Telephone: **(510) 381- 4842**

4. Grant Approval Status (check one):

[**X**] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$626,000**
(Year 1 July 01, 2024 – June 30, 2025: $ 59,000
Year 2 January 01, 2025 – June 30, 2026: $567,000

6a. Matching Funds Required: **$0**
b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **California Department of Health Care Services**
b. Grant Pass-Through Agency (if applicable): **Blue Cross of California Partnership Plan, Inc. (Anthem)**

8. Proposed Grant Project Summary: **The Department of Public Health (DPH) will expand street-based services in San Francisco by creating Bridge and Engagement Services Team (BEST) Neighborhood engagement teams to provide rapid, trauma-informed behavioral and physical health assessments; community-based therapeutic interventions to promote healing, wellness, and positive community participation; and linkages to benefits, housing and community resources. The engagement teams will be composed of street-based clinicians and peers in assigned neighborhoods, with focused and phased interventions to support clients in transitioning to ongoing care and services.**

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

Start-Date: **7/1/2024** End-Date: **6/30/2026**

10a. Amount budgeted for contractual services: **$626,000**

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 [**X**] No

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b1. If yes, how much? **N/A**
b2. How was the amount calculated? **N/A**

c1. If no, why are indirect costs not included?
[**X**] 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:

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2024. The Department received the original grant of $59,000 on January 29, 2024 which was accepted through the annual budget. The Department then received a grant increase of $567,000 on December 10, 2024, for a total of $626,000 for the period of January 1, 2025, to June 30, 2026.

The grant does not require an ASO amendment and does not create net new positions.

Project Description: HN WP103 FY 2425 HHIP Anthem
Project ID: 10041847
Proposal ID: CTR00004479
Fund ID: 11580
Version ID: V101
Authority ID: 10001
Activity ID: 0001

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****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):

[X] 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: 10/20/2025 | 3:02 PM PDT

DocuSigned by:
Toni Rucker
A0A252F7...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 10/21/2025 | 6:12 PM PDT

Signed by:
jenny louie for daniel tsai
40CFE25DD0B4404...
(Signature Required)