

File No. 180920

Committee Item No. 3
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date October 4, 2018

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong Date September 28, 2018
Completed by: Linda Wong Date _____

1 [Accept and Expend Grant - California State Water Resources Control Board - Public Beach
2 Safety Grant Program - \$30,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant from the California State Water Resources Control Board, Division of**
5 **Water Quality Beach Safety Program, to participate in a program, entitled "Public**
6 **Beach Safety Grant Program," in the amount of \$30,000 for the period of July 1, 2018,**
7 **through June 30, 2019.**

8
9 WHEREAS, The State Water Resources Control Board has determined that the San
10 Francisco Department of Public Health (DPH) is eligible to receive funds from the Public
11 Beach Safety Grant Program pursuant to United States Code, title 33, section 406; and

12 WHEREAS, With a portion of these funds, the State Water Resources Control Board
13 has contracted with San Francisco Department of Public Health (DPH) in the amount of
14 \$30,000 for the period of July 1, 2018 through June 30, 2019; and

15 WHEREAS, As a condition of receiving the grant funds, the State Water Resources
16 Control Board requires the City and County to enter into an agreement (the "Agreement"), a
17 copy of which is on file with the Clerk of the Board of Supervisors in File No. 180920; the
18 execution of which is hereby authorized and declared to be a part of this resolution as if set
19 forth fully herein; and

20 WHEREAS, The purpose of this project is to collect bay and ocean shoreline water
21 samples weekly and transport to Millbrae lab for pathogen analysis; and

22 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
23 partially reimburses DPH for three existing positions, one Manager I (Job Class No. 0922)
24 at .002 FTE, one Senior Environmental Health Inspector (Job Class No. 6122) at .141 FTE,
25

1 and one Junior Administrative Analyst (Job Class No. 1820) at .002 FTE, for the period of
2 July 1, 2018, through June 30, 2019; and

3 WHEREAS, A request for retroactive approval is being sought because grants funds
4 from the State of California are not determined by July 1, 2018, and the entire beach program,
5 all coastal counties in California, are funded by both federal and state funds and the federal
6 funds are determined after July 1, 2018; and

7 WHEREAS, The budget includes a provision for indirect costs in the amount of \$3,535;
8 and

9 WHEREAS, DPH will use these funds for activities related to the State Water Board's
10 Public Beach Safety Grant Program; now, therefore, be it

11 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
12 in the amount of \$30,000 from the State Water Resources Control Board; and, be it

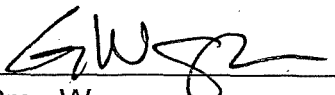
13 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
14 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
15 be it

16 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
17 Agreement, and any amendments, invoices, or any other documents related to or required for
18 the administration of said Agreement on behalf of the City and County; and, be it

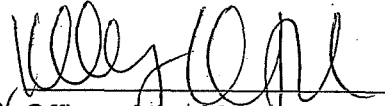
19 FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH
20 has and will comply with all applicable federal and state statutory and regulatory requirements
21 related to any grant funds received.

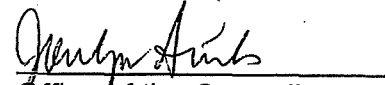
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RECOMMENDED:


Greg Wagner
Acting Director of Health

APPROVED:


for Office of the Mayor


for Office of the Controller

File Number: 180920
(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 Grant Program**
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: **\$ 30,000**
- 6 a. Matching Funds Required: **\$ 0.00**
b. Source(s) of matching funds (if applicable):
- 7 a. Grant Source Agency: **State Water Resource Control Board**
b. Grant Pass-Through Agency (if applicable):
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, 2018** End-Date: **June 30, 2019**
- 10 a. Amount budgeted for contractual services: **\$ 0**
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?
d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**
- 11 a. Does the budget include indirect costs? Yes No
b1. If yes, how much? \$ **\$3535**
b2. How was the amount calculated? **14 % of total personnel**
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:

- **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, 2018 because State grant funds are not calculated by July 1, 2018. The entire beach grant program, all coastal counties in California, are funded by both federal and state funds and the federal funds are calculated post July 1, 2018.**

GRANT CODE (Please include Grant Code and Detail in Financial System Project (FSP)):

Contract No.: CTR00000458

Project ID: 10032633

****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: 08/31/18


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Greg Wagner

(Name)

Acting Director of Health

(Title)

Date Reviewed: 8/31/18


(Signature Required)

Beach Program 2018/19 Budget Allocations

County of San Francisco Exhibit B,
C. AB 411 FY Line Item Budget (12 Month Budget)
July 1, 2018 - June 30, 2019

Please Match Actual Contract Budget Amount				\$30,000
Personnel				
Position Title	Hourly Rate	Approx Hours	Annual Cost	
San Francisco County Environmental Health				
Program Manager I (#0922)	\$ 95.72	5	\$ 477	
Sr. Env. Health Inspector (#6122)	\$ 83.76	293	\$ 24,540	
Junior Administrative Analyst (#1820)	\$ 46.04	5	\$ 230	
Health Program Coordinator (#2589)			\$ -	
			\$ -	
			\$ -	
			\$ -	
Total Personnel (fringe benefits included in rate)		303.0	\$ 25,247	
Actual Indirect Costs (Not to exceed 20%)		14.000%	\$ 3,535	
Operating Expense	(Supplies, detail lab samples below)		\$ -	
Laboratory Costs	Samples	Cost Per Sample	\$ -	
			\$ -	
Travel (sample collection)	\$ 0.545	2234.5	\$ 1,218	
Vehicle (\$0.545 per mile @ 2,234.5 miles)			\$ -	
			\$ -	
			\$ -	
		Total	\$ 30,000	

July 1, 2018- June 30, 2019

Please Show Projected 12 month Full Program Cost Budget Amount				
Personnel				
Position Title	Hourly Rate	Approx Hours	Annual Cost	
San Francisco County Environmental Health				
Program Manager I (#0922)	\$ 95.72	14	\$ 1,340.08	
Sr. Env. Health Inspector (#6122)	\$ 83.76	312	\$ 26,131.75	
Junior Administrative Analyst (#1820)	\$ 46.04	20	\$ 920.90	
Health Program Coordinator (#2589)			\$ -	
Env Health Program Manager			\$ -	
			\$ -	
			\$ -	
Total Personnel (fringe benefits included in rate)		346.0	\$ 28,392.73	
Actual Indirect Costs %		20%	\$ 5,678.55	
Operating Expense	(Supplies, detail lab samples below)		\$ -	
Laboratory Costs	Samples	Cost Per Sample	\$ -	
			\$ -	
Travel (sample collection)	\$ 0.545	2234.5	\$ 1,217.80	
Phones, PCs, rent, postage, travel (trainings)			\$ -	
			\$ -	
		Total	\$ 35,289.08	

- Budget Justification -
Beach Water Quality and Monitoring
Grant Code HCEH15-1900
Project 10032633

A. Personnel

1. Salaries - All salaries are budgeted at the top of the job classification.

i. Manager I (#0922) has ultimate responsibility for all aspects of the project.

ii. Senior Environmental Health Inspector (#6122) will perform the beach water quality monitoring, posting, public notification, and will provide the water quality data.

iii. Junior Administrative Analyst (#1820) provides clerical support

2. Full Time Equivalents

i. Manager I (#0922) = 0.002

ii. Senior Environmental Health Inspector (#6122) = 0.141

iii. Junior Administrative Analyst (#1820) = 0.002

B. Total Personnel

Sum total of all personnel expenses including fringe benefits.

C. Operating Expense

N/A as these are supplied by lab.

D. Travel

Local Mileage: These are expenses that support staff in gas & car maintenance.

E. Indirect Costs

Based on 14% of personnel.



EDMUND G. BROWN JR.
GOVERNOR

MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

August 13, 2018

County of San Francisco
Recreational Water Quality Program
Attention: Corey Chrisman, REHS
Senior Environmental Health Inspector
1390 Market Street, Suite 210
San Francisco, CA 94102

Re: Beach Monitoring Agreement for 2018/19

Dear Mr. Chrisman,

Please be advised that \$30,000 in beach monitoring funds from the State Water Resources Control Board's Beach Safety Program has been allocated to County of San Francisco for the 2018/19 fiscal year. Grant Agreement No. D1814110, once executed, will have a start date of July 1, 2018, and an end date of June 30, 2019.

If you have any questions, please contact me at Karen.Black@waterboards.ca.gov or telephone number (916) 341-6899.

Sincerely,

A handwritten signature in black ink that reads "Karen Black".

Karen Black
Grant Manager
Beach Safety Program
Division of Water Quality

cc: Anna Perez, Program Analyst

Project Director Certification

Grantee: County of San Francisco

Project Name: Beach Monitoring

Project Director: Corey Chrisman

Project Identification No. (PIN): N/A Grant Agreement No.: D1814110

Program: Proposition 13 40 50 84 319(h) Public Beach Safety

As the assigned Project Director for this Project, I certify:

- I am a paid employee of the Grantee; and
- I am not acting as a subcontractor on the Project.
- I understand the Program requirements and responsibilities of the Project Director.
- I am a volunteer of the Grantee and:
 - I am a member of the Grantee's organization; and
 - I will derive no personal monetary gain or other benefit; and
 - I am not acting as a subcontractor or performing work on the Project.

Invoice/Grant Progress Report Signature Authorization (The designee(s) must be employed by the Grantee.)

- I will review and sign invoices authorizing reimbursement for this Project and/or Grant Progress Reports that accompany invoices.
- The following individual(s) are also authorized to sign invoices/Grant Progress Reports for this Project:

Designee's Name: June Weintraub, Manager of Water Program

Designee's Name: _____

Secretary of State Verification (Excludes county, city, and state agencies.)

- I certify the Grantee has an active status with the California Secretary of State.
Entity Number _____
- N/A.

Please sign, date, and return to the Program Analyst.

Corey Chrisman 6.19.18
 Project Director Signature Date

GW DIR. OF PUBLIC HEALTH 6/25/18
 Authorized Representative Signature Title Date

For



London N. Breed
Mayor

Greg Wagner
Acting Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Greg Wagner *[Signature]*
Acting Director of Health
DATE: August 28, 2018
SUBJECT: Grant Accept and Expend
GRANT TITLE: Public Beach Safety Grant Program- \$30,000

Attached please find the original and 2 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. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No



London N. Breed
Mayor

TO: Kanishka Cheng, Liaison to the Board of Supervisors
CC: Ashley Groffenberger
FROM: Richelle-Lynn Mojica
Grants Manager
DATE: August 28, 2018
SUBJECT: Grant Accept and Expend- Public Beach Safety Grant Program- \$30,000

Attached, please find the original and 2 copies of the following Accept and Expend:

Public Beach Safety Grant Program- \$30,000

Please Note: Although Grant "Accept and Expend" under \$100,000 do not require Board approval, this grant, Public Beach Safety Grant Program (Grant Code HCEH15-1800), for \$30,000 requires Board approval because the California State Water Board specifically requires that they be identified as supplying the funds and require a Board resolution. This grant will continue to receive funding from the State Water Resources Control Board for Fiscal Year 18/19. As a result, each year, DPH will need Board approval for this grant with a Board resolution acknowledging that the State Water Resources Control Board is the grantor of these funds.

Please contact me at 415-255-3555 or via email at richelle-lynn.mojica@sfdph.org should you have any questions or concerns.

Thank You.

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 (select only one):

- 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 hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on []

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

- Small Business Commission Youth Commission Ethics Commission
- Planning Commission Building Inspection Commission

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

Sponsor(s):

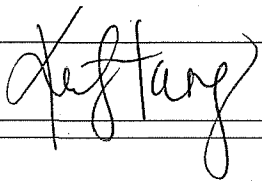
Katy Tang

Subject:

Accept and Expend Grant - Public Beach Safety Grant Program - \$30,000

The text is listed below or attached:

Please see attached

Signature of Sponsoring Supervisor: 

For Clerk's Use Only: