

**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: **HIV CARE Program/Single Allocation Model**
2. Department: **Department of Public Health, AIDS Office, HIV Health Service Section**
3. Contact Person: **Celinda Cantu** Telephone: **415-554-9172**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$2,663,405**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **Health Resource and Service Administration (HRSA)**

b. Grant Pass-Through Agency (if applicable): State of California

8. Proposed Grant Project Summary:

**Single Allocation Model (SAM) funds are used to fund HIV programs provided by SFDPH and community organizations in the following service categories: home health, attendant care, case management, primary care (adult and perinatal), food assistance, out-patient mental health and residential living facilities. Services target severe need populations with Federal Poverty Level below 400% who are categorically ineligible for Medi-Cal expansion and are unable to afford to buy into Covered California. Wrap around services not covered by Medi-Cal or private insurance are also provided through SAM programs.**

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

Start-Date: **04/01/14** End-Date: **03/31/2015**

10a. Amount budgeted for contractual services: **\$2,397,064**

b. Will contractual services be put out to bid? **No, existing services**

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? **On-going**

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

b1. If yes, how much? **\$0**

b2. How was the amount calculated? **N/A**

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): **Grant allowed max of 10% for admin and indirect. Dept took 10% for admin.**

c2. If no indirect costs are included, what would have been the indirect costs? **\$46,751**

12. Any other significant grant requirements or comments:

Grant Code: **HCAO16/1403**

**\*\*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 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:**

Ron Weigelt  
(Name)

Director of Human Resources and Interim 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)