

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 Supplemental**
2. Department: **Department of Public Health
AIDS Office, HIV Health Service Section**
3. Contact Person: **Dean Goodwin** Telephone: **628-206-7675**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$2,672,000; (Year 1 = \$1,336,000; Year 2 = \$1,336,000)**
- 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): **California Department of Public Health**

8. Proposed Grant Project Summary:
Ryan White Part B (also known as Single Allocation Model, SAM) supplemental funds are used to supplement the existing system of HIV Care and fund new or expand existing programs provided by SFDPH and community based organizations in the following service categories: oral healthcare, outreach, housing, hospice, mental health, food assistance, and medical transportation.

Core Services which are considered Essential Benefits are targeted to 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 Support Services not covered by Medi-Cal or private insurance are also provided through RWPB/ SAM funded programs

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

Approved year one Project: Start-Date: 11/30/2016	End-Date: 09/29/2017
Full project period: Start-Date: 09/30/2017	End-Date: 09/29/2018

- 10a. Amount budgeted for contractual services: **\$1,336,000 in Year 1; \$1,336,000 in Year 2
\$2,672,000 in the 2-year project period**
- 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.**

The indirect cost rate is 25% of total personnel. There is no personnel cost on this supplemental grant.

c2. If no indirect costs are included, what would have been the indirect costs? **\$0**

12. Any other significant grant requirements or comments:

Grant Code: HCIV09/1700

****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:


Matthew Valdez

(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency

(Title)

Date Reviewed: 01-09-17



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed: 1/11/17



(Signature Required)