

File No. 160650

Committee Item No. 9  
Board Item No. \_\_\_\_\_

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 17, 2016

Board of Supervisors Meeting

Date \_\_\_\_\_

**Cmte Board**

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

**OTHER** (Use back side if additional space is needed)

|                          |                          |       |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Linda Wong Date June 10, 2016  
Completed by: Linda Wong Date \_\_\_\_\_

1 [Accept and Expend Grant - The San Francisco Foundation - Hope SF - \$1,400,500]

2  
3 **Resolution retroactively authorizing the San Francisco Department of Public Health to**  
4 **accept and expend a grant in the amount of \$1,400,500 from The San Francisco**  
5 **Foundation to participate in a program entitled Hope SF for the period of**  
6 **September 1, 2015, through June 30, 2018, waiving indirect costs.**

7  
8 WHEREAS, The San Francisco Foundation has agreed to fund Department of Public  
9 Health (DPH) in the amount of \$1,400,500 for the period of September 1, 2015, through June  
10 30, 2018; and

11 WHEREAS, As a condition of receiving the grant funds, The San Francisco Foundation  
12 requires the City to enter into an agreement (Agreement), a copy of which is on file with the  
13 Clerk of the Board of Supervisors in File No. 160650; which is hereby declared to be a part of  
14 this Resolution as if set forth fully herein; and

15 WHEREAS, The purpose of this project will enable DPH to plan, launch and manage  
16 the HOPE SF onsite Health and Wellness Strategy to reduce the impact of chronic mental and  
17 physical illness through healthy lifestyle changes and counseling, improve access to health  
18 services, increased screening, and linking people to ongoing primary care; and

19 WHEREAS, The grant does not require an Annual Salary Ordinance amendment; and

20 WHEREAS, A request for retroactive approval is being sought because The San  
21 Francisco Foundation did not receive the award letter until November 20, 2015, for a project  
22 start date of September 1, 2015; and

23 WHEREAS, Hope SF Grant does not contain indirect costs because The San  
24 Francisco Foundation prohibits including indirect costs in the budget; and

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of \$1,400,500 from The San Francisco Foundation; and


FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

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

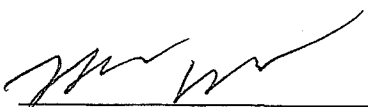
FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

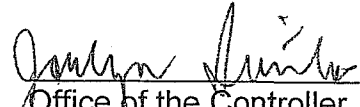
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

RECOMMENDED:

  
\_\_\_\_\_  
Barbara A. Garcia, MPA  
Director of Health

APPROVED:

  
\_\_\_\_\_  
Office of the Mayor

*for*   
\_\_\_\_\_  
Office of the Controller

**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: **Hope SF**
2. Department: **Department of Public Health  
Children, Youth and Family System of Care**
3. Contact Person: **Ken Epstein** Telephone: **415-255-3439**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$1,400,500 in the 34-month project period**

|                           |                                |
|---------------------------|--------------------------------|
| <b>\$ 55,000</b>          | <b>(09/01/2015-08/31/2016)</b> |
| <b>\$145,000</b>          | <b>(12/01/2015-11/30/2016)</b> |
| <b>\$340,500</b>          | <b>(04/01/2016-03/31/2017)</b> |
| <b>\$ 55,000</b>          | <b>(05/01/2016-04/30/2017)</b> |
| <b>\$805,000</b>          | <b>(12/01/2016-06/30/2018)</b> |
| <b>Total: \$1,400,500</b> |                                |
- 6a. Matching Funds Required: **\$ 0**
  - b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **San Francisco Foundation**
  - b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **The purpose of this project is to enable DPH to plan, launch and manage the HOPE SF onsite Health and Wellness Strategy to reduce the impact of chronic mental and physical illness through healthy lifestyle changes and counseling, improve access to health services, increased screening, and linking people to ongoing primary care. The strategy consists of the expansion of the Health & Wellness Centers and management of HOPE SF Peer Health Leadership Program (PHLP) and associated community health organizations. The PHLP promotes resident leadership. HOPE SF community residents work together to address community health and social issues. Leaders are from the community and serve the community, and function as trusted sources of information, health and life coaches, and role models for other community members.**

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

|                            |                           |
|----------------------------|---------------------------|
| <b>Start-Date: 9/1/15</b>  | <b>End-Date: 8/31/16</b>  |
| <b>Start-Date: 12/1/15</b> | <b>End-Date: 11/30/16</b> |
| <b>Start-Date: 4/1/16</b>  | <b>End-Date: 3/31/17</b>  |
| <b>Start-Date: 5/1/16</b>  | <b>End-Date: 4/30/17</b>  |
| <b>Start-Date: 12/1/16</b> | <b>End-Date: 6/30/18</b>  |

10a. Amount budgeted for contractual services: **\$1,000,500**

b. Will contractual services be put out to bid? **Yes**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes**

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  No

b1. If yes, how much? \$

b2. How was the amount calculated?

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?

**25% of salaries, wages, and fringe benefits**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to September 1, 2015. The Department received the original notice of awards on November 20, 2015 with starting date Sept 1, 2015.**

**GRANT CODE (Please include Grant Code and Detail in FAMIS):**

**HMCH09-1600 to1604 index code HMMHCHGRANTS**

**\*\*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 checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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: 2-18-16

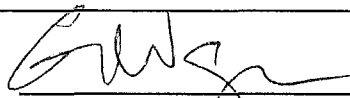
  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 3/4/16

  
(Signature Required)

San Francisco Department of Public Health  
 Hope SF  
 Budget (9/1/15 - 6/30/18)

| A. Personnel                      | Position   | Salary | 9/1/15 - 8/31/16 |               | 12/1/15 - 11/30/16 |                | 4/1/16 - 3/31/17 |                | 5/1/16 - 4/30/17 |               | 12/1/16 - 6/30/18 |                | TOTAL |                  |
|-----------------------------------|--|--------|------------------|---------------|--------------------|----------------|------------------|----------------|------------------|---------------|-------------------|----------------|-------|------------------|
|                                   |  |        | Mths             | Budget        | Mths               | Budget         | Mths             | Budget         | Mths             | Budget        | Mths              | Budget         | Mths  | Budget           |
|                                   | 2932 Sr. Behavioral Health Clinician/<br>Program Manager | 99,944 | 4.7002           | 39,146        | 12.391             | 103,203        |                  | -              | 4.7002           | 39,146        | 12.391            | 103,203        | 34    | 284,698          |
| <b>B. Fringe benefits @ 40.5%</b> |  |        |                  | 15,854        |                    | 41,797         |                  | 0              |                  | 15,854        |                   | 41,797         |       | 115,302          |
| <b>C. Contractual</b>             |  |        |                  |               |                    |                |                  |                |                  |               |                   |                |       |                  |
| Contractors - TBD                 |  |        |                  | 0             |                    | 0              |                  | 340,500        |                  | 0             |                   | 660,000        |       | 1,000,500        |
| <b>D. Total Direct</b>            |  |        |                  | 55,000        |                    | 145,000        |                  | 340,500        |                  | 55,000        |                   | 805,000        |       | 1,400,500        |
| <b>E. Indirect Cost</b>           |  |        |                  | -             |                    | -              |                  | -              |                  | -             |                   | -              |       | -                |
| <b>F. TOTAL</b>                   |  |        |                  | <u>55,000</u> |                    | <u>145,000</u> |                  | <u>340,500</u> |                  | <u>55,000</u> |                   | <u>805,000</u> |       | <u>1,400,500</u> |



San Francisco Department of Public Health  
HOPE SF  
Budget Justification (9/1/15 – 6/30/18)

---

**A. Personnel** **\$284,698**

2932 Senior Behavioral Health Clinician/Program Manager 1.00 FTE

Program Manager will oversee the Health and Wellness Center expansion planning and implementation of the strategy and meet with stakeholders to develop a shared strategy for transferring ownership from current community and developer organizations to the Department of Public Health and a new set of health-focused organizations. The Senior Behavioral Clinician position is budgeted at 1.00 FTE for 34 months.

**B. Fringe Benefits** **\$115,302**

Payroll, taxes and fringe benefits include employer's share of Federal, State, and local mandated payroll taxes; health, vision and dental insurance premiums; worker's compensation, unemployment, and disability insurance premiums; and employer's contribution to employee retirement plans. SFDPH fringe benefits are budgeted at 40.5% of personnel costs (salaries).

**C. Contractual** **\$1,000,500**

The Department of Public Health will contract with a CBO(s) to oversee the Peer Health Leadership Program (PHLP). The PHLP program promotes resident leadership. HOPE SF community residents work together to address community health and social issues. Leaders are from the community and serve the community, and function as trusted sources of information, health and life coaches, and role models for other community members.

**Total Cost** **\$1,400,500**



You have now reached the last step of your application. Please carefully review the complete content of your application below. If you would like to make changes, please select "Edit" in the appropriate section. At the bottom, you can save your application for later, or click "Submit Application" to complete your application now. You and the Primary Grantee Center User will receive a confirmation email that includes the content of your application; you can also view your submitted application content at any time from the My Applications tab. You may also use the print feature in the upper right of the page to print your application for your records.

Please note due to high volume you may receive a system error on Submit. Please try submitting again before calling Grants Management.

| Application overview |  |
|----------------------|--|
| Tracking Id:         | 105065   |
| Contact:             | Kenneth Epstein  |
| Grant Amount         | 55,000.00  |
| Program Area         | Hope SF  |
| Grant Purpose:       | To plan, launch and manage the HOPE SF onsite health and wellness strategy which includes the expansion of the Health & Wellness Centers and the Peer Health Leadership Program. |
| Request Duration:    | 12   |

| Part 1 Static Info   |
|--|
| <p><b>Campaign for HOPE SF</b></p> <p><b>Organizational Background</b></p> <p>Please provide background information on your organization, including a brief description of the mission, history, and work on the HOPE SF housing sites. (2,500 characters)</p> <p>The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. The San Francisco Department of Public Health strives to achieve its mission through the work of two Divisions - the Community Health Network (CHN) and Population Health and Prevention. Both of these divisions are working closely together to ensure that the physical and behavioral health needs of our most vulnerable populations are met. DPH has taken the lead on building and sustaining high quality health services within the four HOPE SF sites, as described in the following text.</p> <ol style="list-style-type: none"> <li>1. The Health and Wellness Center, located in a vacant housing unit, provides on-site health programs and services that promote healthy living, access to regular primary care, and self-management. The Wellness Center is staffed by 1) a registered nurse, who provides direct health services - diet counseling, regular checkups and monitoring (glucose, blood pressure, etc.) - and improves access to offsite health services, and 2) a center manager, who oversees staff, operations and programs to ensure a well-run facility. The Wellness Center also houses the HOPE SF Peer Health Leadership Program.</li> <li>2. The Peer Health Leadership Programs are active at the four HOPE SF properties. Four to five Peer Leaders at each of the HOPE SF sites help residents navigate and link to health services, advocate for their needs, and organize community activities (walking, zumba, meditation, cooking, etc.). Public housing residents to improve health and wellness in their communities through a community health worker program, known as the Peer Health Leadership Program (PHLP), launched in 2013, to address the pressing health and social issues facing children and families and to improve residents' physical health and nutrition.</li> </ol> |

HOPE SF residents who become Peer Health Leaders receive training, support, supervision, and stipends to help their fellow residents navigate health services, advocate for community needs, build cohesion, and organize community health and wellness activities. Peer Health Leaders are selected from the community and are trusted sources of health information and role models. Programs at each site include a program coordinator, four to five Peer Health Leaders, training, and case management to enable Peer Health Leaders to co-develop and lead a range of health and community building activities for residents at their respective public housing development sites.

Please describe your organization's work plan. Include information about your proposed outcomes, activities, timeline, deliverables, and number of residents served. Include information about staff roles and responsibilities. How does this plan align with the HOPE SF strategies. How will this work plan lead to desired goals? (2,500 characters)

The HOPE SF health and wellness strategies described in this proposal leverage the success of the two flagship health strategies, including the Peer Health Leadership Program (operating at all four HOPE SF locations) as well as the Onsite Health and Wellness Center (operating at Sunnyside), and combines them into one comprehensive health strategy that will be expanded over the next two years. (Mayor Lee just approved \$2m over two years to support the expansion of the Wellness Center to all four sites).

The plan will support a transition and expansion plan that will:

1. enable the Department of Public Health to lead and take ownership of the comprehensive health strategy.
2. transition of management of the successful health programs from housing developers and associated community organizations to the Health Department and associated community health organizations, and
3. support the expansion of the Wellness Center from pilot at one site to implementation across all four HOPE SF sites.

The Onsite Health and Wellness Strategy will reduce the impact of chronic mental and physical illness through healthy lifestyle changes and counseling, improve access to health services, increased screening, and link people to ongoing primary care. The strategy consists of four components:

1. The Health and Wellness Center.
2. The Peer Health Leadership Programs.
3. A formal relationship with City College to ensure that Peer Leaders receive proper community health worker (CHW) certification, which also provides an employment pathway.
4. Evaluation of the Wellness Center and the Peer Health Leadership Program.

Collaboration and Partnerships. How will your organization work collaboratively to further its objectives in this project? Include city services, community-based organizations, and/or housing developers. Describe the nature of your current or intended partnerships. (2,500 characters)

The health strategy and the expansion plan carry the support of multiple stakeholders, including the HOPE SF, The Department of Public Health and other city department staff led by Mayor Lee, the HOPE SF developers, and The San Francisco Foundation, which houses the Partnership for HOPE SF, comprised of over 18 private sector donors. The HOPE SF health and wellness strategies are governed by the HOPE SF services workgroup, one of six workgroups, which are overseen by the HOPE SF (public and private) executive leadership committee.

The role of the planning team will be to work with various stakeholders to ensure a smooth transition of ownership, to identify community organizations with health expertise to join the expansion "on the ground", to work with City College to establish a program for health workers

- The Department of Public Health will hire a program manager to lead the planning team and oversee the Health and Wellness Center expansion plan.
- The HOPE SF housing developers and/or their associated community based organizations will continue to manage the Peer Health Leadership Program until the end of the year 2015, after which the program will be managed by the Department of Public Health.
- The planning team will include representatives from The Department of Public Health staff, HOPE SF staff, housing developers and community organizations currently managing programs, the Peer health leaders, City College, and San Francisco State University (evaluation).

Please describe the specific underlying barriers facing HOPE SF residents within your program area and how your program will address them. (2,500 characters)

HOPE SF's health strategies address multiple health challenges and disparities faced by the 4000+ residents living in HOPE SF public housing sites, known as Hunters View and Alice Griffith in the Bayview, Potrero Terrace and Annex in Potrero Hill, and Sunnyside in Visitacion Valley. HOPE SF families struggle with high levels of chronic disease. Regular occurrences of "normalized" violence cause residents to feel unsafe, eroding their feelings of trust. Trauma and stress, as well as social determinants, such as high unemployment, dilapidated housing, and isolation contribute to health disparities.

### Partners and Funders

Please provide a list of your top two government funders (if applicable), top two private funders and any significant community partners. Please include the following:

Organization Name - Contact Name - Contact Email - Funded Amount

### Lobbying

Do the activities proposed in your application contain any lobbying? Yes or no.

For information and definitions, visit [BolderAdvocacy](#).

If you answer yes, please describe the lobbying activities in more detail, including whether the activity is direct or grassroots lobbying. Also be sure to complete the Lobbying expense line in the budgeting grid of your application.

(600 characters)

No

### Outcomes

What are the main outcomes for which you are requesting support? Click [here](#) to access the Goals and Objectives for your Program Area.

Outcome 1

(800 characters)

1. A plan exists (with buy-in from stakeholders) to improve and sustain meaningful health services onsite at HOPE SF properties. (Health services include peer-to-peer support, onsite health and wellness services that meet the immediate needs of residents and a connection to the broader system).

Outcome 2 (optional) (800 characters)

2. The Peer Health Leaders have higher self-esteem, marketable skills and improved health habits (exercise and nutrition); they advocate for the community; they acquired marketable skills.

Outcome 3 (optional) (800 characters)

3. Residents participating in the onsite health and wellness activities feel a greater sense of belonging in the community, are healthier; are connected to health services.

**Activities**

What are the most important activities that will help you achieve those outcomes? Include specifics about the frequency and duration of the events or services provided. Only one activity is required. Click [here](#) to access the Goals and Objectives for your Program Area.

Activity 1 (600 characters)

1. Hire a program manager to oversee the planning and implementation of the strategy and meet with stakeholders to develop a shared strategy for transferring ownership from current community and developer organizations to the Department of Public Health and a new set of health-focused organizations.

Activity 2 (optional) (600 characters)

2. Develop a plan for City College certification as well as DPH-run skills and leadership training for Peer Health Leaders.

Activity 3 (optional) (600 characters)

3. Develop a two year expansion plan to all four HOPE SF locations and identify the second site for the Health and Wellness Center.

Activity 4 (optional) (600 characters)

4. Provide direction to the current providers of the ongoing health and wellness programs at the sites to ensure alignment towards the onsite health and wellness strategy.

Activity 5 (optional) (600 characters)

5. Evaluations for the PHLP and the Sunnysdale Health and Wellness Center.

**Evaluation/Impact**

Describe how you will evaluate the success of the work you are proposing. Describe how you will scale, replicate or broaden your impact. Please reference your proposed outcomes and activities. (1,750 characters)

The HOPE SF Learning Center, housed at SF State University, oversees learning and evaluation activities and brings together academic institutions with the City, philanthropy and strategic consultants to ensure that the initiative is successfully meeting its goals by building on what works. HOPE SF's evaluation and learning activities have brought the voice of residents to program strategy development and established an environment of learning.

Metrics for this program include:

- 50 participants per year increase physical activities / improve diet, healthy food consumption
- 100 residents per year will be linked to chronic disease care in a primary care medical home.
- 50 adults per year with high blood pressure will be counselled to manage their blood pressure and will be given a home BP machine.

**Diversity**

Please complete the fields below identifying the diversity information for your organization.

Please note: we are requesting estimates of the following:

- People served Org: the estimated number of people served by your organization per category
- People served Proj: the estimated number of people you plan to serve with the proposed project per category
- People on Staff: the estimated number of people on your staff per category
- People on Board: the estimated number of people on your board per category

For information regarding Bay Area Census data please visit: [Bay Area Census page](#)

Please enter numeric values, whole numbers only. Do not use any formatting.

**Diversity**

| Category              | People Served Org | People Served Proj | People on Staff | People on Board |
|-----------------------|-------------------|--------------------|-----------------|-----------------|
| White (Non Hispanic)  | 0                 | 33                 | 0               | 0               |
| African American      | 0                 | 1726               | 0               | 0               |
| Asian                 | 0                 | 520                | 0               | 0               |
| Hispanic/Latino       | 0                 | 611                | 0               | 0               |
| Other Ethnic Minority | 0                 | 0                  | 0               | 0               |
| Native American       | 0                 | 37                 | 0               | 0               |
| Pacific Islander      | 0                 | 285                | 0               | 0               |
| Multi-Ethnic Minority | 0                 | 33                 | 0               | 0               |
| Undetermined          | 0                 | 0                  | 0               | 0               |
| <b>Total</b>          | 0                 | 3245               | 0               | 0               |

**Geographic Scope**

The San Francisco Foundation is interested in the area you are serving. We are looking for information specifically in detail around neighborhood services. If your project/organization is targeting a specific neighborhood/neighborhoods, please indicate this in the fields below. Please select the most relevant geographic level pertinent to your project.

**Geo Level**

**Geo Level Geo Area**

City San Francisco

**Income**

Please indicate which income levels are reflected in your project. If your project *does not highlight any specific income levels*, please use the "Mixed Incomes" category.

*Total percentage must add up to 100%.*

**Income**

| Category        | %             |
|-----------------|---------------|
| Poverty         | 100.00        |
| Low Income      | 0.00          |
| Moderate Income | 0.00          |
| Middle Income   | 0.00          |
| Mixed Incomes   | 0.00          |
| Undetermined    | 0.00          |
| <b>Total</b>    | <b>100.00</b> |

**Ages Served**

Please provide the age range of the persons your organization serves (select all that apply):

**Age Served Project**

0- 5 years/Pre-K

11-14/Middle School

14-18/High School

Children & Youth (0-18)

Young Adult (19-25)

Adults

Seniors

Families

**Special Populations**

Please indicate which special populations are reflected in your project.

If your project *targets multiple special populations*, please provide the most relevant percentages below.

*Total percentage must not exceed 100%.*

If your project *does not highlight any specific special populations*, please leave this table blank.

**Special Populations**

| Category                | %    |
|-------------------------|------|
| Lesbian/Gay/Bisexual    | 0.00 |
| Transgender             | 0.00 |
| Disabled                | 0.00 |
| Immigrants              | 0.00 |
| Foster youth            | 0.00 |
| Homeless                | 0.00 |
| Incarcerated            | 0.00 |
| Ex-Offenders            | 0.00 |
| Environmentally at-risk | 0.00 |
| Early School Leavers    | 0.00 |

|                       |       |
|-----------------------|-------|
| Unemployed            | 34.00 |
| Boys and Men of Color | 37.00 |
| Total                 | 71.00 |

**Target Population Served (optional)**

Please use this section if you would like to share any additional information regarding the population you serve. (600 characters)

**Organization Financial Data**

Please provide us with summary information about your organization's financial history. Use the drop down to select the two most recent years ended. Do not duplicate years in the header.

Please complete the Financial Worksheet Tool (link below) that will help you complete the data fields below.

We recommend that you give the Financial Worksheet Tool to your accounting or bookkeeping professional to complete. Then transfer the numbers from the Excel document to the Organization Financial History table below. [Get Financial Form](#)

If your organization is Fiscally Sponsored please complete the table below to the best of your ability using your project numbers.

If your organization is part of a public entity (school or university department), please enter the fields that apply to your department (not the entire entity).

To watch the video for completing this section of the application please [Click Here](#).

**Organization Financial History**

| Fiscal Year                          | Two years ago    | Last year        |
|--------------------------------------|------------------|------------------|
| Fiscal Year                          | Fiscal year 2013 | Fiscal year 2014 |
| Total Revenue                        | \$1,741,189.00   | \$1,950,805.00   |
| Total Expenses                       | \$1,587,798.00   | \$3,479,296.00   |
| Cash and Equivalents                 | \$0.00           | \$0.00           |
| Total Current Assets                 | \$0.00           | \$0.00           |
| Total Fixed Assets (land, buildings) | \$0.00           | \$0.00           |
| Total Assets                         | \$0.00           | \$0.00           |
| Accounts Payable                     | \$0.00           | \$0.00           |
| Current Liabilities                  | \$0.00           | \$0.00           |
| Secured Mortgages/Notes Payable      | \$0.00           | \$0.00           |
| Total Liabilities                    | \$0.00           | \$0.00           |
| Unrestricted Net Assets              | \$0.00           | \$0.00           |

**Comments on Financial Data Variances**

In the Excel Tool from the question above you are asked to provide comments on key financial indicators if the outputs are below or above certain thresholds. Please copy those comments in the field below (keep the key indicator title provided below). If none of the outputs meet the threshold - then please provide us with summary information about your organization's current financial position.

| Row on the Form  | When to provide a comment                                     |
|--|---|
| Current Ratio  | Less than 2 please provide comment                            |
| Quick Ratio  | Less than 1   |
| Reserve Ratio  | 1 or Less   |
| Surplus/Deficit  | If there is deficit in either column please provide a comment |
| Change in Revenue                                      | More than 10% variance (up or down) should be explained       |
| Change in Expenses                                     | More than 10% variance (up or down) should be explained       |
| % TSFF is of Total Org Budget                          | More than 10% variance (up or down) should be explained       |
| Change in this year's budget from last year's expenses | More than 10% variance (up or down) should be explained       |
| Change in this year's budget from last year Revenue    | More than 10% variance (up or down) should be explained       |

You can copy and paste directly from the *Comments Column* in the Excel Form (however please include which indicator you are referring to). To watch a video tutorial on the calculations and comments portion of the form please [Click Here](#).

If your comment does not have the Indicator Name Please make sure it is added:

Current Ratio: Not applicable. CYF is a program of the SFDPH and operates within the budget of the City & County of San Francisco on a program budget basis.

Quick Ratio: Not applicable. CFY is a program of the SFDPH and is within the budget of the City & County of San Francisco on a program budget basis.  
 Reserve Ratio: CYF is a program of the SFDPH and operates within the budget of the City & County of San Francisco on a program budget basis.  
 Surplus/Deficit: Not applicable. CYF is a program of the SFDPH and operates within the budget of the City & County of San Francisco on a program budget basis.  
 Change in Revenue: + 12% \* which is not including FY14-15 year end revenue accrual due to accounting transaction posting are still in progress and will be completed by early Sept. 2015.  
 Change in Expenses: + 119%  
 % TSFF is of Total Org Budget: 0.967%  
 Change in this year's budget from last year's expenses: \$209K new funding from other Local, State & Federal grants  
 Change in this year's budget from last year Revenue: \$1.8M expenses of new grants from Local, State, Federal grants

**Budget**

Please provide your organization's budget, project budget and your proposed budget for TSFF dollars.

In the fields below, the top section is for Revenue and the fields below "Amount Requested from TSFF" are for Expenses.  
 If you have expenses that do not fit in the defined fields, please use the "Other" category.  
 Please leave blank any field that does not apply.

- The Previous Year Carry Over for the organization is also known as the previous year's End of Year Net Assets.
- Committed funding includes those sources of support that have been confirmed.
- Projected revenue includes sources of support that you are currently requesting or plan to request. Your request to The San Francisco Foundation is listed on a separate line.

\*If you are requesting core operating support, please only complete the Organization Budget column.  
 \*\*If your organization is part of a public entity, in the Organization Budget column, please enter your department figures, not those of the entire public entity.

Please use whole numbers and do not use any formatting.

**Budget Category**

| Budget Category                                    | Organization Budget | Project Budget | TSFF Budget |
|--|---------------------|----------------|-------------|
| Previous Year Carry Over                           | \$0.00              | \$0.00         | \$0.00      |
| Committed revenue - Other foundations/corporations | \$0.00              | \$0.00         | \$0.00      |
| Committed revenue - Government                     | \$5,633,290.00      | \$82,232.00    | \$0.00      |
| Committed revenue - Box office revenue             | \$0.00              | \$0.00         | \$0.00      |
| Committed revenue - Earned revenue                 | \$0.00              | \$0.00         | \$0.00      |
| Committed revenue - Individual donors              | \$0.00              | \$0.00         | \$0.00      |
| Committed revenue - Income from endowment          | \$0.00              | \$0.00         | \$0.00      |
| Projected revenue - Other foundations              | \$0.00              | \$0.00         | \$0.00      |
| Projected revenue - Government                     | \$0.00              | \$0.00         | \$0.00      |
| Projected revenue - Box office revenue             | \$0.00              | \$0.00         | \$0.00      |
| Projected revenue - Earned revenue                 | \$0.00              | \$0.00         | \$0.00      |
| Projected revenue - Individual donors              | \$0.00              | \$0.00         | \$0.00      |
| Amount requested from TSFF                         | \$55,000.00         | \$55,000.00    | \$55,000.00 |
| Expenses - Total salaries                          | \$380,212.00        | \$100,906.00   | \$55,000.00 |
| Total benefits                                     | \$151,581.00        | \$36,326.00    | \$0.00      |
| Consultant and professional fees                   | \$4,969,153.00      | \$0.00         | \$0.00      |
| Occupancy expenses                                 | \$0.00              | \$0.00         | \$0.00      |
| Supplies   | \$64,102.00         | \$0.00         | \$0.00      |
| Equipment rental/maintenance                       | \$0.00              | \$0.00         | \$0.00      |
| Employee expenses including travel                 | \$50,562.00         | \$0.00         | \$0.00      |
| Conferences, conventions and meetings              | \$0.00              | \$0.00         | \$0.00      |
| Outreach and promotion                             | \$50,000.00         | \$0.00         | \$0.00      |
| Printing and publications                          | \$0.00              | \$0.00         | \$0.00      |
| Lobbying   | \$0.00              | \$0.00         | \$0.00      |
| Other  | \$22,680.00         | \$0.00         | \$0.00      |

If you used the Other category in the budget above, please provide a description of the line items included. (800 characters)  
 "Other" is overhead/administration costs of the DPH for grants funding

**Fundraising Plan**

The fundraising plan should give a sense of how the organization expects to ensure that the project and/or organization will have the resources necessary to succeed. Please briefly outline your plan to sustain your efforts over the next one to three years. (2,200 characters)

This is a joint project with resources provided by the Mayor (city budget), DPH, and The Partnership for HOPE SF, led by The San Francisco Foundation (funders include a three year commitment from Kaiser Permanent and a one year commitment from Metta Fund).

**Grant Contact Information**

To ensure our records are up to date and accurate, please enter the grant contact person's contact information below.  
 First and Last Name Kenneth Epstein Phone Number 415-255-3400 Email Address kenneth.epstein@sfdph.org

**Required Documents**

**Audited Financials for Applicants**

**Document Description:** If your organization has an annual budget of \$1,000,000 or more, please submit your most recent audit report. (We will accept an audit dated within 2 years of today's date.)

**Upload:** CCSF Single Audit Report FY2013-14.pdf

**Faxed:**

**Request Document Waiver** Reason for Request:

**Document Status / Date:**  
7/24/2015

**Board List**

**Document Description:** List of board members that includes affiliations, and indicates officers. Projects with fiscal sponsors please provide a list with your advisory board.

**Upload:**

**Faxed:**

**Request Document Waiver** Reason for Request: waiver requested: DPH does not have a Board

**Document Status / Date:**

**Financial Form**

**Document Description:** Please work with your accounting staff to have this sheet completed. If your organization has a fiscal sponsor, please have your fiscal sponsor complete this form. Form can be downloaded at: <http://www.sff.org/wp-content/uploads/2013/10/TSFF-Financial-Form.xls>

**Upload:** TSFF-Financial-Form.xls

**Faxed:**

**Request Document Waiver** Reason for Request:

**Document Status / Date:**  
7/24/2015

**Financial Statements for Applicant**

**Document Description:** Please provide your organization's financial statements for the last three years. This includes an income statement and balance sheet. These can be zipped into one file and uploaded. (These are for the applying Org or project, we do not want fiscal sponsor information in this section.) Arts and Culture Applicants using the California Cultural Data Project, please upload your TSFF funder report here in lieu of financial statements. For more information please see the Application Guidelines at: <http://www.sff.org/grantseekers/application-guidelines#required-documents-part-two>

**Upload:** CCSF Single Audit Report with Financial Statement FY2013-14.pdf

**Faxed:**

**Request Document Waiver** Reason for Request:

**Document Status / Date:**  
7/24/2015



|                         |  |
|-------------------------|--|
| <b>Staff Bios</b>       |  |
| Document Description:   | Please provide a list of key staff members and a brief biography.                    |
| Upload:                 |  |
| Faxed:                  |  |
| Request Document Waiver | Reason for Request: waiver requested: It is not available now but will provide later |
| Document Status / Date: |  |

[Back](#)

If you have any questions about using Grantee Center, please begin by reviewing our [Help](#) section. If you have additional questions about Grantee Center or your applications or grants, please contact Grants Management at 415.733.8500 or [grantsmanagement@sff.org](mailto:grantsmanagement@sff.org).

November 20, 2015

Ken Epstein, Ph.D., LCSW, Director  
Child, Youth and Family System of Care  
Behavioral Health Services  
San Francisco Department of Public Health  
1380 Howard Street, 5th Floor - Room 522  
San Francisco, CA 94103

Dear Ken:

The Partnership for HOPE SF raises private sector funds to support HOPE SF. A portion of the money raised will support the Department of Public Health (DPH) to deliver on the HOPE SF health strategies.

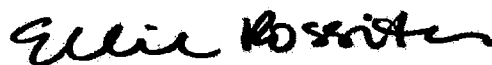
While we have received commitments affirming the amount and timing of the sources of funding for disbursements to DPH, formal grant agreements cannot be issued until the funds are available and have been approved by The San Francisco Foundation Board of Trustees. We anticipate the following schedule for disbursing funds to DPH:

- September 1, 2015: \$55,000 (already processed)
- December 1, 2015: \$145,000 (underway)
- February 1, 2016: \$340,500
- May 1, 2016: \$55,000
- December 1, 2016: \$805,000

The Partnership for HOPE SF, an initiative of The San Francisco Foundation, stands behind this arrangement with the assurance that \$1,400,500 will be re-granted to DPH over the period of September 1, 2015 through June 30, 2018.

Please let me know if you have any questions.

Best,



Ellie Rossiter  
Initiative Officer & Partnership Director, HOPE SF



November 24, 2015

Mr. Kenneth Epstein  
San Francisco Department of Public Health  
1380 Howard Street  
San Francisco, CA 94103.

RE: Grant Number: 106106

Dear Mr. Epstein:

Congratulations! On behalf of The San Francisco Foundation Board of Trustees, I am pleased to inform you that a grant has been approved in the amount of \$145,000.00 for 12 months to plan, launch and manage the HOPE SF onsite health and wellness strategy which includes the expansion of the Health & Wellness Centers and the Peer Health Leadership Program. We are excited to partner with you to expand opportunity in the Bay Area.

The enclosed Grant Agreement forms the contract between San Francisco Department of Public Health and the Foundation. Please read the agreement carefully as it outlines the conditions of the grant, as well as the payment dispersal and reporting schedules. We ask that you, your Board Chair, and fiscal sponsor (if applicable) sign and return one copy. Please keep the second copy for your files. **Payments will begin when the signed Grant Agreement has been returned to TSFF and any special conditions have been met.**

The San Francisco Foundation believes that the strategic use of communications and storytelling is core to achieving success in the work that we do together to expand opportunity in the Bay Area. We encourage you to announce your TSFF grant through online and traditional media coverage, and via social media. **We've created a new set of guidelines to support you in communicating about your grant. Please download our grantee communications guidelines at: [sff.org/TSFFcommguidelines](http://sff.org/TSFFcommguidelines).**

We look forward to working with you, and thank you for all that you do to ensure equity and opportunity in the region so that everyone in the community can thrive.

Please do not hesitate to call me if you have any questions about your grant or the policies of TSFF.

Yours truly,

Ellie Rossiter  
Initiative Officer and Campaign Director, HOPE SF



## GRANT AGREEMENT

Grant Number: **106106**

Please use this number in all correspondence

### I. ACCEPTANCE OF GRANT

The conditions set forth below are deemed to be agreed to by the grantee if the grantee accepts any payment. No payments will be released until a signed copy of the Agreement is returned to the Foundation and any special conditions are met.

Contact:

Mr. Kenneth Epstein

Phone:

415-575-5671

Grantee:

San Francisco Department of Public Health  
1380 Howard Street  
San Francisco, CA 94103

Payee:

San Francisco Department of Public Health  
1380 Howard Street  
San Francisco, CA 94103

Grant Amount:

\$145,000.00 for 12 months

Date Approved:

November 19, 2015

Grant Period:

December 1, 2015 -- November 30, 2016

Grant Purpose:

To plan, launch and manage the HOPE SF onsite health and wellness strategy which includes the expansion of the Health & Wellness Centers and the Peer Health Leadership Program.

Outcomes:

1. A plan exists (with buy-in from stakeholders) to improve and sustain meaningful health services onsite at HOPE SF properties. (Health services include peer-to-peer support, onsite health and wellness services that meet the immediate needs of residents and a connection to the broader system).

2. 40 HOPE SF families have a positive case management experience through the launch of Little 5/Big 5 Family Centered Case Management pilot.

3. Residents participating in the onsite health and wellness activities feel a greater sense of belonging in the community, are healthier; are connected to health services.

Activities:

1. Hire a program manager to oversee the planning and implementation of the strategy and meet with stakeholders to develop a shared strategy for transferring ownership from current community and developer organizations to the Department of Public Health and a new set of health-focused organizations.

2. Launch and manage the Little 5/Big 5 Family Centered Case Management pilot.

3. Develop a two year expansion plan to all four HOPE SF locations and identify the second site for the Health and Wellness Center.

4. Provide direction to the current providers of the ongoing health and wellness programs at the sites to ensure alignment towards the onsite health and wellness strategy.

5. Evaluations for the PHLP, the Sunnydale Health and Wellness Center and Little 5/Big 5 Pilots.

II. SPECIAL CONDITIONS

None.

III. REPORTING REQUIREMENTS AND PAYMENT SCHEDULE

Payments will be made on the schedule below when special conditions described above are met and when narrative and financial reports have been submitted on the dates requested. Report guidelines and forms are available on the Foundation's website. Reminder notices will be sent the month before the report is due. If you need to extend the grant period or request changes in the payment schedule or budget, please request the change in writing, briefly explaining the reason it is needed.

Please note that payments on new grants will not be released until final reports on all prior grants have been received and approved by your Program Officer.

Progress Report Due Dates (if any):

Standard Progress Report due on October 15, 2016

Payment(s):

\$145,000.00 scheduled on December 1, 2015

Final Report:

**IV. MARKETING AND COMMUNICATIONS**

The San Francisco Foundation believes that the strategic use of communications and storytelling is core to achieving success in the work that we do together to expand opportunity in the Bay Area. We encourage you to announce your TSFF grant through online and traditional media coverage, and via social media. We've created a new set of guidelines to support you in communicating about your grant. Please download our grantee communications guidelines at: [www.sff.org/TSFFcommguidelines](http://www.sff.org/TSFFcommguidelines).

**V. BUDGET AND USE OF FUNDS**

Funds must be used by the grantee strictly in accordance with the final budget on which the grant was based. Any changes must be approved in advance by the Foundation.

**VI. REVERSION OF FUNDS**

All funds not expended for the purposes agreed to by the grantee and the Foundation must be returned to the Foundation.

**VII. AUDIT**

The Foundation reserves the right to conduct an audit of any grantee if it appears appropriate and necessary.

**VIII. MONITORING AND EVALUATION**

In order to assess the effectiveness of our grants, the Foundation may monitor or conduct an evaluation of the program funded by this grant, which may include visits by representatives of the Foundation to observe the grantee's program procedures and operations and to discuss the program with the grantee's personnel.

**IX. HOLD HARMLESS**

In accepting a grant from the Foundation, the grantee hereby irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify and hold harmless The San Francisco Foundation, its officers, directors, trustees, employees and agents, from and against any and all claims, liabilities, losses and expenses (including reasonable attorneys' fees) directly, indirectly, wholly or partially arising from or in connection with any act or omission of the grantee, its employees or agents, in applying or accepting such grant, in expending or applying the funds furnished pursuant to such grant or in carrying out the program or project to be funded or financed by such grant, except to the extent that such claims, liabilities, losses or expenses arise from or in connection with any act or omission of The San Francisco Foundation, its officers, directors, trustees, employees or agents.

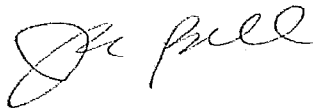
The Board and staff of The San Francisco Foundation are pleased to be able to make this grant (#106106) to your organization. Please sign and return one copy of this Agreement as evidence of your understanding of and agreement with the terms outlined. Please keep a copy for your files.

Return completed document to:

Grants Management  
The San Francisco Foundation  
One Embarcadero Center, Suite 1400  
San Francisco, CA 94111

---

---



24-Nov-15

---

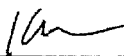
The San Francisco Foundation

Date

---

Chair, Agency Board of Directors or Designee

Date



1-8-16

---

Agency Executive Director

Date

---

Fiscal Sponsor\*

Date

**\*Agreement must be signed by Fiscal Sponsor if project agency does not have 501(c)(3) status.**



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Barbara A. Garcia, MPA  
Director of Health  
DATE: February 22, 2016  
SUBJECT: Grant Accept and Expend  
GRANT TITLE: Hope SF- \$1,400,500

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
- 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



OFFICE OF THE MAYOR  
SAN FRANCISCO



EDWIN M. LEE

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Mayor Edwin M. Lee *EW*  
RE: Accept and Expend Grant – The San Francisco Foundation - Hope SF -  
\$1,400,500  
DATE: May 31, 2016

---

Attached for introduction to the Board of Supervisors is a Resolution retroactively authorizing the San Francisco Department of Public Health to accept and expend a grant in the amount of \$1,400,500 from The San Francisco Foundation to participate in a program entitled Hope SF for the period of September 1, 2015, through June 30, 2018, waiving indirect costs.

I respectfully request that this item be calendared in Budget & Finance Committee on June 17, 2016.

Should you have any questions, please contact Nicole Elliott (415) 554-7940.

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2016 MAY 31 PM 1:31  
BY *EW*

