

File Number: 161322
(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: **California Project LAUNCH**

2. Department: **Department of Public Health - Maternal, Child & Adolescent Health**

3. Contact Person: **Joshua Nossiter** Telephone: **(415) 558-4037**
David Bell **(415) 575-5729**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$367,968**

6a. Matching Funds Required: \$0 - **No Matching Funds**

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

7a. Grant Source Agency: **Health Resources & Services Administration (HRSA)**

b. Grant Pass-Through Agency (if applicable): **CA Department of Public Health**

8. Proposed Grant Project Summary: **California Project LAUNCH (Linking and Addressing the Unmet Needs for Children's Health) is a program funded by the Substance Abuse and Mental Health Services Agency that replicates specific successful early childhood strategies resulting in improved mental health, reduced substance use, increased parenting skills, and improved maternal and child health.**

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

Start-Date: **12/01/2015**

End-Date: **06/30/2019**

10a. Amount budgeted for contractual services: **N/A**

b. Will contractual services be put out to bid?

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?

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? **\$36,796**

12. Any other significant grant requirements or comments:

DPH respectfully request for approval to accept and expend these funds retroactive to December 1, 2015. DPH received a fully executed contract on September 1, 2016. The State received the original award letter on date 09-30-2014.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCMC09-17; HCHPMMCHADGR

****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:

Matthew Valdez
(Name)

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