

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: **State Vocational Rehabilitation Services Program**
2. Department: **Department of Public Health – Community Behavioral Health Services, Vocational Services**
3. Contact Person: **Charlie Mayer** Telephone: **415-255-3417**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for:

For FY13-14, FY14-15 and FY15-16, The California Department of Rehabilitation (DOR) is providing a 3-Year grant in the total amount of \$271,200, with a DPH required match of \$2,079,945, for a total 3-Year grant budget of \$2,351,145.

Each year, DOR's budget will be \$2,561,685, for a total program budget of \$3,255,000
- 6a. Matching Funds Required: **\$693,315 per year; Total: \$2,079,945**

b. Source(s) of matching funds (if applicable): **City and County of San Francisco General Fund from Department of Public Health (SFDPH General Fund) and Proposition 63: Mental Health Services Act (MHSA)**
- 7a. Grant Source Agency: **California Department of Rehabilitation, San Francisco District**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **The Department of Public Health (DPH) requests approval to accept and expend a three year grant from the California Department of Rehabilitation (DOR). DOR is renewing a cooperative contract Agreement with three non-profit providers, including Richmond Area Multi-Services, Inc. (RAMS), UCSF Citywide Case Management Forensics Program and Caminar. Providers will provide vocational assessment, situational assessment, work adjustment and employment services including employment preparation, job development, placement and job retention services for diverse groups of adults with severe mental illness. This is the 16th year that the City has received grant funds from the State Department of Rehabilitation for the provision of these services.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **July 1, 2013** End-Date: **June 30, 2016**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **No, because this is a continuation of an existing grant where DOR directly contracts with RAMS, Citywide, and Caminar. It will not be put out to bid for the new vendor because subvention contracts are exempt from formal competitive bidding at the state level.**

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? **N/A**

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

b1. If yes, how much? N/A

b2. How was the amount calculated? N/A

c1. If no, why are indirect costs not included? N/A

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?
25.2% of salaries or indirect costs of \$16,272 per year

12. Any other significant grant requirements or comments:

The Department of Public Health is seeking approval to accept and expend the renewal of a three year grant in which the total budget amount has remained the same from the previous board approved contract cash match Agreement from July 1, 2010 through June 30, 2013.

DPH is requesting to retroactively accept and expend this grant as the approved agreement was received after the project start date of July 1, 2013.

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HMAD04/14**

****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 checked="" 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:

Jason Hashimoto
(Name)

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)