

File No. 200093

Committee Item No. 7
Board Item No. 14

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date February 12, 2020

Board of Supervisors Meeting

Date February 25, 2020

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input checked="" 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)

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Completed by: Linda Wong Date February 7, 2020
 Completed by: Linda Wong Date February 19, 2020

1 [Accept and Expend Grant - Retroactive - California Department of Public Health - Overdose
2 Prevention Program in Single Room Occupancy Hotel (SRO) - \$700,000]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$700,000 from the California Department of Public**
5 **Health for participation in a program, entitled “Overdose Prevention Program in Single**
6 **Room Occupancy Hotel (SRO),” for the period of February 1, 2020, through January 30,**
7 **2022.**

8
9 WHEREAS, The California Department of Public Health (CDPH) has agreed to fund
10 Department of Public Health (DPH) in the amount of \$700,000 for the period of February 1,
11 2020, through January 30, 2022; and

12 WHEREAS, The purpose of the grant is to implement an overdose prevention program
13 in Single Room Occupancy (SRO) hotel rooms; and

14 WHEREAS, One-third of opioid overdose deaths in San Francisco occur in SROs, and
15 the overdose death rate among SRO residents is 19 times that of the general San Francisco
16 population; and

17 WHEREAS, SRO residents are more likely than others to die from overdose at home
18 (86% vs 64%); and

19 WHEREAS, In response to this issue, DPH will partner with the Drug Overdose
20 Prevention & Education Project (DOPE) of the Harm Reduction Coalition to implement an
21 overdose prevention program in Single Room Occupancy (SRO) hotel rooms; and

22 WHEREAS, Agreements will be developed with building management of SROs with the
23 highest frequency of overdoses to develop a project charter that will outline the content,
24 implementation plan, timeline, communication agreements, and evaluation of the program;
25 and

1 WHEREAS, Tenants will be recruited and trained at each SRO on overdose prevention
2 interventions and community leadership so that they can address this issue among their co-
3 residents; and

4 WHEREAS, "NaloxBoxes" will be installed on each floor of the selected SROs to
5 ensure ongoing naloxone access in each building; and

6 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

7 WHEREAS, The Department proposes to maximize use of available grant funds on
8 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

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

11 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend a grant
12 in the amount of \$700,000 from the California Department of Public Health; and, be it

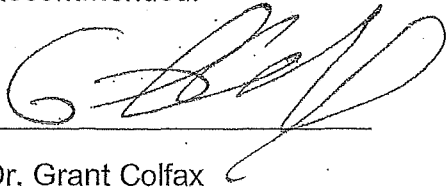
13 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the
14 grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

15 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
16 Agreement on behalf of the City; and, be it

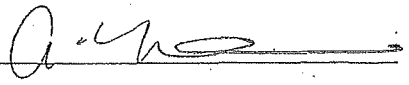
17 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
18 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
19 Supervisors for inclusion in the official file.

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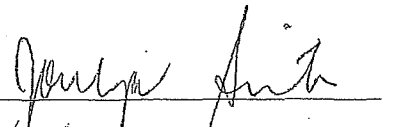
Recommended:



Dr. Grant Colfax
Director of Health

Approved: 

for Mayor

Approved: 

for 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: Overdose Prevention Program in Single Room Occupancy Hotel (SRO).

2. Department: San Francisco Department of Public Health
Center for Public Health Research

3. Contact Person: Phillip Coffin Telephone: 415-437-6282

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$700,000

YR1: 350,000 Term: 02/01/20-01/31/21

YR2: 350,000 Term: 02/01/21-01/30/22

6a. Matching Funds Required: \$0

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

7a. Grant Source Agency: California Department of Public Health (CDPH)

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

8. Proposed Grant Project Summary:

One-third of opioid overdose deaths in San Francisco occur in SROs, and the overdose death rate among SRO residents is 19 times that of the general San Francisco population. SRO residents are more likely than others to die from overdose at home (86% vs 64%), and residents are physically isolated from others. In response to this issue SFDPH will partner with the DOPE Project of the Harm Reduction Coalition to implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms. Through this process we will: (1) Develop agreements with building management of SROs with the highest frequency of overdose develop a project charter that will outline the content, implementation plan, timeline, communication agreements, and evaluation of the program. (2) Recruit and train tenants at each SRO on overdose prevention interventions and community leadership so that they can address this issue among their co-residents. (3) Install "NaloxBoxes" on each floor of the selected SROs to ensure ongoing naloxone access in each building.

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

Start-Date: 02/01/2020

End-Date: 01/30/2022

10a. Amount budgeted for contractual services: Yr1 - \$344,000 & Yr2 - \$344,000

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

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? On-Going

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

b1. If yes, how much? \$0

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): No Personnel Cost

c2. If no indirect costs are included, what would have been the indirect costs? Zero, since no personnel cost budgeted on grant.

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds for the period of February 01, 2020 to January 30, 2022. The Department received the subaward agreement on November 19, 2019.

Department ID: 251929
Proposal ID: CTR00001660
Project ID: 10035737
Activity ID: 0001
Version ID: V101

****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:


Toni Rucker, PhD

(Name)

DPH ADA Coordinator

(Title)

Date Reviewed: November 21, 2019


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

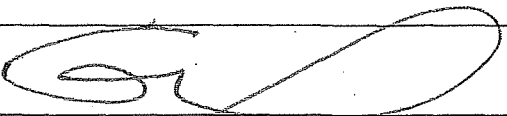
Dr. Grant Colfax

(Name)

Director of Health

(Title)

Date Reviewed: 11/27/19


(Signature Required)

San Francisco Department of Public Health
Community Health Equity and Promotion (CHEP)- Population Health Division
Overdose Prevention Program in Single Room Occupancy Hotel (SRO's)
Period of Performance: 02/01/20-01/30/21

| | | |
|----|--|------------------|
| A. | Salaries and Wages | \$0 |
| B. | Mandatory Fringe | \$0 |
| C. | Consultant Costs | \$0 |
| D. | Equipment | \$0 |
| E. | Materials and Supplies | \$0 |
| F. | Travel | \$0 |
| G. | Other Expenses | \$6,000 |
| H. | Contractual | \$344,000 |
| I. | Total Direct Costs | \$350,000 |
| J. | Indirect Costs (25% of Total Salaries) | \$0 |
| | TOTAL BUDGET | \$350,000 |

| | |
|---------------------------|---------|
| A. SALARIES AND WAGES | \$0 |
| B. FRINGE BENEFITS | \$0 |
| C. CONSULTANT COSTS | \$0 |
| D. EQUIPMENT | \$0 |
| E. MATERIALS AND SUPPLIES | \$0 |
| F. TRAVEL | \$0 |
| G. OTHER | \$6,000 |

| Item | Rate | Cost |
|-------------|---|---------|
| Office Rent | \$2/sq.ft./month x 250 sq.ft/FTE x 1.00 FTE x12 months | \$6,000 |

Office Rent: Office rent covers expenses of office space rental and maintenance for all FTE included in the budget. Calculations are based on the number of FTE from the City and County of San Francisco (SFDPH) as well as the FTE from fiscal sponsor contract with Public Health Foundations Enterprises (PHFE).

F. CONTRACTUAL \$344,000

| Contractor Name (see below for details) | Total Funding |
|---|---------------|
| Heluna Health | \$223,489 |
| Harm Reduction Coalition | \$120,511 |

1. Name of Contractor: Heluna Health

Itemized budget and justification:

a. Salaries and Wages \$80,000

| Position Title and Name | Annual | Time | Months | Amount Requested |
|-------------------------|----------|------|-----------|------------------|
| Project Manager – TBD | \$80,000 | 100% | 12 months | \$80,000 |

Job Description: Project Manager (TBD) – The Project Manager will manage the overall project, coordinating the meetings with the SRO management, developing relationships within the SROs, working with the DOPE Project Trainer to recruit and train TORO peers. Will work with SRO management to coordinate installation of NaloxBoxes. Will schedule and oversee HRTI provision of emotional support to TORO peers.

- b. Fringe Benefits \$29,744
37.18% of total salaries
- c. Consultant Pool Costs \$0
- d. Equipment \$0
- e. Materials and Supplies \$27,642

| Item | Rate | Cost |
|--------------------|-------------------------|----------|
| Supplies - NaloBox | 249.03/unit x 111 units | \$27,642 |

Supplies: NaloxBoxes will be installed on each floor of participating SROs.

- f. Travel \$5,142

| Meeting | | Rate | Cost |
|---------|----------------|--|---------|
| trips | Airfare | \$650 x 3 travelers | \$5,142 |
| | Lodging | \$220 per night x 3 nights x 3 travelers | |
| | Per diem | \$76 per day x 4 trips x 3 travelers | |
| | Transportation | \$100/traveler x 3 trips | |

Meeting: Travel for three Heluna Health/DPH staff to Vancouver to meet with TORO organizers and observe program in action.

- g. Other Expenses \$50,000

| Item | Rate | Cost |
|----------|------------------------|----------|
| Stipends | 5000/hotel X 10 hotels | \$50,000 |

Stipends: Each participating SRO will receive \$5000 to pay for time for the SRO management to participate in the project. Will support time for meetings and installation of NaloxBoxes.

- h. Contractual \$5,250

Harm Reduction Training Institute (HRTI): The HRTI therapist will provide emotional support and training to the TORO peer trainers monthly. \$100 x 52.5 hours of group and individual sessions for TORO peers.

- i. Total Direct Costs (PHFE) \$197,778
 - j. Total Indirect Costs \$25,711
 (@ 13% of Modified Total Direct Costs)
- TOTAL DIRECT COSTS: \$223,489**

2. Name of Contractor: Harm Reduction Coalition

Itemized budget and justification:

- a. Salaries and Wages \$75,000

| Position Title and Name | Annual | Time | Months | Amount Requested |
|---------------------------------------|----------|------|-----------|------------------|
| Overdose Prevention Coordinator – TBD | \$75,000 | 100% | 12 months | \$75,000 |

Job Description: Overdose Prevention Coordinator (TBD) – The DOPE Overdose Prevention Coordinator will in coordination with the Heluna Health/DPH Project Manager and will recruit, train, and provide ongoing support to the TORO peers in SROs.

- b. Fringe Benefits \$20,250
 27% of total salaries
- c. Consultant Pool Costs \$0
- d. Equipment \$0
- e. Materials and Supplies \$2,000

| Item | Rate | Cost |
|----------|------------------------|---------|
| Supplies | 166.66/mos x 12 months | \$2,000 |

Supplies: Materials and supplies for recruitment and training of TORO peers:

f. Travel

\$5,142

| Meeting | | Rate | Cost |
|---------|----------------|--|---------|
| trips | Airfare | \$650 x 3 travelers | \$5,142 |
| | Lodging | \$220 per night x 3 nights x 3 travelers | |
| | Per diem | \$76 per day x 4 trips x 3 travelers | |
| | Transportation | \$100/traveler x 3 trips | |

Meeting: Travel for three DOPE Project staff to meet with TORO program coordinators and observe the program in Vancouver where program was designed.

g. Other Expenses

\$2,400

| Item | Rate | Cost |
|-------------------------------|---------------------------------|---------|
| Incentives - Focus Groups | 40/incentive X 20 participants | \$800 |
| Incentives - Project Training | 40/incentives x 40 participants | \$1,600 |

Incentives - Focus Groups: Gift cards will be provided to TORO peers to participate in focus groups that will inform the design and implementation of the project.

Incentives - Project Training: TORO peers will receive gift cards to support their participation in the project.

h. Contractual

\$0

i. Total Direct Costs (HRC)

\$104,792

j. Total Indirect Costs

\$15,719

(@ 15% of Modified Total Direct Costs)

TOTAL DIRECT COSTS:

\$120,511

H. **INDIRECT COSTS (25% of total salaries and fringe)**

\$0

TOTAL BUDGET:

\$350,000

San Francisco Department of Public Health
Community Health Equity and Promotion (CHEP)- Population Health Division
Overdose Prevention Program in Single Room Occupancy Hotel (SRO's)
Period of Performance: 02/01/21-01/30/22

| | | |
|----|--|------------------|
| A. | Salaries and Wages | \$0 |
| B. | Mandatory Fringe | \$0 |
| C. | Consultant Costs | \$0 |
| D. | Equipment | \$0 |
| E. | Materials and Supplies | \$0 |
| F. | Travel | \$0 |
| G. | Other Expenses | \$6,000 |
| H. | Contractual | \$344,000 |
| I. | Total Direct Costs | \$350,000 |
| J. | Indirect Costs (25% of Total Salaries) | \$0 |
| | TOTAL BUDGET | \$350,000 |

| | |
|---------------------------|---------|
| A. SALARIES AND WAGES | \$0 |
| B. FRINGE BENEFITS | \$0 |
| C. CONSULTANT COSTS | \$0 |
| D. EQUIPMENT | \$0 |
| E. MATERIALS AND SUPPLIES | \$0 |
| F. TRAVEL | \$0 |
| G. OTHER | \$6,000 |

| Item | Rate | Cost |
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- TOTAL DIRECT COSTS: \$223,489**

2. Name of Contractor: Harm Reduction Coalition

Itemized budget and justification:

- a. Salaries and Wages \$75,000

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|---------------------------------------|----------|------|-----------|------------------|
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- b. Fringe Benefits \$20,250
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- d. Equipment \$0
- e. Materials and Supplies \$2,000

| Item | Rate | Cost |
|----------|------------------------|---------|
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Supplies: Materials and supplies for recruitment and training of TORO peers.

f. Travel

\$5,142

| Meeting | | Rate | Cost |
|---------|----------------|--|---------|
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| Item | Rate | Cost |
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j. Total Indirect Costs

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(@ 15% of Modified Total Direct Costs)

TOTAL DIRECT COSTS:

\$120,511

H. **INDIRECT COSTS** (25% of total salaries and fringe)

\$0

TOTAL BUDGET:

\$350,000

Exhibit B Attachment I
Budget 02/01/20-01/31/21

| | | Year (1) 02/01/20-01/31/21 | | | | Year (2) 02/01/21-01/31/22 | | | | Year (3) | | | | |
|--|--|-------------------------------|--------|------------|-----------|-------------------------------|------------|--------|--------|----------------|--------|--------|--------|-----------|
| Personnel: Internal staff positions. Complete columns Monthly Salary, Months, and %FTE. Budget amount will auto calculate. | | | | | | | | | | | | | | |
| Position Title | Workplan Reference | Monthly Salary | Months | % FTE | Budget | Monthly Salary | Months | % FTE | Budget | Monthly Salary | Months | % FTE | Budget | Total |
| DPH Manager of Drug User Health | | inKind | | | \$0 | \$0.00 | | | \$0 | \$0.00 | | | \$0 | \$0 |
| DPH Program Liaison with DOPE Project | | | | | \$0 | \$0.00 | | | \$0 | \$0.00 | | | \$0 | \$0 |
| | | | | | \$0 | \$0.00 | | | \$0 | \$0.00 | | | \$0 | \$0 |
| | | | | | \$0 | \$0.00 | | | \$0 | \$0.00 | | | \$0 | \$0 |
| Total Salaries and Wages | | | | | \$0 | \$0.00 | | | \$0 | \$0.00 | | | \$0 | \$0 |
| Fringe Benefits: Benefit percentage: Budget amount will auto calculate. (Total Salaries and Wages * Percentage). | | | | | | | | | | | | | | |
| Fringe Benefit Rate | Percentage | 25.00% | \$0 | Percentage | 25.00% | \$0 | Percentage | 25.00% | \$0 | Percentage | 25.00% | \$0 | 0 | 0 |
| Total Personnel and Fringe Benefits | | | | | \$0 | \$0.00 | | | \$0 | \$0.00 | | | \$0 | \$0 |
| Operating Expenses: Expenses pertaining to the cost of business. (Supplies, Communications, Printing/Copying, Materials, Travel: In-State, Travel: Out-of-State, etc.) If Rent is listed, provide total square foot x cost per square foot. Include Workplan Reference. | | | | | | | | | | | | | | |
| | Workplan Reference | Budget | | Budget | | Budget | | Budget | | Budget | | Budget | | Budget |
| Rent support | 1 FTE X 250 sq ft X \$2 sq ft x12 months = 6,000 | \$6,000 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$6,000 |
| | | | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| | | | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| | | | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| | | | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| Total Operating Expenses | | | | | \$6,000 | | \$0 | | \$0 | | \$0 | | \$0 | \$6,000 |
| Other Costs (Subcontracts): Provide subcontract names and a short description of work. Include Workplan Reference. | | | | | | | | | | | | | | |
| | Workplan Reference | Budget | | Budget | | Budget | | Budget | | Budget | | Budget | | Budget |
| Heluna Health (HH) | | \$223,489 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$223,489 |
| Harm Reduction Coalition DOPE Project | | \$120,511 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$120,511 |
| | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 | | \$0 |
| Total Other Costs | | | | | \$344,000 | | \$0 | | \$0 | | \$0 | | \$0 | \$344,000 |
| Total Direct Costs | | | | | \$350,000 | | \$0 | | \$0 | | \$0 | | \$0 | \$350,000 |
| Indirect Costs | | | | | | | | | | | | | | |
| Total Indirect Costs | Percentage | 15.00% | \$0 | Percentage | 15.00% | \$0 | Percentage | 15.00% | \$0 | Percentage | 15.00% | \$0 | \$0 | \$0 |
| (Provide how Indirect Costs are calculated) | | | | | | | | | | | | | | |
| Total Costs | | | | | \$350,000 | | \$0 | | \$0 | | \$0 | | \$0 | \$350,000 |

2749

| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | | DIRECT COSTS ONLY | | FROM | THROUGH | BUDGET JUSTIFICATION | |
|--|-------------------------------|--------------------|-------------------|--------------------------------------|------------------|----------------------|---|
| | | | | 1-Feb-20 | 31-Jan-21 | | |
| PERSONNEL (Applicant organization only) | | | | DOLLAR AMOUNT REQUESTED (omit cents) | | | |
| NAME | ROLE ON PROJECT | TYPE APPT. (month) | % EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTALS |
| To be hired | TORO Project Manager | 12 | 1.00 | \$80,000 | \$80,000 | \$29,744 | \$109,744 |
| | | 12 | | | \$0 | \$0 | \$0 |
| | | 12 | | | \$0 | \$0 | \$0 |
| | | 12 | | | \$0 | \$0 | \$0 |
| SUBTOTALS | | FTE Total 1.00 | | | \$80,000 | \$29,744 | \$109,744 |
| CONSULTANT COSTS | | | | | | | |
| Harm Reduction Training Institute (HRTI) | | 5,250 | 75 | 70 | | | \$5,250 |
| EQUIPMENT (Itemize) | | | | | | | |
| | | | | | | | \$0 |
| SUPPLIES (Itemize by category) | | | | | | | |
| Supplies - NaloBox | | \$249.03 | 111 | 27,642 | | | \$27,642 |
| Its Supplies | | | | | | | \$5,142 |
| TRAVEL | | | | | | | |
| Vancouver | | Airfare | Lodging | Per Diem | Ground Trans | trips | Total |
| | | 650 | 880 | 904 | 100 | 3 | \$5,142 |
| OTHER EXPENSES (Itemize by category) | | | | | | | |
| Stipends | | Amount per unit | Quantity | TOTAL | number | | \$50,000 |
| | | 5,000 | 10 | \$50,000 | | | |
| | Incentives - Focus Groups | \$40 | 10 | 400 | 2 | 0 | Move to HRC, outreaching to clients |
| | Incentives - Project Training | \$40 | 20 | 800 | 2 | 0 | Move to HRC, outreaching to clients |
| | Meeting and Events - Food | \$232 | 12 | 2,784 | 1 | 0 | Food disallowed, reallocated to NaloBox |
| | Printing/Design | | | | | | \$50,000 |
| CONSORTIUM/CONTRACTUAL | | | | | | | |
| Total Over 25K | | | | | | | |
| TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD | | | | | | | \$197,778 |
| Modified Direct Costs | | | | | | | |
| Indirect Cost | | | | | | | \$25,711 |
| TOTAL COSTS YEAR | | | | | | | \$223,489 |

The TORO Project Manager will manage the overall project, coordinating the meetings with the SRO management, developing relationships within the SROs, working with the DOPE Project Trainer to recruit

The HRTI therapist will provide emotional support and training to the TORO peer trainers monthly. \$100 x 70 hours of group and individual sessions for TORO peers.

NaloBoxes will be installed on each floor of participating SROs.

Travel for three Helms Health/DPH staff to Vancouver to meet with TORO organizers and observe program in action.

Each participating SRO will receive \$5000 to pay for time for the SRO management to participate in the project. Will support time for meetings and installation of NaloBoxes. Gift cards will be provided to TORO peers to participate in focus groups that will inform the design and implementation of the project. TORO peers will receive gift cards to support their participation in the project. Food and materials for meetings between SRO building management and DPH, Helms Health, and DOPE Project staff to develop the TORO project charter.

2750

Principal Investigator/Program Director (Last, first, middle):

Coffin, Phillip

| DETAILED BUDGET FOR INITIAL BUDGET PERIOD | | DIRECT COSTS ONLY | | | FROM | THROUGH | | | | |
|---|---------------------------------|---------------------|-------------------|--------------------------------------|------------------|-------------|-----------------|----------|--|-----------|
| | | | | | 1-Feb-20 | | 31-Jan-21 | | | |
| PERSONNEL (Applicant organization only) | | | | DOLLAR AMOUNT REQUESTED (omit cents) | | | | | | |
| NAME | ROLE ON PROJECT | TYPE APPT. (months) | % EFFORT ON PROJ. | INST. BASE SALARY | SALARY REQUESTED | Fringe Rate | FRINGE BENEFITS | TOTALS | | |
| To be hired: | Overdose Prevention Coordinator | 12 | 1.00 | \$75,000 | \$75,000 | 27.00% | \$20,250 | \$95,250 | | |
| | | | | | \$0 | | \$0 | \$0 | | |
| | | | | | \$0 | | \$0 | \$0 | | |
| | | | | | \$0 | | \$0 | \$0 | | |
| SUBTOTALS | | | | FTE Total 1.00 | \$75,000 | | \$20,250 | \$95,250 | | |
| CONSULTANT COSTS | | | | | | | | | | \$0 |
| EQUIPMENT (Itemize) | | | | | | | | | | \$0 |
| SUPPLIES (Itemize by category) | | | | | | | | | | \$2,000 |
| Supplies | | | | | | | | | | \$2,000 |
| It Supplies | | | | | | | | | | \$2,000 |
| TRAVEL | | | | | | | | | | \$5,142 |
| Vancouver TORO Project | | | | | | | | | | \$5,142 |
| Airfare | | | | | | | | | | \$650 |
| Lodging | | | | | | | | | | 660 |
| Per Diem | | | | | | | | | | 304 |
| Ground Trans | | | | | | | | | | 100 |
| Staff | | | | | | | | | | 3 |
| OTHER EXPENSES (Itemize by category) | | | | | | | | | | \$2,400 |
| Incentives - Focus Groups | | | | | | | | | | \$40 |
| Incentives - Project Training | | | | | | | | | | \$40 |
| CONSORTIUM/CONTRACTUAL | | | | | | | | | | |
| Total Over 25K | | | | | | | | | | |
| TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD | | | | | | | | | | \$104,792 |
| Modified Direct Costs | | | | | | | | | | |
| Indirect Cost - 15% | | | | | | | | | | \$15,719 |
| TOTAL COSTS YEAR | | | | | | | | | | \$120,511 |

The DOPE Overdose Prevention Coordinator will in coordination with

Materials and supplies for recruitment and training of TORO pr

Travel for three DOPE Project staff to meet with TORO progra

Gift cards will be provided to TORO peers to participate in focu
TORO peers will receive gift cards to support their participator

2751

**CALIFORNIA INJURY AND VIOLENCE PREVENTION BRANCH
OVERDOSE DATA TO ACTION**

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

CITY AND COUNTY OF SAN FRANCISCO, hereinafter "Grantee"

Implementing the project, "SINGLE ROOM OCCUPANCY," hereinafter "Project"

GRANT AGREEMENT NUMBER 19-10741

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section {131085}.

PURPOSE: The Department shall provide a grant to and for the benefit of the Grantee; the purpose of the Grant is to implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms. The grantee will develop agreements with building management of SROs with the highest frequency of overdose.

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed \$700,000 .

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on [February 1, 2020], or upon approval of this grant, and terminates on [January 30, 2022]. No funds may be requested or invoiced for services performed or costs incurred after January 30, 2022.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

| | |
|--|--|
| California Department of Public Health | Grantee: [City and County of San Francisco] |
| {name} Elizabeth Jones Name: Grant Manager | {name} Phillip Coffin Name: Director of Substance Use Research |
| Address: P.O. Box 997377, MS 7214 | Address: 25 Van Ness Avenue, 5 th Floor |
| City, ZIP: Sacramento, CA 95899-7377 | City, ZIP: San Francisco, CA 94102-6012 |
| Phone: 916-552-9822 | Phone: 415-437-6282 |
| Fax: 916-552-9810 | Fax: 415-431-4039 |
| E-mail: Elizabeth.jones@cdph.ca.gov | E-mail: Phillip.coffin@sfdph.org |

Direct all inquiries to:

| | |
|--|--|
| California Department of Public Health, Injury and Violence Prevention Branch | Grantee: City and County of San Francisco] |
| Attention: Cindy Ridge | Attention: Sajid Shaikh |
| Address: P.O. Box 997377, MS 7214 | Address: 1380 Howard St., Suite 403B |
| City, Zip: Sacramento, CA 95899-7377 | City, Zip: San Francisco, CA 94103-2614 |
| Phone: 916 322-8412 | Phone: 415-255-3512 |
| Fax: 916-552-9810 | Fax |
| E-mail: Cindy.ridge@cdph.ca.gov | E-mail: Sajid.shaikh@sfdph.org |

All payments from CDPH to the Grantee; shall be sent to the following address:

| Remittance Address |
|--|
| Grantee: City and County of San Francisco |
| Attention: Sajid Shaikh |
| Address: 1380 Howard St., 4 th Floor Accounting |
| City, Zip: San Francisco, CA 94103-2614 |
| Phone: 415-255-3512 |
| Fax |
| E-mail: Sajid.shaikh@sfdph.org |

- Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to the agreement, but the Grantee will be require to submit a new completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record form to the Project Representatives for processing.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant by this reference:

- Exhibit A SCOPE OF WORK
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS

Exhibit D ADDITIONAL PROVISIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____

Tomas Aragon, Director of PHD
San Francisco Dept of Health Services
101 Grove St, Rm 308
San Francisco, CA 94102

Date: _____

Michele Golden, Chief
Contracts and Purchasing Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800-1804
Sacramento, CA 95899-7377

EXHIBIT A

1. **Service Overview**

Contractor agrees to provide to the California Department of Public Health (CDPH) the services described herein.

In accordance with its mission to protect the health of all Californians and pursuant to Health and Safety Code Sections 131085 and 104325-104330, the Department maintains programs to prevent and control accidental injuries. The City and County of San Francisco Department of Public Health proposes to implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms. This process will include (1) Develop agreements with building management of SROs with the highest frequency of overdose. (2) Recruit and train tenants at each SRO. Group trainings of trainers will be provided which include naloxone overdose reversal skill training, strengthening knowledge and understanding of behavioral health issues and resources, how to train others in naloxone use, provision of naloxone, use and promotion of NaloxBoxes, and self-care to avoid burnout. Install "NaloxBoxes" on each floor of the selected SROs. All residents will be informed about the availability of the NaloxBoxes.

2. **Service Location**

The services shall be performed at applicable facilities in the City and County of San Francisco.

3. **Service Hours**

The services shall be provided during normal contractor working hours, Monday through Friday, including state official holidays.

4. **Project Representatives**

A. The project representatives during the term of this agreement will be:

| California Department of Public Health | City and County of San Francisco |
|---|---|
| Elizabeth Jones | Phillip Coffin |
| Telephone: (916) 552-9822 | Telephone: (415) 437-6282 |
| Fax: (916) 552-9810 | Fax: (415) 431-4039 |
| E-mail: Elizabeth.jones@cdph.ca.gov | E-mail: Phillip.coffin@sfdph.org |

B. Direct all inquiries to:

Exhibit A
Budget Detail and Payment Provisions

| | |
|---|---|
| California Department of Public Health Injury and Violence Prevention Branch Attention: Cindy Ridge MS 7214 1616 Capitol Ave., Suite 74.485 P.O. Box Number 9977377 San Francisco, CA, 95899-7377 Telephone: (916) 322-8412 Fax: (916) 552-9810 E-mail: cindy.ridge@cdph.ca.gov | City and County of San Francisco Department of Public Health Attention: Sajid Shaikh 1380 Howard St., Suite 403B San Francisco, CA, 94103-2614 Telephone: (415) 255-3512 Fax: () - E-mail: Sajid.shaikh@sfdph.org |
|---|---|

C. All payments from CDPH to the Contractor; shall be sent to the following address:

| Remittance Address |
|---|
| Contractor: [City and County of San Francisco Attention "Dept of Public Health Cashier": 1380 Howard St., Suite 403B San Francisco, CA 94103-2614 415 255-3512 Fax Sajid.shaikh@sfdph.org |

D. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of project activities as provided in Exhibit A Scope of Work, and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the costs specified herein.

B. Invoices shall include the Grant Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

Attn: Invoice Processing (OD2A)
California Department of Public Health
Injury and Violence Prevention Branch
PO Box 997377, MS 7214
Sacramento, CA 95899-7377

C. Invoices shall:

- 1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A Grant Application under this Grant.
- 2) Bear the Grantee's name as shown on the Grant.
- 3) Identify the billing and/or performance period covered by the invoice.
- 4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Amounts Payable

A. The amounts payable under this Grant shall not exceed: \$700,000.00.

B. Payment allocations shall be made for allowable expenses up to the amount annually encumbered commensurate with the state fiscal year in which services are fulfilled and/or goods are received.

Exhibit B
Budget Detail and Payment Provisions

5. Timely Submission of Final Invoice

- A. A final undisputed invoice shall be submitted for payment no more than thirty (30) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the program grant manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.
- B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

6. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall be at the rates currently in effect as established by the California Department of Human Resources (CalHR).

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained
2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.
3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.
4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.
5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.
6. **INDEMNIFICATION:** Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.
7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.
8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

9. **INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.
10. **INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.
11. **MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.
12. **NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third-party as a beneficiary of this Grant or the project.
13. **NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.
14. **PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.
15. **RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).
 - A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
 - B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
 - C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
 - D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
 - E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.
16. **RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

- A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).
- B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):
- 1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.
 - 2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.
 - 3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

- 4) For publications other than those described in paragraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.
- 5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Exhibit D
Additional Provisions

1. **Cancellation / Termination**

- A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.
- B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.
- C. The term "for cause" shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:
 - 1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.
 - 2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.
 - 3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.
- D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.
- E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.
- F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.
- G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.
- H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:
 - 1) Place no further order or subgrants for materials, services, or facilities.
 - 2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.

Exhibit D
Additional Provisions

- 3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly chargeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.
 - 4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.
- I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

2. Avoidance of Conflicts of Interest by Grantee

- A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.
- B. Conflicts of interest include, but are not limited to:
- 1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.
 - 2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.
- C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

3. Dispute Resolution Process

Exhibit D
Additional Provisions

- A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.
- 1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.
 - 2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.
- B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).
- C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.
- D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.
- E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.



London N. Breed
Mayor

Dr. Grant Colfax
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: December 2, 2019

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant - Overdose Prevention Program
in Single Room Occupancy Hotel (SRO) - \$700,000

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong

Phone: 554-2868

Interoffice Mail Address: Dept. of Public Health, Fiscal Unit, 101 Grove St #106

Certified copy required Yes

No

OFFICE OF THE MAYOR
SAN FRANCISCO



RECEIVED LONDON N. BREED
BOARD OF SUPERVISORS MAYOR
SAN FRANCISCO

2020 JAN 28 PM 4:17

JA SK

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Sophia Kittler
RE: Accept and Expend Grant – California Department of Public Health
(CDPH) - Overdose Prevention Program in Single Room Occupancy Hotel
(SRO) - \$700,000
DATE: Tuesday, January 28, 2020

Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expend a grant in the amount of \$700,000 from the California Department of Public Health (CDPH) for participation in a program entitled "Overdose Prevention Program in Single Room Occupancy Hotel (SRO)" for the period of February 1p, 2020 through January 30, 2022.

Please note that Supervisor Haney is a cosponsor of this item.

Should you have any questions, please contact Sophia Kittler at 415-554-6153.

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141



San Francisco Ethics Commission
 25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #:
 200093
 Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
 (S.B. Campaign and Governmental Conduct Code § 1.126(f)4)
 A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
|--|--|
| TYPE OF FILING Original | DATE OF ORIGINAL FILING (for amendment only) |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |

| 2. CITY ELECTIVE OFFICER OR BOARD | |
|---|--|
| OFFICE OR BOARD Board of Supervisors | NAME OF CITY ELECTIVE OFFICER Members |

| 3. FILER'S CONTACT | |
|--|---|
| NAME OF FILER'S CONTACT Angela Calvillo | TELEPHONE NUMBER 415-554-5184 |
| FULL DEPARTMENT NAME office of the clerk of the Board | EMAIL Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|---|--|
| NAME OF DEPARTMENTAL CONTACT PHILLIP COFFIN | DEPARTMENT CONTACT TELEPHONE NUMBER 415-437-6282 |
| FULL DEPARTMENT NAME DPH DEPARTMENT OF PUBLIC HEALTH | DEPARTMENT CONTACT EMAIL phillip.coffin@sfdph.org |

| 5. CONTRACTOR | |
|--|------------------------------------|
| NAME OF CONTRACTOR Harm Reduction Coalition | TELEPHONE NUMBER (510) 444-6969 |
| STREET ADDRESS (including City, State and Zip Code) 1440 Broadway, suite 902, Oakland, CA 94612 | EMAIL |

| 6. CONTRACT | | |
|---|-------------------------|---------------------------------------|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (If applicable) 200093 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$120,511 | | |
| NATURE OF THE CONTRACT (Please describe) SFDPH will partner with the DOPE Project of the Harm Reduction Coalition to implement an overdose prevention program in Single Room Occupancy (SRO) hotel rooms. The DOPE Overdose Prevention Coordinator will in coordination with the Heluna Health/DPH Project Manager and will recruit, train, and provide ongoing support to the TORO peers in SROs. | | |

| 7. COMMENTS |
|---|
| Harm Reduction is a 501 (c).3 Nonprofit with a Board of Directors |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
| <input type="checkbox"/> | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

| # | LAST NAME/ENTITY/SUBCONTRACTOR | FIRST NAME | TYPE |
|----|--------------------------------|------------|-------------------------|
| 1 | Sherman | Susan | CEO |
| 2 | Barbour | Russell | Board of Directors |
| 3 | Kinzly | Mark | Board of Directors |
| 4 | Kral | Alex H. | Board of Directors |
| 5 | McIntosh | Marcia S. | CFO |
| 6 | PILLAI | NANDINI | Other Principal Officer |
| 7 | STAMPLER | JULIE | Shareholder |
| 8 | LARRIETT | DAKARAI | Shareholder |
| 9 | RAMIREZ | LISA | Shareholder |
| 10 | ROIG | CARLOS | Shareholder |
| 11 | FUENTES | TINO | Shareholder |
| 12 | GREEN | CORRINE | Shareholder |
| 13 | TOOKES | HANSEL | Shareholder |
| 14 | PICK | WILLIAM O. | Shareholder |
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

| | |
|--|-------------|
| SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK | DATE SIGNED |
| BOS Clerk of the Board | |



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
 Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #:
200093

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Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

| 1. FILING INFORMATION | |
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| TYPE OF FILING | DATE OF ORIGINAL FILING (for amendment only) |
| original | |
| AMENDMENT DESCRIPTION – Explain reason for amendment | |
| | |

| 2. CITY ELECTIVE OFFICE OR BOARD | |
|----------------------------------|-------------------------------|
| OFFICE OR BOARD | NAME OF CITY ELECTIVE OFFICER |
| Board of Supervisors | Members |

| 3. FILER'S CONTACT | |
|----------------------------------|--------------------------------|
| NAME OF FILER'S CONTACT | TELEPHONE NUMBER |
| Angela Calvillo | 415-554-5184 |
| FULL DEPARTMENT NAME | EMAIL |
| Office of the Clerk of the Board | Board.of.Supervisors@sfgov.org |

| 4. CONTRACTING DEPARTMENT CONTACT | |
|-----------------------------------|-------------------------------------|
| NAME OF DEPARTMENTAL CONTACT | DEPARTMENT CONTACT TELEPHONE NUMBER |
| PHILLIP COFFIN | 415-437-6282 |
| FULL DEPARTMENT NAME | DEPARTMENT CONTACT EMAIL |
| DPH DEPARTMENT OF PUBLIC HEALTH | phillip.coffin@sfdph.org |

| 5. CONTRACTOR | |
|---|------------------------------------|
| NAME OF CONTRACTOR Heluna Health | TELEPHONE NUMBER (800) 201-7320 |
| STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North, Suite 450, CID 91746 | EMAIL |

| 6. CONTRACT | | |
|---|-------------------------|---------------------------------------|
| DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S) | ORIGINAL BID/RFP NUMBER | FILE NUMBER (if applicable) 200093 |
| DESCRIPTION OF AMOUNT OF CONTRACT \$223,489.00 | | |
| NATURE OF THE CONTRACT (Please describe) Heluna Health will provide fiscal intermediary services to SFDPH and contractual oversight over consultants selected by CHEP. | | |

| 7. COMMENTS |
|---|
| Heluna Health is a 501 (c) 3 Nonprofit with a Board of Directors. |

| 8. CONTRACT APPROVAL | |
|-------------------------------------|--|
| This contract was approved by: | |
| <input type="checkbox"/> | THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM |
| <input checked="" type="checkbox"/> | A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors |
| <input type="checkbox"/> | THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS |

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

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|----|--------------------------------|--------------|-------------------------|
| 1 | CUTLER | BLAYNE | CEO |
| 2 | Gieseler | BRIAN | CFO |
| 3 | Ramanathan | ERIK D. | Board of Directors |
| 4 | BAKER | ALEX | Board of Directors |
| 5 | JENKS | ROBERT R. | CFO |
| 6 | JOSEPH | TAMARA | other Principal officer |
| 7 | EDWARDS | Carladenise | Board of Directors |
| 8 | YIP | EDWARD | Board of Directors |
| 9 | Casciato | GEORGE | Board of Directors |
| 10 | O'Connor | JEAN C. | Board of Directors |
| 11 | Vetticaden | SANTOSH | Board of Directors |
| 12 | RICH | SARAH MULLEN | Board of Directors |
| 13 | DESANTI | SUSAN | Board of Directors |
| 14 | FILER | SCOTT | Board of Directors |
| 15 | VASALLO | VIVIAN | Board of Directors |
| 16 | NGUYEN | VON | Board of Directors |
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| <input type="checkbox"/> Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type. | | | |

| 10. VERIFICATION | |
|---|-------------|
| I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. | |
| I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. | |
| SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK | DATE SIGNED |
| BOS Clerk of the Board | |