

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: **Department of Health Care Services Grant for SF Chinese Hospital**

2. Department: **Department of Public Health**

3. Contact Person: **Jonathan Lyens** Telephone: **(628) 271-6165**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$1,000,000**

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **California Department of Health Care Services.**

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

8. Proposed Grant Project Summary:

The California Department of Health Care Services will issue a one-time direct payment to the Department of Public Health (DPH) in accordance with California Senate Bill 105 Budget Act of 2025 – Chapter 104 with 100% of the funds to be paid to the San Francisco Chinese Hospital through DPH.

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

Start-Date: **07/01/2025** End-Date: **12/31/2026**

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

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? **N.A.**

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? **\$0**

b2. How was the amount calculated? **N.A.**

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

Not allowed by granting agency To maximize use of Grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs**

12. Any other significant Grant requirements or comments:

The Grant does not require an ASO amendment and does not create net new positions.

We respectfully request for retroactive approval to accept and expend these funds from July 1, 2025. The California Senate have passed Senate Bill No. 105 (page 127) which allocates \$1,000,000 to be provided from the California Department of Health Care Services as a one-time direct payment to the City and County of San Francisco for the new oncology clinic and chemotherapy center for the San Francisco Chinese Hospital. The Department will receive the award pending Board of Supervisors approval of the accept and expend packet.

Project Description: DHCS Grant For SF Chinese Hospital

**Project ID: 10043377
Proposal ID: CTR00005327
Fund ID: 11580
Version ID: V101
Authority ID: 10001
Activity ID: 0001**

****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:

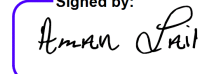
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 3/20/2026 | 8:34 AM PDT


Signed by:

 (Signature Required)
 Aman Lail, CAO Ambulatory Services
 Division for Toni Rucker

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 3/20/2026 | 3:44 PM PDT

Signed by:

 (Signature Required)