

File Number: 140685

(Provided by Clerk of Board of Supervisors)

Grant Information Form

(Effective March 2005)

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: **Ryan White Part C Outpatient EIS Program**

2. Department: **Department of Public Health
HIV Health Services Section**

3. Contact Person: **Dean Goodwin**

Telephone: **437-6278**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$322,645**

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

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

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

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

8. Proposed Grant Project Summary: **The San Francisco Department is proposing to continue providing Part C-funded comprehensive primary care services to HIV-positive homeless and marginally-housed residents of the Tenderloin (TL) neighborhood of San Francisco, CA. Clients are predominantly men who have sex with men (MSM), extremely low income, and multiply diagnosed with mental health and substance use concerns. African Americans and Asian and Pacific Islanders are also highly represented. Services to be provided will include primary medical care, medical case management, peer advocacy, treatment adherence, and mental health services.**

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

Start-Date: **05/01/14**

End-Date: **04/30/15**

10a. Amount budgeted for contractual services: **\$322,645**

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 MBE/WBE 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? **\$0**

b2. How was the amount calculated?

c. 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?

Indirect cost \$0; Indirect cost is a percentage of salaries, since no personnel is being charged to grant no indirect cost is budgeted.

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to May 1, 2012. The Department received the subcontract agreement on April 28, 2014.

Grant Code is: HCAO60/15

****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):

- Existing Site(s) Existing Structure(s) Existing Program(s) or Service(s)
- Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
- New Site(s) 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:

Ja
Ron Weigelt
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 5/23/14

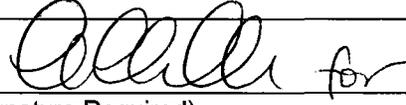

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 5/27/14


(Signature Required)