

File No. 220454

Committee Item No. 2

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date May 25, 2022

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

- Motion
- Resolution
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- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
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- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

#### OTHER (Use back side if additional space is needed)

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Completed by: Brent Jalipa Date May 20, 2022

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - San  
2 Francisco Department of Public Health Climate and Health Program Actions to Reduce the  
3 Disproportionate Impacts of Climate Change - \$300,000]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**  
5 **expend a grant increase from the Centers for Disease Control and Prevention for**  
6 **participation in a program, entitled “San Francisco Department of Public Health Climate**  
7 **and Health Program actions to reduce the disproportionate impacts of climate change,”**  
8 **in the amount of \$86,287 for a total amount of \$300,000 for the period of September 1,**  
9 **2021, through August 31, 2022.**

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11 WHEREAS, The Centers for Disease Control and Prevention (CDC) has agreed to  
12 fund the Department of Public Health (DPH) in the amount of \$300,000 for participation in a  
13 program, entitled “San Francisco Department of Public Health Climate and Health Program  
14 actions to reduce the disproportionate impacts of climate change,” for the period of September  
15 1, 2021, through August 31, 2022; and

16 WHEREAS, This funding opportunity is to enhance the resilience of San Francisco to  
17 the health impacts of climate change; and

18 WHEREAS, This funding will allow the climate and health program to pursue  
19 collaboration with stakeholders to create a Climate Impact Compendium that includes data on  
20 local climate projections, health impacts, social determinates of health, and adaptative  
21 capacity; manage the Citywide Heat and Air Quality Resilience Project (HAQR) to identify  
22 medium-to-long-term strategies to become resilient to extreme heat and wildfire smoke  
23 events; and create evaluation tools to understand effectiveness of current and future climate  
24 resilience strategies; and

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

1           WHEREAS, A grant increase of \$86,287 from \$213,713 was approved for the period  
2 of September 1, 2021, through August 31, 2022; and

3           WHEREAS, A request for retroactive approval is being sought because DPH received  
4 the award notice on August 11, 2021, for a project start date of September 1, 2021; and

5           WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
6 \$51,761; now, therefore, be it

7           RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
8 in the amount of \$300,000 from the CDC; and, be it

9           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
10 expend the grant funds pursuant to Administrative Code, Section 10.170-1.

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1 Recommended:

Approved: \_\_\_\_\_ /s/

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Mayor

3 \_\_\_\_\_ /s/

4 Dr. Grant Colfax

Approved: \_\_\_\_\_ /s/

5 Director of Health

Controller

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**File Number:** 220454  
(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: **San Francisco Department of Public Health Climate and Health Program actions to reduce the disproportionate impacts of climate change**

2. Department: **San Francisco Department of Public Health  
Population Health Division**

3. Contact Person: **Matt Wolff** Telephone: **(510)-423-3856**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$300,000**

6a. Matching Funds Required: **\$ N.A.**  
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**  
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary: **This funding opportunity is to enhance the resilience of San Francisco to the health impacts of climate change. In San Francisco, climate change has significant, cascading, compounding, and inequitable impacts of public health. These climate hazards which include sea level rise, flooding and extreme storms, extreme heat, drought and wildfire smoke, are increasing in frequency and intensity and require action from public health departments. In San Francisco, the climate and health program works both internally to prepare Department programs and services to identify, communicate, and evaluate climate-related health impacts, and works interdepartmentally to ensure Citywide resilience actions are centered on health and equity.**

**This funding opportunity will allow the climate and health program to pursue the following strategies: 1) collaboration with stakeholders to create a Climate Impact Compendium that includes data on local climate projections, health impacts, social determinates of health, and adaptative capacity, 2) manage the Citywide Heat and Air Quality Resilience Project (HAQR) to identify medium-to-long-term strategies to become resilient to extreme heat and wildfire smoke events, and 3) create evaluation tools to understand effectiveness of current and future climate resilience strategies.**

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

Start-Date: **09/01/2021** End-Date: **08/31/2022**

10a. Amount budgeted for contractual services: **\$37,018**

b. Will contractual services be put out to bid? **Yes**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **No**

d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**

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

b1. If yes, how much? \$ **\$51,761**

b2. How was the amount calculated? **25% of Salaries and Fringe benefits**

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? **N.A.**

12. Any other significant grant requirements or comments:

**This grant does not require an ASO amendment and partially reimburses the Department for two positions: one (Job Class#1822) Administrative Analyst at 1.0 FTE, and one (Job Class #9924) Public Service Aide at 1.0 FTE during the period of September 1, 2021 through August 31, 2022.**

**The grant increase for the fiscal year FY 21-22 was \$86,287, and \$213,713 was set up through the Annual Appropriation Ordinance.**

**We respectfully request for approval to accept and expend these funds retroactive to September 1, 2021. The Department received the award on August 11, 2021.**

<b>Project Description:</b>	<b>HD ADM AC13 2122 Enhancing Health Resillience</b>
<b>Proposal ID:</b>	<b>CTR00002215</b>
<b>Version ID:</b>	<b>V101</b>
<b>Project ID:</b>	<b>10037067</b>
<b>Dept:</b>	<b>251975</b>
<b>Fund:</b>	<b>11580</b>
<b>Authority:</b>	<b>10001</b>
<b>Activity:</b>	<b>0001</b>
<b>Increase to grant:</b>	<b>\$86,287</b>
<b>Amount approved on AAO:</b>	<b>\$213,713</b>

**\*\*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: 3/18/2022 | 3:44 PM PDT

DocuSigned by:  
Toni Rucker  
763202F7001F44D...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 3/25/2022 | 7:19 PM PDT

DocuSigned by:  
Greg Wagner  
20527524752848F...  
(Signature Required)  
Greg wagner, COO for

San Francisco Department of Public Health, Population Health Division  
 Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Health CDC-RFA-  
 EH21-2101

**Budget Justification -Core budget  
 September 1, 2021 - August 31, 2022**

**A. SALARIES AND WAGES**

**147,888**

<b>Position Title and Name</b>	<b>Annual Salary</b>	<b>Time</b>	<b>Months</b>	<b>Amount Requested</b>
Principal Investigator (N. Bobba)	\$ 311,012	7%	12	In Kind
Climate and Health Program Manager (M. Wolff)	\$ 101,790	100%	12	\$ 101,790
Climate and Health Program Assistant (C. Olmedo)	\$ 46,098	100%	12	\$ 46,098
Supervising Epidemiologist and Data Strategist (W. Enanoria)	\$ 163,722	5%	12	In-Kind
Emergency Preparedness and Response Support (T. Rivera)	\$ 153,946	5%	12	In-Kind
Climate and Health Policy Strategist (I. Nieves)	\$ 142,506	5%	12	In-Kind
Outreach and Engagement Strategist (K. Pierce)	\$ 120,542	5%	12	In-Kind
Health Equity Strategist (A. Bennett, MD, MS, FAAP)	\$ 301,496	5%	12	In-Kind
<b>Total Salaries</b>				<b>\$ 147,888</b>



## **Job Description**

### **1. Principal Investigator (N. Bobba, MD)**

Dr. Naveena Bobba, Deputy Director of Health at DPH will serve as the BRACE Principal Investigator. As part of DPH leadership, Dr. Bobba will work to establish climate adaptation as a departmental priority, advocate for resources and support, and make connections within DPH and across departments. Dr. Bobba joined DPH in 2009 and has experience as the director of Communicable Disease Control, PHEPR, and Emergency Medical Services, as well as a clinician in allergy and immunology—making her strategic guidance grounded in her experience as an implementor of many of the services the Climate and Health Program is working to adapt.

### **2. Climate and Health Program Manager (M. Wolff)**

Matt Wolff, Administrative Analyst, manages the Climate and Health Program. He will serve as the primary contact for this grant. He has been with the Climate and Health Program as a data analyst since 2013 and managed the Program since 2018. He is responsible for project oversight including establishing objectives, workplans, timelines, engaging leadership, supervising staff, and expanding stakeholders. Additionally, he has authored vulnerability assessments, developed maps and data tools, and facilitated cross-disciplinary work groups.

### **3. Climate and Health Program Assistant (C. Olmedo)**

Carmen Olmedo, Climate and Health Analyst, supports the climate and health program through qualitative research and literature reviews, design of outreach and engagement material, and facilitation support.

### **4. Supervising Epidemiologist and Data Strategist (W. Enanoria)**

Dr. Wayne Enanoria, Director of ARCHES Branch will provide in-kind support and serve as Supervising Epidemiologist and Data Strategist. Dr. Enanoria will provide strategic guidance work to establish a data strategy for understanding ongoing impacts of climate change.

### **5. Emergency Preparedness and Response Support (T. Rivera)**

Tiffany Rivera, RN is the Deputy Director for the Public Health Emergency Preparedness and Response Branch in San Francisco. Over the past 3 years that she has held this position, she has worked closely with the Climate Health Department to ensure the citizens of San Francisco are prepared, and able to respond to climate related disasters.

### **6. Climate and Health Policy Strategist (I. Nieves)**

Israel Nieves-Rivera is the Policy Director in the Population Health Division of DPH. He serves as the principal advisor and coordinator of Division-wide efforts to reduce disparities and improve health equity in San Francisco. He works in partnership with the DPH Office of Policy and Planning to develop and implement a legislative agenda; as well as support the Citywide efforts to support the project goals of reducing the impact of climate change. He is the former Director of HIV Policy for DPH, where he provided ongoing input into the framing of the National HIV/AIDS Strategy. As the member of the management team in the HIV Prevention Section, where he helped establish the Comprehensive HIV Prevention Plan for San Francisco, and its alignment to the national goals.

### **7. Outreach and Engagement Strategist (K. Pierce)**

Karen Pierce, Population Health Division Environmental Justice Director, has developed, coordinated, and directed Environmental Justice programs at SF DPH since 1998. She brings a wealth of knowledge and experience working with communities to bring meaningful public participation into the process. She will provide support in outreach and inclusion and ensure that equity considerations are foremost in the work. She has particular experience with youth engagement and in the Bayview Hunters Point neighborhood.

### **8. Health Equity Strategist (A. Bennett, MD, MS, FAAP)**

Dr. Ayanna Bennett is the Chief Health Equity Officer (CHEO) for the Department of Public Health, and leads the Office of Health Equity (OHE). As the CHEO, Dr. Bennett sets the vision for the integration of health equity in all areas of the department's work, including climate response. The Office of Health Equity holds resources in staff education, workforce policy and program planning that support staff in using effective equity strategies in their work. OHE also oversees the equity related funding and staffing that support equity programs that will collaborate on this program. Finally, the OHE supports specific populations, neighborhoods, and groups in defining their health needs and advocating within DPH for an effective response to community-defined health

<b>B. MANDATORY FRINGES (40% x salaries)</b>	<b>\$ 59,155</b>
This is based on actual fringes for each employee, which average 40% of salaries.	
<b>C. TRAVEL</b>	<b>\$ 4,178</b>
Out of State Conference: Funds cover airfare, registration, ground transport and lodging for staff to attend 2022 NACCHO conference (yet to be scheduled). Costs estimated at \$500 in registration + \$600 airfare + (4 nights x \$150 in lodging) + \$100 in local transportation. GSA rates will be used once location is determined.	\$ 1,800
CDC Meetings: Funds cover cost of 2 staff to attend CDC meeting in Atlanta. Costs estimated at (\$600 airfare + (3 nights x \$163 in lodging) + \$100 in local transportation) x 2 staff.	\$ 2,378
<b>D. EQUIPMENT</b>	<b>-</b>
<b>E. SUPPLIES</b>	<b>\$ -</b>
<b>F. CONSULTANTS/SUBCONTRACTORS</b>	<b>\$ 37,018</b>

**Name of Organization:** Public Health Foundation Enterprises, Inc (PHFE) dba Heluna Health \$ 37,018  
**Method of Selection:** Request for Qualifications (RFQ) (RFQ) RFQ 3-2020  
**Period of Performance:** 9/1/21-8/31/22  
**Total Contract Amount:** \$360,579  
**Method of Evaluation:** Annual program and fiscal and compliance monitoring  
**Scope of Work:** Program administration and support services to the SFDPH Population Health Division. Heluna Health pays for staff members and supplies that support the goals and objectives of the project. For this project, Heluna will contract with consultants to accomplish program activities.

**SALARIES AND BENEFITS**

Position Title and Name	Annual Salary	Time	Months	Amount Requested
Administrator, Margarita Martin-Fernandez	\$ 70,000	10%	12	\$ 7,000
<b>Total Salaries</b>				<b>\$ 7,000</b>

**Job Description**

**3. Administrator (M. Martin)**

The Grant Administrator assists with fiscal management, policy development, and financial reporting of projects at SFDPH's Population Health Division. She will monitor the budget, establish contracts and sub-contracts in addition to managing FTEs, benefits, budget estimates, and monthly reports to assist with the execution of activities. These reports will be used to make staffing, space, and other logistically based decisions to ensure capacity, and to meet program requirements.

	<b>Total Salaries \$ 7,000</b>
<b>Fringe Benefits</b> 35.63% Mandatory Fringe	
	<b>Total Fringes \$ 2,493</b>
	<b>Total Salaries and Fringes \$ 9,493</b>

**OPERATING EXPENSES**

<b>Supplies</b>	-
<b>Travel</b>	-
<b>Training</b>	-

**Subcontract/Consultants**

**\$ 23,324**

Graphic Design: Through a consulting services contract, graphic design support \$6,250 will allow Climate and Health Program disseminate culturally competent outreach and engagement materials to support HAQR, toolkit, and dissemination activities. \$6250 represents 50 hours of work at \$125/hour, consistent with previous graphic design contracts.

Translation Services: Through DPH Translation Contractual Services the Climate and Health Program will ensure all outreach and engagement materials are translated to ensure materials are culturally competent and accessible by the communities with the greatest health disparities. The \$4500 is consistent with previous translation costs incurred by the Climate and Health Program with each translation costing roughly \$300 per flier per language. The \$4500 represents five one-pagers translated into Chinese, Spanish and Tagalog. \$4,500

Facilitation and Pass-Through: Community involvement is integral to the co-design of resilience actions. Through dedicated facilitation and compensation funds, the Climate and Health Program will support the Community Involvement Support Team to incentivize equitable Community Involvement in HAQR. The \$9000 represents compensation of \$150 for 10 organizations to attend bi-monthly Coordination Committee meetings. \$9,000

Research and Evaluation: The Climate and Health Program is in the process of using the electronic health record to capture real-time health impact data. This health impact data will allow for the Program to target resources and emergency response activities at the most vulnerable communities AND will support the development of the Climate Compendium. This dedicated research funding is to support the development of a standardized data template to capture health impact data. The \$3574 represents \$126/hour for 28.37 hours of work. \$3,574

**Total Operating Expenses \$ 23,324**

**Total PHFE/Heluna Health Direct Costs \$ 32,817**

**Indirect Costs \$ 4,201**

Indirect costs are calculated at 12.8% of total modified Direct Costs.

**TOTAL PHFE/HELUNA HEALTH BUDGET \$ 37,018**

**G. OTHER**

**H. TOTAL DIRECT COSTS \$ 248,239**

**I. TOTAL INDIRECT COSTS \$ 51,761**  
**25% Of Personnel**

**J. TOTAL COSTS \$ 300,000**

**San Francisco Department of Public Health, Population Health Division**  
**Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Health CDC-RFA-**  
**EH21-2101**

**Budget Justification -Core budget**  
**September 1, 2021 - August 31, 2022**

Salaries.....	\$ 147,888
Fringe Benefits.....	\$ 59,155
Travel.....	\$ 4,178
Equipment.....	\$ -
Supplies.....	\$ -
Contractual.....	\$ 37,018
Other.....	\$ -
Total Direct.....	\$ 248,239
Indirect Costs.....	\$ 51,761
25% Of Personnel	
Total.....	\$ 300,000



**Recipient Information**

**1. Recipient Name**

San Francisco Department of Public Health  
101 GROVE ST  
Population Health Division  
SAN FRANCISCO, CA 94102-4505  
[NO DATA]

**2. Congressional District of Recipient**

12

**3. Payment System Identifier (ID)**

1946000417A6

**4. Employer Identification Number (EIN)**

946000417

**5. Data Universal Numbering System (DUNS)**

103717336

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Naveena Bobba  
Principal Investigator  
naveena.bobba@sfdph.org  
415-554-2769

**8. Authorized Official**

Dr. Susan Philip  
Acting Health Officer, City and County of San Francisco  
susan.philip@sfdph.org  
6282067638

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Dawn Amaker  
Grants Management Specialist  
qtr5@cdc.gov  
678-47504530

**10. Program Official Contact Information**

Divonna M LaLand  
Project Officer  
DVP SB  
GEV8@cdc.gov  
770-488-4244

**Federal Award Information**

**11. Award Number**

1 NUE1EH001455-01-00

**12. Unique Federal Award Identification Number (FAIN)**

NUE1EH001455

**13. Statutory Authority**

Section 317(k)(2) of the Public Health Service Act, [42 U.S.C. Section 247b(k)(2)], as amended

**14. Federal Award Project Title**

San Francisco Department of Public Health Climate and Health Program actions to reduce the disproportionate impacts of climate change

**15. Assistance Listing Number**

93.070

**16. Assistance Listing Program Title**

Environmental Public Health and Emergency Response

**17. Award Action Type**

New

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	09/01/2021	<b>- End Date</b>	08/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$300,000.00
20a. Direct Cost Amount			\$248,239.00
20b. Indirect Cost Amount			\$51,761.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$0.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$300,000.00
<b>26. Project Period Start Date</b>	09/01/2021	<b>- End Date</b>	08/31/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period</b>			Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Lakita Reid

**30. Remarks**



<b>Recipient Information</b>
<b>Recipient Name</b> San Francisco Department of Public Health 101 GROVE ST Population Health Division SAN FRANCISCO, CA 94102-4505 [NO DATA]
<b>Congressional District of Recipient</b> 12
<b>Payment Account Number and Type</b> 1946000417A6
<b>Employer Identification Number (EIN) Data</b> 946000417
<b>Universal Numbering System (DUNS)</b> 103717336
<b>Recipient's Unique Entity Identifier</b> Not Available
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> Other

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
<b>a. Salaries and Wages</b>	\$147,888.00
<b>b. Fringe Benefits</b>	\$59,155.00
<b>c. Total Personnel Costs</b>	\$207,043.00
<b>d. Equipment</b>	\$0.00
<b>e. Supplies</b>	\$0.00
<b>f. Travel</b>	\$4,178.00
<b>g. Construction</b>	\$0.00
<b>h. Other</b>	\$0.00
<b>i. Contractual</b>	\$37,018.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$248,239.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$51,761.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$300,000.00</b>
<b>m. Federal Share</b>	<b>\$300,000.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>					
<b>FY-ACCOUNT NO.</b>	<b>DOCUMENT NO.</b>	<b>ADMINISTRATIVE CODE</b>	<b>OBJECT CLASS</b>	<b>AMT ACTION FINANCIAL ASSISTANCE</b>	<b>APPROPRIATION</b>
1-9390AVU	21NUE1EH001455	EH	41.51	\$300,000.00	75-21-0947



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 1 NUE1EH001455-01-00

FAIN# NUE1EH001455

Federal Award Date: 08/11/2021

**Direct Assistance**

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

# AWARD ATTACHMENTS

San Francisco Department of Public Health

1 NUE1EH001455-01-00

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1. Terms and Conditions



## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federalregulationspolicies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-EH21-2101, entitled “Building Resilience Against Climate Effects: Implementing and Evaluating Adaptation Strategies that Protect and Promote Human Health – 2021”, and application dated June 18, 2021, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of \$300,000 is approved for the **Core Component** for the Year 01 budget period, which is September 1, 2021 through August 31, 2022. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third party in-kind contribution when applicable.

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Financial Assistance Mechanism:** Cooperative Agreement

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO. The CDC program will work in partnership with recipients to ensure the success of the cooperative agreement by:

- Supporting recipients to implement cooperative agreement requirements and advance program activities to meet outcomes.
- Providing expertise and resources related to scientific subject matter.
- Providing advice on the development, publication, and dissemination of reports, fact sheets, or other data products.
- Collaborating with recipients to develop and implement evaluation plans and use evaluation findings.
- Providing resources and assistance in building evaluation capacity.
- Establishing and facilitating learning opportunities to increase information sharing among recipients.
- Providing professional development and training opportunities, either in person or through virtual web-based training formats, for the purpose of sharing best practices and the latest science.
- Convening meetings that provide recipients with opportunities to exchange resources, share lessons learned, and address common issues.
- Participating in meetings, committees, conference calls, and working groups relevant to achieving the goals of the NOFO.
- Coordinating with other agencies and national organizations working build climate

- resilience.
- Disseminating lessons learned by recipients to build a stronger practice base for climate adaptation strategies.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 “Remarks” of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient’s authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

#### **FUNDING RESTRICTIONS AND LIMITATIONS**

**Indirect Costs:** Indirect costs are approved based on the negotiated indirect cost rate agreement dated March 3, 2021, which calculates indirect costs as follows, a Predetermined is approved at a rate of 25% of the base, which includes, \$207,043 in salaries and fringe benefits. The effective dates of this indirect cost rate are from March 3, 2021 to March 2, 2022.

#### **REPORTING REQUIREMENTS**

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under OMB Number 0920-1132, “Performance Progress and Monitoring Report”, Expiration Date 10/31/2022. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/alreadyhavegrant/Reporting.html>.

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services

Dawn Amaker, Grants Management Specialist  
2939 Brandywine Rd, MS-TV2  
Atlanta, GA 30318  
Email: [gtr5@cdc.gov](mailto:gtr5@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on the bottom of Page 2 of the Notice of Award must be known in order to draw down funds.

#### **CDC Staff Contacts**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-

to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**GMS Contact:**

Dawn Amaker, Grants Management Specialist  
Centers for Disease Control and Prevention  
Office of Grant Services, Branch 3  
2939 Brandywine Rd, MS-TV2  
Atlanta, GA 30318  
Telephone: 678-475-4530  
Email: [qtr5@cdc.gov](mailto:qtr5@cdc.gov)

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Programmatic Contact:**

Michele LaLand, Project Officer  
Centers for Disease Control and Prevention  
Telephone: 770-488-4244  
Email: [gev8@cdc.gov](mailto:gev8@cdc.gov)

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

**GMO Contact:**

Lakita Reid, Grants Management Officer  
Centers for Disease Control and Prevention  
Office of Grant Services, Branch 3  
Telephone: 770-488-2742  
Email: [wtl9@cdc.gov](mailto:wtl9@cdc.gov)

**NATIONAL CENTER FOR ENVIRONMENTAL HEALTH  
EH 21-2101- Building Resilience Against Climate Effects: Implementing and Evaluating  
Adaptation Strategies that Protect and Promote Human Health**

**SUMMARY STATEMENT**

**Date of Review:** July 13-15, 2021

**Applicant Name:** San Francisco Department of Public Health

**Application #:** NUE1EH2021001427

**Core Component Score:** 94.00

**Brief Summary of Application:**

*Summary of Project:*

Since 2013, the San Francisco Department of Public Health's Climate and Health Program has worked to address the local health impacts of climate change through research and assessments, maps and data tools, outreach and engagement, and working interdepartmentally to bring a health perspective to Citywide climate adaptation activities.

In San Francisco, climate change means extreme temperatures, sea level rise and extreme storms, wildfires and air pollution—and these events have significant, cascading, and compounding impacts on public health. These health impacts are not evenly distributed and the communities who carry the heaviest health burden are the ones most exposed, most sensitivity, and with the least access to the economic, social, and political resources to adapt.

Local health departments are uniquely positioned to work across sectors to identify, implement, and improve equitable climate actions.

The Climate and Health Program is applying for both the Core Component and Component-A.

These actions will use the BRACE framework to enhance climate health leadership, expand stakeholder relationships, compile evidence and best practices to develop adaptation plans, build resilience through the implementation of these adaptation plans, and evaluate and disseminate best practices. Specifically, the Climate and Health Program will propose activities to expand the role of local health departments to facilitate large intersectoral climate adaptation processes that brings together City departments, community-based organizations, regional networks, and academic partners. The Heat and Air Quality Resilience Project (HAQR) represents an

innovative approach to coordinate the identification, implementation, and evaluation of medium-to-long-range resilience actions. HAQR is a climate and health adaptation identified in the Core Component and Component A. The expanded Component-A HAQR includes expanded research, CBO-support, outreach and engagement, and evaluation initiatives.

### *Other Relevant Comments*

### **Response to Weaknesses and Recommendations**

Funded applicants should submit a response to the weaknesses and recommendations as a Grant Note in GrantsSolutions by October 1, 2021.

### **Core Component**

#### **Reviewers' Comments - Approach:**

##### *Strengths of Section:*

The Climate and Health Program will centralize the planning, coordination and expansion climate and health actions within DPH, citywide, regionally, and nationally. This allows LHDs to build internal capacity to prepare for and response to them—to adapt our programs and health services to climate change-related hazards and support interdepartmental and intersectoral climate adaptation efforts. The capacity generated through the Climate and Health Program founded the Climate Change Coordination Committee will facilitate an increased cross-programmatic partnerships, including workforce trainings for the Environmental Health Branch to help inspectors adapt their services to climate hazards, and a project to insert climate and health measures into the Community Health Needs.

Letters of support from both within the organization and Bay area partners are evidence of the high priority for these activities.

The Climate and Health Program will continue to engage stakeholders to effectively identify and implement actions responsive to local needs and communicate best practices to increase the effectiveness of adaptations. The Climate and Health Program has built a diverse roster of stakeholders to ensure that actions are co-developed by community representatives. The Climate and Health Program work across departments to leverage established City stakeholder networks to cultivate and strengthen relationships with the communities most vulnerable to the health impacts of climate change.

The Climate Impact Compendium (Compendium) represents an update to the 2014 Climate and Health Profile. The Climate and Health Profile connected local climate projections to health impacts and then through a literature review, to the communities most vulnerable to those impacts. The Climate and Health Profile has been used in numerous City planning documents, by community organizations to advocate for equitable distribution of resilience resources, and by other LHDs as they develop similar assessments.

The Climate and Health Program focuses on: 1) extreme heat, 2) drought, wildfire smoke, and air quality, and 3) power-disruption related to either wildfires or extreme heat events. As these events often coincide, the Climate and Health Program is also concerned with planning for simultaneous events.

Over the last decade, there has been significant work by DPH and CCSF to identify, implement, and communicate seasonal short-term emergency preparedness and response actions. They have targeted populations for this activity are identified in the 2019 DPH Extreme Heat Vulnerability Assessment and include: populations without access to cooling or ventilation, populations in urban heat islands, populations with pre-existing health conditions, older adults, non-white populations, and populations experiencing homelessness.

To evaluate adaptation actions, the Climate and Health Program will employ the CDC Evaluation Framework to design an evaluation approach that accounts for time, scale, and complexity. high-level logic models for the two planned adaptation actions the Climate and Health Program will implement during the performance period. The model outlines the inputs (personnel, local knowledge, and resources) needed to implement the activities, how those inputs will facilitate activities, the outputs of those activities, and the expected short, intermediate, and long-term outcomes from those outputs. These models will be updated when full evaluation plans are developed for each adaptation plan, and also throughout the performance period based on findings from continuous improvement efforts.

**A non-experimental, pre-post design will be used to assess the effectiveness of the adaptation actions in meeting the expected outcomes and the overall evaluation questions.**

The Adaptation Action Plan and Evaluation Plan (APEP) will facilitate the implementation, evaluation, and improvement of

adaptations using the evaluation framework and logic models proposed on p9. APEPs will allow the Program to track progress through specific, measurable, achievable, relevant, and timebound objectives, to identify evaluation activities and data sources, and easily communicate changes to adaptations through yearly APEP updates

**The Climate and Health Program shares resources on the Program website [sfclimatehealth.org](http://sfclimatehealth.org).**

The Climate and Health Program will use the evaluation findings to update adaptation actions. This continuous improvement process will be built into the APEP as part of the Dissemination and Improvement Plan.

The Climate and Health Program plans to continue membership in local, statewide, and national groups such as NACCHO, BARHII and a collaborative workgroup of Western jurisdictions to receive BRACE funding (BRACE WEST). The Program will prioritize conference presentations, and journal submissions to add to the climate health practice.

- Surveyed their workforce to understand current capacity and will use results to enhance internal capacity
- Provided a detailed logic model for the Heat and Air Quality Resilience Project (HAQR) that included all required elements; Provided a previous workplan that has milestone dates, performance measures, and output activities for 2018 activities
- Previously worked to expand and strengthen stakeholder relationships (2017-2018), and plans to build upon Implementation and Monitoring Strategies (IMS) Communications Plan to further engage and build capacity internally and externally
- To demonstrate stakeholder relationships, has multiple letters of commitment for state and city agencies, 1 community partner, regional and national partners
- Has a strong implementation plan that includes adaptation actions, evaluation of adaptation actions (pre-post design), and dissemination to the public via a guide for local health departments to implement BRACE with pilot training in Travis County Health Department and a BRACE WEST Community of Practice
- Provided examples of products that show how health impacts vulnerable populations and adaptation



including the Climate and Health Profile, Extreme Heat Vulnerability Assessment, Flooding and Extreme Storm Vulnerability Assessment and Analysis of the 2017 Extreme Heat and Wildfire Smoke Events

*Weaknesses of Section:*

- Would like to see additional partnership with community groups (only 1 letter of commitment identified), but has ample other partners that work directly with community groups and states that local CBOs are active in the HAQR
- The application does not explain why specific focus areas are chose.
- Much of the actions described appear to be bureaucratic, focused on coordination and planning, with little description of concrete adaptation actions to be taken.

*Recommendations for Section:*

- Consider detailing how community groups will be incorporated into stakeholder mapping, evaluation, and dissemination plans
- The proposal presents a comprehensive and well documented plan for implementing and evaluating adaptation strategies that protect and promote human health

**Core Component**

**Reviewers' Comments - Evaluation and Performance Measurement:**

*Strengths of Section:*

The Climate and Health Program has continued to engage stakeholders to effectively identify and implement actions responsive to local needs and communicate best practices to

increase the effectiveness of adaptations. The Climate and Health Program has built a diverse roster of stakeholders to ensure that actions are co-developed by community representatives. The Climate and Health Program work across departments to leverage established City stakeholder networks to cultivate and strengthen relationships with the communities most vulnerable to the health impacts of climate change.

- Provided a draft evaluation plan that included outcomes, evaluation questions, and performance measures aligned with primary activities
- Plans to engage stakeholders to build evaluation capacity through a variety of methods including online surveys, qualitative interviews and other metrics
- The Climate and Health Program manager, with the Program since 2013, has been responsible for the development of evaluation plans

*Weaknesses of Section:*

- Evaluation plan did not detail timelines; however, applicant indicates that a full evaluation and performance measurement plan will be drafted within first 6 months of the project period; Workplan does has responsible party and completion dates for activities
- The applicant notes that the plan is not yet complete and currently lacks for stakeholder engagement and input into the design.

*Recommendations for Section:*

- Provide a full evaluation plan inclusive of timelines within first 6 months of the project period

**Core Component**

**Reviewers' Comments - Organizational Capacity to Implement the Approach:**

*Strengths of Section:*

The Climate and Health Program has continued to engage stakeholders to effectively identify and implement actions responsive to local needs and communicate best practices to increase the effectiveness of adaptations. The Climate and Health Program has built a diverse roster of stakeholders to ensure that actions are co-developed by community representatives. The Climate and Health Program work across departments to leverage established City stakeholder networks to cultivate and strengthen relationships with the communities most vulnerable to the health impacts of climate change. The Climate Impact Compendium (Compendium) represents an update to the 2014 Climate and Health Profile. The Climate and Health Profile connected local climate projections to health impacts and then through a literature review, to the communities most vulnerable to those impacts. The Climate and Health Profile has been used in numerous City planning documents, by community organizations to advocate for equitable distribution of resilience resources, and by other LHDs as they develop similar assessments.

- Has good leadership and program management as demonstrated by previous support and leadership by key staff
- Applicant describes a strong surveillance and data analytics capacity. The Applied Research, Community Health Epidemiology, and Surveillance (ARCHES) Branch of the Population Health Division is responsible for coordinating collection, processing, management, analysis and interpretation of health-related data
- Established local, national, and statewide partnerships for climate and health activities; For example, co-facilitated a multi-city workgroup to identify best practices related to heat, wildfire smoke, and COVID-19 hazards.
- Previously funded for BRACE activities with important reports (e.g., Hospital Extreme heat and Wildfire Smoke Best Practices toolkit, and Climate and Health Adaptation Framework) and plans to continue to implement framework

*Weaknesses of Section:*

It is not clear how the BRACE program's findings informed the current application.

**OTHER COMMENTS:**

The examples of communication products provided appear to be targeted towards clinicians or public health officials, rather than community-based organizations and the general public

*Recommendations for Section:*

## **Core Component**

### **Reviewers' Comments - Budget and Budget Narrative:**

*Strengths of Section:*

*Weaknesses of Section:*

*Recommendations for Section:*

Comments:

It appears that all of the proper accounting procedures are in place to manage contract monies.

Provided documentation (grants management guidebook) that describes financial system and capacity to write, award, and manage contracts

## **Optional Component A – Expanded Implementation and Evaluation**

**Component A Score: 74.67**

### **Reviewers' Comments - Compile Evidence and Best Practices to Develop Adaptation Plans:**

#### *Strengths of Section:*

Climate and Health Program will use the Heat and Air Quality Resilience Project (HAQR) and related facilitation, coordination, research, implementation, and evaluation actions. The HAQR represents an innovative model to expand the role of LHDs to facilitate large intersectoral climate adaptation processes to encourage all programs and disciplines to use health and equity data to evaluate actions. The HAQR is co-managed by the Climate and Health Program and the Program communicates priorities to City leadership, chairs the coordination committee and support teams, supports the implementation teams, engages community stakeholders, and manages evaluation activities through: 1) Dedicated epidemiology and air quality data support to improve the collection and dissemination of climate data and health data, 2) Increased evaluation capacity through partnership with the UCSF Partnerships for Research in Implementation Science for Equity (PRISE) Center, 3) Increased community involvement in the co-design of actions through a community outreach coordinator and pass-through funding to San Francisco community organizations, 4) Contractual support to the implementation teams for research and data generation, graphic design, and translation services, 5) Increased best practices dissemination activities through dedicated resources towards engagement with other LHDs to train them on the BRACE framework.

- Plans to expand the HAQR and will update the 2014 Climate and Health Profile (Compendium) and work with stakeholders including epidemiologists, community organizations, and other partners.
- Describes health effects related to extreme heat; wildfire smoke, and air quality; multi-hazards coinciding with extreme heat and wildfire smoke events.
- Will have a dedicated epidemiologist and outreach coordinator/community involvement lead for the proposed

work

- Heat and Air Quality Resistance Project focuses on increasing resilience among vulnerable populations such as those without access to cooling or ventilation and those experiencing homelessness
- Provided overall logic models with key components for the HAQR and Supportive & Affordable Housing Best Practices Toolkit
- Has strong implementation science support through PRISE to examine efforts to reduce health disparities among affected populations

*Weaknesses of Section:*

The application relies heavily on the Core Component to explain the Component A actions and how they fit into the broader objectives. It would have been helpful to have more of a direct justification of these activities and why they were selected for the Component.

The application lacks sufficient detail to explain the reasoning behind the additional component.

*Recommendations for Section:*

*Other Relevant Comments:*

**Optional Component A – Expanded Implementation and Evaluation**

**Reviewers comments - Write and Implement an Adaptation Action and Evaluation Plans:**

*Strengths of Section:*

The Climate and Health Program APEP's will facilitate the implementation, evaluation, and improvement of identified adaptation using the evaluation framework and logic models proposed on page 10 and 24. APEPs will track progress through specific, measurable, achievable, relevant, and timebound objectives, identify evaluation activities and data sources, and establish a process to communicate changes to adaptations through yearly APEP updates. Capacity Lead will work with at least four LHDs to implement portions of the BRACE Framework in year one.

- Details that they will develop community of practice and plans to disseminate materials at conferences, journal articles, and white papers
- Also has shared information on the program website and has contractor to help expand reach of communications

*Weaknesses of Section:*

The proposal lacks sufficient detail to demonstrate how the adaptation action and evaluation plans will be made, instead referring to the core component only.

*Recommendations for Section:*

*Other Relevant Comments:*

**Optional Component A – Expanded Implementation and Evaluation**

**Reviewer’s comments - Identify, Use, and Disseminate Lessons Learned on Effective Adaptation Actions:**

*Strengths of Section:*

The Climate and Health Program APEP’s will facilitate the implementation, evaluation, and improvement of identified adaptation using the evaluation framework and logic models proposed on page 10 and 24. APEPs will track progress through specific, measurable, achievable, relevant, and timebound objectives, identify evaluation activities and data sources, and establish a process to communicate changes to adaptations through yearly APEP updates. Increased best practices dissemination through dedicated resources towards engagement with other LHDs to train them on the BRACE framework (Dissemination). Capacity Lead will work with at least four LHDs to implement portions of the BRACE Framework in year one.

- Will develop a guide for LHDs to implement the BRACE framework and pilot the training with the Travis County Health Department
- Defines that the Capacity lead will work with at least 4 local health departments to implement BRACE by end of year 1

*Weaknesses of Section:*

- Capacity lead is part time- will this be enough effort to

accomplish goals of working with 4 LHDs to implement BRACE in a year?

- The proposal lacks sufficient detail to demonstrate how evaluation findings will be used to improve adaptation action, instead referring to the core component only. There is only one dissemination activity described.

*Recommendations for Section:*

*Other Relevant Comments:*





London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors  
**FROM:** Dr. Grant Colfax  
Director of Health  
**DATE:** 3/28/2022  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** San Francisco Department of Public Health Climate and Health Program actions to reduce the disproportionate impacts of climate change - \$300,000

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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.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No