

File No. 101314

Committee Item No. 1

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

### COMMITTEE/BOARD OF SUPERVISORS

#### AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND  
NEIGHBORHOOD SERVICES

Date 11/8/10

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Gail Johnson

Date 11/4/10

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.



1 [Accept and Expend Grant - Department of Public Health - Environmental Assessment Heat  
2 Wave and Air Quality Project - \$106,526]

3 **Resolution authorizing the San Francisco Department of Public Health to accept and**  
4 **expend retroactively a grant from the Centers for Disease Control and Prevention in**  
5 **the amount of \$106,526 to fund the Environmental Health Assessment of Vulnerability**  
6 **to Heat Wave and Air Quality Project for the period September 1, 2010, through August**  
7 **30, 2011.**

8  
9 WHEREAS, The Centers for Disease Control and Prevention (CDC) has agreed to  
10 fund DPH in the amount of \$106,526 for the period of September 1, 2010 through August 30,  
11 2011; and,

12 WHEREAS, The full project period of the grant starts on September 1, 2010 and ends  
13 on August 30, 2013, with years two and three subject to availability of funds and satisfactory  
14 progress of the project; and,

15 WHEREAS, DPH will use these funds to plan for heat wave related emergency  
16 response as an effect of climate change; and,

17 WHEREAS, An ASO amendment is not required as the grant partially supports three  
18 existing positions, one Epidemiologist II (Job Class #2802) at .15 FTE, one Public Service  
19 Aide (Job Class #9924) at 3.0 FTE, and Emergency Medical Services (EMS) Medical  
20 Resident at 0.4 FTE (no CCSF Job Class number, student/staff provided to EMS through  
21 UCSF), for the period of September 1, 2010 through August 30, 2011; and,

22 WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
23 \$18,233; and,

24 WHEREAS, DPH is seeking retroactive approval because the CDC did not send the  
25 grant award until September 21, 2010; now, therefore, be it

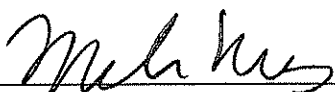
1 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
2 in the amount of \$106,526 from the CDC; and, be it

3 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
4 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,  
5 be it

6 FURTHER RESOLVED, That the Controller is directed to designate the positions  
7 funded under this agreement as a "G" or grant-funded position which would terminate when  
8 the agreement expires; and, be it

9 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
10 agreement on behalf of the City.

11  
12  
13  
14 RECOMMENDED:

15   
16 \_\_\_\_\_  
17 Mitchell Katz, M.D.  
18 Director of Health

APPROVED:

19   
20 \_\_\_\_\_  
21 Office of the Mayor

22   
23 \_\_\_\_\_  
24 Office of the Controller  
25



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D. *MK*  
Director of Health

DATE: October 7, 2010

SUBJECT: Grant Accept and Expend

GRANT TITLE: Environmental Health Assessment of Vulnerability to Heat Wave and Air quality - \$106,526

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Award Letter
- Agreement
- Other (Explain):

**Special Timeline Requirements:**

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

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health,  
1380 Howard St.

Certified copy required Yes

No

**File Number:** \_\_\_\_\_  
(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: Environmental Health Assessment of Vulnerability to Heat Wave and Air Quality

2. Department: Department of Public Health

3. Contact Person: Rebekah Varela Telephone: 554-2894

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$106,526

6a. Matching Funds Required: \$0

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

7a. Grant Source Agency: Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Environmental Health

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

8. Proposed Grant Project Summary: This grant will allow DPH the opportunity to plan for heat wave related emergency response as an effect of climate change. Phase one in the FY2010-2011 will be focused on data collection and analysis of the built environment and analysis of EMS calls in previous heat waves. Future years will focus on the development of a response plan.

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

Approved Year one project:	Start-Date: 09/01/2010	End-Date: 08/30/2011
Full Project Period:	Start-Date: 09/01/2010	End-Date: 08/30/2013

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

b. Will contractual services be put out to bid? n/a

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? \$18,233

b2. How was the amount calculated? 24.4% of salaries per DPH guidance

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?

12. Any other significant grant requirements or comments:

DPH respectfully requests for retroactive approval to accept and expend funds because the Department received the contract after the start date of September 1, 2010 on September 21, 2010.

The grant budget code and detail is: HCEH04-1100 index code HCHPBADMINGR.

**\*\*Disability Access Checklist\*\*\***

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)

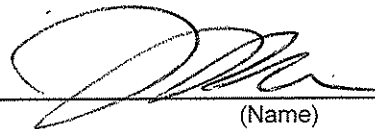
New Site(s)

New Structure(s)

14. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: \_\_\_\_\_

  
(Name)

Date Reviewed: \_\_\_\_\_

10/8/10

Department Approval: \_\_\_\_\_

  
(Name) (Title)

\_\_\_\_\_  
(Signature)

<b>Revised Accept &amp; Expend DPH BUDGET</b>			
	<b>Annual</b>	<b>FTE</b>	<b>Total</b>
<u>Personnel:</u>			
<u>Epidemiologist II: Existing requisition; currently vacant</u>	\$92,222	0.15	\$13,833
<u>Senior Planner: Existing position, In Kind</u>	n/a	0.10	In Kind
<u>Epidemiologist III: Existing position, In Kind</u>	n/a	0.10	In Kind
<u>EMSA Medical Residents: Existing positions</u>			
EMSA Medical Residents, base rate \$3000/1 FTE/month	\$36,000	0.40	\$14,400
<u>9924 Public Service Aide temp position</u>			
UCB School of Public Health--EH Interns, base rate \$15.30/hr/1 .05FTE	\$15,912	3.00	\$47,736
Salaries			\$75,969
<b>MFB</b>			\$4,619
	<b>Total Salaries &amp; MFB</b>		<b>\$80,589</b>
<u>Materials &amp; Supplies</u>			
Remote Sensed Imagery from Satellite Company			\$1,151
Non-public GIS Data from Data Company			<u>\$1,500</u>
			\$2,651
<u>Travel</u>			
Air Travel			\$3,254
Non Air Travel			<u>\$1,800</u>
			\$5,054
	<b>Total Operating Cost</b>		<b>\$7,705</b>
<u>Other</u>			
Non-staff travel			<u>\$0</u>
Direct:			\$88,294
Indirect:			\$18,233
	<b>Total</b>		<b>\$106,526</b>



## Budget Justification:

### Personnel:

1. Senior Health Program Planner: In kind staff responsible for leading Heat Plan coordination. This includes leading grant coordination, grant reporting, recruiting stakeholders, leading the planning group and leading the plan development.
2. Public Service Aide 1: The PSA #1, currently being recruited, will be coordinating the administrative functions of the planning process. This includes coordinating workgroup meetings, taking minutes and assisting with plan development.
3. Epidemiologist II: The Environmental Health Epidemiologist II will manage and lead the collection and analysis of data related to the built environment. This includes the creation of a heat vulnerability index.
4. Public Service Aide 2: The PSA #2 will assist in the creation of a heat vulnerability index using remote sensing and geographic information systems data collection.
5. Public Service Aide 3: The PSA #3 will also assist in the creation of a heat vulnerability index using remote sensing and geographic information systems data collection.
6. Epidemiologist III: The In kind Senior Environmental Health Epidemiologist III will represent Environmental Health in the planning process and will lead the presentation of data related to the project.
7. EMS Resident: The two EMSA residents will analyze the 911call history for trend data from the previous heat waves in the last decade.

### Materials and Supplies

1. Remote Sense Imagery from Satellite Company: shows heat variables in the built environment and heat variables through aerial photography
2. Non Public GIS Data from Data Company: additional data to demonstrate heat variable including inventory of building types and space use

### Travel

1. Required Grant Orientation Meeting for two Staff, Atlanta, GA, date TBA:
  - a. The Senior Health Program Planner and the Epidemiologist III will attend the mandatory grant orientation in Atlanta, GA.
  - b. Air fare estimated at \$614.50 each x 2 = \$1229
  - c. Hotel estimated at \$120 per night x 3 nights x 2 people = \$720
  - d. Total = \$1949
2. Travel to the CDC Annual Conference for 3 staff to present methodology of heat grant project:
  - a. The Epidemiologist II, III and the Senior Planner will attend the CDC Annual Conference
  - b. Air fare estimated at \$675 each x 3 = \$2025
  - c. Hotel estimated at \$120 per night x 3 nights x 3 people = \$1080
  - d. Total = \$3105

Opportunity Title:	Developing Public Health Capacity and Adaptations to Re
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.070
CFDA Description:	Environmental Public Health and Emergency Response
Opportunity Number:	CDC-RFA-EH10-1006
Competition ID:	NCEH-NR
Opportunity Open Date:	02/18/2010
Opportunity Close Date:	04/19/2010
Agency Contact:	CDC Procurement and Grants Office Technical Information Management Section E-mail: PGOTIM@cdc.gov Phone: 770-488-2700

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: San Francisco Dept of Public Health

**Mandatory Documents**

Move Form to Complete

Move Form to Delete

**Mandatory Documents for Submission**

Application for Federal Assistance (SF-424)  
Disclosure of Lobbying Activities (SF-LLL)  
Project Abstract Summary  
Budget Information for Non-Construction Program  
HHS Checklist Form PHS-5161  
Project Narrative Attachment Form  
Budget Narrative Attachment Form

**Optional Documents**

Move Form to Submission List

Move Form to Delete

**Optional Documents for Submission**

Other Attachments Form

**Instructions**

- 1** Enter a name for the application in the Application Filing Name field.

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
  
- 2** Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
  
- 3** Click the "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
--	--	--

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
---	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
----------------------------------	--

8. APPLICANT INFORMATION:

\* a. Legal Name: CITY & COUNTY OF SAN FRANCISCO DBA PUBLIC HEALTH DEPT

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417	* c. Organizational DUNS: 103717336
---	--

d. Address:

\* Street1: 101 GROVE ST RM 306  
Street2: \_\_\_\_\_  
\* City: SAN FRANCISCO  
County: SAN FRANCISCO  
\* State: CA: California  
Province: \_\_\_\_\_  
\* Country: USA: UNITED STATES  
\* Zip / Postal Code: 94102-4505

e. Organizational Unit:

Department Name: Department of Public Health	Division Name: Environmental Health
---	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. \* First Name: Karen  
Middle Name: L.  
\* Last Name: Cohn  
Suffix: \_\_\_\_\_

Title: Program Manager

Organizational Affiliation:  
Environmental Health

\* Telephone Number: 415-252-3898 Fax Number: 415-252-3889

\* Email: karen.cohn@sfdph.org

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

C: City or Township Government

**Type of Applicant 2: Select Applicant Type:**

B: County Government

**Type of Applicant 3: Select Applicant Type:**

\* Other (specify):

**\* 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

**11. Catalog of Federal Domestic Assistance Number:**

93.070

**CFDA Title:**

Environmental Public Health and Emergency Response

**\* 12. Funding Opportunity Number:**

CDC-RFA-EH10-1006

**\* Title:**

Developing Public Health Capacity and Adaptations to Reduce Human Health Effects of Climate Change

**13. Competition Identification Number:**

NCEH-NR

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

City and County of San Francisco

**\* 15. Descriptive Title of Applicant's Project:**

Environmental Health Assessment of Vulnerability to Heat Wave and Air Quality Effects of Climate Change and Strategic Planning to Build Public Health Capacity and Adaptations to Reduce Health Effects

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

\* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

\* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="110,286.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="110,286.00"/>

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

Yes  No

21. \*By signing this application, I certify (1) to the statements contained in the list of certifications\*\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\*\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

\*\* I AGREE

\*\* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Title:

\* Telephone Number:  Fax Number:

\* Email:

\* Signature of Authorized Representative:  \* Date Signed:

**Application for Federal Assistance SF-424**

Version 02

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

[Empty text input area for Applicant Federal Debt Delinquency Explanation]

## Project Abstract Summary

**Program Announcement (CFDA)**

93.070

**\* Program Announcement (Funding Opportunity Number)**

CDC-RFA-EH10-1006

**\* Closing Date**

04/19/2010

**\* Applicant Name**

CITY & COUNTY OF SAN FRANCISCO DBA PUBLIC HEALTH DEPT

**\* Length of Proposed Project**

1

**Application Control No.**

**Federal Share Requested (for each year)**

**\* Federal Share 1st Year**

\$ 110,286

**\* Federal Share 2nd Year**

\$ 0

**\* Federal Share 3rd Year**

\$ 0

**\* Federal Share 4th Year**

\$ 0

**\* Federal Share 5th Year**

\$ 0

**Non-Federal Share Requested (for each year)**

**\* Non-Federal Share 1st Year**

\$ 0

**\* Non-Federal Share 2nd Year**

\$ 0

**\* Non-Federal Share 3rd Year**

\$ 0

**\* Non-Federal Share 4th Year**

\$ 0

**\* Non-Federal Share 5th Year**

\$ 0

**\* Project Title**

Environmental Health Assessment of Vulnerability to Heat Wave and Air Quality Effects of Climate Change and Strategic Planning to Build Public Health Capacity and Adaptations to Reduce Health Effects

## Project Abstract Summary

### \* Project Summary

The San Francisco Department of Public Health (SFDPH) is applying for a cooperative agreement with the US Centers for Disease Control under their RFA-EH10-1006, Developing Public Health Capacity and Adaptations to Reduce Human Health Effects of Climate Change, Category 1 - Assessment and Planning to Develop Climate Change Programs. The focus of our application is on preventing heat stress morbidity and mortality from extreme heat events and associated air quality impacts, which are expected to increase in frequency and duration with climate change, and in which our Department has a lead role to develop the city's heat wave disaster response plan. San Francisco showed specific vulnerabilities during the 2006 California heat wave, due to our lack of physiologic and technologic adaptations for extreme heat events. For this reason, SFDPH will develop an environmental health assessment methodology and a public health gap analysis. We will validate our model with field measurements inside and outside of buildings during hot weather conditions. SFDPH Disaster Health Planning will subsequently co-chair an inter-agency task force with SF Department of Emergency Management (SFDEM), using the accumulated findings to conduct strategic planning which will guide development of a City and County of San Francisco heat wave disaster response plan, appropriate surveillance and health education/ outreach activities that will build resiliency of the most vulnerable San Franciscans.

Sum of Environmental Health Assessment Methodology: To approach the issue of identifying populations most at risk of the human health effects from heat waves and associated air quality impacts related to climate change, SFDPH Environmental Health will utilize existing data on extreme heat vulnerability factors from various sources, representative of the extreme heat vulnerability factors including population exposure, sensitivity, and adaptive capacity - as detailed in our Environmental Health Assessment Methodology attachment. This data will include U.S. Census-derived data on heat wave vulnerability factors (e.g. proportion of population in poverty, proportion of population under five years of age and over 65 years of age, census tracts with the greatest proportion of people over 65 years of age living alone) and State-derived Emergency Department (ED) and Hospitalization data, such as census tracts with excess ED use and/or hospitalization for diabetes, asthma, chronic obstructive pulmonary disease and congestive heart failure.

We will also utilize other existing local governmental data sources, e. g. SF Department of the Environment infrared thermography of built environment heat islands, extent of soil impermeability and tree canopy, SF Department of Building Inspection and American Housing Survey data on the concentration of buildings known to be without air conditioning or built before HVAC requirements for air conditioning and concentration of buildings with building materials known for greater heat absorbance and PHES Air Quality and Noise Program data on the concentration of buildings closest to high traffic routes, etc. We will obtain ambulance call address data from the San Francisco Department of Emergency Management (SFDEM) Emergency Medical Services Agency (EMSA) for the heat wave in summer of 2006 as another component of the analysis. We will map the aforementioned population exposure, sensitivity, and adaptive capacity heat wave vulnerability factors to assess the spatial distribution of determinants of heat vulnerability in San Francisco and associated air quality impacts, and identify high-risk populations by creating a cumulative heat vulnerability index using a factor analysis or similar statistical approach. Staff will also perform statistical analyses to identify the strongest independent risk factors of urban heat islands, in the interest of informing recommendations for urban design/land use and other environmental mitigations.

### \* Estimated number of people to be served as a result of the award of this grant.

850000



# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB  
0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
--	--	--

**4. Name and Address of Reporting Entity:**

Prime     SubAwardee

\* Name: Environmental Health, SFDPH

\* Street 1: 1390 Market Street #410      Street 2: \_\_\_\_\_

\* City: San Francisco      State: CA: California      Zip: 94102

Congressional District, if known: 8

**5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:**

<b>6. * Federal Department/Agency:</b> CENTERS FOR DISEASE CONTROL	<b>7. * Federal Program Name/Description:</b> Environmental Public Health and Emergency Response CFDA Number, if applicable: 93.070
---	---

<b>8. Federal Action Number, if known:</b> _____	<b>9. Award Amount, if known:</b> \$ _____
---	---

**10. a. Name and Address of Lobbying Registrant:**

Prefix \_\_\_\_\_ \* First Name Eve Middle Name \_\_\_\_\_

\* Last Name O'Toole Suffix \_\_\_\_\_

\* Street 1: 2099 Pennsylvania Avenue, N.W.      Street 2: \_\_\_\_\_

\* City: Washington D.C.      State: \_\_\_\_\_      Zip: \_\_\_\_\_

**b. Individual Performing Services** (including address if different from No. 10a)

Prefix Ms. \* First Name Eve Middle Name \_\_\_\_\_

\* Last Name O'Toole Suffix \_\_\_\_\_

\* Street 1: \_\_\_\_\_      Street 2: \_\_\_\_\_

\* City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

**11.** Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

\* Signature: Completed on submission to Grants.gov

\* Name: Prefix \_\_\_\_\_ \* First Name Rebekah Middle Name \_\_\_\_\_

\* Last Name Vazela Suffix \_\_\_\_\_

Title: Senior Health Program Planner      Telephone No.: \_\_\_\_\_      Date: Completed on submission to Grants.gov

**BUDGET INFORMATION - Non-Construction Programs**

**SECTION A - BUDGET SUMMARY**

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. Year One	93.070	\$	\$	\$ 110,286.00	\$	\$ 110,286.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 110,286.00	\$	\$ 110,286.00

**SECTION B - BUDGET CATEGORIES**

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Year One	(2)	(3)	(4)	
a. Personnel	\$ 80,046.00	\$	\$	\$	\$ 80,046.00
b. Fringe Benefits	3,337.00				3,337.00
c. Travel	1,820.00				1,820.00
d. Equipment	0.00				
e. Supplies	1,000.00				1,000.00
f. Contractual	0.00				
g. Construction	0.00				
h. Other	4,840.00				4,840.00
i. Total Direct Charges (sum of 6a-6h)	91,043.00				\$ 91,043.00
j. Indirect Charges	19,243.00				\$ 19,243.00
k. TOTALS (sum of 6i and 6j)	\$ 110,286.00	\$	\$	\$	\$ 110,286.00
7. Program Income	\$ 110,286.00	\$	\$	\$	\$ 110,286.00

**SECTION C - NON-FEDERAL RESOURCES**

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$		\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$		\$	\$

**SECTION D - FORECASTED CASH NEEDS**

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 110,286.00	\$ 27,571.50	\$ 27,571.50	\$ 27,571.50
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$ 110,286.00	\$ 27,571.50	\$ 27,571.50	\$ 27,571.50

**SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT**

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$ 110,286.00	\$ 80,000.00	\$ 80,000.00	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 110,286.00	\$ 80,000.00	\$ 80,000.00	\$

**SECTION F - OTHER BUDGET INFORMATION**

21. Direct Charges:	91043	22. Indirect Charges:	19243
23. Remarks:	Indirect = 24.04% salaries for SEDPR		

Authorized for Local Reproduction

CHECKLIST

Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application: [X] NEW [ ] Noncompeting Continuation [ ] Competing Continuation [ ] Supplemental

PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- 1. Proper Signature and Date [X]
2. Proper Signature and Date on PHS-5161-1 "Certifications" page [X]
3. Proper Signature and Date on appropriate "Assurances" page [X]
4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690)
[ ] Civil Rights Assurance (45 CFR 80)
[ ] Assurance Concerning the Handicapped (45 CFR 84)
[ ] Assurance Concerning Sex Discrimination (45 CFR 86)
[ ] Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91)
5. Human Subjects Certification, when applicable (45 CFR 46) [ ] [X]

PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? [ ] [X]
2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) [X]
3. Has the entire proposed project period been identified on the SF-424? [X]
4. Have biographical sketch(es) with job description(s) been attached, when required? [ ] [X]
5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? [X]
6. Has the 12 month detailed budget been provided? [X] [ ]
7. Has the budget for the entire proposed project period with sufficient detail been provided? [X] [ ]
8. For a Supplemental application, does the detailed budget address only the additional funds requested? [ ] [X]
9. For Competing Continuation and Supplemental applications, has a progress report been included? [ ] [X]

PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made
Name: Prefix: Mr. \* First Name: David Middle Name:
\* Last Name: Anabu Suffix:
Title: Fiscal Supervisor, Grants Unit
Organization: DEPARTMENT OF PUBLIC HEALTH
Address: \* Street1: 1380 HOWARD ST. #450
Street 2:
\* City: SAN FRANCISCO
\* State: CA: California Province:
\* Country: USA: UNITED STATES \* Zip / Postal Code: 94103-2614
\* Telephone Number: 415-255-3472
E-mail Address: david.anabu@sfedph.org
Fax Number: 255-3675
APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (if already assigned)
[ ] - 94-6000417 - [ ]

**PART C (Continued): In the spaces provided below, please provide the requested information.**

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
 Title:   
 Organization:   
 Address: \* Street1:   
 Street2:   
 \* City:   
 \* State:  Province:   
 \* Country:  \* Zip / Postal Code:   
 \* Telephone Number:   
 E-mail Address:   
 Fax Number:

SOCIAL SECURITY NUMBER

HIGHEST DEGREE EARNED

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: \*(Agency)

on \*(Date)

**INVENTIONS**

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

**EXECUTIVE ORDER 12372**

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order 12372 and, where appropriate, whether the State has been given an opportunity to comment.

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

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To add more Project Narrative File attachments, please use the attachment buttons below.

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

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To add more Budget Narrative attachments, please use the attachment buttons below.



## Other Attachment File(s)

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\* Mandatory Other Attachment Filename:

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To add more "Other Attachment" attachments, please use the attachment buttons below.



**Grant Number:** 1UE1EH000752-01 REVISED

**Principal Investigator(s):**  
KAREN COHN

**Project Title:** ENVIRONMENTAL HEALTH ASSESSMENT OF VULNERABILITY TO HEAT WAVE  
AND AIR QUALITY

DAVID ANABU  
CITY & CNTY/SAN FRANCISCO DPH  
1390 MARKET STREET, SUITE 210  
SAN FRANCISCO, CA 94102

**Budget Period:** 09/01/2010 – 08/31/2011

**Project Period:** 09/01/2010 – 08/31/2013

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Barbara R. Benyard  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

**SECTION I – AWARD DATA – 1UE1EH000752-01 REVISED****Award Calculation (U.S. Dollars)**

Salaries and Wages	\$75,969
Fringe Benefits	\$4,619
Personnel Costs (Subtotal)	\$80,588
Supplies	\$2,651
Travel Costs	\$5,054

Federal Direct Costs	\$88,293
Federal F&A Costs	\$18,233
Approved Budget	\$106,526
Federal Share	\$106,526
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$106,526</b>

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$80,000  
03 \$80,000

**Fiscal Information:**

CFDA Number: 93.070  
EIN: 1946000417A8  
Document Number: UEH000752A

IC	CAN	2010	2011	2012
EH	921ZJJW	\$106,526	\$80,000	\$80,000

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
1	\$106,526	\$106,526	
2	\$80,000	\$80,000	
3	\$80,000	\$80,000	

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

**CDC Administrative Data:**  
PCC: / OC: 4151

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1UE1EH000752-01 REVISED**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office 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 [hhsstips@oig.hhs.gov](mailto:hhsstips@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. This note replaces the Inspector General contact information cited in previous notice of award.

**SECTION III – TERMS AND CONDITIONS – 1UE1EH000752-01 REVISED**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**  
Additional Costs

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**SECTION IV – EH Special Terms and Conditions – 1UE1EH000752-01 REVISED**

Funding Opportunity Announcement (FOA) Number: EH10-1006  
Award Number: 1 UE1/EH000752-01-1  
Approval List Number: CM-311-G10

**TERMS AND CONDITIONS OF THIS AWARD**

1. **APPROVAL OF RESPONSE TO BUDGET REQUIREMENT:** This revised Notice of Award approves your response to the budget requirement for the project entitled, "Developing Public Health Capacity and Adaptations to Reduce Human Health Effects of Climate Change", for your award dated August 17, 2010. We have reviewed the material submitted by your organization on September 10, 2010, and find it to be acceptable.
2. Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.
3. All other terms and conditions issued with this award remain in effect, unless otherwise changed, in writing, by the Grants Management Officer

**STAFF CONTACTS**

**Grants Management Specialist:** Lisa R Williams  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
Koger Center, Colgate Building  
2920 Brandywine Road, Mail Stop K 70  
Atlanta, GA 30341  
**Email:** lwilliams2@cdc.gov **Phone:** 770.488.2897 **Fax:** 770.488.2670

**Program Official:** Steven Davis  
Center for Disease Control and Prevention  
NCEH  
4770 Buford Highway, MS F-58  
Atlanta, GA 30341  
**Email:** sdavis1@cdc.gov **Phone:** 777-488-1326 **Fax:** 770-488-3460

**Grants Management Officer:** Barbara R Benyard  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
Koger Center, Colgate Building  
2920 Brandywine Road, Mail Stop K 70  
Atlanta, GA 30341  
**Email:** rbenyard@cdc.gov **Phone:** 770.488.2757 **Fax:** 770.488.2777

**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 1UE1EH000752-01 REVISED

**INSTITUTION:** CITY AND COUNTY OF SAN FRANCISCO

<b>Budget</b>	<b>Year 1</b>	<b>Year 2</b>	<b>Year 3</b>
Salaries and Wages	\$75,969		
Fringe Benefits	\$4,619		
Personnel Costs (Subtotal)	\$80,588		
Supplies	\$2,651		
Travel Costs	\$5,054		
Other Costs		\$80,000	\$80,000
TOTAL FEDERAL DC	\$88,293	\$80,000	\$80,000
TOTAL FEDERAL F&A	\$18,233		
TOTAL COST	\$106,526	\$80,000	\$80,000



**Grant Number:** 1UE1EH000752-01

**Principal Investigator(s):**  
KAREN COHN

**Project Title:** ENVIRONMENTAL HEALTH ASSESSMENT OF VULNERABILITY TO HEAT WAVE  
AND AIR QUALITY

DAVID ANABU  
CITY & CNTY/SAN FRANCISCO DPH  
1390 MARKET STREET, SUITE 210  
SAN FRANCISCO, CA 94102

**Budget Period:** 09/01/2010 – 08/31/2011

**Project Period:** 09/01/2010 – 08/31/2013

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$106,526 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Barbara R Benyard  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

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**SECTION I – AWARD DATA – 1UE1EH000752-01****Award Calculation (U.S. Dollars)**

Salaries and Wages	\$80,046
Fringe Benefits	\$3,337
Personnel Costs (Subtotal)	\$83,383
Supplies	\$1,000
Travel Costs	\$900
Other Costs	\$2,000

Federal Direct Costs	\$87,283
Federal F&A Costs	\$19,243
Approved Budget	\$106,526
Federal Share	\$106,526
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$106,526</b>

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$106,526**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 \$80,000  
03 \$80,000

**Fiscal Information:**

CFDA Number: 93.070  
EIN: 1946000417A8  
Document Number: UEH000752A

IC	CAN	2010	2011	2012
EH	921ZJJW	\$106,526	\$80,000	\$80,000

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$106,526	\$106,526
2	\$80,000	\$80,000
3	\$80,000	\$80,000

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

**CDC Administrative Data:**  
PCC: / OC: 4151

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 1UE1EH000752-01**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office 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 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. This note replaces the Inspector General contact information cited in previous notice of award.

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**SECTION III – TERMS AND CONDITIONS – 1UE1EH000752-01**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**

Additional Costs

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**SECTION IV – EH Special Terms and Conditions – 1UE1EH000752-01**

Funding Opportunity Announcement (FOA) Number: EH10-1006

Award Number: 1 UE1/EH000752-01

Approval List Number: C0-072-G10

**TERMS AND CONDITIONS OF THIS AWARD**

NOTE 1. INCORPORATION: Funding Opportunity Announcement Number EH10-1006 entitled, Developing Public Health Capacity and Adaptations to Reduce Human Health Effects of Climate Change, and application dated April 19, 2010, as amended, is made a part of this New Non-Research award by reference.

The following regulations and policies are applicable to this award.

- a. HHS Policy Statement
- b. Administrative Regulation ? OMB Circular A-102 (45 CFR Part 92)
- c. Cost Principles - OMB Circular A-87 (2 CFR Part 225)

Note: The above documents can be found at Website:  
<http://www.cdc.gov/od/pgo/funding/grants/references.shtm>

2. INDIRECT COSTS: Indirect costs are approved based on the approved Cost Allocation Plan dated 02/26/10 which calculates indirect costs at a rate of 24.04 percent applicable to Population Health and Prevention

Base: Direct salaries.

3. BUDGET REQUIREMENT: By October 1, 2010, the grantee must submit a revised budget for YR01 only in the amount of 106,526. The revised budget should include a narrative justification and work plan to include the anticipated hire date of all vacant positions, itemized listing of supply expenditures, provide an in-depth justification for the reproduction of EH Assessment reports, provide an in-depth justification for each trip for both in- and out-of state travel destinations for staff members (made part of the award) to mileage estimates for in-state travel, etc. All other travel costs for non-staff person(s) should be made part of the award via contractor or consultant. There is a requirement of 7 elements for each consultant or 6 elements for each contractor being added to the award. Failure to submit the required information in a timely manner may adversely effect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Management Specialist, noted in Section IV. Staff Contacts, will receive the information.

**4. REPORTING REQUIREMENTS:**

a) Annual Financial Status Report (FSR, SF 269 or SF 269A):

The Annual Financial Status Report (FSR) is required and must be submitted 90 days after the end of each budget period. The FSR is due to the Grants Management Specialist on December 1, 2011. The Reporting period is September 1, 2010 through August 31, 2011. The FSR should be submitted by your business office on Standard Form 269 and should include only those funds authorized and actually expended during the timeframe covered by the report. Any FSR submitted



on a cumulative basis will be returned. If at all possible, do not handwrite forms. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: <http://www.whitehouse.gov/omb/grants/sf269a.pdf>.

b) Progress Reporting:

i. An interim progress report is required and will serve as your non-competing continuation application. A specific due date and guidance will be provided by the Grants Management Specialist at a later time. The report must contain the following:

- Status/Progress of Current Budget Period Goals and Objectives
- Also include key organizational changes, key staff changes, and an implementation plan for each activity.
- Current Budget Period Financial Progress and amount of estimated unobligated balances
- New Budget Period Program Proposed Activity Objectives and timelines
- Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
- Measures of Effectiveness.
- Additional requested information.
- Detailed Line-Item Budget and Justification.
- Use the SF424 forms: [http://www.whitehouse.gov/omb/grants/grants\\_forms.html](http://www.whitehouse.gov/omb/grants/grants_forms.html)
  - For the Budget details and justification follow the Budget Guidelines at: <http://www.cdc.gov/od/pgo/funding/grantmain.htm>

ii. The annual progress report will be due 90 days after the end of the budget period, December 1, 2011 and should include the following elements. Reporting timeframe is September 1, 2010 through August 31, 2011.

- a comparison of actual accomplishments to the goal established for the period;
- the reasons for failure, if established goals were not met; and
- other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

iii. The final progress report is required no later than 90 days after the end of the project period. All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

NOTE: An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

5. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period. The audit report must be sent to: Federal Audit Clearing House, Bureau of the Census, 1201 East 10th Street, Jeffersonville, IN 47132. Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: [govs.fac@census.gov](mailto:govs.fac@census.gov)

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)  
ATTN: Audit Resolution, Mail Stop E-14  
2920 Brandywine Road  
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require

each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

6. **SUBGRANT/SUBRECIPIENT AWARDS.** Seed Grants/Sub-Grants are not authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed funding as a procurement requirement per the organization's established procedures.

7. **TRAVEL COST:** In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of award. To prevent disallowance of cost, Recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures.

8. **FOOD AND MEALS:** Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel.

9. **PRIOR APPROVAL:** All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

10. **CORRESPONDENCE:** ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER as shown at the top left of this page, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Lisa R. Williams, Grants Management Specialist  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
Acquisition and Assistance Branch IV  
2920 Brandywine Road, Mail Stop K-70  
Atlanta, GA 30341-4146

11. **INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

12. **PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

13. **CONFERENCE DISCLAIMER AND USE OF LOGOS:**

Disclaimer: Where a conference is funded by a grant or cooperative agreement, or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites:

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos: Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity's unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

14. EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

15. PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative--Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

16. KEY PERSONNEL: In accordance with 45 CFR 74.25(c)(2) & (3) CDC recipients shall obtain prior approvals from CDC for (1) Change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

17. ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

18. TRAFFICKING IN PERSONS: This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to:  
[http://www.cdc.gov/od/pgo/funding/grants/Award\\_Term\\_and\\_Condition\\_for\\_Trafficking\\_in\\_Persons.shtm](http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm)

19. COMPLIANCE WITH EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009 is required. Grant recipients and subrecipients of grant funds are prohibited from texting while driving a Government owned vehicle or when using Government furnished electronic equipment while driving any vehicle. This award is subject to the requirements of Executive Order (EO 13513). For the full text of the award term and condition, go to:  
[http://www.cdc.gov/od/pgo/funding/Addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm)

20. PAYMENT INFORMATION:

Automatic Drawdown:

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

PMS correspondence should be addressed as follows:

U.S. Department of Health and Human Services  
Division of Payment Management  
5600 Fishers Lane - 11-33  
11th Floor - Head House Wing  
Rockville, MD 20857  
Phone: 877-614-5533  
Fax: 301-443-8362  
Email: PMSSupport@psc.gov  
Website: <http://www.dpm.psc.gov>

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**21. ACCEPTANCE OF THE TERMS OF AN AWARD:**

By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

**22. CERTIFICATION STATEMENT:** By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and the President's Budget and Congressional intent.

**23. CDC CONTACTS:**

Approving Official

Barbara R. Benyard, Grants Management Officer  
Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
Acquisition and Assistance Branch IV  
2920 Brandywine Road, Mail Stop K-70  
Atlanta, GA 30341-4146  
Telephone: (770) 488-2757  
Fax: (770) 488-2670 or 2671  
Email: [bnb8@cdc.gov](mailto:bnb8@cdc.gov)

Business and Grants Policy Contact

Lisa R. Williams, Grants Management Specialist  
Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
Acquisition and Assistance Branch IV  
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Programmatic and Technical Contact

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 Atlanta, Georgia 30341  
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 Fax: (770) 488-3460  
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**STAFF CONTACTS**

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 Atlanta, GA 30341  
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**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 1UE1EH000752-01

**INSTITUTION:** CITY AND COUNTY OF SAN FRANCISCO

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
Salaries and Wages	\$80,046		
Fringe Benefits	\$3,337		
Personnel Costs (Subtotal)	\$83,383		
Supplies	\$1,000		
Travel Costs	\$900		
Other Costs	\$2,000	\$80,000	\$80,000
<b>TOTAL FEDERAL DC</b>	<b>\$87,283</b>	<b>\$80,000</b>	<b>\$80,000</b>
<b>TOTAL FEDERAL F&amp;A</b>	<b>\$19,243</b>		
<b>TOTAL COST</b>	<b>\$106,526</b>	<b>\$80,000</b>	<b>\$80,000</b>

## Summary Statement

Funding Opportunity Award—CDC-RFA-EH10-1006—*Developing Public Health Capacity and Adaptations to Reduce Human Health Effects of Climate Change*

**Applicant:** City and County of San Francisco DBA Public Health Department

**Application Number:** EH00752-01

**Funding Requested:** \$110,286.00

**Date:** 05/13/10

**Approved:** Yes



**Score:** 90

David Hutchins

### I. Summary of Projects:

San Francisco intends to work cooperatively with partners and utilize existing resources to gather more comprehensive information about real and potential health effects from extreme heat events in San Francisco. They will identify populations most at risk, conduct a gap analysis, and identify independent risk factors of urban heat islands. They will use this information to, as part of an interagency task force, draft a heat wave disaster response plan. Information gathered during this project can also be used to guide recommendations in urban design and land use. Ultimately, this project seeks to reduce morbidity and mortality due to extreme heat events.

### II. Strengths:

- The applicant demonstrates a thorough understanding of how different areas of expertise can contribute to the success of the project as a whole.
- The applicant plans to capitalize on existing access to data and the resources to obtain it.
- The applicant has access to personnel and other resources for completing comprehensive needs assessments, gap analyses, and utilizing outcomes to identify specific public health consequences.
- The applicant clearly describes what will be done, by whom, the timeline, and how each objective corresponds to the goal(s). The applicant also describes much of how it will be done, including listing specific information resources and techniques (e.g., interviewing senior management and stakeholders).
- The applicant specifically references the Environmental Health Performance Standards and the Ten Essential Public Services model.
- The applicant clearly describes how objectives relate to Essential Environmental Health Services.
- A process evaluation measure is identified for each objective.
- The data collection strategy described in the evaluation plan includes strategies for obtaining monitoring and evaluation data.
- Letters of support from government partners (including state), academia, and NGO are

included.

- The applicant intends to utilize graduate interns and medical residents to collect data, thus reducing costs.
- The program plan is executable and has clear deliverables as data, maps, future strategic emergency response plans on heat waves and associated air quality.
- The program monitoring and evaluation plan is included with application, and it is itemized line by line.
- Interagency task force includes all kinds of organizations from assessment, planning, policy, education, to services, emergency response.
- Applicant indicates that recommendations from activities will be shared directly with the Severe Weather Incidence Annex and integrated into emergency operations activities as well as the development of a Heat Wave Disaster Response Plan.
- Process evaluation measures for each of the three phases of the proposed activities are described. Outcome evaluation measures are described in detail.

### III. Weaknesses:

- Staff members are often referred to collectively and the staffing section is unclear. Three personnel are noted in the budget but other positions and specific individuals with bios are included. Also, two individuals are noted to be working 200% for 4 months. The other individual is budgeted for 6 months. However, this is a proposal for work covering 3 years.
- Quality assurance processes are not described.
- Applicant describes some measureable criteria to evaluate success (e.g., number of meetings, number of individuals trained), but does not describe what number represents success.
- While the application indicates participation by representatives of the community, there is no evidence in this application that these partners intend to participate.
- The application is weak in describing how the project will raise institutional awareness of climate change, one of the major activities described in the technical assistance Webinar but not specifically described in this evaluation form.

### IV. Budget:

### V. Recommendations:

- Identify specific staff members and include resumes. Alternatively, describe qualifications with each specific functions/positions identified.
- Obtain letters of support from community organizations or organizations representing communities.

