

File No. 111166

Committee Item No. 5

Board Item No. 14

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: November 16, 2011

Board of Supervisors Meeting

Date: 11/22/11

Cmte Board

- | | | |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget & Legislative Analyst Report |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Victor Young

Date: November 10, 2011

Completed by: Victor Young

Date: 11-16-11

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 - Health Impact Assessment for Healthy Sustainable Development
2 - \$167,061]

3 **Resolution authorizing the San Francisco Department of Public Health to retroactively**
4 **accept and expend a grant from the Centers for Disease Control and Prevention, in the**
5 **amount of \$167,061, to fund the Health Impact Assessment for Healthy Sustainable**
6 **Development for the period September 1, 2011, through August 31, 2012, and waiving**
7 **indirect costs.**

8
9 WHEREAS, Centers for Disease Control and Prevention has agreed to fund DPH in
10 the amount of \$167,061 for the period of September 1, 2011 through August 31, 2012; and,

11 WHEREAS, The full project period of the grant starts on September 1, 2011 and ends
12 on August 31, 2014, with years two and three subject to availability of funds and satisfactory
13 progress of the project; and,

14 WHEREAS, As a condition of receiving the grant funds, Centers for Disease Control
15 and Prevention requires the City to enter into an agreement (the "Agreement"), a copy of
16 which is on file with the Clerk of the Board of Supervisors in File No. 111166; which is hereby
17 declared to be a part of this resolution as if set forth fully herein; and,

18 WHEREAS, The purpose of this project is to increase the capacity of state, tribal and
19 local government to include health and equity considerations in sustainable community
20 development; and,

21 WHEREAS, A request for retroactive approval is being sought because DPH did not
22 receive notification of the contract until after September 1, 2011 for a project start date of
23 September 1, 2011; and,

1 WHEREAS, DPH will subcontract with San Francisco Public Health Foundation
2 Enterprises (SFPHF) in the total amount of \$126,941; for the period of September 1, 2011
3 through August 31, 2012; and,

4 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH
5 for one existing position, one Epidemiologist I (Job Class #2802) at .40 FTE, for the period of
6 September 1, 2011 through August 31, 2012; and,

7 WHEREAS, Health Impact Assessment for Healthy Sustainable Development grant
8 does not allow for indirect costs to maximize use of grant funds on direct services; and,

9 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
10 therefore, be it

11 RESOLVED, That DPH is hereby authorized to accept and expend retroactively a grant
12 in the amount of \$167,061 from Centers for Disease Control and Prevention; and, be it


13 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
14 indirect costs in the grant budget; and, be it

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

18 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
19 agreement on behalf of the City.
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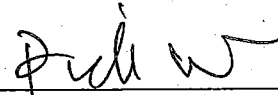
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RECOMMENDED:



Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Edwin Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: October 11, 2011

SUBJECT: Grant Accept and Expend

GRANT TITLE: Health Impact Assessment for Healthy Sustainable
Development - \$167,061

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
- Agreement / Award Letter
- Grant application
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for
Community Programs, 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: **Health Impact Assessment for Healthy Sustainable Development**

2. Department: San Francisco Department of Public Health, Environmental Health Section

3. Contact Person: Rajiv Bhatia Telephone: 252-3931

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for:

\$167,061 year 1

\$167,061 year 2*

\$167,061 year 3*

\$501,183 Total year 1 to 3 expected project support

➤ *Note that DPH is seeking accept & expend authority for the three year project period based on recommended year 2 and 3 project support in the award letter.*

6a. Matching Funds Required: \$ **No matching funds required**

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention**

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

8. Proposed Grant Project Summary:

The purpose of this CDC cooperative agreement is to increase the capacity of state, tribal and local government to include health and equity considerations in sustainable community development including transportation, housing, and land use planning decisions that are made at the local and regional level. Contingent on future year funding, the project will begin in fall 2011 and continue through the fall of 2014. The new funding supports ongoing Departmental roles and commitments in these citywide health planning priorities. The main activities of the grant project would involve the implementation of three Health Impact Assessments (HIAs) each year. The proposed project will involve close collaboration with local and regional agencies including San Francisco's Planning Department, Municipal Transportation Agency, County Transportation Authority, and Mayor's Office of Economic and Workforce Development, and the Bay Area's Metropolitan Transportation Commission and Air Quality Management District, as well as community and other stakeholders. HIAs will support several existing local planning processes in which DPH has an existing leadership or advisory role, including, the Community Risk Reduction Plan, the Pedestrian Safety Action Plan and the Sustainable Communities Strategy. Through the grant DPH will continue to develop, validate, and disseminate analytic tools to conduct effective HIAs. The grant will support ongoing training and technical assistance activities provided by SFDPH HIA experts to San Francisco residents, organizations, and professionals.

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

Start-Date: 9/1/2011

End-Date: 8/31/2012

10a. Amount budgeted for contractual services: **\$126,941**

- *Note that this amount includes consultant services specified in the budget that also will be provided via a contract with the San Francisco Public Health Foundation.*

b. Will contractual services be put out to bid? No, we will contract with the San Francisco Public Health Foundation Enterprises (SFPHF) to provide consultant and contractual services, including the position to coordinate the grant. SFPHF is an appropriate fit for this project as a non-profit organization which has a long history of supporting the health community of San Francisco and providing fiscal management of external grants.

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements?

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

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

b1. If yes, how much? \$

b2. How was the amount calculated?

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

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

12. Any other significant grant requirements or comments:

- *We respectfully request for approval to accept and expend these funds retroactive 9/1/2011. Note that the Department received the award letter after 9/1/2011.*

GRANT CODE (Please include Grant Code and Detail in FAMIS):

Grant Code: HCEH09/12

Grant 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:  _____
for Jason Hashimoto

Date Reviewed: 10/12/11

Department Approval:  _____
Barbara A. Garcia, MPA
(Signature) Director of Public Health

1UE1 EH000915-01
Year 1 Budget: 2011-2012

DPH Personnel	Salary	% Effort	Months	Y1 Budget
Environmental Exposure Analyst (2802, Julian Bedoya)	65,182	40%	12	26,073
Total Salaries		0.40		\$ 26,073
DPH Personnel Fringe				
Fringe Benefits (37% of Salaries)				\$ 9,647
Total Salaries & Benefits				\$ 35,720
Project Travel				
Out of State Conference Travel				\$ 1,400
Out of State Registration Fees				\$ 800
Out of State Lodging				\$ 1,200
Out of State CDC project meeting				\$ 1,000
Total Staff Travel				\$ 4,400
Contractual Services				
HIA Project Manager (TBD) (Salary and Benefits)				\$ 91,543
Translation services (TBD)				\$ 4,000
Design and Reproduction Costs				\$ 4,458
Speaker Fees for Training				\$ 1,000
Evaluation Design, Implementation, and Analysis (Jason Corburn, University of California Berkeley)				\$ 9,000
Evaluation Data Collection (Graduate Student Research-TBD)				\$ 5,400
Fiscal management fee for contractual services (10%)				\$ 11,540.10
Total Contractual Services				\$ 126,941
Indirect Costs				
				\$ -
Total Project Budget				\$ 167,061

1UE1 EH000915-01

Year 1 Budget

Justification

DPH Personnel	Y1 Budget	Justification
Project Director (Rajiv Bhatia)	\$ -	Direct and manage all aspects of the project; In kind contribution.
Environmental Exposure Analyst (2803, Julian Bedoya)	26,073	Epidemiologist I (Existing Position, Julian Bedoya) will conduct quantitative environmental exposure analysis for alternative decision scenarios for HIAs
Epidemiologist, Transportation Safety (Megan Wier)	\$ -	Serve as liason between HIA team and city agencies and planning activies focusing on pedestrian safety; provide technical expertise on pedestrian safety ; In kind contribution.data and interventions.
Air Quality and Noise Manager (Tom Rivard)	\$ -	Serve as liason between HIA team and city agencies and planning activies focusing on air pollution; provide technical expertise on air pollution data and interventions. ; In kind contribution.
HIA Training Coordinator (Megan Gaydos)	\$ -	Coordnate HIA trainings and dissemination of communication materials; In kind contribution.
Total Salaries	\$ 26,073	

DPH Personnel Fringe		
Fringe Benefits (37% of Salaries)	\$ 9,647	Standard DPH Fringe Rate
Total Salaries & Benefits	\$ 35,720	

Project Travel		
Out of State Conference Travel	\$ 1,400	airfare and ground transport for 2 persons for 2012 national partners for smart growth confrence
Out of State Registration Fees	\$ 800	2 persons for 2 conferences
Out of State Lodging	\$ 1,200	2 persons for 2 nights each for 2 conferences
Out of State CDC project meeting	\$ 1,000	1 person (air, ground travel, hotel)
Total Staff Travel	\$ 4,400	

Contractual Services		
HIA Project Manager (TBD)	\$ 91,543	Salary and Benefits for Project Manager to coordinate technical and stakeholder advisory groups; coordinate and manage HIA process; conduct research for HIA; document HIA and develop communications materials; manage comments and response to HIA
Translation services (TBD)	\$ 4,000	Translation Services-TBD; Affiliation:TBD; Role: Translation of HIA summaries and presentations in 4 non-english languages and translation of non-english comments on HIA; Relevance: Effective communication of HIA materials; \$500/day; 8 days
Design and Reproduction Costs	\$ 4,458	Reproduction Costs for HIA reports and report summaries
Speaker Fees for Training	\$ 1,000	Four presenters at 250/person
Evaluation Design, Implementation, and Analysis (Jason Corburn, University of California Berkeley)	\$ 9,000	Jason Corburn; Affiliation: University of California at Berkeley; Role: Evaluation design, supervision of evaluation data collection, and analysis of evaluationdata; Relevance: evaluation of process and impacts of HIAs and recommendations for process improvement; Fees: \$600 per day; 15 days
Evaluation Data Collection (Graduate Student Research-TBD)	\$ 5,400	Graduate Student Researcher-TBD; Affiliation: N/A; Role: Evaluation Data. Collection; Relevance: Evaluation of process and impacts of HIA; \$180 per day; 24 days
Fiscal management fee for contractual services (10%)	\$ 11,540.10	DPH will contract with the San Francisco Public Health Foundation to provide fiscal management for these services. They charge 10% mangement Fees
Total Contractual Services	\$ 126,941	

Indirect Costs		
Total Project Budget	\$ 167,061	

1UE1 EH000915-01

Project Budget: Sept 2011- August 2014

DPH Personnel	Year 1	Year 2	Year 3	Total Project
Environmental Exposure Analyst (2802, Julian Bedoya)	26,073	26,073	26,073	\$ 78,219
Total Salaries	\$ 26,073	\$ 26,073	\$ 26,073	\$ 78,219
DPH Personnel Fringe				
Fringe Benefits (37% of Salaries)	\$ 9,647	\$ 9,647	\$ 9,647	\$ 28,941
Total Salaries & Benefits	\$ 35,720	\$ 35,720	\$ 35,720	\$ 107,160
Project Travel				
Out of State Conference Travel	\$ 1,400	\$ 1,400	\$ 1,400	\$ 4,200
Out of State Registration Fees	\$ 800	\$ 800	\$ 800	\$ 2,400
Out of State Lodging	\$ 1,200	\$ 1,200	\$ 1,200	\$ 3,600
Out of State CDC project meeting	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000
Total Staff Travel	\$ 4,400	\$ 4,400	\$ 4,400	\$ 13,200
Contractual Services				
HIA Project Manager (TBD) (Salary and Benefits)	\$ 91,543	\$ 91,543	\$ 91,543	\$ 274,629
Translation services (TBD)	\$ 4,000	\$ 4,000	\$ 4,000	\$ 12,000
Design and Reproduction Costs	\$ 4,458	\$ 4,458	\$ 4,458	\$ 13,374
Speaker Fees for Training	\$ 1,000	\$ 1,000	\$ 1,000	\$ 3,000
Evaluation Design, Implementation, and Analysis (Jason Corburn, University of California Berkeley)	\$ 9,000	\$ 9,000	\$ 9,000	\$ 27,000
Evaluation Data Collection (Graduate Student Research-TBD)	\$ 5,400	\$ 5,400	\$ 5,400	\$ 16,200
Fiscal management fee for contractual services (10%)	\$ 11,540.10	\$ 11,540.10	\$ 11,540.10	\$ 34,620
Total Contractual Services	\$ 126,941	\$ 126,941	\$ 126,941	\$ 380,823
Indirect Costs				
Indirect Costs	\$ -	\$ -	\$ -	\$ -
Total Project Budget	\$ 167,061	\$ 167,061	\$ 167,061	\$ 501,183



Grant Number: 1UE1EH000915-01

Principal Investigator(s):
RAJIV BHATIA

Project Title: HEALTH IMPACT ASSESSMENTS TO SUPPORT HEALTHY DECISION MAKING

FISCAL SUPERVISOR
DAVID ANABU
SF DEPARTMENT OF PUBLIC HEALTH
1380 HOWARD STREET, #450
SAN FRANCISCO, CA 94103

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 09/01/2011 – 08/31/2012
Project Period: 09/01/2011 – 08/31/2014

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$167,061 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT 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,

Sharron Orum
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I - AWARD DATA - 1UE1EH000915-01

Award Calculation (U. Dollars)

Salaries and Wages	\$90,508
Fringe Benefits	\$33,488
Personnel Costs (Subtotal)	\$123,996
Travel Costs	\$4,400
Other Costs	\$600
Consortium/Contractual Cost	\$38,065

Federal Direct Costs	\$167,061
Approved Budget	\$167,061
Federal Share	\$167,061
TOTAL FEDERAL AWARD AMOUNT	\$167,061

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$167,061

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

02 \$167,061
03 \$167,061

Fiscal Information:

CFDA Number: 93.070
EIN: 1946000417A8
Document Number: UEH000915A

IC	CAN	2011	2012	2013
EH	921Z8JM	\$167,061	\$167,061	\$167,061

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
1	\$167,061	\$167,061	
2	\$167,061	\$167,061	
3	\$167,061	\$167,061	

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

CDC Administrative Data:
PCC: N / OC: 4141

SECTION II - PAYMENT/HOTLINE INFORMATION - 1UE1EH000915-01

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 hstips@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 - 1UE1EH000915-01

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:

Additional information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at www.ccr.gov. If an award is granted, grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):

All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY (FFATA):

Place an "X" below to indicate whether or not the FFATA requirement applies to this award:

(X) FFATA DOES APPLY. THE GRANTEE MUST FOLLOW THIS SECTION

In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

A. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph E. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph A.1. of this award term to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

B. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if—
i. The total Federal funding authorized to date under this award is \$25,000 or more;
ii. In the preceding fiscal year, you received—
(a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

2. Where and when to report. You must report executive total compensation described in paragraph A.1. of this award term:

i. As part of your registration profile at <http://www.ccr.gov>.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if—

i. In the subrecipient's preceding fiscal year, the subrecipient received—

(a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ____210 of the attachment to OMB Circular A-133, ("Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:

- i. Receives a subaward from you (the recipient) under this award; and
- ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

NON-DELINQUENCY on FEDERAL DEBT

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient. Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act. These requirements apply to all types of organizations and awards, including foreign grants

NOTE 7. ANNUAL FINANCIAL STATUS REPORT (FSR, SF 269 or SF 269A)/FEDERAL FINANCIAL REPORT (FFR):

Disclaimer: As of February 1, 2001, current Financial Status Report (FSR) requirements will be obsolete. Existing practices will be updated to reflect changes for implementation of the new Federal Financial Reporting (FFR) requirements.

a) ANNUAL FINANCIAL STATUS REPORT:

The Annual Financial Status Report (FSR) is required and must be submitted 90 days after the end of each budget period. The FSR for this budget period is due to the Grants Management Specialist by 11/30/2012. Reporting timeframe is 09/01/2011 through 08/31/2012. The FSR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked "NOT FINAL," and an amount of un-liquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

b) PROGRESS REPORTING:

i. The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is (start date of budget period through 6 months) 09/01/2011-03/31/2012. A due date and specific IPR guidance will be provided at a later date.

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
- 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 (APR) will be due 30 days following the end of the budget period September 30, 2012. APR programmatic guidance will be provided at a later date. Reporting timeframe is September 1, 2011 through August 31, 2012.

- 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.

NOTE 8. ASSISTANCE AWARD CLOSEOUT REQUIREMENTS: Award recipient shall submit within 90 days after the last day of the final budget period the following final reports and other programmatic reports as required by the terms and conditions of the assistance award. Reporting timeframe is 09/01/2011 through 08/31/2014.

FINAL PROGRESS REPORT (FSR) (SF 269) is due 90 days after the end of the project period. An original and two copies are required. At a minimum it should include the following:

- A statement of progress made toward the achievement of originally stated aims
- A description of results (positive or negative) considered significant
- A list of publications resulting from the project, with plans, if any, for further publication.

An original and two copies are required. The FSR/FFR should only include those funds authorized and actually expended during the timeframe covered by the report. Handwritten forms will not be accepted. 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>. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Health and Human Services Payment Management System (PMS), you will be required to update your

NOTE 16. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

NOTE 17. PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

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.

NOTE 18. CANCEL YEAR. 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2005 funds will expire September 30, 2010. All FY 2005 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2010. After this date, corrections or cash requests will not be permitted.

NOTE 19. CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/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 Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the 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 conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to 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, and 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 use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

NOTE 20. 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.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher

education, hospitals, and other non-profit organizations. For additional information, please review the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed:
http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

NOTE 21. 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).

NOTE 22. 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.

NOTE 23. 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 terms and conditions, please review the following website:
http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtml

NOTE 24. 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.

NOTE 25. COMPLIANCE WITH EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009 is required. Grant recipients and sub-recipients 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, please review the following website: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

NOTE 26. PAYMENT INFORMATION:

Automatic Drawdown (Direct/Advance Payments):

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

Atlanta, GA 30341-4146
 Telephone: (770) 488-728
 Email: lgw5@cdc.gov

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SPREADSHEET SUMMARY
GRANT NUMBER: 1UE1EH000915-01

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>
Salaries and Wages	\$90,508		
Fringe Benefits	\$33,488		
Personnel Costs (Subtotal)	\$123,996		
Travel Costs	\$4,400		
Other Costs	\$600		
Consortium/Contractual Cost	\$38,065		
TOTAL FEDERAL DC	\$167,061	\$167,061	\$167,061
TOTAL FEDERAL F&A			
TOTAL COST	\$167,061	\$167,061	\$167,061

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SUMMARY STATEMENT

REVIEW DATE: 05/18/11

APPL NUMBER: 1UE1 EH000909-01

INSTITUTION: Oregon Department of Human Services

TITLE: Oregon Health Impact Assessment Program

APPROVED

SCORE: 92.44

SUMMARY:

The applicant, Office of Environmental Public Health (OEPH) located within the Oregon State Public Health Division, is an active participant on the statewide HIA Network that was created in 2007. The applicant proposes the following project goals:

- 1) Build capacity through completing state and local HIAs and conducting HIA trainings
- 2) Provide mentorship, technical assistance and resources
- 3) Build and maintain relationships that will support the program with the transportation, land use, planning, and housing sectors; the national HIA community; and the Oregon HIA Network

The applicant proposes to target activities and objectives to one sector per year for the transportation, land use and planning, and housing sectors. They will award a total of two mini-grants – one each to a local health department – to complete an HIA on a transportation-related policy or project. Other activities include trainings, maintaining an Oregon HIA Web site, tracking HIA efforts, holding conference calls, and providing technical assistance and resources to its mini-grant recipients (p. 4-8).

The applicant will work with Program Design and Evaluation Services to evaluate the state and local HIAs and to assess how well the program has met its overall goals (p. 11).

Strengths:

- Oregon has a statewide HIA network made up of organizations that have completed at least 16 HIAs and that advocate for healthy built environment approaches. The applicant is an active participant of the HIA Network. Since 2009, OEPH has been funded through the Association of State and Territorial Health Officials in partnership with the CDC to build capacity to conduct HIA and incorporate healthy planning principles at the state and local levels (Project Abstract Summary). OEPH is working with the Oregon Department of Energy and five local health departments on HIA projects. The applicant cites its experience, including trainings, in conducting a variety of activities related to HIA (p. 1-3).
- The proposed HIA plan is rooted in the three activities that OEPH has found to be most successful from its current and previous HIV work: 1) conducting HIAs, 2) raising awareness, and 3) building partnerships.

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- The applicant identifies other organizations with whom it will work that include a regional government serving the Portland area, the Oregon Transportation Research and Education Consortium (OTREC), Oregon Public Health Institute. The second goal in the applicant's proposed plan is focused on building and maintaining partnerships that support HIA, and OEPH will leverage its existing partnerships to integrate HIA and health. Letters of support are provided from several organizations, including the Oregon Department of Energy, Metro, OTREC, and Program Design and Evaluation Services (proposed evaluation support).
- Already developed and conducted HIA training. Plans to customize training even further.
- Great access to data through EPHT and other state health surveillance systems and highly skilled staff
- Good metrics and systems to evaluate value of HIA training
- Focused plan with clear objectives.
- Plan reaches local areas, promotes network of practitioners and expansion of capacity.

Weaknesses:

- Objectives proposed under Goal 2 lack specificity and measurability (e.g., build partnerships, provide ongoing support, engage and collaborate with... – these are not specific and measurable as stated).
- It is unclear why some of the measures under Goal 2 are slated to be completed only by the end of Year 1 and not also in Years 2 and 3, such as the completion of one state and two local HIAs in each target sector, when the applicant has stated that these activities will be completed each year in a different sector. Also, the performance measures under each goal do not align with the objectives the applicant provided for that goal. For example, the completion of three HIAs per year and the provision of two HIA trainings each year are given as objectives under Goal 1 (to build capacity), yet they are shown as performance measures for Goal 2 (to build and maintain partnerships) (p. 12).
- The applicant does not clearly articulate how the project may be sustained after the grant funding is complete or provide evidence of leveraging other resources to ensure sustainability.
- The applicant does not include a timeline for its program plan.
- Reporting not clearly identified in proposal.

Budget:

Recommendations:

- The applicant should revise all the objectives under Goal 2 to make them more specific and measurable.
- The applicant should revise the performance measures so they align with the objectives it is proposing be completed to achieve the two program goals.
- The applicant should provide evidence of how it proposes to leverage other resources to sustain the program once the funding has ended and articulate a plan that includes other components to ensure sustainability.
- The applicant should develop a timeline for the proposed work over the three-year funding cycle.

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CDC Grant: Health Impact Assessment to Foster Healthy Community Design

Funding Opportunity Number: CDC-RFA-EH11-1104

Project Director: Rajiv Bhatia

Institution: San Francisco Department of Public Health (SFDPH)

I. PROJECT PLAN

IA. Staff Roles and Responsibilities

San Francisco Department of Public Health's Environmental Health Section (SFDPH-EHS) will be the lead agency for this project in partnership with Human Impact Partners and faculty from the UC Berkeley Schools of Public Health and Planning and with the close engagement of local planning and transportation agencies and diverse stakeholder organizations.

The Director of Environmental Health (Rajiv Bhatia) will serve as the Project Director to provide project oversight, strategic guidance, and coordinate collaboration with local and regional public agencies and their oversight boards including the San Francisco Planning Department, Municipal Transportation Agency, County Transportation Authority, Mayor's Office of Economic and Workforce Development, and Bay Area Air Quality Management District. The Project Director is a national practice leader and educator in the field of HIA and will dedicate 20% of his time to the oversight of this project's HIAs (0.2 FTE).

An epidemiologist (1.0 FTE) supervised by the Project Director will serve as a Project Manager implementing the three HIAs, including facilitating team meetings and planning efforts, facilitating meetings and communication with the HIA Advisory Group, conducting the analysis and documentation of the scoping, assessment, and recommendation stages of the HIAs. Two SFDPH-EHS senior epidemiologists with significant HIA procedures, analysis and training experience (Megan Wier, Megan Gaydos) and one senior industrial hygienist (Michael Harris) (0.2 FTE each) will provide technical support to the Project Manager in implementing HIA process and analytic methods (e.g. quantitative assessments of health impacts related to changes

in environmental quality or the transportation system and in stakeholder communication). These three staff will also support engagement and communication with local, regional, and national partners as well as lead training and dissemination of HIA findings. See details in *Attachment VI.B: Budget Narrative*. SFDPH's grants management unit, information technology, and the human resources divisions will provide in-kind support to this project.

The Training Director at Human Impact Partners (Jennifer Lucky) will be a contractor to SFDPH responsible for facilitation of 1) the initial stakeholder meeting to screen potential HIA topics, 2) a public scoping meeting for each of the three HIAs, and 3) public meetings to review HIA findings and recommendations. Two faculty members of the Schools of Planning and Public Health at the University of California-Berkeley (Edmund Seto, Jason Corburn) will jointly conduct evaluations of each HIA process using document review and interviews with key stakeholders and decision-makers. Roles of agencies and stakeholders are described below.

IB. HIA Decision Targets (DT)

We have selected specific decision targets from three ongoing local and regional public policy planning efforts in which SFDPH and other health interest organizations are already engaged. HIA analysis for the initial grant cycle will focus on one or more specific strategy elements/ decision alternatives within these contexts. Furthermore, each of these policy contexts include existing processes for outreach and stakeholder communication which can also be leveraged for HIA scoping and communication. The specific decision actions and alternatives may be refined or narrowed in the screening stage with our HIA Advisory Group.

DT1: Mitigation Policies and Actions for the SF Community Risk Reduction Plan

Under 2010 Bay Area Air Quality Management District rules, Community Risk Reduction Plans (CRRP) are intended as tools for localities to address the impacts of currently

unregulated air pollution hotspots on sensitive populations. SFPDPH, along with the Planning Department and the Mayor's Office of Economic and Workforce Development, is currently developing San Francisco's CRRP. Several alternative policy measures are currently under consideration for the CRRP to address air pollution hotspots in proximity to several major roadways. Two of these measures are (1) the retrofitting of residential buildings with improved ventilation systems and (2) technological flow and speed controls on urban freeways. Both policy measures may have positive health impacts via reductions in ambient air pollution exposure, indoor air allergens and noise levels (by allowing windows to remain closed) and potential negative health externalities including modest increases in housing costs. HIA on these measures would inform City policy action, their potential inclusion in the CRRP plan, and ultimate legislative plan approval.

DT2: Injury prevention policy and engineering practices for Pedestrian Safety Action Plan

In December 2010, a Mayoral Executive Directive established a 50% reduction in serious injuries and fatalities to pedestrians as a ten year goal for San Francisco. SFPDPH and SFMTA, along with other agencies, are developing a Pedestrian Action Plan to achieve this goal. A public agency and community stakeholder task force conducting the planning effort is responsible for identifying and proposing international best practices for inclusion in the plan. Alternative actions being considered include "home zones" which create shared use environments for residents and automobiles, road diets, and speed enforcement technologies. In addition to impacts on safety, walking behavior, and environmental quality these community design strategies may have health impacts via effects on access to local destinations, safety from crime, and the vitality of public spaces. HIA would inform the selection of implementation actions for the Pedestrian Safety Action Plan, public support of the plan, and ultimately legislative approval.

DT3: The Bay Area Regional Transportation Plan /Sustainable Communities Strategy

Under 2008 state legislation (SB 375), all metropolitan regions in California must develop a Regional Transportation Plan and Sustainable Communities Strategy (RTP/SCS). The Bay Area MTC must adopt a final plan (the 2035 RTP/SCS) by March 2013. Strategies and investments within the plan are being guided by 10 performance targets, all of which could impact regional health and equity. Three explicit health performance targets are 1) Reducing particulate matter associated mortality by 10%; 2) Reducing traffic injuries by 50%; and 3) Increasing active transportation time to 15 minutes per person per day. SFDPH is engaged in the Bay Area RTP/SCS process as part of a local interagency team, the Sustainability Working Group (SWG), and directly as a member of the Metropolitan Transportation Commission's (MTC) Equity Advisory Body. The SWG will be vetting and advancing proposals for administrative and legislative policies, transport infrastructure, and other neighborhood investments to achieve plan targets in the context of the regional plan and the related county transportation plan (CTP). A HIA conducted on the interagency group's candidate proposals (e.g. parking policy, road tolls, major infrastructure investments) would analyze the RTP selected health performance measures and inform project selection for the MTC's 2035 RTP/SCS, the local CTP, local legislative adoption of policies, and potentially their replication regionally.

IC. Local, Regional, National, & International Planning/ Sustainability Effort Engagement

Local Initiatives: Since 2003, SFDPH has been engaged with local planning agencies and numerous local and community partners to bring health considerations, analytic tools, and prevention strategies into the work of local and regional land use and transportation planning. Most notably, these efforts have included the implementation of seventeen HIAs and the development of the Healthy Development Measurement Tool and other HIA methods and tools

to local development projects (*See Attachment VI.H: Overview of SFDPH HIA Work*).

Importantly, SFDPH engagement with built environment and health issues has evolved into day to day problem solving with partner agencies around community health concerns, collaborative participation in numerous design and planning efforts, participation in the environmental review process to assure adequate health analysis, and the development and implementation of new public health regulations.

As described above, SFDPH is currently co-leading the development of the San Francisco Community Risk Reduction Plan for reducing impacts of air pollution hotspots, co-chairing a task force to develop the City's Pedestrian Safety Action Plan, and participates as a member of the Interagency Sustainability Working Group (SWG) which is comprised of San Francisco's planning, transportation, health, and environmental quality agencies. Additionally, the Project Director represents the Director of Health in the San Francisco Mayor's Directors' Working Group, which consists of City Department Directors and other senior staff coordinating activities on land use and transportation planning and programming activities. The policy opportunities and health issues emerging from engagement with these interagency efforts have formed the basis of selection of HIAs for this project.

Regional Initiatives: As discussed above, through the Interagency SWG and the MTC's Equity Advisory Panel, SFDPH supports processes to identify which transport-related investments and strategies may best achieve health performance targets in the regional 2035 RTP/SCS. SFDPH is also providing technical advice to community and health interest organizations engaged in the RTP including California Lung Association and Walk California.

National and International Initiatives: As a national leader in the practice of HIA, SFDPH staff have provided faculty for HIA trainings for the Centers for Disease Control and

Prevention, National Association of City and County Health Officers (NACCHO), California Department of Public Health (CDPH), and the American Planning Association. In 2010, the Project Director authored a guide on HIA for CDPH and is currently updating this guide on behalf of NAACHO for local health departments across the nation.

SFDPH staff is also involved in a number of national and international efforts to bring health into deliberation on sustainability policies. SFDPH has supported national built environment and health policy efforts by the American Public Health Association (APHA), Transportation for America, and other national organizations through the provision of HIA cases studies, webinars and technical assistance. As part of a team of researchers coordinated by the World Health Organization Office on the Environment, the Project Director is leading an international effort to define measurable health indicators for transportation system planning and investment decision-making.

1D. Methods and Activities

SFDPH has 8 years of experience in the conduct of HIA on urban planning and transportation issues (*See Attachment VI.H: Overview of SFDPH HIA Work*). We will conduct the HIAs following the procedural steps articulated by the CDC and International Association of Impact Assessment and in conformance with the 2010 Practice Standards for HIA published by the North American HIA Practice Standards Working Group. The following paragraphs provide more detail on the proposed work plan. The Project Timeline (*Attachment VI.A*) illustrates the anticipated timing of HIA activities for years one, two and three.

Stakeholder Participation and the HIA Advisory Group: In general, community and stakeholder participation for these HIAs, particularly the communication phases will be, to the extent possible, "interwoven" into existing planning processes (e.g. for the CRRP, Pedestrian

Action Plan, and Sustainable Communities). This will leverage the existing community processes and increase the resource-efficiency of the HIAs. SFDPH will convene an HIA Advisory Group (HIAAG) with city agencies and key external stakeholders to conduct the final screening of decisions, to provide oversight of scoping and analysis, and to communicate HIA results to agency, local, and regional leaders and decision makers. Members of the HIAAG will participate in the SFDPH facilitated one-day training on HIA during the launch of the HIAAG and invited to participate in the two-day HIA methods training. Members of the HIAAG will be interviewed by the Project Evaluators prior to their participation in the HIAAG and following completion of at least one HIA.

Screening: As indicated above, we have identified HIA decision targets for year one in three active policy contexts; however, the project will review and refine these decision targets using facilitated screening process involving the participation of the HIAAG and Human Impact Partners' Training Director. Screening will evaluate the following criteria: (1) The potential for the decision to result in significant effects on population health, particularly those effects that may be avoidable, unequally distributed, involuntary, adverse, irreversible or catastrophic; (2) The demand for and utility of information about health effects in a particular decision context; and (3) The technical capacity of the HIA team to provide useful and valid information in the time period of the decision.

Scoping: In the Scoping process, the research team, in consultation with the HIAAG, will: 1) Develop conceptual models linking each decision to health outcomes; 2) Establish demographic, geographical and temporal boundaries for impact analysis and identify existing population vulnerabilities; 3) Prioritize health impacts of concern; 4) Select research (e.g., data, methods, and tools) to be used for impacts analysis; 5) Determine roles for stakeholders, experts

and key informants; and 6) Develop a preliminary plan and timeline for external and public review and dissemination of findings and recommendations. Scoping activities will be informed by Regional Sustainability Performance Targets, HDMT and Healthy People 2020 Objectives, and the CDC's Environmental Health Indicators. The HIAAG Scoping meeting will be facilitated by Human Impact Partners' Training Director.

Assessment: The assessment stage of each HIA will produce two outputs: (1) A description of baseline (existing) conditions in the affected population including health status, health determinants, and vulnerabilities to health effects; (2) The identification and characterization of health effects anticipated from the decision and their certainty.

Baseline Conditions Analysis: The profile of existing conditions will enumerate the population affected by the decision; describe their health status, sensitivities, and vulnerabilities; and evaluate the state of health determinants. Baseline conditions analysis will involve synthesis of data from existing local and regional sources including: (1) the SFDPH-maintained Healthy Development Measurement Tool (www.theHDMT.org), which provides neighborhood level data for over 80 indicators of community health and census tract-level socio-demographic and zip-code-level health outcomes data; (2) the state Environmental Health Investigations' Branch's environmental health indicators; and (3) the California Health Interview Survey. Additional analyses will be conducted as needed based on the results of scoping.

Impact Analysis and Characterization: We anticipate that these HIAs will primarily rely on systematic literature reviews and quantitative analysis to characterize effects on health. Through analysis, each effect will be characterized with regards to the effect's (1) Likelihood (or the confidence in the cause and effect relationship); (2) Intensity or severity; (3) Magnitude (in qualitative or quantitative terms); (4) Size of the population affected; and (5) Permanence. The

project team will use a number of peer-reviewed land use and transportation analytic tools and methods developed through past HIA practice, including Air Pollution and Noise Modeling, the Pedestrian Collision Prediction Model, the Pedestrian and Bicycle Environmental Quality Indexes, and the Neighborhood Completeness Index (*See Attachment VI.H: Overview of SFDPH HIA Work*). Building on our HIA to analyze area-level congestion pricing schemes, we anticipate being able to utilize specific forecasting methods to predict impacts of transportation decision-making upon future pedestrian conditions; level of active transportation; changes in motor vehicle collisions, including with pedestrians and bicyclists; effects on air pollutant exposures and associated premature mortality; and changes in traffic-related noise and community noise-related annoyance and sleep disturbance. The team has the capacity to develop additional quantitative tools for effect estimation if indicated using techniques of risk assessment and epidemiology. In line with the HIA value of transparency, SFDPH will identify limitations in the methods, assumptions used, and characterize the overall level of certainty or confidence in the effect characterization described above.

Recommendations: Following the completion of the assessment stage, SFDPH will identify and propose management strategies for any identified adverse health impacts – including decision alternatives, mitigation of specific impacts, or other related policy recommendations. Both findings and recommendations will be presented to the HIAAG during the third stakeholder session facilitated by Human Impact Partner’s Training Director. HIAAG participants will discuss the feasibility of the proposed management strategies and help prioritize recommendations. Each HIA will include a proposed Monitoring Plan, to track the outcomes of the decision and its implementation.

Reporting, Communication, and Dissemination: During the third stakeholder session, HIAAG participants will guide the development and implementation of an outreach and communications strategy for the HIA findings. Dissemination to local partners and decision-makers, as well as regional, state, and national stakeholders, could occur through report distribution, public and written testimony, and presentations. SFDPH will document the HIA process in a final report that discusses the available scientific evidence, describes the data sources and analytic methods, profiles existing conditions, details the analytic results, characterizes the health impacts and their significance, and lists corresponding recommendations for policy, program, or project alternatives, design or mitigations for each health issue analyzed. A draft report will be released for public review and we will respond to comments in a final report. SFDPH will work with HIAAG members to develop fact sheets describing the HIA findings in accessible and culturally appropriate language. SFDPH will plan to submit abstracts to at least one state and national conference per year to share findings and lessons learned from these HIAs specifically.

Cases studies, analytic tools, and other HIA resources developed via this project will be accessible via the HIA Collaborative website (www.hiacollaborative.org) which already hosts many SFDPH HIA-related resources. Case studies will also be integrated with a list of California and National HIAs maintained by the UCLA HIA project. SFDPH will work with the California DPH to develop a website for this project that provides links to these resources. The website will identify and includes descriptions of Healthy Community Design stakeholders in California. Other key national partners that will be engaged in dissemination activities including the American Public Health Association, NACCHO, the Robert Wood Johnson Active Living Program, and Transportation for America.

Training and Regional Capacity Building: Over the past four years, SFDPH has provided training and/or technical assistance (TA) on HIA to over 300 individuals at county health agencies and other local, state, national, and international stakeholders (*See Attachment VI.H: Overview of SFDPH HIA Work*). SFDPH has conducted five full day trainings on the Healthy Development Measurement Tool and three four-day mini-courses for HIA practitioners. As part of this HIA project, SFDPH will provide two additional trainings on HIA per year – one one-day training for HIA Advisory Group participants and other stakeholders who will be engaged in the three HIAs, and a second two-day training for those individuals wanting to go deeper into HIA methods and apply HIA tools. The focus of the two-day training will be determined by the policies selected and stakeholders involved. SFDPH will provide ongoing TA to the training attendees and local and regional agencies as they implement the HIA tools.

Evaluation: The UC Berkeley faculty will lead evaluation of the HIAs by conducting document review and stakeholder interviews both prior to HIA involvement and following HIA completion. The Project Evaluators will develop a semi-structured interview survey that could be replicated for other HIA settings to assess participants' understanding of HIA and potential health impacts of the proposed decision, the quality of stakeholder engagement, and perceived impacts of the HIA on the decision-making process. Evaluators will conduct pre- and post interviews with at least four stakeholders per HIA, including two decision-makers and two external stakeholders. The Project Evaluators will also analyze how well the HIA processes achieved the practice quality objectives of North American HIA Practice Standards and whether these standards provide a useful metric for evaluation of HIA processes. The evaluators will also consider whether the approach to HIA represents a working model for institutionalizing the practice of HIA in land use and transportation planning at the local and regional agency level.

The findings of the evaluations will be documented with HIA case studies.

1E. SMART Objectives and Performance Measures

Based on the activities described above, SFDPH proposes 17 SMART objectives and 24 performance measures described in Table B at the end of this document. These objectives support the “Healthy People 2020” focus areas of eliminating health disparities, increasing physical activity, improving environmental health, reducing injuries, and building public health capacity. The objectives assume that the grant funding period would begin January 2012.

II. PARTNERS

As described in the section on engagement above, SFDPH has a long history of collaborating on HIAs and healthy community design initiatives with public agencies, community organizations, and urban design professionals. Table A below outlines how some of the current public and private organizational partners will be involved in project activities.

Table A: Public and Private Organizational Partners Engaged in Project and HIAs

Organization/Agency	Citywide Community Risk Reduction Plan (CRRP)	Pedestrian Safety Executive Directive (PSED)	Regional Transportation Plan/Sustainable Communities Strategy (2035 RTP/SCS)
Governmental Agencies			
SF Municipal Transportation Agency		X	X
SF Department of City Planning	X		X
SF County Transportation Authority		X	X
SF Mayors Office of Housing	X		X
Private Organizations			
Bay Area Health & Environment Coalition	X		X
Walk SF		X	
Bay Area Health Inequities Initiative			X
California Lung Association	X		X

California Walks		X	X
Organizations Supporting Dissemination and Application			
Metropolitan Transportation Commission	Application: RTP Project Evaluation criteria		
World Health Organization	Application: Development of Health in Transport Indicators		
CA Department of Public Health	Dissemination: HIA training and tools and case studies		
American Public Health Association	Dissemination: HIA case studies & technical tools		
NACCHO	Dissemination: HIA case studies & technical tools		
RWJ- Active Living	Dissemination: HIA case studies & technical tools		

III. PERFORMANCE MEASURES

See Table B below for performance measures.

IV. SUCCESSES AND CHALLENGES

Several attributes of the project team will contribute to the success of the project. SFDPH has substantial experience in HIA practice, tools development, training and dissemination. The project will leverage a unique regional partnership with project partners HIP and UC Berkeley to advance the field of HIA through practice, evaluation, analytic tools development, professional training, graduate education and mentorship. Policy topics selected for HIAs have a high degree of salience to local and regional sustainability planning and health interest organizations. Policy topics have emerged from SFDPH dialogue and partnership with public agencies and community partners. A growing number of planning and health organizations engaged in regional planning are beginning to recognize the value of health indicators and HIA in the policy and planning processes. This project will fulfill demand for working models of HIA and robust analytic tools to realize the re-integration of health and planning sectors.

A challenge to the project will be focusing analytic resources on the most salient set of issues through scoping. While the team has a large number of tools and will provide a

substantial amount of in-kind staff involvement, the resources and time provided will require focused HIAs. Another challenge may include negotiation of interests and priorities of a large number of public and private stakeholders who each may be interested in one or another health cost or benefit. External facilitation for screening, scoping, and analytic review is included in the project to help manage this challenge.

V. SUSTAINABILITY PLAN

DPH has already established a substantial institutional commitment to conducting HIA and engaging in land use and transportation sectors through general fund support of the activities of its Program on Health, Equity, and Sustainability. These institutional resources allow SFDPH to maintain capacity to conduct HIA and provide training and technical assistance to local public agencies and community organizations. We anticipate that these commitments will remain and that the project will strengthen the ability of PHES to conduct HIA on policy relevant targets.

The broad dissemination of HIAs conducted on the target decision areas will make a timely and significant contribution to regional sustainability planning both in the Bay Area and in other metropolitan regions. Many of the specific HIA policies and strategies being considered as decision targets for HIA could have application outside San Francisco's local context, and have relevance for land use and transportation infrastructure planning nationwide. The comprehensive and systematic HIA framework and analytic approach would not only translate health impacts to the public and decision makers in the San Francisco context but would also inform the design and conduct of HIA on other proposed urban planning and transportation investment policies and proposals throughout the nation. HIA also provides a "proof of concept" experience for health indicators and analytic approaches that can support their being embedded as performance indicators in both local and regional sustainability planning efforts.

Table A: Goals, Objectives, and Performance Measures for Year One

NCEH Goal	SMART Objectives for Year One	Performance Outcomes for Year One
<p><i>* Support environmental public health practice</i> <i>* Educate communities, partners, and policy makers about environmental health risks and protective measures.</i> <i>* Promote healthy environments</i></p>	<p><i>1A:</i> By February 2012, identify and recruit 15 diverse stakeholders to participate in the HIA Advisory Group (HIAAG) for a 12 month period.</p>	<ul style="list-style-type: none"> • 12 individuals from public agencies, community organizations and other relevant bodies commit to participate in HIAAG for one year
	<p><i>1B:</i> By March 2012, conduct one-day HIA training.</p>	<ul style="list-style-type: none"> • 40 individuals, including 12 HIAAG members, participate in one day HIA training
	<p><i>1C:</i> By June 2012, identify topics of interest and relevance to current HIAs for a two-day HIA methods training course, develop training materials, outreach, and conduct course.</p>	<ul style="list-style-type: none"> • 30 individuals participate in HIA methods training • Training materials distributed to participating agencies • TA provided to participants as requested
	<p><i>1D:</i> By December 2012, conduct HIA methods workshops as requested by local/regional agencies and elected officials</p>	<ul style="list-style-type: none"> • Two hour HIA workshops offered as requested • TA provided to participants as requested
	<p><i>1E:</i> By December 2012, complete three HIAs with ongoing involvement of HIAAG members.</p>	<ul style="list-style-type: none"> • HIAAG members participated in screening, scoping, report review, and dissemination of 3 HIAs
	<p><i>1F:</i> By December 2012, conduct pre- and post-HIA eval interviews with decision-makers and key stakeholders</p>	<ul style="list-style-type: none"> • 18 stakeholder interviews conducted and analyzed to identify impacts (<i>see Goal 4</i>)
<p><i>* Protect public from environmental hazards & toxic exposures</i> <i>* Promote environmental justice and reduce health disparities associated with environmental exposures.</i></p>	<p><i>2A:</i> By March 2012, conduct screening analysis with HIAAG to select 3 policies for 2012 HIA analysis</p>	<ul style="list-style-type: none"> • Three policies selected for HIA
	<p><i>2B:</i> By May 2012, conduct the scoping analysis, HIAAG meets to prioritize health impacts for analysis</p>	<ul style="list-style-type: none"> • Reasonable, timely workplan for each HIA with clearly identified plan, methods, and health priorities
	<p><i>2C:</i> By August 2012, conduct baseline conditions assessment, impact analysis and characterization of potential health effects, and evaluation of certainty of predictions. Assessment will include equity analysis to examine health impacts on vulnerable populations.</p>	<ul style="list-style-type: none"> • Multi-method assessment completed for each HIA, including lit reviews, focus groups, analysis of HDMT and other environmental health indicators, and possibly including quantitative forecasting and other data analysis
	<p><i>2D:</i> By September 2012, identify recommendations to address identified health impacts and host facilitated meeting with HIAAG to prioritize recommendations</p>	<ul style="list-style-type: none"> • Succinct, prioritized list of decision alternatives, mitigation strategies, or policy recommendations to mitigate health impacts for each policy/plan analyzed
	<p><i>2E:</i> By November 2012, finalize reports, meet with HIAAG to discuss report dissemination and communications strategy, and develop culturally appropriate fact sheets describing HIA findings</p>	<ul style="list-style-type: none"> • Draft reports distributed for 30 day public review • Final reports distributed to decision-makers, HIAAG members, and other relevant stakeholders • HIAAG members disseminate reports to networks
<p><i>* Support environmental public health practice</i> <i>* Advance the science of environmental public health</i></p>	<p><i>3A:</i> By December 2012, create an HIA page on CDPH website with HIA resources, current and past CA HIAs, and a list of Healthy Community Design stakeholders</p>	<ul style="list-style-type: none"> • HIA page established and regularly updated on California DPH website
	<p><i>3B:</i> By December 2012, submit state & national conference abstracts to present findings & lessons learned</p>	<ul style="list-style-type: none"> • Abstracts submitted to at least 2 conferences, if accepted, presentations given
	<p><i>3C:</i> By December 2012, submit >1 manuscript to publish HIA findings & lessons learned</p>	<ul style="list-style-type: none"> • Manuscript submitted to peer-reviewed journal
<p><i>* Provide unique scientific and technical expertise to advance public health science and practice.</i></p>	<p><i>4A:</i> By March 2012, develop HIA evaluation survey instrument and pilot with first HIAAG, pre-HIA.</p>	<ul style="list-style-type: none"> • Evaluation instrument created • Survey instrument revised based on initial pilot
	<p><i>4B:</i> By December 2012, conduct post-HIA interviews with HIAAG, decision-makers, & other stakeholders.</p>	<ul style="list-style-type: none"> • 18 participants interviewed
	<p><i>4C:</i> By February 2013, analyze, summarize and disseminate findings from the pilot application to SFDPH, HIAAG participants and other relevant stakeholders.</p>	<ul style="list-style-type: none"> • Evaluation results analyzed; results disseminated to participating stakeholders • Evaluation instrument distributed to HIA practitioners

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: San Francisco Public Health Foundation	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
Randy Wittorp- Vice President; Lisa Hammann - Vice President; Daniel Cody – Secretary; Cynthia A. Gomez Ph.D.- Treasurer; Martin Engel; Josh Greenblatt; Harry Kenning; Danielle Nolan; Steven Tierney, Ed.D.; Arthur Weiss	
Contractor address: 1450 Sutter St. #101 San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$126,941
Nature of Contract Provide project management and other contractual services to fulfill a grant received from the Centers for Disease Control.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos. Legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed