



1 [Accept and Expend Grant - State Water Resources Control Board - Public Beach Safety  
2 Grant Program - \$30,000]

3 **Resolution retroactively authorizing the San Francisco Department of Public Health to**  
4 **accept and expend a grant in the amount of \$30,000 from the State Water Resources**  
5 **Control Board, Division of Water Quality Beach Safety Program, to participate in a**  
6 **program entitled “Public Beach Safety Grant Program” for the period of July 1, 2015,**  
7 **through June 30, 2016.**

8  
9 WHEREAS, The State Water Resources Control Board has determined that the San  
10 Francisco Department of Public Health (DPH) is eligible to receive funds from the Public  
11 Beach Safety Grant Program pursuant to United States Code, title 33, section 406; and

12 WHEREAS, With a portion of these funds, the State Water Resources Control Board  
13 has contracted with San Francisco Department of Public Health (DPH) in the amount of  
14 \$30,000 for the period of July 1, 2015, through June 30, 2016; and

15 WHEREAS, As a condition of receiving the grant funds, the State Water Resources  
16 Control Board requires the City and County to enter into an agreement (the “Agreement”), a  
17 copy of which is on file with the Clerk of the Board of Supervisors in File No. 151282; the  
18 execution of which is hereby authorized and declared to be a part of this resolution as if set  
19 forth fully herein; and

20 WHEREAS, The purpose of this project is to collect bay and ocean shoreline water  
21 samples weekly and transport to Millbrae lab for pathogen analysis; and

22 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
23 partially reimburses DPH for four existing positions, one Manager IV (Job Class No. 0932) at  
24 .0007 FTE, one Senior Environmental Health Inspector (Job Class No. 6122) at .136 FTE,  
25 one Junior Administrative Analyst (Job Class No. 1820) at .004 FTE, and one Health Program

1 Coordinator I (Job Class No. 2589) at .004 FTE, for the period of July 1, 2015, through June  
2 30, 2016; and

3 WHEREAS, A request for retroactive approval is being sought because DPH did not  
4 receive notification of the award until after July 1, 2015, for a project start date of July 1, 2015;  
5 and

6 WHEREAS, The budget includes a provision for indirect costs in the amount of \$4,127;  
7 now, therefore, be it

8 WHEREAS, DPH will use these funds for activities related to the State Water Board's  
9 Public Beach Safety Grant Program; now therefore, be it

10 RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively  
11 in the amount of \$30,000 from the State Water Resources Control Board; and, be it

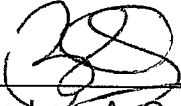
12 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
13 expend the grant funds pursuant to San Francisco Administrative Code, Section 10.170-1;  
14 and, be it

15 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
16 Agreement, and any amendments, invoices, or any other documents related to or required for  
17 the administration of said Agreement on behalf of the City and County; and, be it


18 FURTHER RESOLVED, That the Director of Health is authorized to certify that DPH  
19 has and will comply with all applicable federal and state statutory and regulatory requirements  
20 related to any grant funds received.

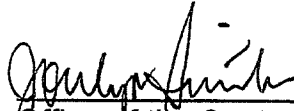
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RECOMMENDED:

  
Barbara A. Garcia, MPA  
Director of Health

APPROVED:

  
Office of the Mayor

  
for Office of the Controller



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

September 21, 2015

County of San Francisco  
Recreational Water Quality Program  
Attn: Corey Chrisman, REHD  
Sr. Environmental Health Inspector  
1390 Market Street, Suite 210  
San Francisco, CA 94102

Re: Beach Monitoring Agreement for 2015/16

Dear Corey:

Please be advised that \$30,000 in beach monitoring funds from the State Water Resources Control Board, Division of Water Quality Beach Safety Program, has been allocated to County of San Francisco for the 2015/16 fiscal year. Grant Agreement No. D1514110, once executed, will have a start date of July 1, 2015, and an end date of June 30, 2016.

If you have any questions, please contact me at [Michael.Gjerde@waterboards.ca.gov](mailto:Michael.Gjerde@waterboards.ca.gov) or telephone number (916) 341-5283.

Sincerely,

A handwritten signature in cursive script that reads "Michael Gjerde".

Michael Gjerde  
Grant Manager for Beach Safety Program  
Division of Water Quality

cc: Barbara Walton, Program Analyst

**City and County of San Francisco**

**Department of Public Health**



**Edwin M. 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 *BAG*  
**DATE:** December 4, 2015  
**SUBJECT:** Grant Accept and Expend  
**GRANT TITLE:** Public Beach Safety Grant Program- \$30,000

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Attached please find the original and 2 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: Not Applicable. No application submitted.
- Agreement / Award Letter
- 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, Grants Administration for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Public Beach Safety Grant Program**
2. Department: **San Francisco Department of Public Health, Environmental Health Branch**
3. Contact Person: **Corey Chrisman** Telephone: **(415) 252-3849**
4. Grant Approval Status (check one):  
 Approved by funding agency       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$ 30,000**
- 6 a. Matching Funds Required: **\$ 0.00**  
b. Source(s) of matching funds (if applicable):
- 7 a. Grant Source Agency: **State Water Resources Control Board**  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **Collect bay and ocean shoreline water samples weekly & transport to Millbrae lab for pathogen analysis.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **July 1, 2015**      End-Date: **June 30, 2016**
- 10 a. Amount budgeted for contractual services: **\$0**  
b. Will contractual services be put out to bid? **No**  
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?  
d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**
- 11 a. Does the budget include indirect costs?       Yes       No  
b1. If yes, how much? \$ **\$4,127**  
b2. How was the amount calculated? **17 % of total personnel**  
c1. If no, why are indirect costs not included?  
 Not allowed by granting agency       To maximize use of grant funds on direct services  
 Other (please explain):  
c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

- The grant requires that DPH submit quarterly progress reports detailing number of samples taken, number of postings required and any other concerns or importance affecting shoreline safety of beach goers.
- Retroactive approval is sought because State grant funds are not calculated by July 1, 2015. The entire beach grant program, all coastal counties in California, is funded by both federal and state funds and the federal funds are calculated post July 1, 2015.

GRANT CODE: HCEH15-1600

**\*\*Disability Access Checklist\*\*\*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)                 |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |   |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:


Comments:

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

M Ron Weigelt  
(Name)

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

Date Reviewed: 12-7-15

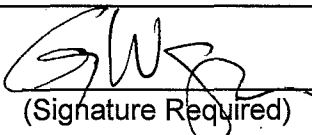
  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 12/8/15

  
(Signature Required)



County of San Francisco, Exhibit B			
C. AB 411 FY Line Item Budget (12 Month Budget)			
July 1, 2015 - June 30, 2016			
Please Match Actual Contract Budget Amount			
<b>\$</b>			<b>30,000</b>
<b>Personnel</b>			
Position Title	Hourly Rate	Approx Hours	Annual Cost
San Francisco County Environmental Health Program Manager IV (#0932)	\$ 110.38	14	\$ 1,545
Sr. Env. Health Inspector (#6122)	\$ 78.56	282	\$ 22,154
Junior Administrative Analyst (#1820)	\$ 45.28	8.5	\$ 385
Health Program Coordinator (#2589)	\$ 54.21	8.5	\$ 459
			\$ -
			\$ -
			\$ -
<b>Total Personnel (fringe benefits included in rate)</b>			\$ 24,543
<b>Actual Indirect Costs (Not to exceed 20%)</b>		17%	\$ 4,172
<b>Operating Expense</b>	(Supplies, detail lab samples below)		\$ -
Laboratory Costs	Samples	Cost Per Sample	\$ -
			\$ -
<b>Travel (sample collection)</b>	\$ 0.575	2234.5	\$ 1,285
Vehicle (\$0.575 per mile @2,234.5 miles)			
		<b>Total</b>	\$ 30,000

**July 1, 2015 - June 30, 2016**

Please Show Projected 12 month Full Program Cost Budget Amount			
<b>Personnel</b>			
Position Title	Hourly Rate	Approx Hours	Annual Cost
San Francisco County Environmental Health Program Manager IV (#0932)	\$ 110.38	14	\$ 1,545
Sr. Env. Health Inspector (#6122)	\$ 78.56	295	\$ 23,175
Junior Administrative Analyst (#1820)	\$ 45.28	9	\$ 408
Health Program Coordinator (#2589)	\$ 54.21	9	\$ 488
			\$ -
			\$ -
			\$ -
<b>Total Personnel (fringe benefits included in rate)</b>			\$ 25,616
<b>Actual Indirect Costs (Not to exceed 20%)</b>		17%	\$ 4,355
<b>Operating Expense</b>	(Supplies, detail lab samples below)		\$ -
Laboratory Costs	Samples	Cost Per Sample	\$ -
			\$ -
<b>Travel (sample collection)</b>	\$ 0.575	2234.5	\$ 1,285
Vehicle (\$0.575 per mile @2,234.5 miles)			
		<b>Total</b>	\$ 31,255

- Budget Justification -  
Beach Water Quality and Monitoring  
(Grant Code HCEH15-1600)

A. Personnel

1. Salaries - All salaries are budgeted at the top of the job classification.

i. Manager IV (#0932) has ultimate responsibility for all aspects of the project.

ii. Senior Environmental Health Inspector (#6122) will perform the beach water quality monitoring, posting, public notification, and will provide the water quality data.

iii. Junior Administrative Analyst (#1820) provides clerical support

iv. Health Program Coordinator (#2589) will provide database & uploading support.

2. Full Time Equivalents

i. Manager IV (#0932) = 0.007

ii. Senior Environmental Health Inspector (#6122) = 0.136

iii. Junior Administrative Analyst (#1820) = 0.004

iv. Health Program Coordinator (#2589) = 0.004

B. Total Personnel

Sum total of all personnel expenses including fringe benefits.

C. Operating Expense

N/A as these are supplied by lab.

D. Travel

Local Mileage: These are expenses that support staff in gas & car maintenance.

E. Indirect Costs

Based on 17% of personnel.

### Beach Program Allocation BY15/16

FY 15/16	FY 15-16		
Coounty/Agency	Total 15/16 State WDPF	Federal 15/16 Funds	Total 15/16 Beach Funds (WDPF + Fed)
San Diego	\$ 160,000	\$ 185,000	\$ 345,000
Orange	\$ 365,000	\$ -	\$ 365,000
Los Angeles	\$ 135,000	\$ 180,000	\$ 315,000
Long Beach City	\$ 100,000	\$ -	\$ 100,000
Ventura	\$ 190,000	\$ -	\$ 190,000
Santa Barbara	\$ 125,000	\$ -	\$ 125,000
San Luis Obispo	\$ 125,000	\$ -	\$ 125,000
Monterey	\$ 55,000	\$ -	\$ 55,000
Santa Cruz	\$ 105,000	\$ -	\$ 105,000
San Mateo	\$ 150,000	\$ -	\$ 150,000
San Francisco	\$ 30,000	\$ -	\$ 30,000
Marin	\$ 60,000	\$ -	\$ 60,000
EBRPD (Ala & CC)	\$ 75,000	\$ -	\$ 75,000
Sonoma	\$ 60,000	\$ -	\$ 60,000
Mendocino	\$ 30,000	\$ -	\$ 30,000
Humboldt	\$ 35,000	\$ -	\$ 35,000
SWRCB Data Admin	\$ -	\$ 55,000	\$ 55,000
SWRCB CWP Travel		\$ 5,000	\$ 5,000
SWRCB CWP Admin	\$ -	\$ 94,249	\$ 94,249
County Total	\$ 1,800,000	\$ 365,000	\$ 2,165,000
Program Totals	\$ 1,800,000	\$ 519,249	\$ 2,319,249

**\$ 519,249**

### Project Director Certification

Grantee: County of San Francisco

Project Name: Beach Monitoring

Project Director: Corey Chrisman

Project Identification No. (PIN): N/A Grant Agreement No.: D1514110

Program: Proposition 13  40  50  84  319(h)  Public Beach Safety

As the assigned Project Director for this Project, I certify:

- I am a paid employee of the Grantee; and
- I am not acting as a subcontractor on the Project.
- I understand the Program requirements and responsibilities of the Project Director.
- I am a volunteer of the Grantee and:
  - I am a member of the Grantee's organization; and
  - I will derive no personal monetary gain or other benefit; and
  - I am not acting as a subcontractor or performing work on the Project.

#### Invoice/Grant Progress Report Signature Authorization (The designee(s) must be employed by the Grantee.)

- I will review and sign invoices authorizing reimbursement for this Project and/or Grant Progress Reports that accompany invoices.
- The following individual(s) are also authorized to sign invoices/Grant Progress Reports for this Project:

Designee's Name: RICHARD LEE, SFDPH ACTING DIR. EHB

Designee's Name: \_\_\_\_\_

#### Secretary of State Verification (Excludes county, city, and state agencies.)

- I certify the Grantee has an active status with the California Secretary of State.  
Entity Number \_\_\_\_\_
- N/A.

Please sign, date, and return to the Program Analyst.

Corey Chrisman  
Signature

7/16/15  
Date



EDMUND G. BROWN JR.  
GOVERNOR



MATTHEW RODRIGUEZ  
SECRETARY FOR  
ENVIRONMENTAL PROTECTION

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State Water Resources Control Board

September 21, 2015

County of San Francisco  
Recreational Water Quality Program  
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Sr. Environmental Health Inspector  
1390 Market Street, Suite 210  
San Francisco, CA 94102

Re: Beach Monitoring Agreement for 2015/16

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If you have any questions, please contact me at [Michael.Gjerde@waterboards.ca.gov](mailto:Michael.Gjerde@waterboards.ca.gov) or telephone number (916) 341-5283.

Sincerely,

A handwritten signature in black ink that reads "Michael Gjerde".

Michael Gjerde  
Grant Manager for Beach Safety Program  
Division of Water Quality

cc: Barbara Walton, Program Analyst

# Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee.  
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [ ] inquires"
- 5. City Attorney request.
- 6. Call File No. [ ] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. [ ]
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on [ ]

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission     Youth Commission     Ethics Commission
- Planning Commission     Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative**

**Sponsor(s):**

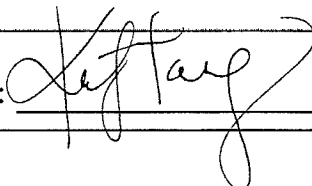
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**Subject:**

Accept and Expend Grant - Public Beach Safety Grant Program

**The text is listed below or attached:**

[Empty box for text listing]

Signature of Sponsoring Supervisor: 

For Clerk's Use Only: