

1 [Accept and Expend Grant - California Department of Public Health - Oral Health Program-
2 Proposition 56-Support Local Oral Health Programs - \$308,879]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$308,879 from California Department of Public Health**
5 **to participate in a program entitled, California Department of Public Health Oral Health**
6 **Program-Proposition 56-Support Local Oral Health Programs for the period of January**
7 **1, 2018, through June 30, 2018.**

8
9 WHEREAS, California Department of Public Health (CDPH) has agreed to fund
10 Department of Public Health (DPH) in the amount of \$308,879 for the period of January 1,
11 2018, through June 30, 2018; and

12 WHEREAS, The full project period of the grant starts on January 1, 2018 and ends on
13 June 30, 2022, with years two, three, four, and five subject to availability of funds and
14 satisfactory progress of the project; and

15 WHEREAS, The purpose of this project is to increase DPH capacity to support
16 activities to achieve the CDPH California Oral Health Plan (COHP) goals and objectives; and

17 WHEREAS, These funds are made available through Proposition 56, the California
18 Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), to be used for
19 public health services; and

20 WHEREAS, The activities may include convening, coordination, and collaboration to
21 support planning, disease prevention, surveillance, education, and linkage to treatment
22 programs; and

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

24 WHEREAS, The budget includes a provision for indirect costs in the amount of
25 \$137,000; now, therefore, be it

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RESOLVED, That DPH is hereby authorized to accept and expend a grant in the amount of \$308,879 from California Department of Public Health; and, be it

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

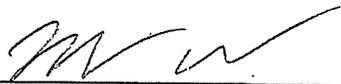
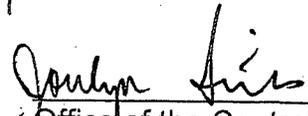
FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

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RECOMMENDED:


Barbara A. Garcia, MPA
Director of Health

APPROVED:


Office of the Mayor
for

Office of the Controller

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: **CDPH Oral Health Program - Proposition 56 - Support Local Oral Health Programs**

2. Department: **San Francisco Dept. of Public Health – MCAH Section**

3. Contact Person: **Margaret Fisher** Telephone: **415-575-5719**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for:

\$308,879 per year/\$1,544,395 in the 5 year project period

(Year 1 = \$308,879; Year 2 = \$308,879; Year 3 = \$308,879; Year 4 = \$308,879; Year 5 = \$308,879)

Funder will approve future years upon successful completion of the prior year.

6a. Matching Funds Required: **NA**

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

7a. Grant Source Agency: **California Department of Public Health (CDPH)/Oral Health Program (OHP)**

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

8. Proposed Grant Project Summary:

Grant is 5 year funding for the purposes of increasing SF DPH capacity to support activities to achieve the CDPH California Oral Health Plan (COHP) goals and objectives. These funds are made available through Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), to be used for public health services. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs.

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

The five-year grant will have the following anticipated term:

Approved Year One Project: Start Date: 01/01/2018 End Date: 06/30/2018

Full project period: Start-Date: 01/01/2018 End-Date: 06/30/2022

10a. Amount budgeted for contractual services:

\$256,000 in the 5-year project period

[Year 1(17/18) = \$137,000; Year 2 (18/19) = \$40,000; Year 3 (19/20) = \$34,000; Year 4 (20/21) =

\$25,000; Year 5 (21/22)= \$20,000]

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? **Yes, these subcontractors are local business headquartered in SF.**

d. Is this likely to be a one-time or ongoing request for contracting out? **One time for this 5 year grant**

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

b1. If yes, how much?

\$ 170,892 in the 5 year project

**(Year 1 (17/18) = \$ 17,706; Year 2 (18/19) = \$36,474; Year 3 (19/20) = \$37,858;
Year 4 (20/21) = \$38,844; Year 5 (21/22) = \$40,010)**

b2. How was the amount calculated? **25%** of indirect costs.

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:

- **Reimbursed for invoiced payments only.**
- **Annual Performance Measures and Report to State.**

GRANT CODE

Project ID: 10032468 –Oral Health Program Prop 56

Proposal ID: CTR00000373

Dept ID: 251988

Fund ID: 11580

Activity ID: 0002

****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 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:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 11-02-17


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 11/6/17


(Signature Required)

Calculations

1st year = 6 months from 1/1/18 to 6/30/18

Local 21 MOU exp	MOU			FY 17-18 7/1/17-6/30/18 26 PP	1040 hours	2080 hours			
	7/1/2017 hourly	Step	BW		1st year 1/1/18-6/30/18 13PP	2nd year 7/1/18-6/30/19 26 PP	3rd year 7/1/19-6/30/20 26.2PP	4th year 7/1/20-6/30/21 26.1PP	5th year 7/1/21-6/30/22 26.1PP
9910 (Health Educator 2822)	25.7500		2,060	53,560	26,780				
9910 (Senior Mgmt Assistant 1844)	25.7500		2,060	53,560	26,780				
9910 (Management Assistant 1842)	25.7500		2,060	53,560	26,780				
9910 (Assistant Health Educator 2819)	25.7500		2,060	53,560	26,780				
9910 (Public Relations Assistant 1310)	25.7500		2,060	53,560	26,780				
2802 Epidemiologist 1	42.3500	5 Top	3,388	88,088	44,044	90,730.64	94,171.43	96,626.35	99,525.14

2nd year: 7/1/18 to 6/30/19

	43,282		
3% increase	hourly	Step	BW
9910 (Health Educator 2822)	26.5225		2,121.80
2802 Epidemiologist	43.6205	5 Top	3,489.64

3rd year: 7/1/19 to 6/30/20

	7/1/2019		
3% increase	hourly	Step	BW
9910 (Health Educator 2822)	27.3182		2,185.4540
2802 Epidemiologist	44.9291	5 Top	3,594.3292

4th year: 7/1/20 to 6/30/21

	7/1/2020		
3% Increase	hourly	Step	BW
9910 (Health Educator 2822)	28.13772		2251.0176
2802 Epidemiologist	46.2770	5 Top	3702.1591

5th year: 7/1/21 to 6/30/22

	7/1/2021		
3% Increase	hourly	Step	BW
9910 (Health Educator 2822)	28.9819		2318.5481
2802 Epidemiologist	47.6653	5 Top	3813.2238

Bilingual/yr

Total hr/yr
1044 2088

2017-2022 Salary Table

	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Classification	Fiscal Salary				
9910 (Health Ed 2822)	26,780	55,167	57,259	58,752	60,514
2802 Epidemiologist 1	44,044	90,731	94,171	96,626	99,525
Total	70,824	145,897	151,430	155,378	160,039

**Proposition 56 Budget Year 2: 7/1/18-6/30/19
San Francisco County and City**

Column			12 months					
Category/Line Item	% or FTE	Biweekly (pay period)	Annual Salary	PP (pay periods)	Requested Amount			
I. Personnel Expenses								
Administration								
1. 9910 (Health Educator 2822)	100%	2,122	55,167	26	\$ 55,167			
2. 2802 Epidemiologist 1	100%	3,490	90,731	26	\$ 90,731			
Total Salary & wages					\$ 145,897			
Total Fring 45.00%					\$ 65,654			
I. Total Personnel Expenses					\$ 211,551			
II. Operating Expenses								
1. Travel					\$ 1,500			
2. Training					\$ 2,000			
3. Communications/Office Supplies/Reproduction					\$ 3,153			
4. Rents/Leases Bldg					\$ 7,200			
5. Provider Trainings								
6. Retreats & meetings expenses					\$ 3,000			
7. Stipends for subcommittee chairs					\$ 4,000			
8.								
9.								
II. Total Operating Expenses					\$ 20,853			
III. Subcontractors								
1. UCSF					\$ 10,000			
2. CARECEN					\$ 10,000			
3. NICOS					\$ 10,000			
4. APA					\$ 10,000			
III. Total Subcontractors Expense					\$ 40,000			
IV. Indirect Expenses								
1. Internal 25.00%					\$ 36,474			
2. External 0.00%					\$ -			
IV. Total Indirect Expenses					\$ 36,474			
V. Other Expenses								
1.								
2.								
3.								
V. Total Other Expenses					\$0			
Budget Grand Total					\$308,879			

	Dorothy C Quan	10-02-17	415- 575-5784	Dorothy.quan@sfdph.org
	Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Reviewed I	Margaret Fisher	10.12.17	415-575-5719	Margaret.fisher@sfdph.org
	Project Director	Date	Phone Number	Email Address

**Proposition 56 Budget Year 3: 7/1/19 - 6/30/20
San Francisco County and City**

Column								
Category/Line Item	% or FTE	Biweekly (pay period)	Annual Salary	PP (pay periods)	Requested Amount			
I. Personnel Expenses								
Administration								
1. 9910 (Health Educator 2822)	100%	2,185	57,259	26	\$ 57,259			
2. 2802 Epidemiologist 1	100%	3,594	94,171	26	\$ 94,171			
Total Salary & wages					\$ 151,430			
Total Fring	45.00%				\$ 68,144			
I. Total Personnel Expenses					\$ 219,574			
II. Operating Expenses								
1. Travel					\$ 1,000			
2. Training					\$ 1,000			
3. Communications/Office Supplies/Reproduction					\$ 2,247			
4. Rents/Leases Bldg					\$ 7,200			
5. Provider Trainings								
6. Retreats & meetings expenses					\$ 2,000			
7. Stipends for subcommittee chairs					\$ 4,000			
8.								
9.								
II. Total Operating Expenses					\$ 17,447			
III. Subcontractors								
1. UCSF					\$ 10,000			
2. CARECEN					\$ 8,000			
3. NICOS					\$ 8,000			
4. APA					\$ 8,000			
III. Total Subcontractors Expense					\$ 34,000			
IV. Indirect Expenses								
1. Internal	25.00%				\$ 37,858			
2. External	0.00%				\$ -			
IV. Total Indirect Expenses					\$ 37,858			
V. Other Expenses								
1.								
2.								
3.								
V. Total Other Expenses					\$0			
Budget Grand Total					\$308,879			

	Dorothy C Quan	10-02-17	415- 575-5784	Dorothy.quan@sfdph.org
	Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Reviewed by	Margaret Fisher	10.12.17	415-575-5719	Margaret.fisher@sfdph.org
	Project Director	Date	Phone Number	Email Address

**Proposition 56 Budget Year 4: 7/1/20 - 6/30/21
San Francisco County and City**

Column								
Category/Line Item	% or FTE	Biweekly (pay period)	Annual Salary	PP (pay periods)	Requested Amount			
I. Personnel Expenses								
Administration								
1. 9910 (Health Educator 2822)	100%	2,251	58,752	26	\$ 58,752			
2. 2802 Epidemiologist 1	100%	3,702	96,626	26	\$ 96,626			
Total Salary & wages					\$ 155,378			
Total Fring 45.00%					\$ 69,920			
I. Total Personnel Expenses					\$ 225,298			
II. Operating Expenses								
1. Travel					\$ 1,250			
2. Training					\$ 1,250			
3. Communication/Office Supplies/Rep					\$ 3,037			
4. Rents/Leases Bldg					\$ 7,200			
5. Provider Trainings								
6. Retreats & meeting expenses (food,					\$ 2,000			
7. Stipends for subcommittee chairs					\$ 5,000			
8.								
9.								
II. Total Operating Expenses					\$ 19,737			
III. Subcontractors								
1. UCSF					\$ 10,000			
2. CARECEN					\$ 5,000			
3. NICOS					\$ 5,000			
4. APA					\$ 5,000			
III. Total Subcontractors Expense					\$ 25,000			
IV. Indirect Expenses								
1. Internal 25.00%					\$ 38,844			
2. External 0.00%					\$ -			
IV. Total Indirect Expenses					\$ 38,844			
V. Other Expenses								
1.								
2.								
3.								
V. Total Other Expenses					\$0			
Budget Grand Total					\$308,879			

	Dorothy C Quan	10-02-17	415- 575-5784	Dorothy.quan@sfdph.org
	Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Reviewed by	Margaret Fisher	10.12.17	415-575-5719	Margaret.fisher@sfdph.org
	Project Director	Date	Phone Number	Email Address

**Proposition 56 Budget Year 5: 7/1/21 - 6/30/22
San Francisco County and City**

Column								
Category/Line Item	% or FTE	Biweekly (pay period)	Annual Salary	PP (pay periods)	Requested Amount			
I. Personnel Expenses								
Administration								
1. 9910 (Health Educator 2822)	100%	2,319	60,514	26	\$ 60,514			
2. 2802 Epidemiologist 1	100%	3,813	99,525	26	\$ 99,525			
Total Salary & wages					\$ 160,039			
Total Fringl45.00%					\$ 72,018			
I. Total Personnel Expenses					\$ 232,057			
II. Operating Expenses								
1. Travel					\$ 1,000			
2. Training					\$ 1,000			
3. Communication/Office Supplies					\$ 2,012			
4. Rents/Leases Bldg					\$ 7,200			
5. Provider Trainings								
6. Retreats & meeting expenses (f					\$ 1,600			
7. Stipends for subcommittee chair					\$ 4,000			
8.								
9.								
II. Total Operating Expenses					\$ 16,812			
III. Subcontractors								
1. UCSF					\$ 5,000			
2. CARECEN					\$ 5,000			
3. NICOS					\$ 5,000			
4. APA					\$ 5,000			
III. Total Subcontractors Expenses					\$ 20,000			
IV. Indirect Expenses								
1. Internal 25.00%					\$ 40,010			
2. External 0.00%					\$ -			
IV. Total Indirect Expenses					\$ 40,010			
V. Other Expenses								
1.								
2.								
3.								
V. Total Other Expenses					\$0			
Budget Grand Total					\$308,879			

	Dorothy C Quan	10-02-17	415- 575-5784	Dorothy.quan@sfdph.org
	Prepared By (Signature)	Date Prepared	Phone Number	Email Address
Reviewed by	Margaret Fisher	10.12.17	415-575-5719	Margaret.fisher@sfdph.org
	Project Director	Date	Phone Number	Email Address

City & County of San Francisco
Prop 56 Budget
FY 17-18 (01-01-18 to 6-30-18)

I. <u>PERSONNEL EXPENSES</u>		
Total Salaries	\$70,824	Personnel expenses are calculated based on negotiated salaries. Staff benefits is calculated at a rate of 45% per instruction from local Chief Fiscal Officer.
Total benefits	\$31,871	
Total Personnel Expenses:	\$102,695	
II. <u>OPERATING EXPENSES</u>		
Travel/Field Exp	\$3,000	Includes travel & parking to statewide conferences, regional meetings, travel & parking for approved training, daily business, and personal vehicle use mileage and per diem for lodging/when required.
Training	\$5,000	Registration and training costs for related ongoing duties for program staff, including training for supervisor over these 2.0 FTE. Some of these trainings & conferences: Annual CDPH conference; 24 Plus for Supervisors and Managers; any appropriate trainings or conferences that comes up during this fiscal year.
Communications and Office Supplies/Reproductions	\$5,878	Expenditures include office materials, furniture & supplies, internet connection, secured emails, phone calls, faxes, teleconferences, postage, printer supplies, printing & reproduction costs.
Office Equipment	\$18,000	2 desktop computers with monitor and Microsoft Office software installed. 1 laptop with MS installed. Tableau Developer with Tableau training; SAS installation with license fee and SAS data software training.
Rent	\$3,600	SF City & Co charges \$2/person/sq. ft. /per month with each person allotted for 200 sq. ft. = \$4,800. The amount is reduced to fit the State's allowance of 150 sq. ft. per person; therefore rent is reduced to \$3,600.
Provider Trainings	\$2,000	Outreach and Trainings to: -educate, update and coordinate Dental providers to better understand the co-responsibility that Medical providers have with dentists in providing the preventive benefit of Fluoride Varnish. -educate Medical Providers the benefits of early detection and prevention; provide Fluoride Vanish trainings materials and supplies. Explore with providers what simple strategies can be implemented to ensure & increase successful rates.
Retreat & meetings expenses	\$4,000	Annual SF Oral Health Retreat scheduled for May. Space rental & catered food for ~ 80-100 attendees; food & parking for quarterly ICC, & team meetings.

Stipends for Chairs	\$10,000	4 Implementation Work Teams namely Access, Integration, Promotion, and Evaluation. Stipends are used to incentivize each chair's purposeful participation to lead the monthly implementation work teams for each of these tactics.
Total Operating Expense:	\$51,478	
III. <u>SUBCONTRACTORS</u>		The CC is tasked to complete an interactive oral health surveillance data web platform for our community champions and other policy makers and stakeholders to use to guide their work.
Communication Consultant (CC)	\$25,000	
Fund Raising Consultant (FRC)	\$25,000	Work of the FRC will provide financial sustainability for both Larger CavityFree SF Collaborative and also to support the 3 neighborhood community based Children's Oral Health Task Forces.
UCSF	\$42,000	UCSF Co -Lead Dr. Lisa Chung - 0.25 FTE & UCSF Admin Staff: assists in scheduling CavityFree SF collaborative meetings
CARECEN (Mission COH Task Force)	\$15,000	
NICOS (Chinatown COH Task Force)	\$15,000	Funding to support the 3 Community Children's Oral Health (COH) Task Forces which are the "Backbone infrastructure" in order to support oral health promotion and outreach efforts in their local geographic and ethnic specific neighborhood, consistent with citywide CavityFree SF 'Promotion' developed key messages.
APA (District 10 COH Task Force)	\$15,000	
Total Subcontractors Expense:	\$137,000	
IV. <u>INDIRECT EXPENSE</u>		
A. Internal @ 25.0 %	\$17,706	
B. External	-0-	The 25% is the overhead rate that is charged by the County to all programs.
Total Indirect Expense:	\$17,706	
<u>BUDGET GRAND TOTAL</u>	\$308,879	

City & County of San Francisco
Prop 56 Budget
FY 18-19 (07-01-18 to 6-30-19)

I. <u>PERSONNEL EXPENSES</u> Total Salaries Total benefits Total Personnel Expenses:	\$145,897 \$65,654 \$211,551	Personnel expenses are calculated based on negotiated salaries. Staff benefits is calculated at a rate of 45% per instruction from local Chief Fiscal Officer.
II. <u>OPERATING EXPENSES</u> Travel/Field Exp Training Communications and Office Supplies/Reproductions Rent Retreat & meetings expenses Stipends for Chairs Total Operating Expense:	\$1,500 \$2,000 \$3,153 \$7,200 \$3,000 \$4,000 \$20,853	Includes travel & parking to statewide conferences, regional meetings, travel & parking for approved training, daily business, and personal vehicle use mileage and per diem for lodging/when required. Registration and training costs for related ongoing duties for program staff, including training for supervisor over these 2.0 FTE. Some of these trainings & conferences: Annual CDPH conference; any appropriate trainings or conferences that comes up during this fiscal year. Expenditures include office materials, furniture & supplies, internet connection, secured emails, phone calls, faxes, teleconferences, postage, printer supplies, printing & reproduction costs. SF City & Co charges \$2/person/sq. ft. /per month with each person allotted for 200 sq. ft. = \$9,600. The amount is reduced to fit the State's allowance of 150 sq. ft. per person; therefore rent is reduced to \$7,200. Annual SF Oral Health Retreat scheduled for May. Space rental & catered food for attendees (Approx: 80-100); quarterly ICC meetings; team meetings. 4 Implementation Work Teams namely Access, Integration, Promotion, and Evaluation. Stipends are used to incentivize each chair's purposeful participation to lead the monthly implementation work teams for each of these tactics. We have to lower the stipend amounts this year in order to balance the budget.
III. <u>SUBCONTRACTORS</u> UCSF	\$10,000	UCSF Co –Lead Dr. Lisa Chung = 0.25 FTE & UCSF Admin Staff: assists in scheduling CavityFree SF collaborative meetings.

CARECEN (Mission COH Task Force)	\$10,000	Funding to support the 3 Community Children's Oral Health (COH) Task Forces which are the "Backbone infrastructure" in order to support oral health promotion and outreach efforts in their local geographic and ethnic specific neighborhood, consistent with citywide CavityFree SF 'Promotion' developed key messages.
NICOS (Chinatown COH Task Force)	\$10,000	
APA (District 10 COH Task Force)	\$10,000	
Total Subcontractors Expense:	\$40,000	
IV. <u>INDIRECT EXPENSE</u>		The 25% is the overhead rate that is charged by the County to all programs.
A. Internal @ 25.0 %	\$36,474	
B. External	-0-	
Total Indirect Expense:	\$36,474	
<u>BUDGET GRAND TOTAL</u>	\$308,879	

City & County of San Francisco
Prop 56 Budget
FY 19-20 (07-01-19 to 6-30-20)

I. <u>PERSONNEL EXPENSES</u>		
Total Salaries	\$151,430	Personnel expenses are calculated based on negotiated salaries. Staff benefits is calculated at a rate of 45% per instruction from local Chief Fiscal Officer.
Total benefits	\$68,144	
Total Personnel Expenses:	\$219,574	
II. <u>OPERATING EXPENSES</u>		
Travel/Field Exp	\$1,000	Includes travel & parking to statewide conferences, regional meetings, travel & parking for approved training, daily business, and personal vehicle use mileage and per diem for lodging/when required. Registration and training costs for related ongoing duties for program staff, including training for supervisor over these 2.0 FTE. Some of these trainings & conferences: Annual CDPH conference; any appropriate trainings or conferences that comes up during this fiscal year. Expenditures include office materials, furniture & supplies, internet connection, secured emails, phone calls, faxes, teleconferences, postage, printer supplies, printing & reproduction costs. SF City & Co charges \$2/person/sq. ft. /per month with each person allotted for 200 sq. ft. = \$9,600. The amount is reduced to fit the State's allowance of 150 sq. ft. per person; therefore rent is reduced to \$7,200. Annual SF Oral Health Retreat scheduled for May. Space rental & catered food for ~ 80-100 attendees; food and parking for quarterly ICC meetings & team meetings. 4 Implementation Work Teams namely Access, Integration, Promotion, and Evaluation. Stipends are used to incentivize each chair's purposeful participation to lead the monthly implementation work teams for each of these tactics.
Training	\$1,000	
Communications and Office Supplies/Reproductions	\$2,247	
Rent	\$7,200	
Retreat & meetings expenses	\$2,000	
Stipends for Chairs	\$4,000	
Total Operating Expense:	\$17,447	
III. <u>SUBCONTRACTORS</u>		
UCSF	\$10,000	UCSF Co –Lead Dr. Lisa Chung = 0.25 FTE & UCSF Admin Staff: assists in scheduling CavityFree SF collaborative meetings.

CARECEN (Mission COH Task Force)	\$8,000	Funding to support the 3 Community Children’s Oral Health (COH) Task Forces which are the “Backbone infrastructure” in order to support oral health promotion and outreach efforts in their local geographic and ethnic specific neighborhood, consistent with citywide CavityFree SF ‘Promotion’ developed key messages. We have to reduce subcontractor expenses in order to balance the budget.
NICOS (Chinatown COH Task Force)	\$8,000	
APA (District 10 COH Task Force)	\$8,000	
Total Subcontractors Expense:	\$34,000	
IV. <u>INDIRECT EXPENSE</u>		The 25% is the overhead rate that is charged by the County to all programs.
A. Internal @ 25.0 %	\$37,858	
B. External	-0-	
Total Indirect Expense:	\$37,858	
<u>BUDGET GRAND TOTAL</u>	\$308,879	

City & County of San Francisco
Prop 56 Budget
FY 20-21 (07-01-20 to 6-30-21)

I. <u>PERSONNEL EXPENSES</u>		
Total Salaries	\$155,378	Personnel expenses are calculated based on negotiated salaries. Staff benefits is calculated at a rate of 45% per instruction from local Chief Fiscal Officer.
Total benefits	\$69,920	
Total Personnel Expenses:	\$225,298	
II. <u>OPERATING EXPENSES</u>		
Travel/Field Exp	\$1,250	Includes travel & parking to statewide conferences, regional meetings, travel & parking for approved training, daily business, and personal vehicle use mileage and per diem for lodging/when required.
Training	\$1,250	Registration and training costs for related ongoing duties for program staff, including training for supervisor over these 2.0 FTE. Some of these trainings & conferences: Annual CDPH conference; any appropriate trainings or conferences that comes up during this fiscal year.
Communications and Office Supplies/Reproductions	\$3,037	Expenditures include office materials, furniture & supplies, internet connection, secured emails, phone calls, faxes, teleconferences, postage, printer supplies, printing & reproduction costs.
Rent	\$7,200	SF City & Co charges \$2/person/sq. ft. /per month with each person allotted for 200 sq. ft. = \$9,600. The amount is reduced to fit the State's allowance of 150 sq. ft. per person; therefore rent is reduced to \$7,200.
Retreat & meetings expenses	\$2,000	Annual SF Oral Health Retreat scheduled for May. Space rental & catered food for ~ 80-100 attendees; food & parking for quarterly ICC meetings & team meetings.
Stipends for Chairs	\$5,000	4 Implementation Work Teams namely Access, Integration, Promotion, and Evaluation. Stipends are used to incentivize each chair's purposeful participation to lead the monthly implementation work teams for each of these tactics.
Total Operating Expense:	\$19,737	
III. <u>SUBCONTRACTORS</u>		
UCSF	\$10,000	UCSF Co –Lead Dr. Lisa Chung - 0.25 FTE & UCSF Admin Staff: assists in scheduling CavityFree SF collaborative meetings.

CARECEN (Mission COH Task Force)	\$5,000	Funding to support the 3 Community Children’s Oral Health (COH) Task Forces which are the “Backbone infrastructure” in order to support oral health promotion and outreach efforts in their local geographic and ethnic specific neighborhood, consistent with citywide CavityFree SF ‘Promotion’ developed key messages.
NICOS (Chinatown COH Task Force)	\$5,000	
APA (District 10 COH Task Force)	\$5,000	
Total Subcontractors Expense:	\$25,000	
IV. <u>INDIRECT EXPENSE</u>		The 25% is the overhead rate that is charged by the County to all programs.
A. Internal @ 25.0 %	\$38,844	
B. External	-0-	
Total Indirect Expense:	\$38,844	
<u>BUDGET GRAND TOTAL</u>	\$308,879	

City & County of San Francisco
Prop 56 Budget
FY 21-22 (07-01-21 to 6-30-22)

I. <u>PERSONNEL EXPENSES</u> Total Salaries Total benefits Total Personnel Expenses:	\$160,039 \$72,018 \$232,057	Personnel expenses are calculated based on negotiated salaries. Staff benefits is calculated at a rate of 45% per instruction from local Chief Fiscal Officer.
II. <u>OPERATING EXPENSES</u> Travel/Field Exp Training Communications and Office Supplies/Reproductions Rent Retreat & meetings expenses Stipends for Chairs Total Operating Expense:	\$1,000 \$1,000 \$2,012 \$7,200 \$1,600 \$4,000 \$16,812	Includes travel & parking to statewide conferences, regional meetings, travel & parking for approved training, daily business, and personal vehicle use mileage and per diem for lodging/when required. Registration and training costs for related ongoing duties for program staff, including training for supervisor over these 2.0 FTE. Some of these trainings & conferences: Annual CDPH conference; any appropriate trainings or conferences that comes up during this fiscal year. Expenditures include office materials, furniture & supplies, internet connection, secured emails, phone calls, faxes, teleconferences, postage, printer supplies, printing & reproduction costs. SF City & Co charges \$2/person/sq. ft. /per month with each person allotted for 200 sq. ft. = \$9,600. The amount is reduced to fit the State's allowance of 150 sq. ft. per person; therefore rent is reduced to \$7,200. Annual SF Oral Health Retreat scheduled for May. Space rental & catered food for attendees (approx. 80-100); quarterly ICC meetings; team meetings. 4 Implementation Work Teams namely Access, Integration, Promotion, and Evaluation. Stipends are used to incentivize each chair's purposeful participation to lead the monthly implementation work teams for each of these tactics.
III. <u>SUBCONTRACTORS</u> UCSF	\$5,000	UCSF Co –Lead Dr. Lisa Chung -0.25 FTE & UCSF Admin Staff: assists in scheduling CavityFree SF collaborative meetings.

CARECEN (Mission COH Task Force)	\$5,000	Funding to support the 3 Community Children’s Oral Health (COH) Task Forces which are the “Backbone infrastructure” in order to support oral health promotion and outreach efforts in their local geographic and ethnic specific neighborhood, consistent with citywide CavityFree SF ‘Promotion’ developed key messages.
NICOS (Chinatown COH Task Force)	\$5,000	
APA (District 10 COH Task Force)	\$5,000	
Total Subcontractors Expense:	\$20,000	
IV. <u>INDIRECT EXPENSE</u>		The 25% is the overhead rate that is charged by the County to all programs.
A. Internal @ 25.0 %	\$40,010	
B. External	-0-	
Total Indirect Expense:	\$40,010	
<u>BUDGET GRAND TOTAL</u>	\$308,879	



KAREN L. SMITH, MD, MPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

August 3, 2017

Dr. Tomas Aragon
San Francisco County
101 Grove Street, Room 308
San Francisco, CA 94102

Dear California Local Health Officer:

NOTIFICATION OF FUNDING TO SUPPORT LOCAL ORAL HEALTH PROGRAMS

The California Department of Public Health (CDPH), Oral Health Program (OHP) is pleased to notify you of the availability of funds for your agency for the purposes of increasing your capacity to support activities to achieve the California Oral Health Plan (COHP) goals and objectives. These funds are made available through Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), to be used for public health services. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs. These funds may not be used to pay for direct clinical services, nor may they be used to supplant existing funds for oral health activities. This letter provides further details regarding this opportunity for your Local Health Department/Jurisdiction (LHD/LHJ).

Funding Amount and Budget:

The funding award for your LHD/LHJ is \$308,879 per year, with an anticipated total 5-year funding amount of \$1,544,395. Funding amounts have been determined using the estimated low-income population based on the American Community Survey 2015 Five year estimates, which can be found at:

https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=ACS_15_5YR_S1701&prodType=table

Agreement and Term:

The Prop 56 funding for your jurisdiction will be made available through a grant agreement between CDPH/OHP and your agency. The agreement will be comprised of standard CDPH and other state agency forms and exhibits. You will receive guidance for preparing your grant agreement documents in the near future.

The agreement is anticipated to have a term of five years. Due to planning and preparations, Year 1 of the agreement is anticipated to begin midway through the first state



California Local Health Officer
Page 2
August 3, 2017

fiscal year (SFY). Years 2 through 5 of the grant term will align with the SFY, which starts July 1st and ends on June 30th of the following year.

The five-year grant will have the following anticipated term:

Year 1: January 1, 2018 through June 30, 2018
Year 2: July 1, 2018 through June 30, 2019
Year 3: July 1, 2019 through June 30, 2020
Year 4: July 1, 2020 through June 30, 2021
Year 5: July 1, 2021 through June 30, 2022

Tentative Timeline

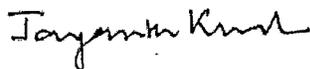
July 1, 2017	Prop 56 Funds become available
August 16, 2017	Tentative Release of Program Guidelines
September 20, 2017	Due date for LHD/LHJs to submit grant applications
January 1, 2018	Anticipated start date of agreements

CDPH/OHP hosted two webinars (July 26th and July 27th) for all LHD/LHJs to learn more about the LOHP and provided an opportunity to ask questions. CDPH/OHP made the presentation slides available in the webinar attendee materials. CDPH/OHP intends to post the presentation slides on the OHP webpage, or email it to participants and contact persons, along with FAQs based on discussion during the webinars.

Attached to this letter is a draft At-A-Glance of the proposed California Oral Health Plan, which provides an overview of the 10-year vision, mission, goals, objectives, and strategies developed by CDPH and its partners to improve the oral health of Californians throughout the lifespan. Additional information about the Local Oral Health Programs will be forthcoming in a guidance document that is planned for release in mid-August. If you have questions in the meantime, please submit them to DentalDirector@cdph.ca.gov.

The next few years will provide California with a unique opportunity to work together to improve oral health for all Californians. We look forward to working with you to address the oral health needs in your community.

Sincerely,



Jayanth V. Kumar, DDS, MPH
State Dental Director

Enclosure: Draft At-A-Glance Overview of the California Oral Health Plan

CALIFORNIA Oral Health Program

Local Oral Health Plan

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

San Francisco Department of Public Health, hereinafter "Grantee"

Implementing the project, San Francisco County Local Oral Health Program," hereinafter "Project"

GRANT AGREEMENT NUMBER 17-10719

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 104750, and 131085(a).

PURPOSE: The Department shall provide a grant to and for the benefit of the Grantee; the purpose of the Grant is to provide activities that support the state oral health plan build capacity at the local level for the facilitation and implementation of education, prevention, linkage to treatment, surveillance, and case management services in the community. The Grantee will assess the oral health needs of the California communities, develop a strategic action plan to address the oral health needs of the population groups within the communities, and implement evidence based or evidence informed programs.

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed One Million Five Hundred Forty Four Thousand Three Hundred Ninety Five dollars (\$1,544,395).

TERM OF GRANT: The term of the Grant shall begin on January 1, 2018, or upon approval of this grant, and terminates on June 30, 2022. No funds may be requested or invoiced for work performed or costs incurred after June 30, 2022.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: San Francisco Department of Public Health
Name: Angela Wright, Grant Manager	Name: Margaret Fisher, Oral Health Consultant
Address: MS 7208, 1616 Capitol Avenue, Suite 74.420	Address: 30 Van Ness Avenue, Suite 210
City, Zip: Sacramento, CA 95814	City, Zip: San Francisco, CA 94102

Phone: (916) 552-9898	Phone: 415-575-5719
Fax: (916) 552-9729	Fax: 415-558-5905
E-mail: Angela.Wright@cdph.ca.gov	E-mail: Margaret.Fisher@sfdph.org

Direct all inquiries to:

California Department of Public Health, California Oral Health Program	Grantee: San Francisco Department of Public Health
Attention: Angela Wright, Grant Manager	Attention: Margaret Fisher, Oral Health Consultant
Address: MS 7208, 1616 Capitol Avenue, Suite 74.420	Address: 30 Van Ness Avenue, Suite 210
City, Zip: Sacramento, CA 95814	City, Zip: San Francisco, CA 94102
Phone: (916) 552-9898	Phone: 415-575-5719
Fax: (916) 552-9729	Fax: 415-558-5905
E-mail: Angela.Wright@cdph.ca.gov	E-mail: Margaret.Fisher@sfdph.org

Either party may change its Project Representative upon written notice to the other party.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant by this reference:

- Exhibit A GRANT APPLICATION – Application Checklist, Grantee Information Form, Narrative Summary Form, Scope of Work and Deliverables.
The Grant Application provides the description of the project and associated cost.
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D LETTER OF INTENT
Including all the requirements and attachments contained therein
- Exhibit E ADDITIONAL PROVISIONS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: 12/6/17



Barbara Garcia, Director of Public Health
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

Date: _____

Marshay Gregory, Chief
Contract and Purchasing Services Section
California Department of Public Health
1616 Capitol Avenue, Suite 74.317
P.O. Box 997377, MS 1800-1804
Sacramento, CA 95899-7377

**Exhibit A
Application Checklist**

DUE: Wednesday, September 20, 2017 (extended to Oct. 4 2017 by Angela Wright OHP Staff)	
DATE OF SUBMISSION	Oct. 4, 2017
ORGANIZATION NAME	San Francisco Department of Public Health
Application Contact Name: Margaret Fisher	Phone Number: 415-575-5719
E-mail Address: margaret.fisher@sfdph.org	

The following documents must be completed and submitted with this Application Checklist by September 20, 2017, in hard copy and by E-mail.

APPLICATION CONTENTS:**Please Check**

Application Checklist (This Form)	X
Grantee Information Form (Document B)	X
Narrative Summary Form (Document C)	X
Scope of Work and Deliverables (Document D)	X
Documentation Checklist for Established LOHPs only (Document E)	X



One copy must be mailed to:

<p><i>Regular Mail</i></p> <p>Oral Health Program California Department of Public Health P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377</p>	<p><i>Express Delivery</i></p> <p>Oral Health Program California Department of Public Health 1616 Capitol Avenue, Suite 74.420 MS-7208 Sacramento, CA 95814</p> <p>(916) 552-9900</p>
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Also e-mail the documents to: DentalDirector@cdph.ca.gov.

Grantee Information Form

Organization	This is the information that will appear in your grant agreement.	
	Federal Tax ID #	<u>94-6000417</u>
	Name	<u>San Francisco Dept. of Public Health</u>
	Mailing Address	<u>101 Grove St.</u>
	Street Address (If Different)	_____
	County	<u>San Francisco</u>
	Phone	<u>(415) 554-2500</u> Fax <u>415 554-2710</u>
Website	<u>https://www.sfdph.org/dph/default.asp</u>	
Grant Signatory	The Grant Signatory has authority to sign the grant agreement cover.	
	Name	<u>Barbara Garcia</u>
	Title	<u>Director of Public Health</u>
	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input checked="" type="checkbox"/>	
	Mailing Address	_____
	Street Address (If Different)	_____
	Phone	<u>415-554-2526</u> Fax <u>415 554-2710</u>
Email	<u>Barbara.Garcia@sfdph.org</u>	
Project Director	The Project Director is responsible for all of the day-to-day activities of project implementation and for seeing that all grant requirements are met. This person will be in contact with Oral Health Program staff, will receive all programmatic, budgetary, and accounting mail for the project and will be responsible for the proper dissemination of program information.	
	Name	<u>Margaret Fisher</u>
	Title	<u>Dental Hygienist – CHDP Oral Health Consultant</u>
	<i>If address(es) are the same as the organization above, just check this box and go to Phone</i> <input type="checkbox"/>	
	Mailing Address	<u>30 Van Ness Ave. Suite 210</u>
	Street Address (If Different)	_____
	Phone	<u>415-575-5719</u> Fax <u>415-558-5905</u>
Email	<u>Margaret.fisher@sfdph.org</u>	
Funding	These are the annual Funding amounts your LHJ will accept for grant purposes:	
	Year 1 (FY 17/18)	\$ 308,879
	Year 2 (FY 18/19)	\$308,879
	Year 3 (FY 19/20)	\$308,879
	Year 4 (FY 20/21)	\$308,879
	Year 5 (FY 21/22)	\$308,879

Narrative Summary Form

San Francisco Department of Public Health

Overview of SF current status of oral health: Despite a steady decline in the past 10 years, dental decay remains a prevalent local health problem in San Francisco. In 2015–16, **35 %** of San Francisco Unified School District (SFUSD) kindergarteners had experienced caries, **18 %** had untreated decay.

Vulnerable and/or underserved population(s): Consistent with nationwide patterns and trends, disparities in oral health persist in San Francisco. Low-income and minority children have higher tooth decay rates. In San Francisco, low-income, Black/African American, Latino, and Asian children continue to be twice as likely to experience dental decay as higher-income and White children). Caries experience clusters by neighborhood in the: Chinatown/North Beach, Tenderloin/South of Market, Mission, Bayview Hunters Point, and Visitacion Valley neighborhoods in San Francisco (District 10). The percentage of SF Unified School District (SF’s only public school district) students eligible for Free or Reduced Price School Meals (a marker for low-income families) in 2015 was 64.3%, higher than the state average of 58.6%. Almost a quarter of SF children (0-17) live in poverty, while 30.7% of SF Children 0-21 are enrolled in Medi-Cal.

Access: Declines in caries experience from 2009 and 2014 are attributed to suspension of adult Denti-Cal services. During this time dentists who accept Denti-Cal patients accepted more children as child Denti-Cal services remained available. This 5-year period of relatively improved access to pediatric dental care ended with the restoration of adult dental services and expansion of the Affordable Care Act (ACA). Medi-Cal dental provider reimbursement rates continue to be the lowest in the nation and are significantly below the fees most dentists charge. This low rate of reimbursement coupled with the high cost of doing business in SF, has resulted in many private dental offices is continuing their acceptance of Denti-Cal patients. The wait times for dental appointments in San Francisco community clinics have increased dramatically in the past year. This has resulted in less than 1/3 of eligible Medi-Cal children having any kind of dental visit in the past year, while the percentage of preventive Denti-Cal annual visits has declined in the past few years.

Demographics: San Francisco is home to 58,000 families with children (approximately 114,000 children under the age of 18), 29 % of which are headed by single parents. Although the overall number of children under 18 decreased 7 % in the last 20 years, the number of school-aged children is projected to rise by 28 % by 2020. Almost 1 in 3 San Franciscans (211,000 people) live below 200% of the federal poverty level. There is significant inequality in household income between races. White household median income is over \$100k Black/African American household median income is \$30k. San Francisco has the highest income inequality in California. Between 2007 and 2014, the widening income gap was driven primarily by increasing incomes among the highest earners while incomes among lower earners stagnated. The wealthiest 5% of households in SF earn 44 times more than the poorest 20% of households. Low income impacts lifetime health, beginning with pregnancy and birth. Lower-income children in San Francisco experience higher rates of asthma, hospitalization, obesity, and dental caries.

Preventive Denti-Cal visits for 0-10 y.o.s	Total eligible <10	Total Preventive visits	Percentage
Total 2011 CY	22,059	6,845	31%
Total 2015 CY	38,040	10,334	27%

Geography: San Francisco is the cultural and commercial center of the Bay Area and is the only consolidated city and county jurisdiction in California. At 47 square miles, it is the smallest county, and most densely populated large city in California (population density of 18,187 residents per sq. mile) and the second most densely populated major city in the

Scope of Work and Deliverables FY 2017-2022

GOAL: The California Department of Public Health, Oral Health Program (CDPH/OHP) shall grant funds to Local Health Jurisdictions (LHJ) from Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56) for the purpose and goal of educating about oral health, dental disease prevention, and linkage to treatment of dental disease including dental disease caused by the use of cigarettes and other tobacco products. LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan and shall establish or expand upon existing Local Oral Health Programs (LOHP) to include the following program activities related to oral health in their communities: education, dental disease prevention, linkage to treatment, surveillance, and case management. These activities will improve the oral health of Californians.

Objectives 1-5 below represent public health best practices for planning and establishing new LOHPs. LHJs are required to complete these preliminary Objectives before implementing Objectives 6-11 outlined below. LHJs that have completed these planning activities may submit documentation in support of their accomplishments. Please review the LOHP Guidelines for information regarding the required documentation that must be submitted to CDPH OHP for approval.

Objective 1: Build capacity and engage community stakeholders to provide qualified professional expertise in dental public health for program direction, coordination, and collaboration.

Create a staffing pattern and engage community stakeholders to increase the capacity to achieve large-scale improvements in strategies that support evidence-based interventions, health system interventions, community-clinical linkages, and disease surveillance and evaluation. At a minimum an Oral Health Program Coordinator position should be developed to coordinate the LOHP efforts. Recruit and engage key stakeholders to form an Advisory Committee or task force. Convene and schedule meetings, identify goals and objectives, and establish communication methods. This group can leverage individual members' expertise and connections to achieve measurable improvements in oral health.

Objective 2: Assess and monitor social and other determinants of health, health status, health needs, and health care services available to California communities, with a special focus on underserved areas and vulnerable population groups.

Identify partners and form a workgroup to conduct an environmental scan to gather data, create an inventory of resources, and plan a needs assessment. Conduct a needs assessment to determine the need for primary data, identify resources and methods, and develop a work plan to collect missing data. Collect, organize, and analyze data. Prioritize needs assessment issues and findings, and use for program planning, advocacy, and education. Prepare a report and publish widely.

Scope of Work and Deliverables FY 2017-2022

Objective 3: Identify assets and resources that will help to address the oral health needs of the community with an emphasis on underserved areas and vulnerable population groups within the jurisdiction.

Take an inventory of the jurisdiction's communities to identify associations, organizations, institutions and non-traditional partners to provide a comprehensive picture of the LHJ. Conduct key informant interviews, focus groups, and/or surveys, create a map, and publish the assets identified on your website or newsletter.

Objective 4: Develop a Community Health Improvement Plan (CHIP) and an action plan to address oral health needs of underserved areas and vulnerable population groups for the implementation phase to achieve local and state oral health objectives.

Identify a key staff person or consultant to guide the community oral health improvement plan process, including a timeline, objectives, and strategies to achieve the California Oral Health Plan. Recruit stakeholders, community gatekeepers, and non-traditional partners identified in the asset mapping process and members of the AC to participate in a workgroup to develop the CHIP and the Action Plan. The Action Plan will a timeline to address and implement priority objectives and strategies identified in the CHIP. The workgroup will identify the "who, what, where, when, how long, resources, and communication" aspects of the Action Plan.

Objective 5: Develop an Evaluation Plan that will be used to monitor and assess the progress and success of the Local Oral Health Program.

Participate with the CDPH OHP to engage stakeholders in the Evaluation Plan process, including those involved, those affected, and the primary intended users. Describe the program using a Logic Model, and document the purpose, intended users, evaluation questions and methodology, and timeline for the evaluation. Gather and analyze credible evidence to document the indicators, sources, quality, quantity, and logistics. Justify the conclusions by documenting the standards, analyses, interpretation, and recommendations. Ensure that the Evaluation Plan is used and shared.

Objective 6: Implement evidence-based programs to achieve California Oral Health Plan objectives.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to increase the number of low-income schools with a school-based or school-linked dental program; increase the number of children in grades K-6 receiving fluoride supplements, such as fluoride rinse, fluoride varnish, or fluoride tablets; increase the number of children in grades K-6 receiving dental sealants and increase or maintain the percent of the population receiving community fluoridated water.

Scope of Work and Deliverables FY 2017-2022

Objective 7: Work with partners to promote oral health by developing and implementing prevention and healthcare policies and guidelines for programs, health care providers, and institutional settings (e.g., schools) including integration of oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: convene partners (e.g., First 5, Early Head Start/Head Start, Maternal Child and Adolescent Health (MCAH), Child Health and Disability Prevention (CHDP), Black Infant Health (BIH), Denti-Cal, Women, Infant and Children (WIC), Home Visiting, schools, community-based organizations, etc.) to improve the oral health of 0-6 year old children by identifying facilitators for care, barriers to care, and gaps to be addressed; and/or increase the number of schools implementing the kindergarten oral health assessment by assessing the number of schools currently not reporting the assessments to the System for California Oral Health Reporting (SCOHR), identifying target schools for intervention, providing guidance to schools, and assessing progress.

Objective 8: Address common risk factors for preventable oral and chronic diseases, including tobacco and sugar consumption, and promote protective factors that will reduce disease burden.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices providing tobacco cessation counseling; and/or increase the number of dental office utilizing Rethink Your Drink materials and resources to guide clients toward drinking water, especially tap water, instead of sugar-sweetened beverages.

Objective 9: Coordinate outreach programs, implement education and health literacy campaigns, and promote integration of oral health and primary care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: increase the number of dental offices, primary care offices, and community-based organizations (CBO) (e.g., Early Head Start/Head Start, WIC, Home Visiting, BIH, CHDP, Community Health Worker/Promotora programs, etc.) using the American Academy of Pediatrics' Brush, Book, Bed (BBB) implementation guide; and/or increase the number of dental offices, primary care clinics, and CBOs using the Oral Health Literacy implementation guide to enhance communication in dental/medical offices; and/or increase the number CBOs that incorporate oral health education and referrals into routine business activities.

Scope of Work and Deliverables FY 2017-2022

Objective 10: Assess, support, and assure establishment and improvement of effective oral healthcare delivery and care coordination systems and resources, including workforce development and collaborations to serve vulnerable and underserved populations by integrating oral health care and overall health care.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: regularly convene and lead a jurisdiction-wide Community of Practice comprised of Managed Care Plans, Federally Qualified Health Centers, CBOs, and/or Dental Offices focused on implementing the Agency for Health Care Research and Quality's Design Guide for Implementing Warm Handoffs in Primary Care Settings or the ; and/or identifying a staff person or consultant to facilitate quality improvement coaching to jurisdiction-wide Community of Practice members focused on increasing the number of at-risk persons who are seen in both a medical and dental office; and/or improve the operationalization of an existing policy or guideline, such as the increasing the number of infants who are seen by a dentist by age 1; and/or promote effectiveness of best practices at statewide and national quality improvement conferences.

Objective 11: Create or expand existing local oral health networks to achieve oral health improvements through policy, financing, education, dental care, and community engagement strategies.

To accomplish this Objective, LHJs can choose evidence-based or best practice strategies such as, but not limited to: create a new (or expand an existing) Oral Health Network, Coalition, or Partnership by identifying key groups and organizations; planning and holding meetings; defining issues and problems; creating a common vision and shared values; and developing and implementing an Action Plan that will result in oral health improvements. LHJs are also encouraged, where possible, to collaborate with local Dental Transformation Initiative (DTI) Local Dental Pilot Projects to convene stakeholders and partners in innovative ways to leverage and expand upon the existing momentum towards improving oral health. LHJs that are currently implementing local DTI projects should develop complementary, supportive, but not duplicative activities.

Scope of Work and Deliverables FY 2017-2022

DELIVERABLES/OUTCOME MEASURES: LHJs are encouraged to implement the strategies recommended in the California Oral Health Plan. Funds are made available through Prop 56 to achieve these deliverables. The activities may include convening, coordination, and collaboration to support planning, disease prevention, education, surveillance, and linkage to treatment programs. To ensure that CDPH fulfills the Prop 56 requirements, LHJs are responsible for meeting the assurances and the following checked deliverables. Deliverables not met will result in a corrective action plan and/or denial or reduction in future Prop 56 funding.

Local Health Jurisdiction Deliverables

Deliverable	Activities	Selected deliverable
Deliverable 1 <i>Objective 1</i>	Develop Advisory Committee/Coalition/Partnership/Task Force (AC) and recruit key organizations/members representing diverse stakeholders and non-traditional partners. A. List of diverse stakeholders engaged to develop and mentor the Community Health Improvement/Action Plan. B. List number of meetings/conference calls held to develop a consensus of AC to determine best practice to address priorities and identify evidence-based programs to implement. C. Develop communication plan/methods to share consistent messaging to increase collaboration. D. Develop a consensus on how to improve access to evidence based programs and clinical services.	<input checked="" type="checkbox"/>
Deliverable 2 <i>Objective 1</i>	Document staff participation in required training webinars, workshops and meetings.	<input checked="" type="checkbox"/>
Deliverable 3 <i>Objective 2 & 3</i>	Conduct needs assessment of available data to determine LHJs health status, oral health status, needs, and available dental and health care services to resources to support underserved communities and vulnerable population groups.	<input checked="" type="checkbox"/>
Deliverable 4 <i>Objective 4</i>	Five-year oral health improvement plan (the "Plan") and an action plan (also called the "work plan"), updated annually, describing disease prevention, surveillance, education, linkage to treatment programs, and evaluation strategies to improve the oral health of the target population based on an assessment of needs, assets and resources.	<input checked="" type="checkbox"/>
Deliverable 5 <i>Objective 5</i>	Create a program logic model describing the local oral health program and update annually	<input checked="" type="checkbox"/>
Deliverable 6 <i>Objective 5</i>	Coordinate with CDPH to develop a surveillance report to determine the status of children's oral health and develop an evaluation work plan for implementation objectives.	<input checked="" type="checkbox"/>

**Scope of Work and Deliverables
FY 2017-2022**

<p>Deliverable 7 <i>Objective 6</i></p> <p>School- Based/ School Linked</p>	<p>Compile data for and report annually on educational activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a fluoride program. B. Schools, teachers, parents and students receiving educational materials and/or educational sessions. C. Children provided preventive services. 	<p align="center"><input checked="" type="checkbox"/></p>
<p>Deliverable 8 <i>Objective 6</i></p> <p>School-Based/ School-Linked</p>	<p>Compile data for and report annually on School-based/linked program activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Schools meeting criteria of low-income and high-need for dental program (>50% participation in Free or Reduced Price Meals (FRPM) participating in a School-based/linked program. B. Schools, teachers, parents and students receiving dental sealant educational materials and/or educational sessions. C. Children screened, linked or provided preventive services including dental sealants. 	<p align="center"><input checked="" type="checkbox"/></p>
<p>Deliverable 9 <i>Objective 6</i></p> <p>Fluoridation</p>	<p>Compile data for and report annually on Community Water Fluoridation program activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Regional Water District engineer/operator training on the benefits of fluoridation. B. Training for community members who desire to educate others on the benefits of fluoridation at Board of Supervisor, City Council, or Water Board meetings. C. Community-specific fluoridation Education Materials D. Community public awareness campaign such as PSAs, Radio Advertisements 	<p align="center"><input checked="" type="checkbox"/></p>
<p>Deliverable 10 <i>Objective 7</i></p> <p>Kinder-Assessment</p>	<p>Compile data for and report annually on kindergarten oral health assessment activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Schools currently not reporting the assessments to SCHOR B. Champions trained to promote kindergarten oral health assessment activities C. Community public relations events and community messages promoting oral health. D. New schools participating in the kindergarten oral health assessment activities. 	<p align="center"><input checked="" type="checkbox"/></p>

**Scope of Work and Deliverables
FY 2017-2022**

	<p>E. Screening linked to essential services.</p> <p>F. Coordination efforts of programs such as kindergarten oral health assessment, WIC/Head Start, pre-school/school based/linked programs, Denti-Cal, Children's Health and Disability Prevention Program, Home Visiting and other programs.</p> <p>G. Identify prevention and healthcare policies and guidelines implemented.</p>	
<p>Deliverable 11 <i>Objective 8</i></p>	<p>Compile data for and report annually on tobacco cessation activities, completing all relevant components on the Data Form:</p> <p>A. Assessment of readiness of dental offices to provide tobacco cessation counseling.</p> <p>B. Training to dental offices for providing tobacco cessation counseling.</p> <p>C. Dental offices connected to resources</p>	<input type="checkbox"/>
<p>Deliverable 12 <i>Objective 8</i></p>	<p>Compile data for and report annually on Rethink Your Drink activities, completing all relevant components on the Data Form:</p> <p>A. Assessment of readiness of dental offices to implement Rethink Your Drink materials and resources for guiding patients toward drinking water.</p> <p>B. Training to dental offices for implementing Rethink Your Drink materials.</p> <p>C. Dental offices connected to resources</p>	<input type="checkbox"/>
<p>Deliverable 13 <i>Objective 9</i></p>	<p>Compile data for and report annually on health literacy and communication activities, completing all relevant components on the Data Form:</p> <p>A. Partners and champions recruited to launch health literacy campaigns</p> <p>B. Assessments conducted to assess opportunities for implementation</p> <p>C. Training and guidance provided</p> <p>D. Sites/organizations implementing health literacy activities</p>	<input type="checkbox"/>
<p>Deliverable 14 <i>Objective 10</i></p>	<p>Compile data for and report annually on health care delivery and care coordination systems and resources, completing all relevant components on the Data Form:</p> <p>A. Assessments conducted to assess opportunities for implementation of community-clinical linkages and care coordination</p> <p>B. Resources such as outreach, Community of Practice, and training developed</p> <p>C. Providers and systems engaged</p>	<input checked="" type="checkbox"/>

**Scope of Work and Deliverables
FY 2017-2022**

<p>Deliverable 15 <i>Objective 11</i></p>	<p>Compile data for and report annually on community engagement activities, completing all relevant components on the Data Form:</p> <ul style="list-style-type: none"> A. Develop a core workgroup to identify strategies to achieve local oral health improvement. B. Provide a list of community engagement strategies to address policy, financing, education, and dental care. 	<p align="center"><input checked="" type="checkbox"/></p>
<p>Deliverable 16 <i>Objective 1-11</i></p>	<p>Progress reporting: submit bi-annual progress reports describing in detail progress of program and evaluation activities and progress towards completing deliverables. Provide documentation in sufficient detail to support the reported activities on planning and intervention activities for required and selected objectives.</p>	<p align="center"><input checked="" type="checkbox"/></p>
<p>Deliverable 17 <i>Objective 1-11</i></p>	<p>Expense documenting: submit all expenses incurred during each state fiscal year with the ability to provide back-up documentation for expenses in sufficient detail to allow CDPH-OHP to ascertain compliance with Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Likewise, provide biannual Progress Reports describing in detail the program activities conducted, and the ability to provide source documentation in sufficient detail to support the reported activities.</p>	<p align="center"><input checked="" type="checkbox"/></p>

**Documentation Checklist for Established
LOHPs Only**

DUE BY 5:00pm on Wednesday, September 20, 2017	
DATE OF SUBMISSION	Oct. 4, 2017
ORGANIZATION NAME	City and County of San Francisco Public Health Department
Application Contact Name: Margaret Fisher	Phone Number: 415-575-5719
E-mail Address: margaret.fisher@sfdph.org	

The following documents must be completed and submitted with this Application Checklist by 5:00 pm on September 20, 2017, in hard copy and by E-mail.

APPLICATION CONTENTS:

Please Check

Objective 1 documentation:

- Organizational chart showing where the LOHP resides within the City/County structure
- Detailed staffing pattern of the LOHP
- Member list of the LOHP advisory group/task force

Objective 2 documentation:

- Member list of workgroup that performed needs assessment
- Copy of published needs assessment results document, including data gaps identified, data gaps filled, and prioritized issues and findings
- Logic model
- Evaluation questions and conclusions

Objective 3 documentation

- Inventory of assets and resources
- Survey instruments used
- Mapping

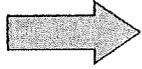
Objective 4 documentation:

- Key staff member identified for guiding the community health improvement plan process.
- The Action Plan document, including a timeframe, objectives, strategies, resources needed, and communication.
- Member list of the workgroup engaged in the design of the Action Plan.

Objective 5 documentation:

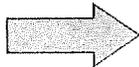
- Evaluation Plan

**Documentation Checklist for Established
LOHPs Only**



Two hard copies and one original must be mailed to:

<i>Regular Mail</i>	<i>Express Delivery</i>
Oral Health Program California Department of Public Health P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377	Oral Health Program California Department of Public Health 1616 Capitol Avenue, Suite 74.420 MS-7208 Sacramento, CA 95814 (916) 552-9900



Also e-mail the documents to: DentalDirector@cdph.ca.gov



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 *unc for*
Director of Health
DATE: November 2, 2017
SUBJECT: Grant Accept and Expend
GRANT TITLE: Accept and Expend Grant - California Department of Public Health Oral Health Program- Proposition 56- Support Local Oral Health Programs - \$308,879

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
- 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

Member, Board of Supervisors
District 11



City and County of San Francisco

AHSHA SAFAÍ
安世輝

December 5, 2017

Angela Calvillo, Clerk of the Board
City and County of San Francisco Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find an original and two copies of a proposed resolution submitted for the Board of Supervisors approval, which will authorize the San Francisco Department of Public Health to accept and expend a grant in the total amount of \$1,544,395 from January 1, 2018 through June 30, 2022 and release funding of \$308,879 for the fiscal year January 1, 2018 June 30, 2018 from California Department of Public Health to participate in a program entitled California Department of Public Health Oral Health Program – Proposition 56 – Support Local Oral Health Programs.

The following is a list of accompanying documents (two sets):

- Proposed Resolution
- Grant Resolution Information Form
- Proposition 56 Budget
 - Fiscal years January 1, 2018 to June 30, 2018
 - July 1, 2018 to June 30, 2019
 - July 1, 2019 to June 30, 2020
 - July 1, 2020 to June 30, 2021
 - July 1, 2021 to June 30, 2022
- Letter Dated August 3, 2017: State of California – Health and Human Services Agency, California Department of Public Health Notification of Funding to Support Local Oral Health Programs.
- Document A – Application Checklist
- Document B – Grantee Information Form
- Document C – Narrative Summary Form
- Document D – Scope of Work and Deliverables FY 2017-2022
- Document E – Documentation Checklist for Established LOHP's Only

Member, Board of Supervisors
District 11



City and County of San Francisco

AHSHA SAFAÍ

The following person may be contacted regarding this matter:

Richelle-Lynn Mojica
Department of Public Health, Grants Administrator for Community Programs,
1380 Howard Street
San Francisco, CA 94103
Phone Number: 415-255-3555

Respectfully Submitted,

Ahsha Safai
District 11 Supervisor

A handwritten signature in black ink, appearing to read "Ahsha Safai", written over the printed name and title.

Introduction Form

By a Member of the Board of Supervisors or Mayor

RECEIVED
 BOARD OF SUPERVISORS
 SAN FRANCISCO
 Time stamp PM 2:51
 or meeting date AV

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 [] inquiries"
- 5. City Attorney Request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No. []
- 9. Reactivate File No. []
- 10. 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 the Imperative Form.

Sponsor(s):

District 11 Supervisor Ahsha Safai

Subject:

"Support Local Oral Health Programs" California Department of Public Health Grant in the amount of \$308,879.

The text is listed:

Resolution authorizing the San Francisco Department of Public Health to accept and expend a grant in the amount of \$308,879 from California Department of Public Health to participate in a program entitled California Department of Public Health Oral Health Program - Proposition 56 - Support Local Oral Health Programs for the period of January 1, 2018 through June 30, 2018.

Signature of Sponsoring Supervisor: [Signature]

For Clerk's Use Only

**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: Facente Consulting	
<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> 1) Shelley N. Facente, MPH (single-member LLC, no BOD); 2) NA; 3) Shelley Facente; 4) NA; 5) NA	
Contractor address: 5601 Van Fleet Avenue Richmond, CA 94804	
Date that contract was approved:	Amount of contract: \$50,000
Describe the nature of the contract that was approved: To participate in a program entitled, California Department of Public Health Oral Health Program-Proposition 56-Support Local Oral Health Programs.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

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: Angela Calvillo, Clerk of the Board	Contact telephone number: 415-554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@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

FORM SFEC-126:
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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: NICOS Chinese Health Coalition	
<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> See Attachment 1	
Contractor address: 1208 Mason St, San Francisco, CA 94108	
Date that contract was approved:	Amount of contract: \$43,000
Describe the nature of the contract that was approved: To participate in a program entitled, California Department of Public Health Oral Health Program-Proposition 56-Support Local Oral Health Programs.	
Comments:	

This contract was approved by (check applicable):

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 Date Signed

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

 Date Signed

1) NICOS board of directors;

- a) President – Ben Lui, M.D., Chinatown Public Health Center
- b) Vice-President – May Leong, Donaldina Cameron House
- c) Treasurer – Cathy Chan, Chinese Community Health Care Association
- d) Secretary – Nancy Lim-Yee, Individual Member

2) NICOS

- a) chief executive officer Kent Woo (Executive Director)
- b) chief financial officer N/A – Duties normally filled by Administrative Manager (“chief operating officer”)
- c) chief operating officer N/A – Currently vacant – Duties fulfilled by Michael Liao, Director of Programs and Ying Wang, Senior Administrative Assistant

3) NA

4) NA

5) NA

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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: CARECEN	
<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>	
1) See Attachment 1 2) See Attachment 1 3) NA; 4) NA; 5) NA	
Contractor address: 3101 Mission St Suite #101, San Francisco, CA 94110	
Date that contract was approved:	Amount of contract: \$43,000
Describe the nature of the contract that was approved: To participate in a program entitled, California Department of Public Health Oral Health Program-Proposition 56-Support Local Oral Health Programs.	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

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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

1. **Board Members**

Elena Asturias, President* Chief Financial Officer, Paniagua Construction, Inc.

Jose Artiga, Treasurer* Executive Director, SHARE Foundation

Honorable Carmen Flores, Secretary Retired Judge

Members:

Jenny Chacón Senior Health Program Planner, San Francisco Department of Public Health

Lariza Dugan-Cuadra Executive Director, CARECEN of Northern California

Randy Quezada* PG&E Government Relations

The Rev. Dr. Richard Smith Priest Associate, The Episcopal Church of St. John

Francisco Ugarte Immigration Attorney, Specialist San Francisco Public Defender

Michelle Loya-Talamantes, MPH

2. **Chief Executive Officer:** Lariza Dugan-Cuadra

Chief Financial officer: Ronald Munoz

Chief Operating officer: *Lariza Dugan-Cuadra*

3. NA

4. NA

5. NA

Contact person: Family Wellness and Health Promotion Program Director, **Vanessa Bohm**

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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: APA Family Support Services	
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. 1) See Attachment 1 2) See Attachment 1 3) NA; 4) NA; 5) NA	
Contractor address: 10 Nottingham Place, San Francisco, CA 94133	
Date that contract was approved:	Amount of contract: \$43,000
Describe the nature of the contract that was approved: To participate in a program entitled, California Department of Public Health Oral Health Program-Proposition 56-Support Local Oral Health Programs	
Comments:	

This contract was approved by (check applicable):

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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

1) **APA Board of Directors**

Executive Director, Amor Santiago	
Chair, Rose Chung	Miss Asian Global Pageant
President, Cary Chen	Recology
Vice President, Jacqueline Huie	First Republic Bank
Secretary, Julie Hoxie	University of California, Berkeley
Treasurer, Joyce Tso, CPA/ABV	ASAM, LLP
Mai-Sie Chan, M.D.	Private Practice
Van Diep	KTSF-TV, Channel 26
Stephen Koh, CLF	MassMutual Financial Group
Fanny Lam	Paragon Commercial Brokerage
Kory Lam	HSBC Bank (USA)
Susan Sung, Ph.D. Professor Emerita	San Francisco State University
Dean Yao, Ph.D.	Jinfont Software

- 2) Chief Executive Officer: Amor Santiago
Chief Financial Officer: Herbert Dong
Chief Operating Officer: Herbert Dong

