



GRANTEE CENTER LOGIN

HOME ABOUT TSFF DONORS ADVISORS PROGRAMS GRANTSEEKERS NEWS & PRESS CONTACT

You have now reached the last step of your application. Please carefully review the complete content of your application below. If you would like to make changes, please select "Edit" in the appropriate section. At the bottom, you can save your application for later, or click "Submit Application" to complete your application now. You and the Primary Grantee Center User will receive a confirmation email that includes the content of your application; you can also view your submitted application content at any time from the My Applications tab. You may also use the print feature in the upper right of the page to print your application for your records.

Please note due to high volume you may receive a system error on Submit. Please try submitting again before calling Grants Management.

Application overview	
Tracking Id:	105065
Contact:	Kenneth Epstein
Grant Amount	55,000.00
Program Area	Hope SF
Grant Purpose:	To plan, launch and manage the HOPE SF onsite health and wellness strategy which includes the expansion of the Health & Wellness Centers and the Peer Health Leadership Program.
Request Duration:	12

Part 1 Static Info

Campaign for HOPE SF

Organizational Background

Please provide background information on your organization, including a brief description of the mission, history, and work on the HOPE SF housing sites. *(2,500 characters)*

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. The San Francisco Department of Public Health strives to achieve its mission through the work of two Divisions - the Community Health Network (CHN) and Population Health and Prevention. Both of these divisions are working closely together to ensure that the physical and behavioral health needs of our most vulnerable populations are met. DPH has taken the lead on building and sustaining high quality health services within the four HOPE SF sites, as described in the following text.

1. The Health and Wellness Center, located in a vacant housing unit, provides on-site health programs and services that promote healthy living, access to regular primary care, and self-management. The Wellness Center is staffed by 1) a registered nurse, who provides direct health services - diet counseling, regular checkups and monitoring (glucose, blood pressure, etc.) - and improves access to offsite health services, and 2) a center manager, who oversees staff, operations and programs to ensure a well-run facility. The Wellness Center also houses the HOPE SF Peer Health Leadership Program.
2. The Peer Health Leadership Programs are active at the four HOPE SF properties. Four to five Peer Leaders at each of the HOPE SF sites help residents navigate and link to health services, advocate for their needs, and organize community activities (walking, zumba, meditation, cooking, etc.). Public housing residents to improve health and wellness in their communities through a community health worker program, known as the Peer Health Leadership Program (PHLP), launched in 2013, to address the pressing health and social issues facing children and families and to improve residents' physical health and nutrition.

HOPE SF residents who become Peer Health Leaders receive training, support, supervision, and stipends to help their fellow residents navigate health services, advocate for community needs, build cohesion, and organize community health and wellness activities. Peer Health Leaders are selected from the community and are trusted sources of health information and role models. Programs at each site include a program coordinator, four to five Peer Health Leaders, training, and case management to enable Peer Health Leaders to co-develop and lead a range of health and community building activities for residents at their respective public housing development sites.

Please describe your organization's work plan. Include information about your proposed outcomes, activities, timeline, deliverables, and number of residents served. Include information about staff roles and responsibilities. How does this plan align with the HOPE SF strategies. How will this work plan lead to desired goals? (2,500 characters)

The HOPE SF health and wellness strategies described in this proposal leverage the success of the two flagship health strategies, including the Peer Health Leadership Program (operating at all four HOPE SF locations) as well as the Onsite Health and Wellness Center (operating at Sunnydale), and combines them into one comprehensive health strategy that will be expanded over the next two years. (Mayor Lee just approved \$2m over two years to support the expansion of the Wellness Center to all four sites).

The plan will support a transition and expansion plan that will:

1. enable the Department of Public Health to lead and take ownership of the comprehensive health strategy,
2. transition of management of the successful health programs from housing developers and associated community organizations to the Health Department and associated community health organizations, and
3. support the expansion of the Wellness Center from pilot at one site to implementation across all four HOPE SF sites.

The Onsite Health and Wellness Strategy will reduce the impact of chronic mental and physical illness through healthy lifestyle changes and counseling, improve access to health services, increased screening, and link people to ongoing primary care. The strategy consists of four components:

1. The Health and Wellness Center.
2. The Peer Health Leadership Programs.
3. A formal relationship with City College to ensure that Peer Leaders receive proper community health worker (CHW) certification, which also provides an employment pathway.
4. Evaluation of the Wellness Center and the Peer Health Leadership Program.

Collaboration and Partnerships. How will your organization work collaboratively to further its objectives in this project? Include city services, community-based organizations, and/or housing developers. Describe the nature of your current or intended partnerships. (2,500 characters)

The health strategy and the expansion plan carry the support of multiple stakeholders, including the HOPE SF, The Department of Public Health and other city department staff led by Mayor Lee, the HOPE SF developers, and The San Francisco Foundation, which houses the Partnership for HOPE SF, comprised of over 18 private sector donors. The HOPE SF health and wellness strategies are governed by the HOPE SF services workgroup, one of six workgroups, which are overseen by the HOPE SF (public and private) executive leadership committee.

The role of the planning team will be to work with various stakeholders to ensure a smooth transition of ownership, to identify community organizations with health expertise to run the programs "on the ground", to work with City College to establish a program for health worker

- The Department of Public Health will hire a program manager to lead the planning team and oversee the Health and Wellness Center expansion plan.
- The HOPE SF housing developers and/or their associated community based organizations will continue to manage the Peer Health Leadership Program until the transition of ownership is complete.
- The planning team will include representatives from The Department of Public Health staff, HOPE SF staff, housing developers and community organizations currently managing programs, the Peer health leaders, City College, and San Francisco State University (evaluation).

Please describe the specific underlying barriers facing HOPE SF residents within your program area and how your program will address them. (2,500 characters)

HOPE SF's health strategies address multiple health challenges and disparities faced by the 4000+ residents living in HOPE SF public housing sites, known as Hunters View and Alice Griffith in the Bayview, Potrero Terrace and Annex in Potrero Hill, and Sunnydale in Visitacion Valley. HOPE SF families struggle with high levels of chronic disease. Regular occurrences of "normalized" violence cause residents to feel unsafe, eroding their feelings of trust. Trauma and stress, as well as social determinants, such as high unemployment, dilapidated housing, and isolation contribute to health disparities.

Partners and Funders

Please provide a list of your top two government funders (if applicable), top two private funders and any significant community partners. Please include the following:

Organization Name - Contact Name - Contact Email - Funded Amount

Lobbying

Do the activities proposed in your application contain any lobbying? Yes or no.

For information and definitions, visit [BolderAdvocacy](#).

If you answer yes, please describe the lobbying activities in more detail, including whether the activity is direct or grassroots lobbying. Also be sure to complete the Lobbying expense line in the budgeting grid of your application.

(600 characters)

No

Outcomes

What are the main outcomes for which you are requesting support? Click [here](#) to access the Goals and Objectives for your Program Area.

Outcome 1

(800 characters)

1. A plan exists (with buy-in from stakeholders) to improve and sustain meaningful health services onsite at HOPE SF properties. (Health services include peer-to-peer support, onsite health and wellness services that meet the immediate needs of residents and a connection to the broader system).

Outcome 2 (optional) (800 characters)

2. The Peer Health Leaders have higher self-esteem, marketable skills and improved health habits (exercise and nutrition); they advocate for the community; they acquired marketable skills.

Outcome 3 (optional) (800 characters)

3. Residents participating in the onsite health and wellness activities feel a greater sense of belonging in the community, are healthier; are connected to health services.

Activities

What are the most important activities that will help you achieve those outcomes? Include specifics about the frequency and duration of the events or services provided. Only one activity is required. Click [here](#) to access the Goals and Objectives for your Program Area.

Activity 1 (600 characters)

1. Hire a program manager to oversee the planning and implementation of the strategy and meet with stakeholders to develop a shared strategy for transferring ownership from current community and developer organizations to the Department of Public Health and a new set of health-focused organizations.

Activity 2 (optional) (600 characters)

2. Develop a plan for City College certification as well as DPH-run skills and leadership training for Peer Health Leaders.

Activity 3 (optional) (600 characters)

3. Develop a two year expansion plan to all four HOPE SF locations and identify the second site for the Health and Wellness Center.

Activity 4 (optional) (600 characters)

4. Provide direction to the current providers of the ongoing health and wellness programs at the sites to ensure alignment towards the onsite health and wellness strategy.

Activity 5 (optional) (600 characters)

5. Evaluations for the PHLP and the Sunnysdale Health and Wellness Center.

Evaluation/Impact

Describe how you will evaluate the success of the work you are proposing. Describe how you will scale, replicate or broaden your impact. Please reference your proposed outcomes and activities. (1,750 characters)

The HOPE SF Learning Center, housed at SF State University, oversees learning and evaluation activities and brings together academic institutions with the City, philanthropy and strategic consultants to ensure that the initiative is successfully meeting its goals by building on what works. HOPE SF's evaluation and learning activities have brought the voice of residents to program strategy development and established an environment of learning.

Metrics for this program include:

- 50 participants per year increase physical activities / improve diet, healthy food consumption
- 100 residents per year will be linked to chronic disease care in a primary care medical home.
- 50 adults per year with high blood pressure will be counselled to manage their blood pressure and will be given a home BP machine.

Diversity

Please complete the fields below identifying the diversity information for your organization.

Please note: we are requesting estimates of the following:

- People served Org: the estimated number of people served by your organization per category
- People served Proj: the estimated number of people you plan to serve with the proposed project per category
- People on Staff: the estimated number of people on your staff per category
- People on Board: the estimated number of people on your board per category

For information regarding Bay Area Census data please visit: [Bay Area Census page](#)

Please enter numeric values, whole numbers only. Do not use any formatting.

Diversity

Category	People Served Org	People Served Proj	People on Staff	People on Board
White (Non Hispanic)	0	33	0	0
African American	0	1726	0	0
Asian	0	520	0	0
Hispanic/Latino	0	611	0	0
Other Ethnic Minority	0	0	0	0
Native American	0	37	0	0
Pacific Islander	0	285	0	0
Multi-Ethnic Minority	0	33	0	0
Undetermined	0	0	0	0
Total	0	3245	0	0

Geographic Scope

The San Francisco Foundation is interested in the area you are serving. We are looking for information specifically in detail around neighborhood services. If your project/organization is targeting a specific neighborhood/neighborhoods, please indicate this in the fields below. Please select the most relevant geographic level pertinent to your project.

Geo Level

Geo Level **Geo Area**
 City San Francisco

Income

Please indicate which income levels are reflected in your project. If your project *does not highlight any specific income levels*, please use the "Mixed Incomes" category.

Total percentage must add up to 100%.

Income

Category	%
Poverty	100.00
Low Income	0.00
Moderate Income	0.00
Middle Income	0.00
Mixed Incomes	0.00
Undetermined	0.00
Total	100.00

Ages Served

Please provide the age range of the persons your organization serves (select all that apply):

Age Served Project

- 0 - 5 years/Pre-K
- 6 - 10 years/Elementary
- 11-14/Middle School
- 14-18/High School
- Children & Youth (0-18)
- Young Adult (19-25)
- Adults
- Seniors
- Families

Special Populations

Please indicate which special populations are reflected in your project.

If your project *targets multiple special populations*, please provide the most relevant percentages below. *Total percentage must not exceed 100%.*

If your project *does not highlight any specific special populations*, please leave this table blank.

Special Populations

Category	%
Lesbian/Gay/Bisexual	0.00
Transgender	0.00
Disabled	0.00
Immigrants	0.00
Foster youth	0.00
Homeless	0.00
Incarcerated	0.00
Ex-Offenders	0.00
Environmentally at-risk	0.00
Early School Leavers	0.00

Unemployed	34.00
Boys and Men of Color	37.00
Total	71.00

Target Population Served (optional)

Please use this section if you would like to share any additional information regarding the population you serve. (600 characters)

Organization Financial Data

Please provide us with summary information about your organization's financial history. Use the drop down to select the two most recent years ended. Do not duplicate years in the header.

Please complete the Financial Worksheet Tool (link below) that will help you complete the data fields below.

We recommend that you give the Financial Worksheet Tool to your accounting or bookkeeping professional to complete. Then transfer the numbers from the Excel document to the Organization Financial History table below. [Get Financial Form](#)

If your organization is Fiscally Sponsored please complete the table below to the best of your ability using your project numbers.

If your organization is part of a public entity (school or university department), please enter the fields that apply to your department (not the entire entity).

To watch the video for completing this section of the application please [Click Here](#).

Organization Financial History

Fiscal Year	Two years ago	Last year
Fiscal Year	Fiscal year 2013	Fiscal year 2014
Total Revenue	\$1,741,189.00	\$1,950,805.00
Total Expenses	\$1,587,798.00	\$3,479,296.00
Cash and Equivalents	\$0.00	\$0.00
Total Current Assets	\$0.00	\$0.00
Total Fixed Assets (land, buildings)	\$0.00	\$0.00
Total Assets	\$0.00	\$0.00
Accounts Payable	\$0.00	\$0.00
Current Liabilities	\$0.00	\$0.00
Secured Mortgages/Notes Payable	\$0.00	\$0.00
Total Liabilities	\$0.00	\$0.00
Unrestricted Net Assets	\$0.00	\$0.00

Comments on Financial Data Variances

In the Excel Tool from the question above you are asked to provide comments on key financial indicators if the outputs are below or above certain thresholds. Please copy those comments in the field below (keep the key indicator title provided below). If none of the outputs meet the threshold - then please provide us with summary information about your organization's current financial position.

Row on the Form	When to provide a comment
Current Ratio	Less than 2 please provide comment
Quick Ratio	Less than 1
Reserve Ratio	1 or Less
Surplus/Deficit	If there is deficit in either column please provide a comment
Change in Revenue	More than 10% variance (up or down) should be explained
Change in Expenses	More than 10% variance (up or down) should be explained
% TSFF is of Total Org Budget	More than 10% variance (up or down) should be explained
Change in this year's budget from last year's expenses	More than 10% variance (up or down) should be explained
Change in this year's budget from last year Revenue	More than 10% variance (up or down) should be explained

You can copy and paste directly from the *Comments Column* in the Excel Form (however please include which indicator you are referring to). To watch a video tutorial on the calculations and comments portion of the form please [Click Here](#).

If your comment does not have the Indicator Name Please make sure it is added:

Current Ratio: Not applicable. CYF is a program of the SFDPH and operates within the budget of the City & County of San Francisco on a program budget basis.

Quick Ratio: Not applicable. CFY is a program of the SFDPH and is within the budget of the City & County of San Francisco on a program budget basis.
 Reserve Ratio: CYF is a program of the SFDPH and operates within the budget of the City & County of San Francisco on a program budget basis.
 Surplus/Deficit: Not applicable. CYF is a program of the SFDPH and operates within the budget of the City & County of San Francisco on a program budget basis.

Change in Revenue: + 12% * which is not including FY14-15 year end revenue accrual due to accounting transaction posting are still in progress and will be completed by early Sept. 2015.

Change in Expenses: + 119%

% TSFF is of Total Org Budget: 0.967%

Change in this year's budget from last year's expenses: \$209K new funding from other Local, State & Federal grants

Change in this year's budget from last year Revenue: \$1.8M expenses of new grants from Local, State, Federal grants

Budget

Please provide your organization's budget, project budget and your proposed budget for TSFF dollars.

In the fields below, the **top section is for Revenue** and the fields below **"Amount Requested from TSFF" are for Expenses**.

If you have expenses that do not fit in the defined fields, please use the "Other" category.

Please leave blank any field that does not apply.

- The Previous Year Carry Over for the organization is also known as the previous year's End of Year Net Assets.
- Committed funding includes those sources of support that have been confirmed.
- Projected revenue includes sources of support that you are currently requesting or plan to request. Your request to The San Francisco Foundation is listed on a separate line.

***If you are requesting core operating support, please only complete the Organization Budget column.**

**If your organization is part of a public entity, in the Organization Budget column, please enter your department figures, not those of the entire public entity.

Please use whole numbers and do not use any formatting.

Budget Category

Budget Category	Organization Budget	Project Budget	TSFF Budget
Previous Year Carry Over	\$0.00	\$0.00	\$0.00
Committed revenue - Other foundations/corporations	\$0.00	\$0.00	\$0.00
Committed revenue - Government	\$5,633,290.00	\$82,232.00	\$0.00
Committed revenue - Box office revenue	\$0.00	\$0.00	\$0.00
Committed revenue - Earned revenue	\$0.00	\$0.00	\$0.00
Committed revenue - Individual donors	\$0.00	\$0.00	\$0.00
Committed revenue - Income from endowment	\$0.00	\$0.00	\$0.00
Projected revenue - Other foundations	\$0.00	\$0.00	\$0.00
Projected revenue - Government	\$0.00	\$0.00	\$0.00
Projected revenue - Box office revenue	\$0.00	\$0.00	\$0.00
Projected revenue - Earned revenue	\$0.00	\$0.00	\$0.00
Projected revenue - Individual donors	\$0.00	\$0.00	\$0.00
Amount requested from TSFF	\$55,000.00	\$55,000.00	\$55,000.00
Expenses - Total salaries	\$380,212.00	\$100,906.00	\$55,000.00
Total benefits	\$151,581.00	\$36,326.00	\$0.00
Consultant and professional fees	\$4,969,153.00	\$0.00	\$0.00
Occupancy expenses	\$0.00	\$0.00	\$0.00
Supplies	\$64,102.00	\$0.00	\$0.00
Equipment rental/maintenance	\$0.00	\$0.00	\$0.00
Employee expenses including travel	\$50,562.00	\$0.00	\$0.00
Conferences, conventions and meetings	\$0.00	\$0.00	\$0.00
Outreach and promotion	\$50,000.00	\$0.00	\$0.00
Printing and publications	\$0.00	\$0.00	\$0.00
Lobbying	\$0.00	\$0.00	\$0.00
Other	\$22,680.00	\$0.00	\$0.00

If you used the Other category in the budget above, please provide a description of the line items included. (800 characters)

"Other" is overhead/administratiion costs of the DPH for grants funding

Fundraising Plan

The fundraising plan should give a sense of how the organization expects to ensure that the project and/or organization will have the resources necessary to succeed. Please briefly outline your plan to sustain your efforts over the next one to three years. (2,200 characters)

This is a joint project with resources provided by the Mayor (city budget), DPH, and The Partnership for HOPE SF, led by The San Francisco Foundation (funders include a three year commitment from Kaiser Permanent and a one year commitment from Metta Fund).

Grant Contact Information

To ensure our records are up to date and accurate, please enter the grant contact person's contact information below.

First and Last Name Kenneth Epstein Phone Number 415-255-3400 Email Address kenneth.epstein@sfdph.org

Required Documents

Audited Financials for Applicants

Document Description: If your organization has an annual budget of \$1,000,000 or more, please submit your most recent audit report. (We will accept an audit dated within 2 years of today's date.)

Upload: CCSF Single Audit Report FY2013-14.pdf

Faxed:

Request Document Waiver Reason for Request:

Document Status / Date:
7/24/2015

Board List

Document Description: List of board members that includes affiliations, and indicates officers. Projects with fiscal sponsors please provide a list with your advisory board.

Upload:

Faxed:

Request Document Waiver Reason for Request: waiver requested: DPH does not have a Board

Document Status / Date:

Financial Form

Document Description: Please work with your accounting staff to have this sheet completed. If your organization has a fiscal sponsor, please have your fiscal sponsor complete this form. Form can be downloaded at: <http://www.sff.org/wp-content/uploads/2013/10/TSFF-Financial-Form.xls>

Upload: TSFF-Financial-Form.xls

Faxed:

Request Document Waiver Reason for Request:

Document Status / Date:
7/24/2015

Financial Statements for Applicant

Document Description: Please provide your organization's financial statements for the last three years. This includes an income statement and balance sheet. These can be zipped into one file and uploaded. (These are for the applying Org or project, we do not want fiscal sponsor information in this section.) Arts and Culture Applicants using the California Cultural Data Project, please upload your TSFF funder report here in lieu of financial statements. For more information please see the Application Guidelines at: <http://www.sff.org/grantseekers/application-guidelines#required-documents-part-two>

Upload: CCSF Single Audit Report with Financial Statement FY2013-14.pdf

Faxed:

Request Document Waiver Reason for Request:

Document Status / Date:
7/24/2015

Staff Bios

Document Description: Please provide a list of key staff members and a brief biography.

Upload:

Faxed:

Request Document Waiver Reason for Request: waiver requested: It is not available now but will provide later

Document Status / Date:

< Back

If you have any questions about using Grantee Center, please begin by reviewing our [Help section](#). If you have additional questions about Grantee Center or your applications or grants, please contact Grants Management at 415.733.8500 or grantsmanagement@sff.org.