

**File Number:** 230382  
(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: **Title X Family Planning Program**
2. Department: **Department of Public Health  
Maternal, Child & Adolescent Health**
3. Contact Person: **Jenny Lopez** Telephone: **(415) 900-7527**
4. Grant Approval Status (check one):  

☒ Approved by funding agency
☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$301,725**
- 6a. Matching Funds Required: **\$30,172.50**  
 b. Source(s) of matching funds (if applicable): **Department of Public Health general fund.**
- 7a. Grant Source Agency: **United States Department of Health and Human Services (DHHS), Office of Population Affairs**  
 b. Grant Pass-Through Agency (if applicable): **Essential Access Health**
8. Proposed Grant Project Summary: **Strengthen the overall quality of the Family Planning Program and its ability to meet the needs of the community. Ensure that administrative policies and procedures are in place to facilitate effective and efficient management and governance. Review family planning program policies and procedures on an annual basis. Obtain annual client feedback through client satisfaction surveys inclusive of all sites. Maintain and update a community needs assessment inclusive of the family planning program on a periodic basis (at least once every 5 years) to define subrecipient's role in the community. Maintain and update current clinical and client education protocols which include but are not limited to: reproductive health care and appropriate primary care, disability, domestic violence, emergency care, pregnancy counseling and testing, birth control methods, STI/HIV and flu vaccinations. Provide comprehensive family planning health services to Title X clients of reproductive age to plan and space their pregnancies. Provide family planning education, medical services and effective medically approved family planning methods and services, either on site or by referral for female clients. Provide a broad range of acceptable and effective medically approved family planning methods (including natural family planning methods) and services (including infertility services and services for adolescents).**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  

Start-Date: **04/01/2022**
End-Date: **03/31/2023**
- 10a. Amount budgeted for contractual services: **\$0**  
 b. Will contractual services be put out to bid? **N.A.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**

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

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

b1. If yes, how much? **N.A.**

b2. How was the amount calculated? **N.A.**

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? **10% of Direct Costs**

12. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment and partially reimburses the department for the existing positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	2230	Physician Specialist	0.41	04/01/2022	03/31/2023
2	2587	Health Worker III	1.00	04/01/2022	03/31/2023
3	9910	Public Service Trainee	0.80	04/01/2022	03/31/2023
4	2593	Health Program Coordinator III	1.00	04/01/2022	03/31/2023

We respectfully request for approval to accept and expend these funds retroactive to April 1, 2022. The Department received the grant increase on September 7, 2022, and the original award on April 7, 2022. The AL # for this grant is 93.217.

The grant increase was \$221,725 for FY22-23 for a total of \$301,725.

**Project Description: HN MCH PM01 2223 Title X Family Planning**

**Project ID: 10038739**

**Proposal ID: CTR00002898**

**Fund ID: 11580**

**Version ID: V101**

**Authority ID: 10001**

**Activity ID: 0001**

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

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

<input checked="" type="checkbox"/> Existing Site(s)	<input type="checkbox"/> Existing Structure(s)	<input 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: 3/14/2023 | 7:04 PM PDT

DocuSigned by:  
Toni Rucker  
A64292F7931F44B...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 3/20/2023 | 11:47 AM PDT

DocuSigned by:  
Greg Wagner  
28527524752949F...  
(Signature Required)  
Greg wagner, COO for