

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: **COVID-19 Test to Treat Equity Grant**
- 2. Department: **Department of Public Health
Whole Person Integrated Care**
- 3. Contact Person: **Dara Papo** Telephone: **415-558-1320**

- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$500,000**

- 6a. Matching Funds Required: **\$0**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7a. Grant Source Agency: **California Department of Public Health**
- b. Grant Pass-Through Agency (if applicable): **Physicians for a Healthy California**

8. Proposed Grant Project Summary:
Whole Person Integrated Care (WPIC) will utilize the funds to support the following activities: Testing supplies for people experiencing homelessness, especially focusing on individuals staying in congregate shelters.
Increase hours of currently hired "As Needed" Nurses to allow for staff time to provide training to Shelter Health and Street Medicine staff on COVID-19 treatments including antivirals. Medical provider time to provide education about antivirals and antiviral prescriptions, either in person or through telehealth. Telehealth will augment ability to connect PEH in community settings with antivirals, including outside of normal business hours.
Purchase of a vehicle to bring staff, supplies, education, and antivirals to community-based sites. Purchase of cell phones to allow staff in field-based settings to access telehealth resources and to improve care coordination in the field.
Modifications to electronic health record system to better track testing and care provided in the community at WPIC sites
Modifications to WPIC's upcoming new Urgent Care clinic (the Maria X Martinez Health Resource Clinic) to allow for COVID-19 screening, education and testing to be provided in a dedicated space on-site.

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **12/01/2022** End-Date: **06/30/2023**

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? **\$75,000**

b2. How was the amount calculated? **15% of Grant Funding**

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? **N.A.**

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	2320	Registered Nurse	0.20	12/01/2022	06/30/2023
2	2320	Registered Nurse	0.20	12/01/2022	06/30/2023
3	2320	Registered Nurse	0.20	12/01/2022	06/30/2023
4	2230	Physician Specialist	0.03	12/01/2022	06/30/2023
5	P103	Special Nurse	0.02	12/01/2022	06/30/2023

We respectfully request for approval to accept and expend these funds retroactive to December 1, 2022. The Department received the agreement on October 29, 2022.

FSP contract: CTR00003505

Project Description: PC108 FY 2223 COVID19 Test to Treat Equity Grant

Project: 10039976

Activity: 0001

Fund: 11580

Authority: 10001

Dept.: 210705

****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: 4/7/2023 | 12:41 PM PDT

DocuSigned by:
Toni Rucker
764292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 4/11/2023 | 9:47 AM PDT

DocuSigned by:
Greg Wagner
20527524752848F...
(Signature Required)
Greg wagner, COO for