

**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: **Community Project Funding/Congressionally Directed Spending - Construction**

2. Department: **Department of Public Health  
Behavioral Health Services**

3. Contact Person: **Kay Kim** Telephone: **628-271-6574**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$1,000,000**

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **Health Resources and Services Administration**

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

8. Proposed Grant Project Summary:

**The grant will support the renovation of the old Southeast Health Center and allow the center to house two outpatient behavioral health programs currently located at separate sites - Southeast Child Family Therapy Center (SECFTC) and Families Rising (FaR). The renovation includes the interior renovation, limited exterior façade work and small landscape work.**

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

Start-Date: **9/30/24**

End-Date: **9/29/2027**

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? **22.462% of salaries and benefits.**

12. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment and does not create net new positions.**

**We respectfully request for approval to accept and expend these funds retroactive to September 30, 2024. The Department received the award on August 23, 2024. The AL # for this grant is 93.493.**

**The grantor is a Federal entity.**

**Proposal ID: CTR00004365  
Version ID: V101  
Dept ID: 251984  
Project Description: Community Project Funding/Congressionally Directed Spend  
Project ID: 10041771  
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 checked="" type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input checked="" 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: 10/11/2024 | 11:03 AM PDT

DocuSigned by:  
Toni Rucker  
A04292F7331E44D...  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 10/22/2024 | 9:37 AM PDT

DocuSigned by:  
Jenny Louie for Dr. Colfax  
40CFE25DD8E4464...  
(Signature Required)  
Jenny Louie, COO for