

File No. 091270

Committee Item No. 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: City Operations & Neighborhood Ser. Date: November 23, 2009

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Victor Young
Completed by: Victor Young

Date November 20, 2009
Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Accept and expend grant – Urban Trails of San Francisco.]
2

3 **Resolution authorizing the San Francisco Department of Public Health (DPH) to accept**
4 **and expend retroactively a grant from the Substance Abuse and Mental Health Services**
5 **Administration (SMHSA) in the amount of \$1,000,000 to provide direct services for**
6 **American Indian/Alaskan Native children and families; for the period of September 30,**
7 **2009 through September 29, 2010,**
8

9 WHEREAS, DPH was awarded a grant from SMHSA in the amount of \$1,000,000 to
10 fund the first year of a six year project entitled Urban Trails of San Francisco; for the period
11 September 30, 2009 through September 29, 2010; and,

12 WHEREAS, This grant has been awarded to support the entire six years of project from
13 September 30, 2009 through September 29, 2015 in the total amount of \$5,500,000; and,

14 WHEREAS, The amount of matching funds required from in-kind donations for the first
15 year totals \$333,333; and,

16 WHEREAS, DPH will subcontract with the Native American Health Center, a nonprofit
17 tribal organization which operates a California licensed health clinic in San Francisco, in the
18 amount of \$850,000 for the period of September 30, 2009 through September 29, 2010; and,

19 WHEREAS, The grant does not require an ASO amendment and reimburses DPH for
20 two existing positions, including Psychiatric Social Worker (Job Class #930) at 0.64 FTE, and
21 Clinical Psychologist (Job Class #2574) at 0.50 FTE; and,

22 WHEREAS, The grant budget includes a provision for indirect costs for year one in the
23 amount of \$15,120; now, therefore, be it


24 **RESOLVED**, That DPH is hereby authorized to accept and expend retroactively a grant
25 in the amount of \$1,000,000 from SAMSHA and, be it

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

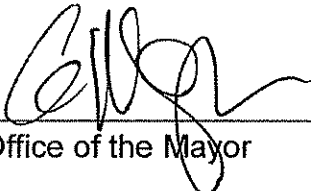
4 FURTHER RESOLVED, That the Controller is directed to designate the positions
5 funded under this agreement as a "G" or grant-funded position which would terminate when
6 the agreement expires.

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

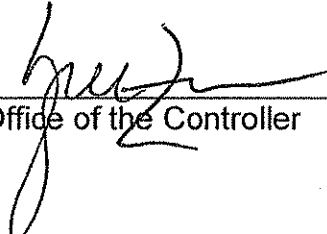
9
10
11
12 RECOMMENDED:

13 
14 _____
15 Mitchell Katz, M.D.
16 Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D.
Director of Health *Mitchell H. Katz*
DATE: October 30, 2009
SUBJECT: Accept and Expend Resolution for Subject Allocation
GRANT TITLE: Urban Trails of San Francisco

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Grant budget and justification
- Grant award letter from funding agency
- Grant Application

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Grace Alderson Phone: 554-2655
Interoffice Mail Address: Dept. of Public Health, 101 Grove St., Room 330
Certified copy required Yes No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective January 2000)

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: Urban Trails San Francisco
- 2. Department: Dept. of Public Health, Community Behavioral Health Services (CBHS)
Children, Youth & Family System of Care
- 3. Contact Person: Sai-Ling Chan-Sew, LCSW
Telephone: 255-3439, FAX: 255-3567
- 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 Year 1* (FY 2009-10)
 - \$1,500,000 Year 2
 - \$1,500,000 Year 3
 - \$1,500,000 Year 4
 - \$1,000,000 Year 5
 - \$1,000,000 Year 6

Total: 5,500,000

*DPH is seeking accept & expend approval for Year 1 only. The funder will approve subsequent years upon successful completing of the prior year. DPH will include these years in the DPH budget.

- 6a. Matching Funds Required: \$333,333 for Year 1 (non-Federal share)
- b. Source(s) of matching funds (if applicable): In-Kind

- 7a. Grant Source Agency: DHHS – Substance Abuse and Mental Health Services Administration (SAMHSA)
- b. Grant Pass-Through Agency (if applicable): N/A

- 8. Proposed Grant Project Summary:

Urban Trails San Francisco represents a partnership with the Native American Health Centers (NAHC) to focus on a major gap in provision of culturally-competent mental health services for American Indian/Alaska Native (AI/AN) children and families. The San Francisco, Department of Public Health, Community Behavioral Health Services (CBHS) will subcontract with NAHC to provide direct services for AI/AN children and families. These services include care coordination, child counseling, family counseling, psychological assessment, and referrals to other agencies in the system of care.

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

Start-Date: 09/30/09

End-Date: 09/29/10

Project Period: 09/30/2009 through 09/29/2015 (Approval for subsequent years dependent on satisfactory performance.)

10. Number of new positions created and funded:

No new positions will be created therefore an ASO amendment is not required, because funds are being used to support two preexisting positions, including the following:

- 0.64 FTE job class #2930 Psychiatric Social Worker
- 0.50 FTE job class #2574 Clinical Psychologist

11. If new positions are created, explain the disposition of employees once the grant ends? N/A

12a. Amount budgeted for contractual services:

\$850,000 for Fiscal Year 2009-10

b. Will contractual services be put out to bid?

No, NAHC was named as the contractual agency in the grant

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes

d. Is this likely to be a one-time or ongoing request for contracting out? On-going

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$15,120

b2. How was the amount calculated? It is computed at 15% of \$100,802 which represents salaries for DPH Community Behavioral Health Services (CBHS).

c. 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):

14. Any other significant grant requirements or comments:

DPH is seeking approval retroactively to 9/30/09 because DPH needed time to discuss and confirm the terms and conditions of the grant with the subcontractor. We respectfully request for approval to accept and expend these funds retroactive to 9/30/09.

****Disability Access Checklist****

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

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

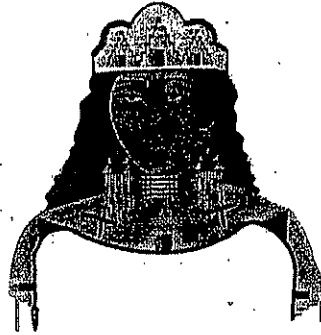
Comments:

Departmental or Mayor's Office of Disability Reviewer:

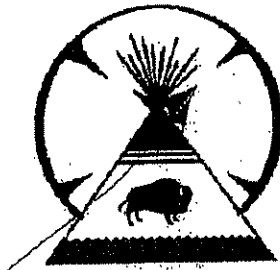
Date Reviewed: Oct 29, 2009 for JH Matha Hon
(Jason Hashimoto)

Department Approval: [Signature]
(Mitchell H. Katz, MD) (Director of Health)

Urban Trails San Francisco



Section F Budget & Budget Justification



San Francisco Department of Public Health
 Community Behavioral Health Services
 City and County of San Francisco
 Child Mental Health Initiative
 Proposed Budget
 FY 09-10

SM 09 002

URBAN TRAILS SF

Year 1

ver 5.0
 :1/8/09

	FTE	Salary	Total
A. Personnel			
Program Liaison (LCSW/MFT)	64%	52,935.00	
Evaluator (Clinical Psychologist)	50%	47,867.00	100,802
B. Fringe Benefits	32.00%		32,257
C. Travel			1,129
D. Equipment			
E. Supplies			
Office Supplies			692
F. Contractual			850,000
H. Other			
Telephone			
Duplicating			
Postage			
I. Total Direct			984,880
J. Indirect Costs	15.000%		15,120
Grand Total			1,000,000
Annual Grant Amount			
Native American			850,000
City Share			150,000
Total			1,000,000

85%
 15%
 100%

San Francisco Department of Public Health
 Community Behavioral Health Services
 City and County of San Francisco
 Child Mental Health Initiative
 Proposed Budget
 FY 2010-11

SM 09 002

URBAN TRAILS SF
 YEAR 2

Version 5.0
 1/8/09

	FTE	Salary	Total
A. Personnel			
Program Liaison (LCSWMFT)	100%	82,711.00	
Evaluator (Clinical Psychologist)	71%	67,972.00	150,683
B. Fringe Benefits	32.00%		48,218
C. Travel			1,693
D. Equipment			
E. Supplies			
Office Supplies			1,026
F. Contractual			1,275,000
H. Other			778
Telephone			
Duplicating		378	
Postage		400	
I. Total Direct			1,477,398
J. Indirect Costs	15.000%		22,602
Grand Total			1,500,000
Annual Grant Amount			
Native American			1,275,000
City Share			225,000
Total			1,500,000

85%
 15%
 100%

CITY AND COUNTY OF SAN FRANCISCO		CHILD MENTAL HEALTH INITIATIVE					
San Francisco Department of Public Health		SIX YEAR BUDGET					
Community Behavioral Health Services		:11/8/09					
URBAN TRAILS SAN FRANCISCO		:SF UT Six year budget rev					
SM 09-002		Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
		2009-10	2010-11	2011-12	2012-13	2013-14	2014-15
A. Personnel							
Program Liaison (LCSW/MFT)		52,935	82,711	82,711	82,711	52,935	52,935
Evaluator (Clin Psych)		47,867	67,972	67,972	67,972	47,867	47,867
B. Fringe Benefits	at 32%	32,257	48,218	48,218	48,218	32,257	32,257
C. Travel							
Local		1,129	1,693	1,693	1,693	1,129	1,129
D. Equipment							
E. Supplies							
Office Supplies		692	1,026	1,026	1,026	692	692
F. Contractual							
Subcontract - NAHC		850,000	1,275,000	1,275,000	1,275,000	850,000	850,000
H. Other		0		778	778	0	0
Telephone							
Duplicating			378	378	378		
Postage			400	400	400		
Total Direct Cost		984,880	1,477,398	1,477,398	1,477,398	984,880	984,880
J. Indirect Costs	at 15%	15,120	22,602	22,602	22,602	15,120	15,120
K. Grand Total		1,000,000	1,500,000	1,500,000	1,500,000	1,000,000	1,000,000

Children's Mental Health Initiative
 SAMHSA Grant # SM 09 002

Urban Trails San Francisco

**City and County of San Francisco
 San Francisco Department of Public Health
 Community Behavioral Health Services**

In collaboration with

Native American Health Center, Inc.

BUDGET JUSTIFICATION for YEAR 1
FY 2009-2010

The applicant is the City and County of San Francisco, Department of Public Health, Community Behavioral Health Services. The City and County of San Francisco is collaborating with the Native American Health Center, Inc., a nonprofit tribal organization which operates a California licensed health clinic in San Francisco. The City and County of San Francisco will subcontract with the Native American Health Center to provide services to Native American families and children under this cooperative agreement. Sai-Ling Chan-Sew, LCSW, is the Director, Children, Family, and Youth Systems of Care, Community Behavioral Health Services of the San Francisco Department of Public Health (SFDPH) and is the authorized signee on this project. Sai-Ling Chan-Sew and Ethan Nebelkopf, PhD, Director of Behavioral Health, Family & Child Guidance Clinic of the Native American Health Center (NAHC) are co-investigators for this project.

<u>Position</u>	<u>FTE</u>	<u>TOTAL</u>
Program Liaison (LCSW/MFT)	.64	\$ 52,935
Evaluator (Clinical Psychologist)	.50	\$ 47,867

SFDPH utilizes a Program Liaison at .64 FTE to provide programmatic oversight and coordination for the program. This position will be a psychiatric social worker or marriage and family therapist. The Evaluator will participate in the Evaluation Team at .50 FTE and will coordinate evaluation and data collection functions between SFDPH and NAHC. The budget justification for the Native American Health Center subcontract is attached.

A. TOTAL STAFF SALARIES		\$ 100,802
B. FRINGE BENEFITS	@ 32%	\$ 32,257

The fringe benefits rate for behavioral health at the City and County of San Francisco is at 32% and includes: FICA, Medicare, SUI, Health Insurance, and Retirement Plan.

C. TRAVEL **\$ 1,129**

This will include cost for traveling to attend meetings, workshops, trainings and conferences. The travel costs are computed at .55 cents/mile x 150 miles/month x 12 months x 1.14 staff.

D. EQUIPMENT **\$ -0-**

E. SUPPLIES **\$ 692**

Office supplies are computed at \$607/year x 1.14 staff = \$692.

F. CONTRACTUAL **\$ 850,000**

The City and County of San Francisco will subcontract to the Native American Health Center, Inc. to provide strategic planning and direct services for the life of the project.. The line item budget and budget justification for this subcontract are attached. The Native American Health Center will be subcontracted 85% of the total award.

H. OTHER **\$ -0-**

I. TOTAL DIRECT COST FOR FY 2009-10 **\$ 984,880**

J. INDIRECT COSTS @ 15% **\$ 15,120**

Indirect cost rate is computed at 15% of salaries for behavioral health services at the San Francisco Department of Health.

K. GRAND TOTAL FOR YEAR 1 **\$ 1,000,000**

Matching Funds

The Department of Public Health, City and County of San Francisco is requesting \$1,000,000 for year one, five and six. The applicant is requesting \$1,500,000 for years 2, 3, and 4.

The project period is six years, and requires matching funds at different levels for each of these years. The following table shows the amount requested from SAMHSA, the expected match, and the total project budget for each year including matching funds.

	Year	Amount Requested from SAMHSA	Expected Match	Total of SAMHSA Request plus Match
Year 1	FY 2009-10	\$1,000,000	\$333,333	\$1,333,333.00
Year 2	FY 2010-11	\$1,500,000	\$500,000	\$2,000,000.00
Year 3	FY 2011-12	\$1,500,000	\$500,000	\$2,000,000.00
Year 4	FY 2012-13	\$1,500,000	\$1,500,000	\$3,000,000.00
Year 5	FY 2013-14	\$1,000,000	\$2,000,000	\$3,000,000.00
Year 6	FY 2014-15	\$1,000,000	\$2,000,000	\$3,000,000.00
	Total	\$7,500,000.00	\$6,833,333.00	\$14,333,333.00

BUDGET JUSTIFICATION for FUTURE YEARS

A six year project budget has been presented. Basically, the request from SAMHSA remains the same in Years 1, 5, and 6 at \$1 million. The budget for Years 5 and 6 are the same as for Year 1.

In years 2, 3, and 4 the requested amount from SAMHSA has been increased to \$1,500,000. The budgets for Years 2, 3, and 4 remain the same.

Differences in Year 2 (3 and 4) budget from Year 1 (5 and 6) are as follows:

In Year 2, personnel costs increase. The Program Liaison is increased to 1.0 FTE and the Evaluator is increased to .71 FTE.

<u>Position</u>	<u>FTE</u>	<u>TOTAL</u>
Program Liaison (LCSW/MFT)	1.00	\$ 82,711
Evaluator (Clinical Psychologist)	.71	<u>\$ 67,972</u>
		\$150,683

Fringe Benefits are increased: $32\% \times \$150,683 = \$48,218$

Travel is increased = \$1,693.

Travel costs computed at .55 cents/mile x 150 miles/month x 12 months x 1.71 staff = \$1,693.

Office Supplies are increased = \$1,026.

Office supplies are computed at \$607/year x 1.71 staff = \$1,026.

Contractual costs are increased to \$1,275,000 to the Native American Health Center to provide direct services to Native American children and their families. A line item budget and budget justification is attached. This amount will remain the same for Years 2, 3, and 4. The Native American Health Center will be subcontracted 85% of the total award.

Other costs include: \$400 for postage and \$378 for duplicating = \$778

Postage is for mailing brochures and flyers to Native American families as part of the social marketing effort, computed at \$33/month x 12 months = \$400.

Duplicating is for copying brochures and mailers to be sent to Native American families as part of the social marketing effort, computed at \$31.50/month x 12 months = \$378.

Indirect costs are computed at 15% of salaries = $.15 \times \$150,683 = \$22,602$

TOTAL REQUESTED YEAR 2 **\$1,500,000**

Note: \$1,000,000 is requested for Years 1, 5, and 6.

\$1,500,000 is requested for Years 2, 3, and 4.

Existing Resources: Personnel costs of the Program Liaison and Co-Investigator, Director of Children, Families, and Youth for CBHS of SFDPH is covered by existing resources within SFDPH. So are the costs of existing behavioral health programs that provide matching funds.

CMHS URBAN TRAILS SF		ver 5.0	YEAR 1	
NATIVE AMERICAN HEALTH CENTER		:1/9/09		
SUB CONTRACT WITH SF COUNTY		SM 09-002		
CHILD MENTAL HEALTH INITIATIVE		FY 2009-10		
CODE	Personnel	FTE	SUBTOTAL	LINE ITEMS
EN	Director, Behavioral Health	20%		\$ 26,400
MM	Project Director	100%		\$ 65,000
SW	Director of Research & Evaluation	20%		\$ 15,000
SS	Evaluator	40%		\$ 24,800
TO	Communications Manager	50%		\$ 21,000
AT	Administrator	50%		\$ 31,500
CP	Senior Data Manager	75%		\$ 42,000
	Key Family Contact	100%		\$ 16,000
	Office Manager	100%		\$ 8,000
TC	Youth Coordinator	60%		\$ 20,400
KL	Care Coordinator	100%		\$ 47,000
	Cultural Competency Coordinator	100%		\$ 55,800
	Clinical Coordinator	100%		\$ 32,000
5000	A. PERSONNEL		\$ 404,700	\$ 404,700
5010	B. FRINGE	at 29%	\$ 117,363	117,363
	Total Personnel & Fringe			522,063
	C. TRAVEL		\$ 26,400	
6073	Out of Area			\$ 24,000
6070	Local/Mileage			\$ 2,400
	D. EQUIPMENT		\$ 1,200	
7010	Furniture			\$ 1,200
7010	Computer Equipment			
	E. SUPPLIES		\$ 8,335	
6019	Program Supplies			\$ 1,200
6016	Educational Materials			\$ 1,200
6014	Janitorial Supplies			\$ 1,200
6015	Computer Supplies			\$ 2,400
6017	Office Supplies			\$ 2,335
	F. CONTRACTUAL		\$ 12,000	
5040	Friendship House			\$ 12,000
	H. OTHER TOTAL		\$ 95,260	
7080	Communication			\$ 2,400
7150	Utilities			\$ 1,800
7050	Security			\$ 600
7120	Postage & Shipping			\$ 600
7180	Equipment Lease			\$ 2,400
6090	Equipment Maintenance			\$ 300
7280	Advertising			\$ 600
7140	Subscriptions			\$ 120
6080	Maintenance			\$ 240
6051	Insurance			\$ 400
7100	Printing			\$ 1,200
7090	Staff Training			\$ 12,000
7290	Client Incentives (Flex Funds)			\$ 1,200
7030	Community Events			\$ 2,400
6041	Rent			\$ 43,000
5020	Consultants			\$ 26,000
	I. TOTAL DIRECT		\$ 665,258	\$ 665,259
7300	J. INDIRECT @ 28.28%		\$ 184,742	\$ 184,742
	K. GRAND TOTAL		\$ 850,000	\$ 850,000

CMHS URBAN TRAILS SF		Ver 5.0		Year 2, 3, 4	
NATIVE AMERICAN HEALTH CENTER		:1/9/09		SM 09-002	
SUB CONTRACT WITH SF COUNTY					
CHILD MENTAL HEALTH INITIATIVE		FY 2010-11			
CODE	Personnel	FTE	SUBTOTAL	LINE ITEMS	
EN	Director, Behavioral Health	20%		\$ 26,400	
MM	Project Director	100%		\$ 70,000	
SW	Director of Research & Evaluation	20%		\$ 18,000	
SS	Evaluator	40%		\$ 24,800	
TO	Communications Manager	50%		\$ 23,000	
AT	Administrator	75%		\$ 50,000	
CP	Senior Data Manager	75%		\$ 45,000	
KL	Care Coordinator	100%		\$ 50,000	
OPEN	Care Coordinator	100%		\$ 46,000	
OPEN	Office Manager	100%		\$ 35,000	
OPEN	Key Family Contact	100%		\$ 35,000	
OPEN	Family Therapist/Social Worker	50%		\$ 36,000	
TC	Youth Coordinator	60%		\$ 20,400	
OPEN	Cultural Competency Coordinator	100%		\$ 58,000	
OPEN	Clinical Coordinator	100%		\$ 71,000	
5000	A. PERSONNEL		\$ 608,600	\$ 608,600	
5010	B. FRINGE	at 29%	\$ 176,494	176,494	
	Total Personnel & Fringe			785,094	
	C. TRAVEL		\$ 26,400		
6073	Out of Area			\$ 24,000	
6070	Local/Mileage			\$ 2,400	
	D. EQUIPMENT		\$ 1,200		
7010	Furniture			\$ 1,200	
7010	Computer Equipment				
	E. SUPPLIES		\$ 8,834		
6019	Program Supplies			\$ 1,200	
6016	Educational Materials			\$ 1,200	
6014	Janitorial Supplies			\$ 1,200	
6015	Computer Supplies			\$ 2,400	
6017	Office Supplies			\$ 2,834	
	F. CONTRACTUAL		\$ 62,000		
5040	Friendship House			\$ 12,000	
	Instituto Familiar			\$ 50,000	
	H. OTHER TOTAL		\$ 124,060		
7080	Communication			\$ 2,400	
7150	Utilities			\$ 2,400	
7050	Security			\$ 1,200	
7120	Postage & Shipping			\$ 1,200	
7180	Equipment Lease			\$ 3,200	
8090	Equipment Maintenance			\$ 1,080	
7280	Advertising			\$ 1,080	
7140	Subscriptions			\$ 600	
6080	Maintenance			\$ 1,800	
6051	Insurance			\$ 900	
7100	Printing			\$ 1,200	
7090	Staff Training			\$ 12,000	
7290	Client Incentives (Flex Funds)			\$ 12,000	
7030	Community Events			\$ 12,000	
6041	Rent			\$ 45,000	
6020	Consultants			\$ 26,000	
	I. TOTAL DIRECT		\$ 1,007,588	\$ 1,007,588	
7300	J. INDIRECT @ 28.28%		\$ 267,412	\$ 267,412	
	K. GRAND TOTAL		\$ 1,275,000	\$ 1,275,000	

CMHS URBAN TRAILS SF		ver 5.0	YEAR 5 and 6	
NATIVE AMERICAN HEALTH CENTER		:1/8/09		
SUB CONTRACT WITH SF COUNTY		SM 09-002		
CHILD MENTAL HEALTH INITIATIVE				
CODE	Personnel	FTE	SUBTOTAL	LINE ITEMS
EN	Director, Behavioral Health	20%		\$ 26,400
MM	Project Director	100%		\$ 65,000
SW	Director of Research & Evaluation	20%		\$ 15,000
SS	Evaluator	40%		\$ 24,800
TO	Communications Manager	50%		\$ 21,000
AT	Administrator	50%		\$ 31,500
CP	Senior Data Manager	75%		\$ 42,000
	Key Family Contact	100%		\$ 32,000
	Office Manager			
TC	Youth Coordinator	60%		\$ 20,400
KL	Care Coordinator	100%		\$ 47,000
	Cultural Competency Coordinator	100%		\$ 55,600
	Clinical Coordinator	50%		\$ 35,000
5000	A. PERSONNEL		\$ 415,700	\$ 415,700
5010	B. FRINGE	at 29%	\$ 120,553	120,553
	Total Personnel & Fringe			536,253
	C. TRAVEL		\$ 26,400	
6073	Out of Area			\$ 24,000
6070	Local/Mileage			\$ 2,400
	D. EQUIPMENT		\$ 1,200	
7010	Furniture			\$ 1,200
7010	Computer Equipment			
	E. SUPPLIES		\$ 8,335	
6019	Program Supplies			\$ 1,200
6016	Educational Materials			\$ 1,200
6014	Janitorial Supplies			\$ 1,200
6015	Computer Supplies			\$ 2,400
6017	Office Supplies			\$ 2,335
	F. CONTRACTUAL		\$ 12,000	
5040	Friendship House			\$ 12,000
	H. OTHER TOTAL		\$ 81,070	
7080	Communication			\$ 2,400
7150	Utilities			\$ 1,800
7050	Security			\$ 600
7120	Postage & Shipping			\$ 600
7180	Equipment Lease			\$ 2,400
6090	Equipment Maintenance			\$ 300
7280	Advertising			\$ 600
7140	Subscriptions			\$ 120
6080	Maintenance			\$ 240
6051	Insurance			\$ 400
7100	Printing			\$ 1,200
7080	Staff Training			\$ 6,810
7290	Client Incentives (Flex Funds)			\$ 1,200
7030	Community Events			\$ 2,400
6041	Rent			\$ 42,000
6020	Consultants			\$ 18,000
	I. TOTAL DIRECT		\$ 665,258	\$ 665,259
7300	J. INDIRECT @ 28.28%		\$ 184,742	\$ 184,742
	K. GRAND TOTAL		\$ 850,000	\$ 850,000

Native American Health Center, Inc.
Sub Contract with City and County of San Francisco
CMHS - Urban Trails San Francisco
 SAMHSA Grant # SM 09 002

BUDGET JUSTIFICATION
Year 1: FY 2009-2010

<u>Position</u>	<u>Staff</u>	<u>FTE</u>	<u>Year 1</u>
Dir. of Behavioral Health	E. Nebelkopf, PhD	.20	\$ 26,400
Project Director	M. Maas, MSW	1.00	\$ 65,000
Dir. of Research & Eval	S. Wright, MPH	.20	\$ 15,000
Evaluator	S. Samuel, MPH	.40	\$ 24,800
Communication Manager	T. Orange	.50	\$ 21,000
Administrator	A. Tsosie	.50	\$ 31,500
Senior Data Manager	C. Patel	.75	\$ 42,000
Key Family Contact	Open	1.00	\$ 16,000
Office Manager	Open	1.00	\$ 8,000
Youth Coordinator	T. Camacho	.60	\$ 20,400
Care Coordinator	Open	1.00	\$ 47,000
Cultural Competency Coord.	Janet King	1.00	\$ 55,600
Clinical Coordinator	Open	1.00	\$ 32,000

Dr. E. Nebelkopf, Ph.D., is the Director of Behavioral Health at NAHC and is on this contract as at .20 FTE as part of the Evaluation Team. He is Co-Investigator. M. Maas, MSW, is Project Director is at 1.00 FTE for this grant. The Lead Evaluator, The Director of Research and Evaluation, S. Wright, MPH will be .20 FTE on the project. S. Samuel will be Evaluator at .40 FTE. Communications Manager T. Orange is at .50 FTE on this project. A. Tsosie is the Administrator at .50 FTE for this project. Senior Data Manager, C. Patel is at .75 FTE and he will be part of the evaluation team. The Key Family Contact will be hired at 1.00 FTE and will be hired six months into the project. The Office Manager will be at 1.00 FTE and will be hired nine months into the project. T. Camacho is the Youth Coordinator and she is at .60 FTE. K. A full-time Care Coordinator will be hired at 1.00 FTE. The Cultural Competency Coordinator, Janet King, will be full-time at 1.00 FTE on this project. She also will coordinates technical assistance for this project. The Clinical Coordinator will work at .50 FTE and will be hired six months into the project.

A. TOTAL STAFF SALARIES	\$ 404,700
B. FRINGE BENEFITS @ 29%	\$ 117,363

The fringe benefit rate for Native American Health Center, Inc. is at 28.89% for employees at .80 FTE or more. NAHC's fringe benefits include: FICA at 7.65%, SUI at 4.50%, Workman's Compensation at 1.78%, EDD at 0.10%, Health (Medical/Dental/Vision) at 12.75%, and TSA at 2.11%. The fringe benefit has been rounded down to 28% per the financial department.

C. TRAVEL **\$ 26,400**
 Out of Town Travel consists of attending 2 required SAMSHA Meetings trips for 10 Attendees:
 (Airfare at \$500 x 20 = \$10,000) + (per diem & hotel @ \$175 x 20 x 4 days = \$14,000) =
 \$24,000.

Local Travel includes cost for BART tickets and mileage reimbursement. Local travel is requested to attend local meetings, trainings, and project activities. BART (Bay Area Rapid Transit, train system) tickets are estimated at \$6.90 per ticket x 100 = \$690. Local travel rate is based on NAHC's reimbursement rate of \$0.50 per mile x 3,420 miles = \$1,710 + \$690 = \$2,400.

D. EQUIPMENT **\$ 1,200**
 12 Computer upgrades at \$100 each = \$1,200. We are not estimating any changes in Equipment for Years 5 and 6.

E. SUPPLIES **\$ 8,335**
 Program Supplies are estimated at \$100 per month x 12 months = \$1,200. Educational Materials are estimated at \$100/month for 12 months = \$1,200. Janitorial Supplies are estimated at \$100/month x 12 months = \$1,200. Computer Supplies are estimated at \$200/month x 12 months = \$2,400 and General Office Supplies are estimated at \$194.58/month x 12 months = \$2,335. All above supplies requested are needed for general operation of the project.

F. CONTRACTUAL **\$ 12,000**
 Friendship House Association of American Indians will sub-contract with NAHC for \$12,000 to help with strategic planning and provide referrals emotionally disturbed Native youth and their families. Friendship House's line item budget and budget justification are attached and there are no estimated changes in Years 5 and 6.

H. OTHER **\$ 95,260**
 Communication costs are estimated at \$200/month for 12 months = \$2,400. Communication cost is a monthly shared cost of telephone, Internet, and fax; and these are necessary to operate the project.

Utilities are estimated at \$150/month for 12 months = \$1,800. Utilities are a shared cost of electricity, gas, water and garbage; and these are necessary to operate the project.

Security is estimated at \$50/month x 12 months = \$600; this is a monthly shared cost of our clinic building's Bay Alarm and ADT Security System monthly services.

Postage & Shipping includes cost for distributing and communicating project's information & activities as well as communication with SAMHSA/CMHS. This is estimated at \$50/month for 12 months = \$600; and this is necessary to operate the project.

Equipment lease is estimated at \$200/month for 12 months = \$2,400; this is a monthly shared cost. Equipment Lease consists of leasing a Xerox copier and fax machine for staff daily use; and this is necessary to operate the project.

Equipment Maintenance is estimated at \$25/month x 12 months = \$300.

Advertising is estimated at \$50/month for 12 months = \$600; this includes cost to announce project activities & events in circulating papers as well as local radio station.

Subscriptions is estimated at \$10/month for 12 months = \$120.

Building Maintenance is estimated at \$20/month for 12 months = \$240.

Insurance is estimated at \$33.33/month for 12 months = \$400.

Printing is estimated at \$100/month for 12 months = \$1,200; this includes cost to printing brochures, flyers, posters and any other advertisements for this project, including their activities and events.

Staff Training is estimated at \$1,000 per staff x 12 staff = \$12,000. This will include cost for training in multisystemic therapy, wraparound model and other workshops on systems of care.

Client Incentives/Flex Funds are estimated at \$100/month for 12 months = \$1,200.

Incentives are non-cash and for participants and it includes: transportation voucher, awards, prizes, cultural items, CDs, books and other non-monetary incentives to increase participation in the program for families and children. This line will also be used for flexible funds required by the project through a procedure monitored by the project director.

Community Events are at estimated at \$200/month for 12 months = \$2,400. These community events are cultural events that include: community meetings, focus groups, talking circles, and educational training and workshops. These events build a cohesive community and increase participation in the program.

The cost for rent is estimated at \$3,583.33/month for 12 months = \$43,000; this consist of thirteen offices for staff, two counseling rooms and waiting room.

The Consultant line is estimated at = \$26,000. The Cultural consultants are estimated at \$100/hour x 20 hours = \$2,000; Cultural/Traditional consultants will provide Native American consultation and training, input and services for clients and their families and staff. Karen Strickland is a consultant in social marketing to help develop the social marketing plan and her services are estimated at \$100/hour x 120 hours = \$12,000. Instituto Familiar de la Raza is a non-profit, community based organization that will provide consultation on reaching Spanish-speaking American Indians, Alaska Natives and other indigenous people and consultation in strategic planning, estimated at \$100/hour x 120 hours = \$12,000.

I. TOTAL DIRECT COST FOR YEARS 1 **\$ 665,259**

J. INDIRECT COSTS @ 28.28% **\$ 184,742**

Native American Health Center, Inc.'s, indirect rate is 28.28% of direct costs, excluding equipment and contractual. This will take effect in February 2009, and is being used for budgetary purposes. Documentation is attached. A copy of the nonprofit rate agreement is attached.

K. GRAND TOTAL **\$ 850,000**

BUDGET JUSTIFICATION FOR YEARS 2, 3, AND 4

NOTE: The total NAHC subcontract is increased to \$1,275,000 for years 2, 3 and 4 of this project. Total Staff salaries are increased to \$608,600. Therefore, fringe increases to \$176,494 at 29%. The staffing pattern is as follows:

Director, Behavioral Health	20%	\$ 26,400
Project Director	100%	\$ 70,000
Director of Research & Evaluation	20%	\$ 18,000
Evaluator	40%	\$ 24,800
Communications Manager	50%	\$ 23,000
Administrator	75%	\$ 50,000
Senior Data Manager	75%	\$ 45,000
Care Coordinator	100%	\$ 50,000
Care Coordinator	100%	\$ 46,000
Office Manager	100%	\$ 35,000
Key Family Contact	100%	\$ 35,000
Family Therapist/Social Worker	50%	\$ 36,000
Youth Coordinator	60%	\$ 20,400
Cultural Competency Coordinator	100%	\$ 58,000
Clinical Coordinator	100%	\$ 71,000

There is an additional Care Coordinator at 100%, and an additional Family Therapist/Social Worker at 50% to provide direct services. The Clinical Coordinator is 100% for the entire year. The Key Family Contact and Office Manager are 100% for the entire year. The Administrator has increased to 75%.

A. TOTAL STAFF SALARIES **\$ 608,600**

B. FRINGE BENEFITS @ 29% **\$ 176,494**

TRAVEL: **\$ 26,400**

There are no changes in Travel.

EQUIPMENT: **\$ 1,200**

No changes in Equipment.

SUPPLIES: **\$ 8,834**

Increases in Supplies in Years 2-4 reflects in the general office supplies line item (\$236.16/month x 12 mths = \$2,834).

CONTRACTUAL: **\$ 62,000**

Increased amount in Years 2-4 reflects an increase in \$50,000 for a subcontract with Instituto Familiar de la Raza which will provide outreach to Spanish-speaking American Indians, Alaska

Natives and other indigenous people and assistance with capacity building to serve this segment of the population.

OTHER: \$ 124,060

Increased amount in Other category in Years 2-4 reflects increases in:

- Utilities (\$200/month x 12 mths =\$2,400);
- Security (\$100/month x 12 mths =\$1,200);
- Postage & Shipping (\$100/month x 12 mths =\$1,200);
- Equipment Leasing (\$266.66/month x 12 mths =\$3,200);
- Equipment Maintenance (\$90/month x 12 mths =\$1,080);
- Advertising (\$90/month x 12 mths =\$1,080);
- Subscriptions (\$50/month x 12 mths =\$600);
- Maintenance (\$150/month x 12 mths =\$1,800);
- Insurance (\$75/month x 12 mths =\$900);
- Client Incentives (Flex Funds) (\$1,000/month x 12 mths =\$12,000);
- Community Events (\$1,000/month x 12 mths =\$12,000);
- Rent (\$3,750/month x 12 mths =\$45,000).

The Consultant line stays the same but is formulated a little differently. The Cultural consultants are estimated at \$100/hour x 100 hours =\$10,000; Karen Strickland is a consultant in social marketing to help develop the social marketing plan and her services are estimated at \$100/hour x 160 hours = \$16,000.

TOTAL DIRECT COST: \$ 1,007,588

INDIRECT COST (28.28%): \$ 267,412

TOTAL COSTS: \$ 1,275,000

BUDGET JUSTIFICATION FOR YEARS 5 and 6

NOTE: Years 5 and 6 have the same budget as Year 1, except with a few small changes, noted below:

Personnel

Personnel remains the same as Year 1 except for three positions:

Office Manager is eliminated.

Key Family Contact is a full-time position for the entire year at \$32,000.

Clinical Coordinator is half-time for the full year at \$35,000

Total Personnel = \$415,700

Fringe = \$120,553

Total Personnel and Fringe = \$536,253

65.

Other

The Other category has changes from Year 1 in Staff Training and Consultants.

Staff Training is reduced to \$5,810. Staff Training is estimated at \$1,000 per staff x 5 staff = \$5,000 + \$810 for special data analysis training = \$5,810.

Consultants are reduced to \$18,000. The Cultural consultants are estimated at \$100/hour x 20 hours = \$2,000; Cultural/Traditional consultants will provide Native American consultation and training, input and services for clients and their families and staff. Karen Strickland is a consultant in social marketing to help develop the social marketing plan and her services are estimated at \$100/hour x 60 hours = \$6,000. Instituto Familiar de la Raza is a non-profit, community based organization that will provide consultation on reaching Spanish-speaking American Indians, Alaska Natives and other indigenous people and consultation in strategic planning, estimated at \$100/hour x 100 hours = \$10,000.

TOTAL DIRECT COST FOR YEARS 1	\$ 665,259
INDIRECT COSTS @ 28.28%	\$ 184,742
GRAND TOTAL (For Year 5 and for Year 6)	\$ 850,000

(66.

**INDIRECT COST RATE PROPOSAL
BASED UPON FINANCIAL DATA**

FOR THE

FISCAL YEAR ENDED JUNE 30, 2008

Submitted to:

DIVISION OF COST ALLOCATION

DEPARTMENT OF HEALTH AND HUMAN SERVICES

90 7th Street, Suite 4-600

San Francisco, CA 94103

Submitted by:

NATIVE AMERICAN HEALTH CENTER, INC.

3124 International Blvd.

Oakland, CA 94601

NATIVE AMERICAN HEALTH CENTER, INC.
 Indirect Cost Summary
 Fiscal Year Ended June 30, 2008

FUNCTIONAL GROUPINGS	EXPENDITURES	LESS ADJUSTMENT	ADJUSTED DIRECT COSTS	INDIRECT COSTS
Medical	\$3,870,895	536,702	\$3,334,193	
Dental	3,159,024	451,579	2,707,445	
FCGC	3,455,173	1,010,967	2,444,206	
Others	1,346,602	287,141	1,059,461	
Indirect	3,108,252	408,430	0	2,699,822
TOTAL	\$14,939,946	\$2,694,819	\$9,545,305	\$2,699,822

Computation of Indirect Cost Rate

$$\frac{\text{Indirect Costs}}{\text{Adjusted Direct Costs}} = \frac{2,699,822}{9,545,305} = 28.2843\%$$

68.

Notice of Award

Issue Date: 08/28/2009



Child Mental Health Initiative (CMHI)
 Department of Health and Human Services
 Substance Abuse and Mental Health Services Administration
 Center for Mental Health Services

Grant Number: 1U79SM059036-01

Program Director:
 Michele Maas

Project Title: Urban Trails San Francisco

Grantee Address	Business Address
CITY AND COUNTY OF SAN FRANCISCO Sai-Ling Chan-Sew Director Child, Youth and Family System of Care 1380 Howard Street San Francisco, CA 94103	Sai-Ling Chan-Sew Director Child, Youth and Family System of Care 1380 Howard Street San Francisco, CA 94103

Budget Period: 09/30/2009 – 09/29/2010

Project Period: 09/30/2009 – 09/29/2015

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$1,000,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CITY AND COUNTY OF SAN FRANCISCO in support of the above referenced project. This award is pursuant to the authority of CMHI coop. agreement under Sect. 561 PHS Act as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Kathleen Sample
 Grants Management Officer
 Division of Grants Management, OPS
 Substance Abuse and Mental Health Services Administration

See additional information below

SECTION I - AWARD DATA - 1U79SM059036-01

Award Calculation (U.S. Dollars)

Salaries and Wages	\$100,802
Fringe Benefits	\$32,257
Personnel Costs (Subtotal)	\$133,059
Supplies	\$692
Travel Costs	\$1,129
Consortium/Contractual Cost	\$850,000
Direct Cost	\$984,880
Indirect Cost	\$15,120
Approved Budget	\$1,333,333
Federal Share	\$1,000,000
Non-Federal Share	\$333,333
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$1,000,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$1,000,000
2	\$1,500,000
3	\$1,500,000
4	\$1,500,000
5	\$1,000,000
6	\$1,000,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.104
 EIN: 1946000417A8
 Document Number: U9SM59036A
 Fiscal Year: 2009

IC	CAN	Amount
SM	C96C133	\$1,000,000

SM Administrative Data:

PCC: CMHI / OC: 4145

SECTION II - PAYMENT/HOTLINE INFORMATION - 1U79SM059036-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support - Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1U79SM059036-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – SM Special Terms and Condition – 1U79SM059036-01**STANDARD TERMS OF AWARD:**

- 1) This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). Refer to the order of precedence in Section III (Terms and Conditions) on the NoA.
- 2) The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.
- 3) Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General – Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.
- 4) The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.
- 5) By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level I, which is \$196,700 annually.
- 6) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7) Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grants with significant amounts of Federal funding.

8) Per (45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

9) A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at <http://www.whitehouse.gov/omb/fedreg/omb-not.html>.

10) Program income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Financial Status Report, Standard Form 269 (long form).

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

11) Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA.

12) Any replacement of, or substantial reduction in effort of the Program Director (PD) or other key staff of the grantee or any of the sub-recipients requires the written prior approval of the GMO. The GMO must approve the selection of the PD or other key personnel, if the individual being nominated for the position had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the position's responsibilities. A resume for the individual(s) being nominated must be included with the request. Key staff (or key staff positions, if staff has not been selected) are listed below:

Project Director, Michele Mass @ 100%
Lead Evaluator, Serena Wright @ 20%

13) None of the Federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

14) Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management System and the HHS Inspector General's Hotline concerning fraud, waste or abuse.

15) As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

16) No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

17) RESTRICTIONS ON GRANTEE LOBBYING (Appropriations Act Section 503).

(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

18) Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites):

Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

19) This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://samhsa.gov/grants/trafficking.aspx>.

20) Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages I-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation, please contact, Mike Daniels, SAMHSA Federal Preservation Coordinator, SAMHSA at mike.daniels@samhsa.hhs.gov or 240-276-0759.

21) Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. Accordingly, all grantees that electronically exchange patient level health information to external entities where national standards exist must:

A) Use recognized health information interoperability standards at the time of any HIT system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract. Please consult <http://www.hhs.gov/healthit> for more information, and

B) Use HIT products (such as electronic health records, personalized health records, and the network components through which they operate and share information) that are certified by the Certification Commission for Healthcare Information Technology (CCHIT) or other recognized certification board, to ensure a minimum level of interoperability or compatibility of health IT products (<http://www.cchit.org/>). For additional information contact: Jim Kretz (CMHS) at 240-276-1755 or jim.kretz@samhsa.hhs.gov; Richard Thoreson (CSAT) at 240-276-2827 or richard.thoreson@samhsa.hhs.gov; or Sarah Wattenberg (OPPB) at 240-276-2975 or sarah.wattenberg@samhsa.hhs.gov.

22) If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

REPORTING REQUIREMENTS:

1) Financial Status Report (FSR), Standard Form 269 (long form) is required on an annual basis and must be submitted for each budget period no later than 90 days after the close of the budget period. The FSR 269 is required for each 12 month period, regardless of the overall length of the approved extension period authorized by SAMHSA. In addition, a final FSR 269 is due within 90 days after the end of the extension. If applicable, include the required match on this form under Transactions (#10 a-d), Recipient's share of net outlays (#10 e-i) and Program Income (q-t) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FSR must be prepared on a cumulative basis and all program income must be reported. Disbursements reported on the FSR must equal/or agree with the Final Payment Management System Report (PSC-272). The FSR may be accessed from the following website at <http://www.psc.gov/forms/sf/SF-269.pdf> and the data can be entered directly on the form and the system will calculate the figures and then print and mail to this office.

2) Submission of a Programmatic (semi-annual) Report is due no later than the dates as follows:
 1st Report - October 30, 2010
 2nd Report - March 30 , 2011

3) The grantee must comply with the GPRRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4) Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1966 (P.L. 104-156). An audit is required for all entities which expend \$500,000 or more of Federal funds in each fiscal year and is due to the Clearinghouse within 30 days of receipt from the auditor or within nine (9) months of the fiscal year, whichever occurs first, to the following address:

Federal Audit Clearinghouse
 Bureau of the Census
 1201 E. 10th Street
 Jeffersonville, IN 47132

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

INDIRECT COSTS:

If the grantee chooses to establish an indirect cost rate agreement, it is required to submit an indirect cost rate proposal to the appropriate office within 90 days from the start date of the project period. For additional information, please refer to HHS Grants Policy Statement Section I, pages 23-24.

SAMHSA will not accept a research indirect cost rate. The grantee must use other-sponsored program rate or lowest rate available.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. To find a list of HHS Division of Cost Allocation Regional Offices, go to the SAMHSA website www.samhsa.gov, then click on "grants"; then click on "Important offices".

All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management, OPS, SAMHSA below:

For Regular Delivery:
 Division of Grants Management,
 OPS, SAMHSA
 1 Choke Cherry Road, Room 7-1091
 Rockville, MD 20857

For Overnight or Direct Delivery:
 Division of Grants Management,
 OPS, SAMHSA
 1 Choke Cherry Road, Room 7-1091
 Rockville, MD 20850

CONTACTS

Andy Hunt, Program Official
 Phone: (240) 276-1926 Email: andrew.hunt@samhsa.hhs.gov

WJOT Darrell Russ, Grants Specialist *DR*
 Phone: (240) 276-1517 Email: darrell.russ@samhsa.hhs.gov

Application for Federal Assistance SF-424

Version 02

<p>*1. Type of Submission:</p> <p><input type="checkbox"/> Reapplication</p> <p><input checked="" type="checkbox"/> Application</p> <p><input type="checkbox"/> Changed/Corrected Application</p>	<p>*2. Type of Application:</p> <p><input checked="" type="checkbox"/> New</p> <p><input type="checkbox"/> Continuation</p> <p><input type="checkbox"/> Revision</p>	<p>*If Revision, select appropriate letter(s):</p> <p>[Redacted]</p> <p>*Other (Specify)</p> <p>[Redacted]</p>
---	--	--

<p>*3. Date Received:</p> <p>[Redacted]</p>	<p>4. Applicant Identifier:</p> <p>[Redacted]</p>
---	---

<p>5a. Federal Entity Identifier</p> <p>[Redacted]</p>	<p>*5b. Federal Award Identifier:</p> <p>[Redacted]</p>
--	---

State Use Only:

<p>6. Date Received by State:</p> <p>[Redacted]</p>	<p>7. State Application Identifier:</p> <p>[Redacted]</p>
---	---

8. APPLICANT INFORMATION

*a. Legal Name: City and County of San Francisco

<p>*b. Employer/Taxpayer Identification Number (EIN/TIN):</p> <p>94-6000417</p>	<p>*c. Organization DUNS:</p> <p>9444375369</p>
---	---

d. Address

*Street1: 1380 Howard Street

*Street2: [Redacted]

*City: San Francisco, CA

*County: San Francisco

*State: California

*Province: [Redacted]

*Country: United States

*Zip/Postal Code: 94103

e. Organizational Unit

<p>Department Name:</p> <p>Department of Public Health</p>	<p>Division Name:</p> <p>Community Behavioral Health Services</p>
--	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Ms. *First Name: Sai-Ling

Middle Name: [Redacted]

*Last Name: Chan-Sew

Suffix: [Redacted]

Title: Director, Child, Youth and Family System of Care

Organizational Affiliation:
City and County of San Francisco Department of Public Health

*Telephone Number: 415-255-3439 Fax Number: 415-255-3567

*Email: Sai-Ling.Chan-Sew@sfdph.org

Application for Federal Assistance SF-424

Version 02

Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify)

10. Name of Federal Agency:

Center for Mental Health Services

11. Catalog of Federal Domestic Assistance Number

93.104

CFDA Title:

*12. Funding Opportunity Number:

SM-09-002

*Title:

Cooperative Agreements for Comprehensive Community Mental Health Services for Children and Their Families Program

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City and County of San Francisco

15. Descriptive Title of Applicant's Project:

Urban Trails San Francisco

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

Congressional Districts Of:

a. Applicant CA-008, CA-012

b. Program/Project CA-008, CA-012

Attach an additional list of Program/Project Congressional Districts if needed:

17. Proposed Project:
*a. Start Date: 10/1/09 b. End Date: 9/30/15

Estimated Funding(\$):
*a. Federal \$1,000,000
*b. Applicant [redacted]
*c. State [redacted]
*d. Local [redacted]
*e. Other [redacted]
*f. Program Income [redacted]
*g. TOTAL \$1,000,000

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on [redacted]
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

*20. Is the Applicant Delinquent on Any Federal Debt? (If "Yes", provide explanation.)
 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)
 ** I AGREE
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative
Prefix: Ms. *First Name: Sai-Ling
Middle Name: [redacted]
Last Name: Chan-Sew
Suffix: [redacted]
*Title: [redacted]
*Telephone Number: 415-255-3439 Fax Number: 415-255-3567
*Email: Sai-Ling.Chan-Sew@sfdph.org
*Signature of Authorized Representative: [redacted] Date Signed: 12/23/08

Application for Federal Assistance SF-424 Version 02
* Applicant Federal Debt Delinquency Explanation
The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

