

File Number: 181231
(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: **Core STD Program Management**

2. Department: **SFDPH – Disease Prevention and Control Branch**

3. Contact Person: **Maggie Han** Telephone: **628.206.7681**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$554,425**

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

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

7a. Grant Source Agency: **CDPH**

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

8. Proposed Grant Project Summary:

The purpose of this project is to implement evidence-based public health activities to address STDs in CCSF with emphasis on the prevention & control of syphilis, congenital syphilis, gonorrhea, & chlamydia trachomatis infection. The purpose of this grant amendment is to increase the funding by \$147,023. These funds were appropriated in the Governor's Fiscal Year 2018/2019 budget to support sexually transmitted disease outreach, screening, and other core services by enhancing STD prevention services already provided by the local health jurisdiction

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

Start-Date: 7/1/2018

End-Date: 6/30/2019

10a. Amount budgeted for contractual services: **\$554,425**

b. Will contractual services be put out to bid? **No**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **No**

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

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

b1. If yes, how much? \$

b2. How was the amount calculated?

c1. If no, why are indirect costs not included?

Not allowed by granting agency

Other (please explain):

To maximize use of grant funds on direct services

c2. If no indirect costs are included, what would have been the indirect costs? **25% of total personnel and benefits**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to July 01, 2018. The Department received the full award agreement from California Department of Public Health on July 24, 2018.

The final award approved for 10032661 for budget period July 1, 2018 – June 30, 2019 is \$554,425 compared to the AAO budget of \$407,402 for FY2018-2019. An increase of \$147,023 was approved for a total of \$554,425.

**Proposal ID: 16-10733
Version ID: A01
Project ID: 10032661**

****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 checked="" 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: 11/20/2018



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Greg Wagner
(Name)

Acting Director of Health
(Title)

Date Reviewed: 11/20/18


(Signature Required)