

File Number: 231171
(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: **Strengthening San Francisco Overdose Prevention Collaborations (SSOPC)**

2. Department: **Department of Public Health
Population Health**

3. Contact Person: **Jeffrey Hom** Telephone: **415-554-2521**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$2,225,000**

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

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention**

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

8. Proposed Grant Project Summary:

The San Francisco Department of Public Health will implement a multi-faceted, partnership-based initiative entitled Strengthening San Francisco Overdose Prevention Collaborations (SSOPC), the goal of which is to use and apply data to reduce overdose-related opioid and stimulant-related morbidity and mortality through expanded cooperation and partnerships involving the public health and behavioral health sectors, local health systems, community-based organizations, and public safety entities. Among its 5-year outcomes, the project will seek achieve a reduction in both fatal and non-fatal drug overdose in SF while achieving a reduction in overdose-related racial disparities.

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

Start-Date: **9/1/2023** End-Date: **8/31/2024**

10a. Amount budgeted for contractual services: **\$854,800**

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? **One-time request**

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

b1. If yes, how much? **\$62,339**

b2. How was the amount calculated? **10% of direct costs excluding first \$25,000 of each Subcontract**

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

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	0922	Manager I	1.00	09/01/2023	08/31/2024
2	2591	Health Program Coordinator 2	1.00	09/01/2023	08/31/2024
3	2593	Health Worker 3	1.00	09/01/2023	08/31/2024

We respectfully request for approval to accept and expend these funds retroactive to September 1, 2023. The Department received the award letter on August 23, 2023. The AL # for this grant is 93.136.

Proposal ID: **CTR00003721**

Version ID: **V101**

Dept ID: **210822**

Project Desc: **Overdose Data to Action: Limiting Overdose through Colla**

Project ID: **10040487**

Version ID: **V101**

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: 10/24/2023 | 10:08 AM PDT

DocuSigned by:
Toni Rucker
AB4292F7331E44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 10/24/2023 | 11:24 AM PDT

DocuSigned by:
Greg Wagner
20527324732688F...
(Signature Required)
Greg wagner, COO for