

**File Number:** 221004  
(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: **Asylum Seeker Health Surveillance and Linkage to Care**
2. Department: **Department of Public Health  
Population Health Division**
3. Contact Person: **Patricia Erwin** Telephone: **628-206-7629**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$226,000**
- 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): **California Department of Public Health**
8. Proposed Grant Project Summary:
  1. **Provide case management services to a minimum of 150 asylum seekers annually to ensure patient enrollment in Medi-Cal or other health insurance when eligible**
  2. **Conduct an initial health screening for a minimum of 150 asylum seekers to assess for immediate healthcare needs.**
  3. **Connect asylum seekers with healthcare services, a comprehensive health assessment and immunizations for vaccine-preventable diseases.**
  4. **Ensure health screener and health assessment data is entered into the Asylum Seeker Health Surveillance (ASHS) database where it will be accessible for program monitoring and disease surveillance reporting.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  

Start-Date: **September 1, 2022**                      End-Date: **June 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? \$ **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? **5% of Direct Costs**

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	Appointment	Job Title	FTE	Start Date	End Date
1	2586	Temp	Health Worker II	0.769	09/01/2022	06/30/2023
2	2593	Temp	Health Program Coordinator III	0.615	09/01/2022	06/30/2023
3	1820	PCS (budget)	Junior Administrative Analyst	0.077	09/01/2022	06/30/2023

**We respectfully request for approval to accept and expend these funds to September 1, 2022. The Department received the award letter on June 28, 2022. The CFDA # is 93.991.**

**Project Description: HED HD CH12 2223 Refugee Health Assessment Program**

**Proposal ID: CTR00003070**

**Fund: 11580**

**Dept: 251929**

**Project: 10039143**

**Authority: 10001**

**Activity: 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: 8/24/2022 | 2:57 PM PDT

DocuSigned by:  
Toni Rucker  
AB4292F7334F44D  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 8/25/2022 | 10:09 AM PDT

DocuSigned by:  
Greg Wagner  
28527524752848E  
(Signature Required)  
Greg Wagner, COO for