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: **Physical and Digital Infrastructure Security (PDIS) Women's Options Center (WOC) 6G Improvements**

2. Department: **Department of Public Health.**
Zuckerberg San Francisco General Hospital.

3. Contact Person: **Jason Zook** Telephone: **(628) 206-6853**

4. Grant Approval Status (check one):

[**X**] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$475,000**

6a. Matching Funds Required: **$0**
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Governor's Office of Emergency Services (CAL-OES) / Physical and Digital Infrastructure Security Grant Program For Health Care Facilities**
b. Grant Pass-Through Agency (if applicable): **San Francisco General Hospital Foundation.**

8. Proposed Grant Project Summary: **Grant funds will support Physical and Digital Infrastructure Security (PDIS) enhancements for the Women's Options Center (WOC) in Suite 6G. The project includes demolition of existing offices and construction of secure, discreet, and patient-centered check-in and waiting areas. The redesign will prevent unauthorized access and strengthen safety for patients and staff. Improvements include a separate staff entrance for patient reception, installation of sallyport door access, and deployment of additional digital security upgrades such as badge readers, cameras, and monitoring equipment.**

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

Start-Date: **9/1/24** End-Date: **12/31/2026**

10a. Amount budgeted for contractual services: **$410,000**

b. Will contractual services be put out to bid? **Yes.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes.**

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 [**X**] 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 [**X**] 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? **15% of Direct Costs**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 1, 2024. The Department received notice of the award on April 9, 2026.

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

Equipment will require tracking per grantor and will require capitalization. Equipment will be owned by DPH.

Project Description: **HG CalOES-PDIS WOC 6G Improve**
Project ID: **10043614**
Contract ID: **CTR00005394**
Fund: **11580**
Authority ID: **10001**
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):

[**X**] Existing Site(s)	[ ] Existing Structure(s)	[**X**] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[**X**] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] 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: 7/8/2026 | 7:17 PM PDT

DocuSigned by:
Toni Rucker
A64292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 7/10/2026 | 9:54 AM PDT

DocuSigned by:
Naveena Bobba
52BC36E46CB9439...
(Signature Required)

Naveena Bobba, Deputy Director of Health for Daniel Tsai