

File Number: 161321
 (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: **Health Care for the Homeless – Oral Health Expansion**
2. Department: **Department of Public Health, Primary Care**
3. Contact Person: **Beth Neary** Telephone: **628-206-7679**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$937,500 in the 3-year project period**
(Year 1 = \$207,500; Year 2 = \$365,000; Year 3 = \$365,000)
- 6a. Matching Funds Required: **\$0**
 b. Source(s) of matching funds (if applicable): **No matching funds.**
- 7a. Grant Source Agency: **Health Resources and Services Administration (HRSA)**
 b. Grant Pass-Through Agency (if applicable): **San Francisco Community Clinic Consortium**

8. Proposed Grant Project Summary: **The San Francisco Community Clinic Consortium (SFCCC) receives federal Health Care for the Homeless (HCH) funding from HRSA and San Francisco Department of Public Health, Primary Care is a Sub-recipient who participates in the project providing medical, dental, and social work care to HCH-eligible patients. In calendar year 2016 SFDPH Primary Care has an approved annual HCH budget of \$1,073,709, and this Accept & Expend is submitted to request the ability to accept additional HCH oral health funds raising the 2016 total by \$207,500 and the 2017 and 2018 funding by \$365,000 in each year. The funding table below provides a breakout of the proposed changes and the two sources of additional dental funding. Source 1 is a re-allocation of HCH dental resources that SFCCC recently awarded to SFDPH when another Sub-recipient choose to give up \$50,000 in dental HCH funding. Source 2 is a HRSA-awarded Oral Health Expansion grant that funds the expansion of HCH dental services at multiple SFDPH service locations. The Oral Health Expansion award provides \$350,000 in total annual funding from HRSA beginning 7/1/16, of which \$35,000 remains with SFCCC for grant oversight and \$315,000 is awarded to SFDPH.**

Grant Year	Original Budget	Revised Budget	Source 1 of Additional Funds: Re-Allocation of Dental HCH Funds	Source 2 of Additional Funds: Oral Health Expansion Grant	TOTAL OF ADDITIONAL FUNDING
1: 1/1/16 – 12/31/16	\$1,073,709	\$1,281,209	\$50,000	\$157,500	\$207,500
2: 1/1/17 – 12/31/17	\$1,036,309	\$1,401,309	\$50,000	\$315,000	\$365,000
3: 1/1/18 – 12/31/18	\$1,036,309	\$1,401,309	\$50,000	\$315,000	\$365,000
Total	\$3,146,327	\$4,083,827			\$937,500

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?

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? **25% or \$51,875 in Year 1, \$91,250 in Year 2, and \$91,250 in Year 3, however the existing budget before the new funds are added clearly specifies \$0 in indirect and it would be unusual to incorporate indirect for the new oral health funding and have zero indirect on the already approved funding in the same grant agreement**

12. Any other significant grant requirements or comments:

We received notice from HRSA and SFCCC about the Oral Health Expansion funding in mid-June 2016 and learned of the additional \$50,000 in dental funding in late June 2016. We are requesting approval after the project start date of 1/01/16 since the expanded funding was awarded after the beginning of the grant year and after the 16-17 budget had been finalized.

Grant Code: HCGMCK/16

****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 checked="" type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" 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:

Matthew Valdez
(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency
(Title)

Date Reviewed: _____

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: _____

(Signature Required)