

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: **State Vocational Rehabilitation Services Program**

2. Department: **Department of Public Health
Community Behavioral Health Services**

3. Contact Person: **Juan Ibarra** Telephone: **415-255-3693**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$263,811 per year; \$791,433 total**
(Year 1: 07/01/2025 – 06/30/2026: \$263,811
Year 2: 07/01/2026 – 06/30/2027: \$263,811
Year 3: 07/01/2027 – 06/30/2028: \$263,811)

6. a. Matching Funds Required: **\$818,875 per year; total \$2,456,625**
(Year 1: 07/01/2025 – 06/30/2026: \$818,875
Year 2: 07/01/2026 – 06/30/2027: \$818,875
Year 3: 07/01/2027 – 06/30/2028: \$818,875)

b. Source(s) of matching funds (if applicable): **59% GF & 41% MHSA CSS**

7a. Grant Source Agency: **United States Department of Education, AL # 84.126**
b. Grant Pass-Through Agency (if applicable): **California Department of Rehabilitation**

8. Proposed Grant Project Summary:

The Department of Public Health (DPH) requests approval to accept and expend a three-year grant from the California Department of Rehabilitation (DOR). DOR is renewing a cooperative contract Agreement with five non-profit providers, including Richmond Area Multi-Services, Inc. (RAMS), Citywide Case Management Forensic Program, Caminar Jobs Plus, and Occupational Therapy Training Program Groups-San Francisco (OTTP-SF). Providers will provide vocational assessment, situational assessment, work adjustment and employment services including employment preparation, job development, placement and job retention services for diverse groups of adults with severe mental illness.

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

Start-Date: **July 1, 2025** End-Date: **June 30, 2028**

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? **25% of salaries & fringes**

12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment, does not create net new positions, and partially reimburses the Department for two existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2593	Health Program Coordinator III	0.59	07/01/2025	06/30/2028
2	2587	Health Worker III	1.00	07/01/2025	06/30/2028

We respectfully request for approval to accept and expend these funds from July 1, 2025. The Department received the subaward agreement on November 20, 2024. The AL # for this grant is 84.126.

Project Description: **HB MH AD04 2526 State Vocational Rehabilita**

Project ID: **10041916**

Proposal ID: **CTR00004544**

Fund ID: **11580**

Version ID: **V101**

Authority ID: **10001**

Activity ID: **0001**

Matching Funds:

Project Description: **HB MH Adult Care**

Project ID: **10001792**

Fund ID: **10000**

Version ID: **V101**

Authority ID: **10000**

Activity ID: **0001**

Project Description: **HB Prop 63 Mental Health Services Act**

Project ID: **10031199**

Fund ID: **11630**

Version ID: **V101**

Authority ID: **17156**

Activity ID: **0100**

****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: 1/6/2025 | 8:30 AM PST

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

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 1/6/2025 | 9:58 AM PST

DocuSigned by:
Jenny Louie for Dr. Colfax
40CFE25DD8B4464...
(Signature Required)