

**File Number:** 220288  
(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: **The Children and Youth with Special Health Care Needs (CYSHCN) Innovation Grants**

2. Department: **Department of Public Health  
California Children's Services**

3. Contact Person: **Dr. Ben Meisel, MD** Telephone: **628-217-6711**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$1,352,610**

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

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

7a. Grant Source Agency: **Health Resources and Services Administration**

b. Grant Pass-Through Agency (if applicable): **California Department of Public Health**

8. Proposed Grant Project Summary: **MCAH San Francisco proposes to create an inter-agency council, coordinated by community-based organization Support for Families of Children with Disabilities (SFCD), that will bring together the community agencies that serve Children and youth with special health care needs (CYSHCN) in San Francisco independently of one another along with the families they are serving. Having a common council will break down community silos and build up a system, create a direct line of communication between families and the agencies serving them to leave a greater, positive longitudinal impact on children, youth, and families. The following Title V Action Plan strategies aligns with our proposal: a) Build data capacity to understand needs and health disparities in the CYSHCN population. b) Identify and incorporate best practices to ensure that CYSHCN and their families receive support for a successful transition to adult health care. c) Train and engage CYSHCN and families to improve CYSHCN-serving systems through input and involvement in state and local MCAH program design, implementation, and evaluation.**

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

Start-Date: **February 1, 2022**

End-Date: **June 30, 2025**

10a. Amount budgeted for contractual services: **\$1,282,855**

b. Will contractual services be put out to bid? **No**

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**

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? **10% of Direct Costs**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to February 1, 2022. The Department received the award on January 28, 2022. This grant does not require an ASO amendment. The Title V Maternal and Child Health Services Block grant CFDA # is 93.994.**

**Project Desc: HN MCH PM105 Fy 2122 CYSHCN**  
**Project Code : 10038573**  
**Dept. 251988**  
**Fund: 11580**  
**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: 2/23/2022 | 10:24 AM PST

DocuSigned by:  
Toni Rucker  
76428EF7304F44E...  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 2/28/2022 | 9:40 AM PST

DocuSigned by:  
Greg Wagner  
28527824752945F...  
(Signature Required)

Greg wagner, COO for