

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: **Proposition 47 - Cohort 5**
- 2. Department: **Department of Public Health
Behavioral Health Services**
- 3. Contact Person: **Kellee Hom** Telephone: **(628) 754-9364**
- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: **\$7,958,078**
- 6a. Matching Funds Required: **\$1,970,791**
b. Source(s) of matching funds (if applicable): **Mental Health General Fund**
- 7a. Grant Source Agency: **Board of State and Community Corrections**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary

The San Francisco Department of Public Health Prop 47 Cohort 5 program meets one of the most critical community care needs in San Francisco - providing residential withdrawal management, treatment, and residential step down beds to support justice-involved adults with co-occurring substance use and mental health needs. The overall goal is to reduce incarceration and recidivism by bolstering city-wide initiatives focused on jail diversion, recovery, and community re-entry.

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

Start-Date: **10/1/2025** End-Date: **6/30/2029**

10a. Amount budgeted for contractual services: **\$6,438,600**

- 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? **\$0**
- 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? **24.678% of salaries and benefits**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactively to October 1, 2025. The Department received the subaward notification on September 11, 2025.

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

No.	Class	Job Title	FTE	Start Date	End Date
1	2588	Health Worker IV	1.00	10/01/2025	06/30/2029
2	2593	Health Program Coordinator III	1.00	10/01/2025	06/30/2029

Proposal ID CTR00005219
Dept ID 240646
Project Description: SA110 2629 Proposition 47 Cohort 5
Project ID 10043096
Fund ID 11580
Activity ID 0001
Version V101

Matching Funds:
Dept ID 240646
Project Description: HB SUD - Community Care
Project ID 10001681
Fund ID 10000
Activity ID 0003
Version V101

****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 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: 12/30/2025 | 5:14 PM PST

DocuSigned by:
Toni Rucker
AC4292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 2/13/2026 | 8:53 AM PST

Signed by:
Jenny Louie for Daniel Tsai
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(Signature Required)