

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: CalAIM (California Advancing and Innovating Medi-Cal) JI (Justice-Involved) PATH (Providing Access and Transforming Health) Round 2
2. Department: Human Services Agency
3. Contact Person: Celia Pedroza Telephone: 415-557-6103
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$ 223,673
6. a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):
7. a. Grant Source Agency: U.S. Department of Health and Human Services
b. Grant Pass-Through Agency (if applicable): California Department of Health Care Services
8. Proposed Grant Project Summary: This grant will fund recruiting, hiring, onboarding, and training staff to assist with the coordination of Medi-Cal enrollment and suspension for justice-involved individuals in support of the California Department of Health Care Services (DHCS) CalAIM PATH JI Capacity Building Program to support the implementation of statewide justice-involved initiatives.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 5/26/2023 End-Date: 10/31/2024
10. a. Amount budgeted for contractual services: \$0.00
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?
d. Is this likely to be a one-time or ongoing request for contracting out? N/A
11. a. Does the budget include indirect costs?
 Yes No
b. 1. If yes, how much? \$
b. 2. How was the amount calculated?
c. 1. 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):

- c. 2. If no indirect costs are included, what would have been the indirect costs? The grantor's guidance allows up to 5% to support indirect costs. The indirect costs are covered by HSA General Fund budget.

12. Any other significant grant requirements or comments: This Accept and Expend will allow budget authority of a remaining grant balance of \$56,131 in FY2024-2025. An additional \$5,278.58 in the form of interest earnings on the Federal Grant portion will also be added to the Federal Grant budget authority in FY2024-2025. Interest generated on the State Grant portion will be deposited into the County General Fund.

We respectfully request approval to accept and expend these funds retroactive to May 26, 2023. The Department received the grant of \$223,673 on May 26, 2023, for the period of May 26, 2023, to October 31, 2024.

The grant does not require an ASO amendment.

Department ID: 186645
Proposal ID: CTR00003598
Fund ID: 12960
Project ID: 10040266
Project Description: HS PA CalAIM JI Round 2 Fed
Activity ID: 0001
Authority ID: 10001
Version ID: V101
Amount: \$28,065.50

Department ID: 186645
Proposal ID: CTR00003599
Fund ID: 12920
Project ID: 10040268
Project Description: HS PA CalAIM JI Round 2 State
Activity ID: 0001
Authority ID: 10001
Version ID: V101
Amount: \$28,065.50

****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:

M'kia Mccright

(Name)

Manager III

(Title)

Date Reviewed: 12/17/2024

DocuSigned by:

431EFC157A794EF...
 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

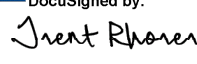
Trent Rhorer

(Name)

Executive Director

(Title)

Date Reviewed: 12/13/2024

DocuSigned by:

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 (Signature Required)