

File Number: 130343
(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: **San Francisco Covered California Initiative (SFCCI)**
2. Department: **Department of Public Health (DPH)**
3. Contact Person: **Lindsey Angelats, Interim Director, Healthy San Francisco**
Telephone: **415.554.2615**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$568,800**

- 6a. Matching Funds Required: **N/A**
b. Source(s) of matching funds (if applicable): **N/A**

- 7a. Grant Source Agency: State of California
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

To increase through outreach and education public awareness of Covered California programs among San Francisco's uninsured population. (Covered California, created after passage of the Patient Protection and Affordable Care Act of 2010, will operate as a marketplace for individual consumers and small businesses to enroll in affordable health insurance programs.) According to Covered California, an estimated 19,913 San Franciscans will enroll in a qualified health plan in 2014.

SCCI outreach and education activities include:

- **Informing consumers about the availability of benefits associated with obtaining health care coverage;**
- **Establishing trusted messengers in communities to help address barriers that prevent consumers from purchasing coverage;**
- **Referring consumers to all available enrollment resources and assistance; and**
- **Motivating eligible consumers to take the next step to enroll in Covered California.**

Through the SCCI, DPH will focus its efforts on the following populations of which the majority of San Francisco's uninsured are part:

- **Latino residents,**
- **Asian and Pacific Islander residents,**
- **Residents of Southeast San Francisco,**
- **Working uninsured residents, and**
- **Young adults.**

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

Start-Date: **May 1, 2013**

End-Date: **December 31, 2014**

10a. Amount budgeted for contractual services:

Total: **\$436,737**

(NOTE: The remaining \$132, 063 in grant funds will be work ordered to the San Francisco Office of Economic and Workforce Development for the provision of outreach and education services.)

b. Will contractual services be put out to bid?

No. DPH will contract with the San Francisco Public Health Foundation (SFPHF), which will serve as fiscal intermediary to the grant. DPH is in the process of requesting sole source designation for SFPHF from the Office of Contract Administration, as SFPHF was the only qualified fiscal agent willing to serve the grant in this capacity.

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? **\$17,193**

b2. How was the amount calculated?

Per the Covered California Outreach and Education grant application, indirect costs could not exceed 15% of a grantee’s total funding. As such, DPH calculated the maximum possible indirect costs as 15% of \$568,800 (total possible award), or \$85,320 (total possible indirect costs). Grant indirect costs in the amount of \$68,260 will go to the providers of outreach and education activities (\$17,193 includes indirect costs associated with the San Francisco Office of Economic and Workforce Development). Indirect costs in the amount of \$16,551 will support fiscal intermediary services performed by the San Francisco Public Health Foundation.

c1. If no, why are indirect costs not included? **N/A**

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? **N/A**

12. Any other significant grant requirements or comments:

GRANT CODE (Please include Grant Code and Detail in FAMIS):

Grant Code: TBD

Index Code: TBD

****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:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(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)