

**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: **California Tuberculosis Controller Association (CTCA) Project**
2. Department: **Public Health, Population Health and Prevention, TB Control Section**
3. Contact Person: **Jennifer Grinsdale (Program Manager)** Telephone: **415.206.6101**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$ \$ 161,499**
- 6a. Matching Funds Required: **No**  
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **California Department of Public Health, Tuberculosis Control Branch**  
b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary: **The purpose of this grant is to contract with the San Francisco Public Health Foundation to serve as the fiscal agent for the California Tuberculosis Controllers Association. A local health jurisdiction must be the grantee for CDPH to use a third party contractor for this activity.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **July 1, 2013**    End-Date: **June 30, 2014**

**DPH is seeking accept and expend approval for the above start/end dates, however the granting agency will provide an opportunity to renew the grant on an annual basis and we expect this to be an ongoing grant (as state funding allows). Funds will be included in future program budgets.**

- 10a. Amount budgeted for contractual services: **\$155,550**
  - b. Will contractual services be put out to bid? **No, contract will be sole source as the fiscal agent has already been selected and approved by CTCA and the California Dept. of Public Health, TB Control Branch (granting agency).**
  - c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Unknown**
  - d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**

- 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?  
**26.21% of salaries (\$4,119 x 0.2661) = \$1,096**

12. Any other significant grant requirements or comments:

**The San Francisco Public Health Foundation was selected by CTCA after careful consideration of a field of fiscal agents, including the American Lung Association of California, the University of California San Francisco Department of Medicine, the Sequoia Foundation, the Public Health Institute, and the Public Health Foundation Enterprise.**

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCDC22**

**\*\*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 checked="" 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)