

**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 Perinatal Equity Initiative Grant**
2. Department: **SFDPH Maternal Child and Adolescent Health**
3. Contact Person: **Joshua Nossiter** Telephone: **415-558-4037**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$402,768**
- 6a. Matching Funds Required: \$ **N/A**  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **California Department of Public Health**  
b. Grant Pass-Through Agency (if applicable): **N/A**
8. Proposed Grant Project Summary:
  - a. **Deepen understanding of the gaps in services within the Black community contributing to increased infant mortality rates and the promising interventions to reduce Black infant mortality through stakeholder engagement meetings and the initiation of local Perinatal Equity Planning Grants to the 13 Black Infant Health (BIH) counties (note: 13 counties oversee 15 BIH sites.)**
  - b. **To develop a 3-year Perinatal Equity Initiative "Collective Impact" blueprint that outlines a common goals, agenda and shared measurements to reduce infant mortality among the BIH counties.**
  - c. **To develop and release a Request for Application (RFA) to reduce infant mortality by March 1, 2019.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **12/1/2018**                      End-Date: **9/30/2019**
- 10a. Amount budgeted for contractual services: **\$265,000**  
b. Will contractual services be put out to bid? **TBD**  
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?
- 11a. Does the budget include indirect costs?                       Yes                       No  
b1. If yes, how much? \$  
b2. How was the amount calculated?

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? **\$26,500 estimated**

12. Any other significant grant requirements or comments:

**Requesting retroactive approval due to CDPH's timing of the grant award notice issuance coinciding with the start of the grant period. The grant was awarded 12/5/18 with a start date of 12/1/18.**

Proposal ID CTR00001210; Project ID 10034580; Department 251988

**\*\*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:

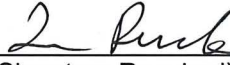
Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 02-15-19


  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Greg Wagner  
(Name)

Acting Director of Health  
(Title)

Date Reviewed: 2/20/19

  
(Signature Required)