

**File Number:** 230019  
(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 Tobacco Prevention Program (CTPP)**
- 2. Department: **Department of Public Health  
San Francisco Tobacco Free Project**
- 3. Contact Person: **Maryna Spiegel** Telephone: **628-215-3833**
- 4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
- 5. Amount of Grant Funding Approved or Applied for: **\$3,973,298**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **California Department of Public Health**  
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:  
**The additional funds received by the Tobacco Free Project were a part of additional, unanticipated, tobacco sales tax revenue that has distributed by CA Department of Public Health (CDPH) California Tobacco Prevention Program (CTPP) to multiple currently funded grantees in jurisdictions statewide. CTPP instructed local jurisdictions on how the additional funds may be used focusing primarily on the support of implementation the statewide flavored tobacco policy. The Tobacco Free Project staff will use the funding following the CTPP guidelines, to expand partnerships with HealthyRetail SF to provide consultation and support to retailers impacted by the flavored tobacco policy, provide staffing for the direct tobacco cessation services at Southeast Health Center for patients who are impacted by the flavored and mentholated tobacco product sales restrictions, as well as provide Community Engagement Agreement funding to support tobacco prevention education, tobacco cessation program referrals and to engage more community members in the Project's activities.**

- 9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **January 1, 2022**    End-Date: **June 30, 2025**

- 10a. Amount budgeted for contractual services: **\$619,912**
- 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? **One-time**

11a. Does the budget include indirect costs?  Yes  No

b1. If yes, how much? **\$405,897**

b2. How was the amount calculated? **15% of Personnel and Fringe Benefits**

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:

**The grant does not require an ASO amendment and partially reimburses the department for the existing positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	2591	Health Program Coordinator 2	1.000	01/01/2022	06/30/2025
2	2591	Health Program Coordinator 2	1.000	01/01/2022	06/30/2025
3	2593	Health Program Coordinator 3	1.000	01/01/2022	06/30/2025
4	2587	Health Worker 3	1.000	01/01/2022	06/30/2025

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2023. The Department received the award letter on August 3, 2023.

The grantor is a State entity.

The grant increase was \$281,965 for FY23-24.

**Project Description: HD HED PH01 2324 Tobacco Free**

**Project ID: 10039358**

**Proposal ID: CTR00003172**

**Fund ID: 11580**

**Version ID: V101**

**Authority ID: 10001**

**Activity ID: 0001**

**\*\*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:

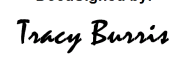
Comments:

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

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 11/8/2023 | 4:56 PM PST

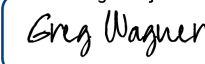
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 (Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 11/9/2023 | 12:59 PM PST

DocuSigned by:  
  
20527524752948F...  
 (Signature Required)  
 Greg Wagner, COO for