

File No. 110567

Committee Item No. _____
Board Item No. 17

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date May 10, 2011

Cmte Board

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|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Andrea Ausberry Date May 5, 2011

Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

1 [Accept and Expend Grant - Infertility Prevention Project Training Program - \$41,892]

2
3 **Resolution authorizing the Department of Public Health to accept and expend a grant in**
4 **the amount of \$41,892 from the California Family Health Council to fund the Infertility**
5 **Prevention Project Training Program for the period of July 1, 2011, through December**
6 **31, 2011.**

7
8 WHEREAS, California Family Health Council (CFHC) has agreed to fund DPH in the
9 amount of \$41,892 for the period of July 1, 2011 through December 31, 2011; and,

10 WHEREAS, The full project period of the grant starts on July 1, 2011 and ends on
11 December 31, 2013, with years two and three subject to availability of funds and satisfactory
12 progress of the project; and,

13 WHEREAS, DPH will fund a Nurse Practitioner to perform clinical services and
14 trainings in support of the CDC Infertility Prevention Project ; and,

15 WHEREAS, An ASO amendment is not required as the grant partially supports one
16 existing position, one Nurse Practitioner (Job Class #2328) at .40 FTE, for the period of July
17 1, 2011 through December 31, 2011; and,

18 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
19 \$419; and,

20 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the
21 amount of \$41,892 from the California Family Health Council (CFHC); and, be it

22 FURTHER RESOLVED, That DPH is hereby authorized to accept and expend the
23 grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

24 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
25 agreement on behalf of the City.


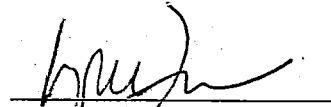
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RECOMMENDED:



Barbara A. Garcia, MPA
Director of Health

APPROVED:


Office of the Mayor
Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Barbara A. Garcia, MPA
Director of Health
DATE: April 12, 2011
SUBJECT: Grant Accept and Expend
GRANT TITLE: Infertility Prevention Project Training Program - \$41,892

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted. Asked to participate in the project.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: 11567
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective January 2000)

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: Infertility Prevention Project Training Program
- 2. Department: Department of Public Health, STD Prevention and Control Services Section
- 3. Contact Person: Wendy Wolf Telephone: 487-5501

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for:

- \$ 41,892* - Year 1
- \$ 41,892 - Year 2
- \$ 43,197 - Year 3
- \$126,981 - Total for Project

*DPH is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon the availability of funding and successful completion of prior year objectives.

6a. Matching Funds Required: No
b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: California Family Health Council (CFHC)
b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: Fund .40 FTE 2328 STD Nurse Practitioner in Year 1 and .20 FTE 2328 STD Nurse Practitioner in Years 2 and 3 to perform clinical services and trainings in support of the CDC Infertility Prevention Project within the California Project Area.

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

Start-Date: 7/1/11 End-Date: 12/31/13

10a. Amount budgeted for contractual services: None

- b. Will contractual services be put out to bid? NA
- c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A
- d. Is this likely to be a one-time or ongoing request for contracting out? N/A

13a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? \$419 in Years 1 and 2 and \$432 in Year 3

b2. How was the amount calculated? 1.01% of Personnel

The indirect cost rate for this project was approved at the rate of 1.01% indirect costs to maximize the use of funds on direct services.

c. 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):

14. Any other significant grant requirements or comments:

Grant Code in FAMIS: HCDC09/11

****Disability Access Checklist****

15. This Grant is intended for activities at (check all that apply):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

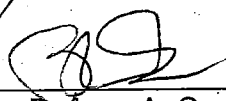
Departmental or Mayor's Office of Disability Reviewer: _____


Jason Hashimoto

Date Reviewed: _____

4/22/11

Department Approval: _____



Barbara A. Garcia, MPA
(Signature)

Director of Health

California Family Health Council
 STD Prevention/Training Contract
 BUDGET JUSTIFICATION - Year 1
 July 1, 2011 - December 31, 2011

PERSONNEL

<u>Classification</u>	<u>BiWeekly Salary</u>	<u>Percent of Time</u>	<u>Pay Periods</u>	<u>Budget</u>
1.0 FTE (2328) Nurse Practitioner Provide clinical and training services	\$5,520	40%	13.1	\$28,925
Total Personnel				\$28,925
Fringe Benefits @ 43.38%				\$12,548
Total Personnel & Fringe				\$41,473

OPERATING EXPENSES

General office expense	\$0
Media/advertising	\$0
Printing/duplication	\$0
Lab services	\$0
Total Operating Expenses	\$0

EQUIPMENT (If >\$50K, please itemize) \$0

TRAVEL \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)
 Name of subcontractor \$0

Total Subcontractors \$0

OTHER COSTS \$0

INDIRECT COSTS (1.01% OF PERSONNEL) \$419

BUDGET GRAND TOTAL **\$41,892**

California Family Health Council
 STD Prevention/Training Contract
 BUDGET JUSTIFICATION - Year 2
 January 1, 2012 - December 31, 2012

PERSONNEL

<u>Classification</u>	<u>BiWeekly Salary</u>	<u>Percent of Time</u>	<u>Pay Periods</u>	<u>Budget</u>
1.0 FTE (2328) Nurse Practitioner Provide clinical and training services	\$5,520	20%	26.2	\$28,925
Total Personnel				\$28,925
Fringe Benefits @ 43.38%				\$12,548
Total Personnel & Fringe				\$41,473

OPERATING EXPENSES

General office expense	\$0
Media/advertising	\$0
Printing/duplication	\$0
Lab services	\$0
Total Operating Expenses	\$0

EQUIPMENT (If >\$50K, please itemize) \$0

TRAVEL \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)
 Name of subcontractor \$0

Total Subcontractors \$0

OTHER COSTS \$0

INDIRECT COSTS (1.01% OF PERSONNEL) \$419

BUDGET GRAND TOTAL **\$41,892**

California Family Health Council
 STD Prevention/Training Contract
 BUDGET JUSTIFICATION - Year 3
 January 1, 2013 - December 31, 2013

PERSONNEL

<u>Classification</u>	<u>BiWeekly Salary</u>	<u>Percent of Time</u>	<u>Pay Periods</u>	<u>Budget</u>
1.0 FTE (2328) Nurse Practitioner Provide clinical and training services	\$5,692	20%	26.2	\$29,826
Total Personnel				\$29,826
Fringe Benefits @ 43.38%				\$12,939
Total Personnel & Fringe				\$42,765

OPERATING EXPENSES

General office expense	\$0
Media/advertising	\$0
Printing/duplication	\$0
Lab services	\$0
Total Operating Expenses	\$0

EQUIPMENT (If >\$50K, please itemize) \$0

TRAVEL \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)
 Name of subcontractor \$0

Total Subcontractors **\$0**

OTHER COSTS \$0

INDIRECT COSTS (1.01% OF PERSONNEL) \$432

BUDGET GRAND TOTAL **\$43,197**



4/5/2011

Health Council, Inc.

Susan Philip, M.D.
STD Director
STD Prevention and Control Services Section
San Francisco Department of Public Health
1360 Mission Street, Suite 401
San Francisco, CA 94103

RE: LETTER OF INTENT TO FUND - REVISED

Dear Dr. Phillip:

This letter serves as notification that the California Family Health Council intends to fund the San Francisco Department of Public Health, STD Prevention and Control Services Section, in the amount of \$41,892 for the period 7/1/11 to 12/31/11, \$41,892 for the period 1/1/2012-12/31/2012, and \$43,197 for the period of 1/1/2013-12/31/2013.

This contract will be to support a nurse practitioner to perform clinical trainings in support of the CDC Infertility Prevention Project within the California Project Area at the following % FTE for each of the designated time-periods:

40% FTE for the period 7/1/2011 to 12/31/2011;
20% FTE for the period 1/1/2012 to 12/31/2012; and
20% FTE for the period 1/1/2013 to 12/31/2013.

Payment will be contingent upon receipt of invoices from SFDPH and receipt of funds from our funding source, State of California (contract # 09-11445).

Any contract that will be entered into will be subject to the following:

- valid and enforceable only if sufficient funds are made available by the State of California for the purposes of this program.
- subject to any changes by the funder which may affect the provisions, terms, or funding in any manner.
- mutually agreed that if the State of California does not appropriate sufficient funds for the program, shall be amended to reflect any reduction.

If you have any questions regarding this funding please contact Aileen Barandas at 510-486-0412 ext. 2334.

Sincerely,

A handwritten signature in black ink, appearing to read 'Diane Chamberlain', is written over a horizontal line.

Diane Chamberlain
Chief Operating Officer
C: Contract File

3600 Wilshire Blvd.
Suite 600
Los Angeles, CA 90010
213-386-5614
fax 213-368-4410
www.cfhc.org

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or
Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for Committee hearing on a subject matter
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole
- 11. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Ethics Commission
- Building Inspection Commission
- Youth Commission
- Planning Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Carmen Chu

Grant accept and expend of \$41,892 for Infertility Prevention Project

SUBJECT: Training Program

The text is listed below or attached:

Signature of Sponsoring Supervisor: _____ 

For Clerk's Use Only:

