

File No. 091375

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: City Operations & Neighborhood Ser. Date: December 14, 2009

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input 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"/> | 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 checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input 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"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Victor Young

Date December 10, 2009

Completed by: Victor Young

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 – Southeast Health Opportunities (SHOP).]
2

3 **Resolution authorizing the San Francisco Department of Public Health (DPH) to accept**
4 **and expend retroactively a grant from the Substance Abuse and Mental Health Services**
5 **Administration (SAMHSA) in the amount of \$450,000 to assist with a project entitled**
6 **“Southeast Health Opportunities (SHOP);” for the period of September 30, 2009**
7 **through September 29, 2010,**
8

9 WHEREAS, DPH was awarded a grant from SAMHSA in the amount of \$450,000 to
10 fund the first year of a five-year project entitled Southeast Health Opportunities (SHOP); for
11 the period September 30, 2009 through September 29, 2010; and,

12 WHEREAS, This grant will be funded for five years through 2014, for a total amount of
13 \$2,250,000 assuming that DPH fulfills its goals and objectives for each year; and, WHEREAS,
14 The amount of matching funds required from in-kind donations for the first year totals \$82,598;
15 and,

16 WHEREAS, DPH will subcontract with the Positive Direction Equals Change
17 organization, in the amount of \$255,262 for the period of September 30, 2009 through
18 September 29, 2010; and,

19 WHEREAS, The grant does not require an ASO amendment and reimburses DPH for
20 six existing positions, including one Epidemiologist II (Job Class #2803) at 0.20 FTE, two
21 Health Worker II (Job Class #2586) at 0.20 FTE, one Registered Nurse (Job Class #2320) at
22 0.40 FTE, one Health Worker III (Job Class #2587) at 1.00 FTE, and one Epidemiologist I
23 (Job Class # 2802) at 0.20 FTE; and,

24 WHEREAS, The grant budget includes a provision for indirect costs for year one in the
25 amount of \$19,825; now, therefore, be it


1 RESOLVED, That DPH is hereby authorized to accept and expend retroactively a grant
2 in the amount of \$450,000 from SAMSHA and, be it

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

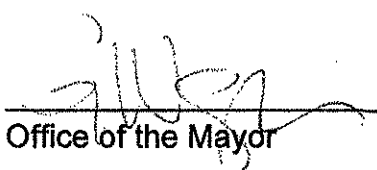
6 FURTHER RESOLVED, That the Controller is directed to designate the positions
7 funded under this agreement as a "G" or grant-funded position which would terminate when
8 the agreement expires.

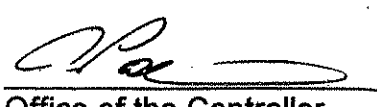
9 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
10 agreement on behalf of the City.

11
12
13
14 RECOMMENDED:

15 
16 _____
17 Mitchell Katz, M.D.
18 Director of Health

APPROVED:

19 
20 _____
21 Office of the Mayor

22 
23 _____
24 Office of the Controller
25 *Fer*



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D.
Director of Health *[Signature]*
DATE: November 20, 2009
SUBJECT: Accept and Expend Resolution for Subject Allocation
GRANT TITLE: Southeast Health Opportunities Project (SHOP)

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

- Proposed grant resolution, original signed by Department, Health Commission
- Grant information form, including disability checklist
- Grant budget and justification
- Grant Award Letter from funding agency
- Grant Application

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Grace Alderson Phone: 554-2655

Interoffice Mail Address: Dept. of Public Health, 101 Grove St., Room 330

Certified copy required Yes

No

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

File Number: _____
(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:** Southeast Health Opportunities Project (SHOP)
2. **Department:** Public Health, Community Behavioral Health Services (CBHS)
3. **Contact Person:** Ann Santos, MPH **Telephone:** (415) 255-3546
4. **Grant Approval Status** (check one):

Approved by funding agency

Not yet approved

5. **Amount of Grant Funding Approved or Applied for:**
\$450,000 per year for a total of \$2,250,000 over 5 years

6a. **Matching Funds Required:** \$82,598

b. **Source(s) of matching funds:** In-kind

7a. **Grant Source Agency:** CSAT/SAMHSA

b. **Grant Pass-Through Agency** (if applicable): N/A

8. **Proposed Grant Project Summary:**

The Southeast Health Opportunities Project (SHOP), a service expansion and enhancement project, will serve the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnydale neighborhoods impacted by substance use and abuse and HIV/AIDS. The program will focus on low-income individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system and are in need of comprehensive treatment services. Targeted settings for program interventions will include substance abuse treatment agencies, primary care clinics, public housing community centers, recreation centers, and neighborhood churches. SHOP will use peer outreach to engage individuals; offer pre-treatment services; provide outpatient substance abuse treatment to those who continue to use or abuse substances after receiving pre-treatment services; offer ongoing recovery support services; use HIV risk reduction counseling; rapid HIV testing and counseling; and referrals to an HIV medical/support services. The projects will serve approximately 300 people annually & 1,500 during the life of the project. DPH's Health's Community Behavioral Health Services (CBHS) and its partners will implement the project. CBHS will subcontract with Positive Direction Equals Change to provide direct services. Other partners will include affiliated community-based organizations and stakeholder groups.

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

Start-Date: 09/30/09

End-Date: 09/29/10

10. **Number of new positions created and funded:** No new positions will be created therefore an ASO amendment is not required, because funds are being used to support existing positions, including the following

- 0.20 FTE (Job Class # 2803) - Epidemiologist II (1)
- 0.20 FTE (Job Class #2586) - Health Worker II (2)
- 0.40 FTE (Job Class #2320) - Registered Nurse (1)
- 1.00 FTE (Job Class # 2587) - Health Worker III (1)
- 0.20 FTE (Job Class # 2802) - Epidemiologist I (1)

11. **If new positions are created, explain the disposition of employees once the grant ends?** : N/A

12a. **Amount budgeted for contractual services:** \$255,262

- b. **Will contractual services be put out to bid?** : No, Positive Directions Equals Change, Inc (PDEC)
- 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?** : Ongoing for 5 years.

13a. **Does the budget include indirect costs?** Yes No

b1. **If yes, how much?** \$19,825

b2. **How was the amount calculated?** Departmental Indirect Rate of 13.74% of salaries. \$3,965 per year.

c. **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):

14. **Any other significant grant requirements or comments:**

DPH is respectfully requesting retroactive approval because CBHS was required to submit revisions of the grant and receive approval from the funder before formally accepting the award. Final approval for these revisions was granted mid October 2009.

****Disability Access Checklist****

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

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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) | |

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: 11/20/09

Department Approval:  _____
Mitchell H. Katz, MD - Director of Health

RFA: TI-08-006 TCE/HIV
 San Francisco Department of Public Health
 Detailed Budget for Year 01

Budget Date: 08/14/09

Object Class Categories SAMHSA Non-Federal TOTAL

Personnel	Annual	Level of	SAMHSA	Non-Federal	TOTAL	
Job Title	Salary	Effort				
Project Director	Toni Rucker, PhD \$ 93,314	0.20	\$ 0	\$ 18,663	\$ 18,663	Salary Adjust
Project Assistant	To be named \$ 52,194	0.20	\$ 10,439	\$ 0	\$ 10,439	(170)
Nurse/Case Manager	To be named \$ 128,690	0.40	\$ 51,476	\$ 0	\$ 51,476	(10,280)
Health Worker	To be named \$ 57,304	1.00	\$ 57,304	\$ 0	\$ 57,304	
Project Evaluator	Ann Santos, MPH \$ 73,138	0.20	\$ 14,628	\$ 0	\$ 14,628	
Research Assistant	Georgia Jackson \$ 52,194	0.20	\$ 10,439	\$ 0	\$ 10,439	(170)
Total Personnel		2.20	\$ 144,286	\$ 18,663	\$ 162,949	

2803 Epidemiologist II
 2586 Health Worker II
 2320 Per diem RN
 2587 Health Worker III
 2802 Epidemiologist I
 2586 Health Worker II

Fringe Modified Personnel x 33% (excludes Nurse/Case Manager) \$ 30,627 \$ 6,159 \$ 36,786

Supplies Office Supplies: \$50/month x 12 months x 2.2 LOE \$ 0 \$ 1,320 \$ 1,320

Contractual Positive Directions Equals Change, Inc. (PDEC) \$ 255,262 \$ 44,652 \$ 299,914

Other

Rent	\$3/sqft x 100 sqft x 12 months x 2.2 LOE	\$ 0	\$ 7,920	\$ 7,920
Utilities/Communication	\$50/month x 12 months x 2.2 LOE	\$ 0	\$ 1,320	\$ 1,320
Total Other		\$ 0	\$ 9,240	\$ 9,240

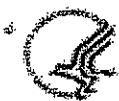
Total Direct Cost \$ 430,175 \$ 80,034 \$ 510,209

Indirect Personnel x 13.74% \$ 19,825 \$ 2,564 \$ 22,389

TOTAL **\$ 450,000** **\$ 82,598** **\$ 532,598**

Eval Bal Total Bal #REF!

84% 16%



TCE/HIV
Department of Health and Human Services
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment

Notice of Award

Issue Date: 09/11/2009

Grant Number: 1H79TI019838-01

Program Director:
Toni Rucker

Project Title: Southeast Health Opportunities (SHOP)

Grantee Address	Business Address
SAN FRANCISCO DEPT OF PUBLIC HEALTH Deputy Director of Health 1380 Howard Street, 4th Floor San Francisco, CA 94103	San Francisco Department of Public Health Director of Grants, Training, and Development 1380 Howard Street, 4th Floor San Francisco, CA 94103

Budget Period: 09/30/2009 – 09/29/2010

Project Period: 09/30/2009 – 09/29/2014

Dear Grantee:

The Substance Abuse and Mental Health Services Administration hereby awards a grant in the amount of \$450,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Authorized under Section 509 of the PHS Act, as amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Award recipients may access the SAMHSA website at www.samhsa.gov (click on "Grants" then SAMHSA Grants Management), which provides information relating to the Division of Payment Management System, HHS Division of Cost Allocation and Postaward Administration Requirements. Please use your grant number for reference.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact your Grants Management Specialist and your Government Project Officer listed in your terms and conditions.

Sincerely yours,

Kathleen Sample
Grants Management Officer
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

See additional information below

SECTION I – AWARD DATA – 1H79TI019838-01**Award Calculation (U.S. Dollars)**

Other	\$450,000
Direct Cost	\$450,000
Approved Budget	\$450,000
Federal Share	\$450,000
Cumulative Prior Awards for this Budget Period	\$0
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$450,000

SUMMARY TOTALS FOR ALL YEARS	
YR	AMOUNT
1	\$450,000
2	\$450,000
3	\$450,000
4	\$450,000
5	\$450,000

* Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

Fiscal Information:

CFDA Number: 93.243
EIN: 1946000417A8
Document Number: H9TI19838A
Fiscal Year: 2009

IC	CAN	Amount
TI	C96T510	\$450,000

TI Administrative Data:

PCC: TC-HIV / OC: 4145

SECTION II – PAYMENT/HOTLINE INFORMATION – 1H79TI019838-01

Payments under this award will be made available through the HHS Payment Management System (PMS). PMS is a centralized grants payment and cash management system, operated by the HHS Program Support Center (PSC), Division of Payment Management (DPM). Inquiries regarding payment should be directed to: The Division of Payment Management System, PO Box 6021, Rockville, MD 20852, Help Desk Support – Telephone Number: 1-877-614-5533.

The HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. The telephone number is: 1-800-HHS-TIPS (1-800-447-8477). The mailing address is: Office of Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201.

SECTION III – TERMS AND CONDITIONS – 1H79TI019838-01

This award is based on the application submitted to, and as approved by, SAMHSA on the above-title project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.

- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HHS Grants Policy Statement.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:
Additional Costs**

SECTION IV – TI Special Terms and Condition – 1H79TI019838-01

REMARKS:

NONE.

SPECIAL CONDITION(S) OF AWARD:

By October 31, 2009, you must submit a revised detailed budget and justification for your this grant application. The current budget submitted in your application lacks detail and is not acceptable. Please follow the Sample Budget and Justification attached.

By October 31, 2009, you must submit your written response regarding the Participant Protection concerns raised by our Initial Review Group (IRG) as stated in your review summary statement. Be sure you have submitted your sample consent forms (i.e., informed consent for participation in treatment services, informed consent for participation in the data collection activities (e.g., GPRA), and informed consent form for disclosure/exchange of confidential information - either grantee releasing confidential information to another party or requesting confidential information from another party). All grant funds are available for this project except for those funds directly related to Participant Protection issues as outlined in the RFA. Currently, only activities that do not directly involve Participant Protection issues (i.e., are clearly severable and independent from those activities that do involve Participant Protection issues) may be conducted under this award. This restriction of funds will only be lifted if the Participant Protection issues are appropriately addressed by the grantee and resolved to the satisfaction of your designated Government Project Officer and approved by the Grants Management Officer, SAMHSA by issuance of a Notice of Award.

Failure to comply with the above stated condition(s) may result on a draw down restriction placed on your payment management account or denial of funding in the.

SPECIAL TERM(S) OF AWARD:

NONE

STANDARD TERMS OF AWARD:

- 1) This grant is subject to the terms and conditions, included directly, or incorporated by reference on the Notice of Award (NoA). Refer to the order of precedence in Section III (Terms and Conditions) on the NoA.
- 2) The grantee organization is legally and financially responsible for all aspects of this grant, including funds provided to sub-recipients.
- 3) Grant funds cannot be used to supplant current funding of existing activities. Under the HHS Grants Policy Directives, 1.02 General – Definition: Supplant is to replace funding of a recipient's existing program with funds from a Federal grant.

4) The recommended future support as indicated on the NoA reflects TOTAL costs (direct plus indirect). Funding is subject to the availability of Federal funds, and that matching funds, (if applicable), is verifiable, progress of the grant is documented and acceptable.

5) By law, none of the funds awarded can be used to pay the salary of an individual at a rate in excess of the Executive Level I, which is \$196,700 annually.

6) "Confidentiality of Alcohol and Drug Abuse Patient Records" regulations (42 CFR 2) are applicable to any information about alcohol and other drug abuse patients obtained by a "program" (42 CFR 2.11), if the program is federally assisted in any manner (42 CFR 2.12b).

Accordingly, all project patient records are confidential and may be disclosed and used only in accordance with (42 CFR 2). The grantee is responsible for assuring compliance with these regulations and principles, including responsibility for assuring the security and confidentiality of all electronically transmitted patient material.

7) Accounting Records and Disclosure - Awardees and sub-recipients must maintain records which adequately identify the source and application of funds provided for financially assisted activities. These records must contain information pertaining to grant or subgrant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays or expenditures, and income. The awardee, and all its sub-recipients, should expect that SAMHSA, or its designee, may conduct a financial compliance audit and on-site program review of grantees with significant amounts of Federal funding.

8) Per (45 CFR 74.36 and 45 CFR 92.34) and the HHS Grants Policy Statement, any copyrighted or copyrightable works developed under this cooperative agreement/grant shall be subject to a royalty-free, nonexclusive and irrevocable license to the government to reproduce, publish, or otherwise use them and to authorize others to do so for Federal Government purposes. Income earned from any copyrightable work developed under this grant must be used a program income.

9) A notice in response to the President's Welfare-to-Work Initiative was published in the Federal Register on May 16, 1997. This initiative is designed to facilitate and encourage grantees and their sub-recipients to hire welfare recipients and to provide additional needed training and/or mentoring as needed. The text of the notice is available electronically on the OMB home page at <http://www.whitehouse.gov/omb/fedreg/omb-not.html>.

10) Program Income accrued under the award must be accounted for in accordance with (45 CFR 74.24) or (45 CFR 92.25) as applicable. Program income must be reported on the Financial Status Report, Standard Form 269 (long form).

Program income accrued under this award may be used in accordance with the additional costs alternative described in (45 CFR 74.24(b)(1)) or (45 CFR 92.25(g)(2)) as applicable. Program income must be used to further the grant objectives and shall only be used for allowable costs as set forth in the applicable OMB Circulars A-102 ("Grants and Cooperative Agreements with State and Local Governments") and A-110 ("Uniform Administrative Requirements for Grants and Agreements With Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations").

11) Actions that require prior approval must be submitted in writing to the Grants Management Officer (GMO), SAMHSA. The request must bear the signature of an authorized business official of the grantee organization as well as the project director. Approval of the request may only be granted by the GMO and will be in writing. No other written or oral approval should be accepted and will not be binding on SAMHSA.

12) Any replacement of, or substantial reduction in effort of the Program Director (PD) or other key staff of the grantee or any of the sub-recipients requires the written prior approval of the GMO. The GMO must approve the selection of the PD or other key personnel, if the individual being nominated for the position had not been named in the approved application, or if a replacement is needed should the incumbent step down or be unable to execute the position's responsibilities. A resume for the individual(s) being nominated must be included with the request. Key staffs (or key staff positions, if staff has not been selected) are listed below:

Toni Rucker, Project Director, @ 0.20% level of effort
Page-4

Ann Santos, Evaluator @ 0.20% level of effort
Unnamed, Clinical Supervisor @ 0.20% level of effort

13) None of the Federal funds provided under this award shall be used to carry out any program for distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

14) Refer to the NoA under Section II (Payment/Hotline Information) regarding the Payment Management System and the HHS Inspector General's Hotline concerning fraud, waste or abuse.

15) As the grantee organization, you acknowledge acceptance of the grant terms and conditions by drawing or otherwise obtaining funds from the Payment Management System. In doing so, your organization must ensure that you exercise prudent stewardship over Federal funds and that all costs are allowable, allocable and reasonable.

16) No HHS funds may be paid as profit (fees) per (45 CFR Parts 74.81 and 92.22(2)).

17) RESTRICTIONS ON GRANTEE LOBBYING (Appropriations Act Section 503).

(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress itself or any State legislature.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

18) Where a conference is funded by a grant or cooperative agreement the recipient must include the following statement on all conference materials (including promotional materials, agenda, and Internet sites):

Funding for this conference was made possible (in part) by (insert grant or cooperative agreement award number) from SAMHSA. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services; nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

19) This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://samhsa.gov/grants/trafficking.aspx>.

20) Grantees must comply with the requirements of the National Historical Preservation Act and EO 13287, Preserve America. The HHS Grants Policy Statement provides clarification and uniform guidance regarding preservation issues and requirements (pages I-20, "Preservation of Cultural and Historical Resources"). Questions concerning historical preservation please contact, Mike Daniels, SAMHSA Federal Preservation Coordinator, SAMHSA at mike.daniels@samhsa.hhs.gov or 240-276-0759.

21) Executive Order 13410: Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs promotes efficient delivery of quality health care through the use of health information technology, transparency regarding health care quality and price, and incentives to promote the widespread adoption of health information technology and quality of care. Accordingly, all grantees that electronically exchange patient level health information to external entities where national standards exist must:

A) Use recognized health information interoperability standards at the time of any HIT system update, acquisition, or implementation, in all relevant information technology systems supported, in whole or in part, through this agreement/contract. Please consult <http://www.hhs.gov/healthit> for more information, and

B) Use HIT products (such as electronic health records, personalized health records, and the network components through which they operate and share information) that are certified by the Certification Commission for Healthcare Information Technology (CCHIT) or other recognized certification board, to ensure a minimum level of interoperability or compatibility of health IT products (<http://www.cchit.org/>). For additional information contact: Jim Kretz (CMHS) at 240-276-1755 or jim.kretz@samhsa.hhs.gov; Richard Thoreson (CSAT) at 240-276-2827 or richard.thoreson@samhsa.hhs.gov; or Sarah Wattenberg (OPPB) at 240-276-2975 or sarah.wattenberg@samhsa.hhs.gov.

22) If federal funds are used by the grantee to attend a meeting, conference, etc. and meal(s) are provided as part of the program, then the per diem applied to the Federal travel costs (M&IE allowance) must be reduced by the allotted meal cost(s).

REPORTING REQUIREMENTS:

1) Financial Status Report (FSR); Standard Form 269 (long form) is required on an annual basis and must be submitted for each budget period no later than 90 days after the close of the budget period. The FSR 269 is required for each 12 month period, regardless of the overall length of the approved extension period authorized by SAMHSA. In addition, a final FSR 269 is due within 90 days after the end of the extension. If applicable, include the required match on this form under Transactions (#10 a-d), Recipient's share of net outlays (#10 e-i) and Program Income (q-t) in order for SAMHSA to determine whether matching is being provided and the rate of expenditure is appropriate. Adjustments to the award amount, if necessary, will be made if the grantee fails to meet the match. The FSR must be prepared on a cumulative basis and all program income must be reported. Disbursements reported on the FSR must equal/or agree with the Final Payment Management System Report (PSC-272). The FSR may be accessed from the following website at <http://www.psc.gov/forms/sf/SF-269.pdf> and the data can be entered directly on the form and the system will calculate the figures and then print and mail to this office.

2) Submission of a Programmatic (annual, semi-annual or quarterly) Report is due no later than the dates as follows:

1st Report -	April 2010
2nd Report -	October 2010

3) The grantee must comply with the GPRA requirements that include the collection and periodic reporting of performance data as specified in the RFA or by the Project Officer. This information is needed in order to comply with PL 102-62 which requires that SAMHSA report evaluation data to ensure the effectiveness and efficiency of its programs.

4) Submission of audit reports in accordance with the procedures established in OMB Circular A-133 is required by the Single Audit Act Amendments of 1996 (P.L. 104-156). An audit is required for all entities which expend \$500,000 or more of Federal funds in each fiscal year and is due to the Clearinghouse within 30 days of receipt from the auditor or within nine (9) months of the fiscal year, whichever occurs first, to the following address:

Federal Audit Clearinghouse
Bureau of the Census
1201 E. 10th Street
Jeffersonville, IN 47132

Failure to comply with the above stated terms and conditions may result in suspension, classification as High Risk status, termination of this award or denial of funding in the future.

INDIRECT COSTS:

If the grantee chooses to establish an indirect cost rate agreement, it is required to submit an indirect cost rate proposal to the appropriate office within 90 days from the start date of the project period. For additional information, please refer to HHS Grants Policy Statement Section I, pages 23-24.

SAMHSA will not accept a research indirect cost rate. The grantee must use other-sponsored program rate or lowest rate available.

Please contact the appropriate office of the Division of Cost Allocation to begin the process for establishing an indirect cost rate. To find a list of HHS Division of Cost Allocation Regional Offices, go to the SAMHSA website www.samhsa.gov, then click on "grants"; then click on "Important offices".

All responses to special terms and conditions of award and postaward requests must be mailed to the Division of Grants Management, OPS, and SAMHSA below:

For Regular Delivery:
Division of Grants Management,
OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20857

For Overnight or Direct Delivery:
Division of Grants Management,
OPS, SAMHSA
1 Choke Cherry Road, Room 7-1091
Rockville, MD 20850

CONTACTS:

David C Thompson, Program Official
Phone: 240-276-1623 Email: david.thompson@samhsa.hhs.gov Fax: 240-276-2970

Wanda Solomon, Grants Specialist
Phone: (240) 276-1409 Email: wanda.solomon@samhsa.hhs.gov Fax: (240) 276-1430



For Applicants About Grants.

Contact

[Home](#) > [Apply for Grants](#) > Confirmation

CONFIRMATION

Thank you for submitting your grant application package via Grants.gov. Your application is currently being processed by the Grants.gov system. Once your submission has been processed, Grants.gov will send email messages to advise you of the progress of your application through the system. Over the next 24 to 48 hours, you should receive two emails. The first will confirm receipt of your application by the Grants.gov system, and the second will indicate that the application has either been successfully validated by the system prior to transmission to the grantor agency or has been rejected due to errors.

Please do not hit the back button on your browser.

If your application is successfully validated and subsequently retrieved by the grantor agency from the Grants.gov system, you will receive an additional email. This email may be delivered several days or weeks from the date of submission, depending on when the grantor agency retrieves it.

You may also monitor the processing status of your submission within the Grants.gov system by using the following steps:

1. Go to <http://www.grants.gov>
2. Click on the "Applicants" link at the top of the Grants.gov home page
3. Login to the system using your AOR user id and password
4. Click on the "Application Status" link at the left of your screen.

Note that once the grantor agency has retrieved your application from Grants.gov, you will need to contact them directly for any subsequent status updates. Grants.gov does not participate in making any award decisions.

IMPORTANT NOTICE: If you do not receive a receipt confirmation and either a validation confirmation or a rejection email message within 48 hours, please contact us. The Grants.gov Contact Center can be reached by email at support@grants.gov, or by telephone at 1-800-518-4726. Always include your Grants.gov tracking number in all correspondence. The tracking numbers issued by Grants.gov look like GRANTXXXXXXXX. Contact Center hours of operation are Monday-Friday from 7:00 A.M. to 9:00 P.M. Eastern Standard Time.

The following application tracking information was generated by the system:

Grants.gov Tracking GRANT00442953

Number :
CFDA Number : 93.243
CFDA Description : Substance Abuse and Mental Health Services_Projects of Regional and National Significance
Funding Opportunity Number : TI-08-006
Funding Opportunity Description : Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services
Agency Name : Substance Abuse & Mental Health Services Adminis.
Application Name of this Submission : Southeast Health Opportunities Project
Date/Time of Receipt : 2008.03.27 11:16 AM, EDT
It is suggested you Save and/or Print this response for your records.



Application for Federal Assistance SF-424

Version 02

* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
---	---	---

* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
--	---

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
---	---

8. APPLICANT INFORMATION:

*** a. Legal Name:** San Francisco Department of Public Health

* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417	* c. Organizational DUNS: 844388384
--	---

d. Address:

*** Street1:** 1380 Howard Street, 4th Floor
Street2: _____
*** City:** San Francisco
County: _____
*** State:** CA: California
Province: _____
*** Country:** USA: UNITED STATES
*** Zip / Postal Code:** 94103

e. Organizational Unit:

Department Name: Community Behavioral Hlth. Svc	Division Name: _____
---	--------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: Dr. *** First Name:** Toni
Middle Name: _____
*** Last Name:** Rucker
Suffix: Ph.D

Title: _____

Organizational Affiliation:

*** Telephone Number:** (415) 255-3522 **Fax Number:** (415) 255-3529

*** Email:** Toni.Rucker@sfdph.org

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

B: County Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Substance Abuse & Mental Health Services Adminis.

11. Catalog of Federal Domestic Assistance Number:

93.243

CFDA Title:

Substance Abuse and Mental Health Services_Projects of Regional and National Significance

*** 12. Funding Opportunity Number:**

TI-08-006

* Title:

Targeted Capacity Expansion Program for Substance Abuse Treatment and HIV/AIDS Services

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

San Francisco City and County

*** 15. Descriptive Title of Applicant's Project:**

Southeast Health Opportunities (SHOP)

Attach supporting documents as specified in agency instructions.

[Add Attachments](#) [Delete Attachments](#) [View Attachments](#)

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="450,000.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="450,000.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Abstract

Project Summary

The Southeast Health Opportunities Project (SHOP), a service expansion and enhancement project, will serve the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnysdale neighborhoods impacted by substance use and abuse and HIV/AIDS. The San Francisco Department of Public Health's Community Behavioral Health Services (CBHS) and its partners will implement the project.

Total Abstract

The Southeast Health Opportunities Project (SHOP), a service expansion and enhancement project, will serve the predominately African American residents of San Francisco's Bayview Hunters Point (BVHP), Potrero Hill, and Sunnysdale neighborhoods impacted by substance use and abuse and HIV/AIDS. The San Francisco Department of Public Health's Community Behavioral Health Services (CBHS) and its partners will implement the project. These partners will include contract agencies, affiliated community-based organizations, and stakeholder groups. The program will focus on low-income individuals who use or abuse illegal substances, engage in high-risk sexual behaviors, are involved in the criminal justice system and are in need of comprehensive treatment services. Targeted settings for program interventions will include substance abuse treatment agencies, primary care clinics, public housing community centers, recreation centers, and neighborhood churches. If funded, SHOP will: (1) Use peer outreach staff to engage individuals who have not accessed substance abuse and HIV services due to numerous barriers in the targeted communities. (2) Offer pre-treatment services that assist clients stop abusing substances, improve their health status, screen for and begin to address mental illnesses, help them deal with any legal problems, improve their employment and financial situation, and strengthen their family and community support systems. (3) Provide clients who continue to use or abuse substances after receiving pre-treatment services with outpatient substance abuse treatment to help them to stop using or abusing substances, improve or maintain their medical and mental health, address their legal problems, improve their employment and financial situation through coaching and education, and further strengthen their family and community supports. (4) Offer ongoing recovery support services that will help clients and other community members maintain their recovery. (5) Use HIV risk reduction counseling, rapid HIV testing and counseling, and referrals to HIV medical and support services to decrease the spread and progression of HIV in the Southeast communities. At least 300 people will be served annually and 1,500 during the life of the project.

