

File No. 211201

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date January 12, 2022

Board of Supervisors Meeting Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- 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"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Brent Jalipa Date January 7, 2022

Completed by: Brent Jalipa Date _____

1 [Accept and Expend Grant and Amend the Annual Salary Ordinance - Retroactive - California
 2 Department of Public Health - California Home Visiting State General Fund Expansion -
 \$658,150]

3
 4 **Ordinance retroactively authorizing the Department of Public Health to accept and**
 5 **expend a grant in the amount of \$658,150 from the California Department of Public**
 6 **Health for participation in a program, entitled “California Home Visiting State General**
 7 **Fund Expansion,” for the period of July 1, 2021, through June 30, 2023; and amending**
 8 **Ordinance No. 109-21 (Annual Salary Ordinance File No. 210644 for Fiscal Years 2021-**
 9 **2022 and 2022-2023) to provide for the addition of one grant-funded full-time position in**
 10 **Class 2830 Public Health Nurse (1.0 FTE).**

11 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.
 12 **Additions to Codes** are in *single-underline italics Times New Roman font*.
 13 **Deletions to Codes** are in *strikethrough italics Times New Roman font*.
 14 **Board amendment additions** are in double-underlined Arial font.
 15 **Board amendment deletions** are in ~~strikethrough Arial font~~.
 16 **Asterisks (* * * *)** indicate the omission of unchanged Code
 subsections or parts of tables.

17 Be it ordained by the People of the City and County of San Francisco:

18 **Section 1. Findings.**

19 (a) The Department of Public Health (DPH) was awarded six hundred and fifty-eight
 20 thousand, one hundred and fifty dollars (\$658,150) from the California Department of Public
 Health (CDPH) for participation in a program, entitled “California Home Visiting State General
 Fund Expansion.”

21 (b) The award period is from July 1, 2021 through June 30, 2023.

1 **Section 2. Authorization to Accept and Expend Grant Funds.**

2 (a) The Board of Supervisors hereby authorizes DPH retroactively to accept and
3 expend, on behalf of the City and County of San Francisco, CDPH grant funds in the amount
4 of \$658,150 to be used solely for the purpose of implementing or expanding one of our local
5 evidence-based Nurse Family Partnership (NFP), Healthy Families America (HFA), or Parents
6 as Teachers (PAT) home visiting models.

7 (b) The DPH budget includes a provision for indirect costs in the amount of \$122,030.

8
9 **Section 3. Grant funded positions; Amendment to Fiscal Years 2021-2022 and**
10 **2022-2023 Annual Salary Ordinance**

11 The hereinafter designated sections and items of Ordinance No. 0109-21 (Annual
12 Salary Ordinance File No. 210644 for FYs 2021-2022 and 2022-2023) are hereby amended to
13 add one (1) full-time position (1.0 FTE) in the Department of Public Health as follows:

14 Department: DPH (251988) Department of Public Health
15 Program: California Home Visiting State General Fund Expansion
16 Fund: 11580

Amendment	No. of Positions	Class	Compensation Schedule	Department
Add in FY 21-22	0.5 FTE	2830 Public Health Nurse	\$7,148 Biweekly	Department of Public Health
Add in FY 22-23	1.0 FTE	2830 Public Health Nurse	\$7,148 Biweekly	Department of Public Health

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APPROVED AS TO FORM:
DENNIS J. HERRERA, City Attorney

APPROVED AS TO CLASSIFICATION
DEPARTMENT OF HUMAN RESOURCES

By: /s/ _____
Louise S. Simpson
Deputy City Attorney

By: /s/ _____
Carol Isen
Human Resources Director

APPROVED: /s/ _____
Mayor's Office

APPROVED: /s/ _____
Ben Rosenfield
Controller

Recommended:

/s/ _____
Dr. Grant Colfax
Director of Health

n:\legana\as2021\2100302\01554064.docx

File Number: 211201
(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 Home Visiting State General Fund Expansion**
- 2. Department: **Department of Public Health- Maternal Child and Adolescent Health**

3. Contact Person: **Diane Beetham** Telephone: **628-217-6817**

4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$658,150**

6a. Matching Funds Required: **\$ N.A.**
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 California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division intends to award your county health department with home visiting State General Funds (SGF). This funding is to be utilized solely for the purpose of implementing or expanding one of your local evidence-based Nurse Family Partnership (NFP), Healthy Families America (HFA), or Parents as Teachers (PAT) home visiting models.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **July 1, 2021** End-Date: **June 30, 2023**

- 10a. Amount budgeted for contractual services: **\$0**
- b. Will contractual services be put out to bid? **N/A**
- 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? **N.A.**

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

b1. If yes, how much? **\$122,030**
b2. How was the amount calculated? **25% of Total 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. Number of new positions created and funded:

Role	Position
Public Health Nurse	1.0 FTE PCS 2830

13. If new positions are created, explain the disposition of employees once the grant ends?

We would retain, look for additional funding, and likely use Federal Financial Participation to fund at least partially.

14. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2021. The Department received the letter of funding allocation on July 15, 2021.

Project: 10037090
Project Description: HN MCH PM103 2122 CHVP SGF Inn
Fund: 11580
Authority: 10001
Activity: 0001
Dept: 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 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) | |

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: 10/14/2021 | 9:32 AM PDT

DocuSigned by:
Toni Rucker
706292F7331F34D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 10/7/2021 | 10:52 AM PDT

DocuSigned by:
Greg Wagner
205275247528487...
(Signature Required)
Greg wagner, COO for



TOMÁS J. ARAGÓN, MD, DrPH
Director and State Public Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



GAVIN NEWSOM
Governor

July 15, 2021

Subject: Notice of Intent to Award for Home Visiting State General Fund Expansion

The California Department of Public Health (CDPH), Maternal, Child and Adolescent Health (MCAH) Division intends to award your county health department with home visiting State General Funds (SGF). This funding is to be utilized solely for the purpose of implementing or expanding one of your local evidence-based Nurse Family Partnership (NFP), Healthy Families America (HFA), or Parents as Teachers (PAT) home visiting models.

The availability of the home visiting expansion funds are based upon funds appropriated in the annual governor's budget from July 1, 2021 through June 30, 2023. Funds for your county will be available between the date of agreement execution through June 30, 2023. Reimbursement of invoices is subject to compliance with all state requirements pertaining to the CDPH/MCAH related programs and adherence to all applicable regulations, policies and procedures.

This letter of intent to award funds is being provided for planning and approval purposes only. Final funding amounts are subject to the approval and appropriation in the annual Governor's Budget or approval of Federal grant funds if applicable.

The total allocation available to the following counties are:

- Mendocino County - \$334,883
- San Francisco County - \$329,075
- Santa Cruz County - \$327,855
- Sutter County - \$327,532

If your county would like to accept these funds please complete the next steps:

1. Notify CDPH of acceptance or denial of funds
2. Complete and return the attached Agreement Funding Allocation (AFA) templates and requirements
3. Notify CDPH of selected model (NFP, HFA, or PAT) for expansion



Thank you for your cooperation concerning these funds. Please contact your assigned Program Consultant or Contract Manager with questions or concerns.

Sincerely,

Romeo Amian

Romeo Amian, Assistant Division Chief
Maternal, Child and Adolescent Health Division
California Department of Public Health

ORIGINAL BUDGET



Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET STATUS	BALANCE
2021-2022	QUARTERLY	ORIGINAL	ACTIVE	
Rev. 7/22/20				
PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	San Francisco		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 21-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		329,075		329,075

EXPENSE CATEGORY			
PERSONNEL	\$170,671	100.00%	\$170,671
FRINGE BENEFITS	\$73,389	100.00%	\$73,389
OPERATING	\$9,000	100.00%	\$9,000
EQUIPMENT	\$4,000	100.00%	\$4,000
TRAVEL	\$5,000	100.00%	\$5,000
SUBCONTRACTS			
OTHER COSTS	\$6,000	100.00%	\$6,000
INDIRECT COST	\$61,015	100.00%	\$61,015
BUDGET TOTALS	\$329,075	100.00%	\$329,075
BALANCES		=====>	

Maximum Amount Payable:	\$329,075
--------------------------------	------------------

I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____
 Printed Name Joshua Nossiter
 Fiscal Officer

State Use Only	FUNDING SOURCE	CHVP - SGF
	PCA CODE	51023
PERSONNEL		170,671
FRINGE BENEFITS		73,389
OPERATING		9,000
EQUIPMENT		4,000
TRAVEL		5,000
SUBCONTRACTS		
OTHER COSTS		6,000
INDIRECT COST		61,015
Totals for PCA Codes	329,075	329,075

ORIGINAL BUDGET



Maternal, Child and Adolescent Health Division

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA		
	San Francisco		CHVP - SGF, 51023		
CONTRACTOR:	CHVP SGF EXP 21-38		(1)	(2)	(3)
AGREEMENT #:			TOTAL FUNDING	%	\$
SUBK:			329,075		329,075
FUNDING TOTALS					

EXPENSE CATEGORY						Remaining Funds	
PERSONNEL						100.00%	170,671
TOTAL PERSONNEL COSTS						170,671	170,671
TOTAL WAGES						170,671	170,671
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1				186784			
2	Vacant	2830 Public Health Nurse	100%	170,671	170,671	100.00%	170,671
3							
4							
5							
6							
7							
8							
9							
10							

FRINGE BENEFITS						Remaining Funds	
						100.00%	73,389
TOTAL FRINGE BENEFITS						73,389	73,389

ORIGINAL BUDGET



Maternal, Child and Adolescent Health Division

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	San Francisco		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 21-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		329,075		329,075

EXPENSE CATEGORY				
OPERATING			Remaining Funds	
			100.00%	9,000
TOTAL OPERATING EXPENSES		9,000		9,000
1	Client Travel	2,000	100.00%	2,000
2	Staff Training	7,000	100.00%	7,000
3				
4				
5				

EQUIPMENT				
			Remaining Funds	
			100.00%	4,000
TOTAL EQUIPMENT EXPENSES		4,000		4,000
1	IT Equipment	4,000	100.00%	4,000
2				
3				
4				
5				

TRAVEL				
			Remaining Funds	
			100.00%	5,000
TOTAL TRAVEL EXPENSES		5,000		5,000
1	Staff Travel	5,000	100.00%	5,000
2				
3				
4				
5				

SUBCONTRACTS				
			Remaining Funds	
TOTAL SUBCONTRACT EXPENSES				
1				
2				
3				
4				
5				

OTHER COSTS				
			Remaining Funds	
			100.00%	6,000
TOTAL OTHER COSTS		6,000		6,000
1	Client Support Materials	6,000	100.00%	6,000
2				
3				
4				
5				

INDIRECT COST				
			Remaining Funds	
			100.00%	61,015
TOTAL INDIRECT COSTS		61,015		61,015
25.00% of Total Personnel and Benefits		61,015	100.00%	61,015



Maternal, Child and Adolescent Health Division

BUDGET SUMMARY

FISCAL YEAR	INVOICE TYPE	BUDGET	BUDGET STATUS	BALANCE
2022-2023	QUARTERLY	ORIGINAL	ACTIVE	

Rev. 7/22/20

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
	San Francisco		CHVP - SGF, 51023	
CONTRACTOR:	CHVP SGF EXP 22-38		(1)	(2)
AGREEMENT #:			TOTAL FUNDING	%
SUBK:				\$
FUNDING TOTALS			329,075	329,075

EXPENSE CATEGORY			
PERSONNEL	\$170,671	100.00%	\$170,671
FRINGE BENEFITS	\$73,389	100.00%	\$73,389
OPERATING	\$9,000	100.00%	\$9,000
EQUIPMENT	\$4,000	100.00%	\$4,000
TRAVEL	\$5,000	100.00%	\$5,000
SUBCONTRACTS			
OTHER COSTS	\$6,000	100.00%	\$6,000
INDIRECT COST	\$61,015	100.00%	\$61,015
BUDGET TOTALS		\$329,075	100.00%
		BALANCES	=====>

Maximum Amount Payable:	\$329,075
--------------------------------	------------------

I CERTIFY THAT THIS BUDGET HAS BEEN CONSTRUCTED IN COMPLIANCE WITH ALL MCAH ADMINISTRATIVE AND PROGRAM POLICIES.

Signature over _____ DATE _____

Printed Name _____ <Type Name Here> _____
 Click to Select Title

State Use Only	FUNDING SOURCE	CHVP - SGF	
	PCA CODE		51023
PERSONNEL			170,671
FRINGE BENEFITS			73,389
OPERATING			9,000
EQUIPMENT			4,000
TRAVEL			5,000
SUBCONTRACTS			
OTHER COSTS			6,000
INDIRECT COST			61,015
Totals for PCA Codes	329,075		329,075

ORIGINAL BUDGET



Maternal, Child and Adolescent Health Division

PURPOSE:	CHVP SGF Expansion	FUNDING SOURCE, PCA		
CONTRACTOR:	San Francisco	CHVP - SGF, 51023		
AGREEMENT #:	CHVP SGF EXP 22-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		329,075		329,075

EXPENSE CATEGORY						Remaining Funds	
PERSONNEL						100.00%	170,671
TOTAL PERSONNEL COSTS						170,671	170,671
TOTAL WAGES						170,671	170,671
	INITIALS	TITLE OR CLASS.	FTE %	ANNUAL SALARY	TOTAL WAGES		
1	Vacant	2830 Public Health Nurse	100%	170,671	170,671	100.00%	170,671
2							
3							
4							
5							
6							
7							
8							
9							
10							

FRINGE BENEFITS						Remaining Funds	
						100.00%	73,389
TOTAL FRINGE BENEFITS						73,389	73,389

ORIGINAL BUDGET



Maternal, Child and Adolescent Health Division

PURPOSE:	CHVP SGF Expansion		FUNDING SOURCE, PCA	
CONTRACTOR:	San Francisco		CHVP - SGF, 51023	
AGREEMENT #:	CHVP SGF EXP 22-38	(1)	(2)	(3)
SUBK:		TOTAL FUNDING	%	\$
FUNDING TOTALS		329,075		329,075

EXPENSE CATEGORY				
OPERATING			Remaining Funds	
			100.00%	9,000
TOTAL OPERATING EXPENSES		9,000		9,000
1	Client Travel	2,000	100.00%	2,000
2	Staff Training	7,000	100.00%	7,000
3				
4				
5				

EQUIPMENT				
			Remaining Funds	
			100.00%	4,000
TOTAL EQUIPMENT EXPENSES		4,000		4,000
1	IT Equipment	4,000	100.00%	4,000
2				
3				
4				
5				

TRAVEL				
			Remaining Funds	
			100.00%	5,000
TOTAL TRAVEL EXPENSES		5,000		5,000
1	Staff Travel	5,000	100.00%	5,000
2				
3				
4				
5				

SUBCONTRACTS				
			Remaining Funds	
TOTAL SUBCONTRACT EXPENSES				
1				
2				
3				
4				
5				

OTHER COSTS				
			Remaining Funds	
			100.00%	6,000
TOTAL OTHER COSTS		6,000		6,000
1	Client Support Materials	6,000	100.00%	6,000
2				
3				
4				
5				

INDIRECT COST				
			Remaining Funds	
			100.00%	61,015
TOTAL INDIRECT COSTS		61,015		61,015
25.00% of Total Personnel and Benefits		61,015	100.00%	61,015

**California Home Visiting State General Fund Expansion
 Department of Public Health- Maternal Child and Adolescent Health
 Fiscal Year 2021 - 2023**

Category	FY 22	FY 23	Total
Personnel	\$ 170,671	\$ 170,671	\$ 341,342
Fringe Benefits	\$ 73,389	\$ 73,389	\$ 146,778
Operating	\$ 9,000	\$ 9,000	\$ 18,000
Equipment	\$ 4,000	\$ 4,000	\$ 8,000
Travel	\$ 5,000	\$ 5,000	\$ 10,000
Subcontracts	\$ -	\$ -	\$ -
Other Costs	\$ 6,000	\$ 6,000	\$ 12,000
Indirect Costs	\$ 61,015	\$ 61,015	\$ 122,030
Total	\$ 329,075	\$ 329,075	\$ 658,150

Wong, Greg (DPH)

From: Holt, Lauren@CDPH <Lauren.Holt@cdph.ca.gov>
Sent: Tuesday, September 28, 2021 2:11 PM
To: Beetham, Diane (DPH); Wong, Greg (DPH)
Cc: Nossiter, Joshua (DPH)
Subject: RE: Revisions Requested: CHVP SGF EXP 21-38 (San Francisco FY21-23)

Apologies for my delayed response! Yes, the allocation is for each year.

FY21-22: 329,075

FY22-23: 329,075

Total: 658,150

Lauren Holt

Contract Manager (AGPA)

Maternal, Child and Adolescent Health
CA Department of Public Health

E. lauren.holt@cdph.ca.gov

cdph.ca.gov/mcah | she, her, hers



From: Beetham, Diane (DPH) <diane.beetham@sfdph.org>
Sent: Tuesday, September 28, 2021 1:53 PM
To: Wong, Greg (DPH) <greg.wong@sfdph.org>; Holt, Lauren@CDPH <Lauren.Holt@cdph.ca.gov>
Cc: Nossiter, Joshua (DPH) <joshua.nossiter@sfdph.org>
Subject: Re: Revisions Requested: CHVP SGF EXP 21-38 (San Francisco FY21-23)

EXTERNAL EMAIL. Links/attachments may not be safe. To report suspicious emails, click "Report Phish" button.

That's correct.

Sent from my T-Mobile 5G Device
Get [Outlook for Android](#)

From: Wong, Greg (DPH) <greg.wong@sfdph.org>
Sent: Tuesday, September 28, 2021 1:47:48 PM
To: Beetham, Diane (DPH) <diane.beetham@sfdph.org>; Holt, Lauren@CDPH <Lauren.Holt@cdph.ca.gov>
Cc: Nossiter, Joshua (DPH) <joshua.nossiter@sfdph.org>
Subject: RE: Revisions Requested: CHVP SGF EXP 21-38 (San Francisco FY21-23)

Hello,

Sorry to bother you all, just following up to see if the award of \$329,075 will be awarded for FY21-22 and also FY22-23.



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Dr. Grant Colfax
Director of Health
DATE: 10/12/2021
SUBJECT: Grant Accept and Expend
GRANT TITLE: Accept and Expend Grant Ordinance – California Home Visiting State General Fund Expansion - \$658,150

Attached please find the original and 1 copy of each of the following:

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

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted ordinance:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No