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: The Department of Psychiatry Inpatient Unit Improvements
2. Department: Department of Psychiatry Department of Public Health
3. Contact Person: Jason Zook

Telephone: (628) 206-6853
4. Grant Approval Status (check one):
[x] Approved by funding agency [ ] Not yet approved
5. Amount of Grant Funding Approved or Applied for: $\mathbf{\$ 1 , 9 0 0 , 0 0 0}$

6a. Matching Funds Required: \$ N/A
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: The Gerson Bakar Foundation
b. Grant Pass-Through Agency (if applicable): San Francisco General Hospital Foundation (SFGHF)
8. Proposed Grant Project Summary: FFE Upgrades for Psychiatric Services located on ZSFG Campus. (Beds, furniture, equipment)
9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: 06/08/21 End-Date: 08/31/22

10a. Amount budgeted for contractual services: 0
b. Will contractual services be put out to bid?
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
[x] No
b1. If yes, how much? N/A
b2. How was the amount calculated? N/A
c1. If no, why are indirect costs not included?
[ ] Not allowed by granting agency
[x] 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? 5\% SFGHF Indirect Administrative
12. Any other significant grant requirements or comments:

Project consists of multiple small projects. Some efforts are furniture replacement only. Some require minor construction work that will be performed by the ZSFG facilities Dept, CH6 Contractors or through DPW JOC contract based on scope and availability (i.e. seismic anchoring of heavy or tall furniture/equipment, etc).

We respectfully request for approval to accept and expend these funds retroactive to June 08, 2021. The Department received the MOU on December 6, 2021.

GRANT CODE (Please include Grant Code and Detail in FAMIS):
$\begin{array}{ll}\text { Proposal ID: } & \text { CTR00002804 } \\ \text { Project Desc: } & \text { Department of Psychiatry Inpatient Unit Improvement - FFE Upgrades for }\end{array}$
Psychiatric Services located on ZSFG Campus. (Beds, furniture, equipment)
Project ID: 10038374
Activity: 0001
Fund ID: 21132
Dept ID: 251667
Auth ID: 10001

## **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):
[X] Existing Site(s)
[ ] Rehabilitated Site(s)
[ ] New Site(s)
[ ] Existing Structure(s)
[ ] Rehabilitated Structure(s)
[ ] New Structure(s)
[x] Existing Program(s) or Service(s)
[ ] New Program(s) or Service(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:
15. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
16. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
17. 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:

1/25/2022 | 4:14 PM PST
$\qquad$
-DocuSigned by:
Toni Rucker
(Signature Required)

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

Dr. Grant Colfax
(Name)
Director of Health
(Title)
Date Reviewed:

1/26/2022 | 12:53 PM PST
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(Signâtures Required) Greg wagner, coo for

