

File Number: 220271
(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: **Trauma Recovery Center – National Learning Collaborative for Trauma Recovery Centers (TRC’s)**

2. Department: **Department of Public Health
Zuckerberg San Francisco General Hospital
Department of Psychiatry**

3. Contact Person: **Kathy Ballou** Telephone: **415.378.9812**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for:

\$135,000

6a. Matching Funds Required: **N.A.**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Alliance and Safety Justice**

b. Grant Pass-Through Agency (if applicable): **San Francisco General Hospital Foundation (SFGHF)**

8. Proposed Grant Project Summary: **Grant will support the Trauma Recovery Center to provide Technical Assistance to Trauma Recovery Centers across the country to deliver violent crime survivors access to quality and comprehensive trauma informed care.**

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

Start-Date: **October 1, 2021** End-Date: **September 30, 2022**

10a. Amount budgeted for contractual services: **\$135,000**

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? **N.A.**

b2. How was the amount calculated? **N.A.**

c1. 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):

c2. If no indirect costs are included, what would have been the indirect costs? **5% of Direct Costs.**

12. Any other significant grant requirements or comments:

We respectfully retroactively request the approval to accept and expend these funds starting October 1, 2021. The Department received the letter of funding on December 14, 2021. This grant does not require an ASO amendment.

Fund	21132
Dept.	251667
Authority	10001
Contract ID	CTR00002860
Project Desc	HG TRC- Natnl Lrng for TraumaR
Project	10038557
Activity	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 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)

(Title)

Date Reviewed: 2/14/2022 | 4:25 PM PST

DocuSigned by:
Toni Rucker
704292F7331F44U
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 2/17/2022 | 9:31 AM PST

DocuSigned by:
Greg Wagner
30227524732848F
(Signature Required)
Greg Wagner, COO for