

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: **California Home Visiting Program (CHVP)**
2. Department: **Department of Public Health
Maternal Child and Adolescent Health**
3. Contact Person: **Maya Vasquez** Telephone: **(415) 218-5210**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$272,000**
- 6a. Matching Funds Required: **\$0**
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: **Fund other additional staff costs associated with providing home visits or administration for programs, including the following staff: Maternal, Infant, and Early Childhood Home Visiting (MIECHV) MIECHV-funded staff conducting home visiting (e.g., MIECHV home visitors, MIECHV home visiting supervisors who carry home visiting caseloads) and other MIECHV-funded staff (staff not directly responsible for service delivery). Develop a process for identifying and prioritizing target audiences, training needs, relevant topics for training of home visiting staff and/or California Home Visiting Program (CHVP) MIECHV funded/enrolled families. Develop, conduct, and assess training of home visitors that are employed by the recipient in: conducting a virtual home visit; emergency preparedness and response planning for families; safely conducting intimate partner violence screenings; or safety and planning for families served to improve family outcomes in the MIECHV benchmark areas. Develop and implement a process to assess how technology needs are identified, prioritized, and addressed for CHVP MIECHV-funded/enrolled families. Acquire the necessary technological means, for CHVP MIECHV-funded home visiting enrolled families, to support virtual home visiting. Develop and implement a process for identifying need for supplies and distributing emergency supplies to CHVP MIECHV-funded/enrolled families. Provide emergency supplies (such as diapers and diapering supplies including diaper wipes and diaper cream, necessary to ensure that a child using a diaper is properly cleaned and protected from diaper rash, formula, food, water, hand soap and hand sanitizer) to CHVP MIECHV-funded/enrolled families. If you choose to budget funds for emergency supplies, you are required to coordinate with local diaper banks to the extent practicable. Identify diaper bank partners. Develop/identify a process for supply referrals and distribution to CHVP MIECHV-funded/enrolled families. Provide CHVP MIECHV-funded/enrolled families with emergency supplies from diaper banks, through reimbursement to, or purchase from, diaper banks. Develop and implement a process to assess how grocery card needs are identified, prioritized, and addressed for CHVP MIECHV-funded/enrolled families. Provide prepaid grocery cards to an eligible family participating in the MIECHV program for the purpose of meeting the emergency needs of the family.**

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

Start-Date: **July 1, 2022**

End-Date: **September 30, 2024**

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? **N.A.**

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? **\$0**

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:

The grant does not require an ASO amendment.

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2022. The Department received the award on April 4, 2023.

The grantor is a State entity.

Project Description: HN MCH PM106 FY 2224 CHVP ARP

Project ID: 10040055

Dept ID: 251988

Proposal ID: CTR00003541

Fund ID: 11580

Version ID: V101

Authority ID: 10001

Activity ID: 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 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 comp nce 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: 11/15/2023 | 1:44 PM PST

DocuSigned by:
Tracy Burris
AD9133BE343A40E...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 11/15/2023 | 2:21 PM PST

DocuSigned by:
Greg Wagner
28527524753949E...
(Signature Required)
Greg Wagner, COO for