

**File Number:** 240267  
(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: **Tobacco Grant Award Notification Fiscal Year 2023-24**

2. Department: **Department of Public Health  
Environmental Health**

3. Contact Person: **Janine Young** Telephone: **415-252-3903**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$2,888,144**

6a. Matching Funds Required: **\$ 0**

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

7a. Grant Source Agency: **California Department of Justice**

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

8. Proposed Grant Project Summary:

**The Department of Public Health (SFDPH) continues the important work of reversing public health harms caused by tobacco sales and marketing, especially in our marginalized and vulnerable communities, through the enforcement of tobacco control laws. In partnership with San Francisco tobacco retailers, community, San Francisco Police Department and City Attorney's Office, SFDPH will continue to prevent youth access to flavored tobacco and nicotine products, including through online sales. SFDPH will maintain data collection, analysis, and reporting to its partners for the evaluation of the program's effectiveness. These partnerships exemplify SFDPH's commitment for transparency, accountability, and equity.**

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

Start-Date: **January 1, 2024**

End-Date: **June 30, 2026**

10a. Amount budgeted for contractual services: **\$356,550**

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? **N.A.**

d. Is this likely to be a one-time or ongoing request for contracting out? **On-going**

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

b1. If yes, how much? **\$137,530**  
b2. How was the amount calculated? **5% of Expenditures**

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. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment, does not create net new positions and partially reimburses the department for the existing positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	0922	Manager I	0.800	01/01/2024	06/30/2026
2	6122	Senior Health Inspector	0.800	01/01/2024	06/30/2026
3	6108	Environmental Health Technician	0.400	01/01/2024	06/30/2026
4	9910	Public Service Trainee	2.000	01/01/2024	06/30/2026
5	1406	Senior Health Clerk	0.400	01/01/2024	06/30/2026
6	1823	Senior Administrative Analyst	0.330	01/01/2024	06/30/2026

**We respectfully request for approval to accept and expend these funds retroactive to January 1, 2024. The Department received the award on October 11, 2023.**

**The grantor is a State entity.**

**Project Description: HD ENV 2324 PD203 SFDPH DOJ PR**  
**Proposal ID: CTR00003819**  
**Project: 10040622**  
**Activity: 0001**  
**Fund: 11580**  
**Authority: 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):

- |  |   |  |
|--|---|--|
| <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 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: 12/20/2023 | 11:05 AM PST

DocuSigned by:  
*Toni Rucker*  
AB4292P7331F44D...  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 12/22/2023 | 2:02 PM PST

DocuSigned by:  
*Greg Wagner*  
26527924752942F...  
(Signature Required)  
Greg Wagner, COO for