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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: Housing and Homelessness Incentive Program (HHIP)

2. Department: Human Services Agency

3. Contact Person: Celia Pedroza Telephone: 415-557-6103

4. Grant Approval Status (check one):

   [X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: $ 1,072,000

6. a. Matching Funds Required: $0
   b. Source(s) of matching funds (if applicable):

7. a. Grant Source Agency: California Department of Health Care Services
   b. Grant Pass-Through Agency (if applicable): San Francisco Health Plan

8. Proposed Grant Project Summary: SFHSA intends to utilize these grant funds towards the increased enrollment of SFHSA public benefits (Medi-Cal, CalFresh, and County Adult Assistance Program) for unhoused clients residing in San Francisco Department of Homelessness and Supportive Housing (SFHSH) operated shelters and navigation centers and to train nonprofit staff working with the unhoused to better understand the benefits process and assist clients in obtaining and maintaining benefits through enhanced benefits education.

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

   Start-Date: 04/01/2026 End-Date: 03/31/2030

10. a. Amount budgeted for contractual services: $0.00
    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? N/A

11. a. Does the budget include indirect costs?
    [ ] Yes [X] No
    b. 1. If yes, how much? $
    b. 2. How was the amount calculated?
    c. 1. 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):

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c. 2. If no indirect costs are included, what would have been the indirect costs? The grantor's guidance allows up to 10% ($107,200) to support indirect costs. The indirect costs are covered by HSA General Fund budget.

12. Any other significant grant requirements or comments: There are no restrictions related to the spending of accrued interest earned on the grant funds.

We respectfully request approval to accept and expend these funds effective April 1, 2026. The Department rewarded the grant of $1,072,000 on October 8, 2025, for the period of April 1, 2026, to March 31, 2030.

The grant does not require an ASO amendment.

Department ID:	186645
Proposal ID:	CTR00004850
Fund ID:	12920
Project ID:	10042524
Project Description:	HS PA H&H Inc Prg - SFHP
Activity ID:	0001
Authority ID:	10001
Version ID:	V101
Amount:	$1,072,000

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****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)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] 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:

M'kia Mccright

(Name)

Manager III

(Title)

Date Reviewed: 11/25/2025

DocuSigned by:
M'kia McCright
491EFC1578754EF...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Trent Rhorer

(Name)

Executive Director

(Title)

Date Reviewed: 11/24/2025

DocuSigned by:
Trent Rhorer
9753A8870BB74EE...
(Signature Required)