File Number: (Provided by Clerk of I	Board of Supervisors)			
	<u>Grant</u>	Resolution Informa (Effective July 201		
_	15 1 10	`	,	
Purpose: Accompanies pro funds.	oposed Board of Supe	rvisors resolutions a	uthorizing a Department	to accept and expend grant
The following describes the	e grant referred to in th	ne accompanying res	solution:	
1. Grant Title: Racial and	l Ethnic Approaches	to Community Hea	lth - Heart Healthy SF	
2. Department: <b>Departm</b> <b>Populati</b>	ent of Public Health on Health Division			
3. Contact Person: To	omas Aragon, MD	Telephone: 415	-554-2898	
4. Grant Approval Status (	(check one):			
[X] Approved by fu	ınding agency	[]	lot yet approved	
5. Amount of Grant Fundir \$2,397,477 in the 3-year p			= \$799,159; Year3 = \$7	99,159)
6a. Matching Funds Requi b. Source(s) of matching				
7a. Grant Source Agency: b. Grant Pass-Through A		Control and Preve	ntion	
Initiative in SF, focusing particularly in census tra expand upon the Million focus in order to meet the	on Latinos and Afracts where more than the Hearts initiative to the health and cultura TDS – Aspirin when a	ican Americans what a 30% of residents in a 30% of residents in a 30% of residents and all needs of San France (Alcohological Propriete (Alcoholog	no have or are at risk live below 200% of the dition of alcohol and ancisco; we will focus	t the national Million Hearts for cardiovascular disease, FPL. Healthy Hearts SF will diabetes to the campaign's on primary prevention and essure control, Cholesterol
9. Grant Project Schedule	e, as allowed in approv	al documents, or as	proposed:	
Approved Year o Full project perio		ate: 09/30/2014 ate: 09/30/2014	End-Date: 09/29/201 End-Date: 09/29/201	
10a. Amount budgeted for	contractual services:		year project period	
b. Will contractual service	ces be put out to bid?	No		
c. If so, will contract ser requirements? N/A	•	ne goals of the Depa	rtment's Local Business	Enterprise (LBE)
d. Is this likely to be a c	one-time or ongoing re	quest for contracting	out? N/A	
11a. Does the budget inclu	ude indirect costs?	[X] Yes	[] No	
b1. If yes, how much?	\$10,392 in Yea \$31,176 in the	r 1 3-year project perio	od	
b2. How was the amour	nt calculated? 24.03%	of total salaries		

c1. If no, why are indirect co [] Not allowed by gran [] Other (please expla	iting agency	[ ]To maximize use of grant funds on direct services
c2. If no indirect costs are	included, what would have	been the indirect costs?
2. Any other significant grant	requirements or commen	ts:
	or approval to accept and subaward agreement on S	expend these funds retroactive to September 30, 2014. The September 22, 2014.
Grant Code: HCAO77/15	00	
*Disability Access Checklis Mayor's Office of Disability)	t***(Department must for	ward a copy of all completed Grant Information Forms to the
13. This Grant is intended for a	activities at (check all that	apply):
X] Existing Site(s) ] Rehabilitated Site(s) ] New Site(s)	[] Existing Structure(s) [] Rehabilitated Structure[] New Structure(s)	[ ] Existing Program(s) or Service(s) re(s) [ ] New Program(s) or Service(s)
he project as proposed will be	in compliance with the Ar	Office on Disability have reviewed the proposal and concluded that nericans with Disabilities Act and all other Federal, State and the full inclusion of persons with disabilities. These requirements
1. Having staff trained in ho	w to provide reasonable m	odifications in policies, practices and procedures;
2. Having auxiliary aids and	services available in a tim	nely manner in order to ensure communication access;
		s open to the public are architecturally accessible and have been not officer or the Mayor's Office on Disability Compliance
f such access would be techn	ically infeasible, this is des	scribed in the comments section below:
Comments:		
Departmental ADA Coordina	tor or Mayor's Office of	Disability Reviewer:
Ron Weigelt		
Name)		
Director of Human Resources	and Interim Director, EEO	, and Cultural Competency Programs
Title)		
Date Reviewed:	0-3-14	
		(Signature Required)
Department Head or Designo	ee Approval of Grant Info	ormation Form:
Barbara A. Garcia, MPA Name)		
Director of Health		
(Title) Date Reviewed: 10 2	14	
		(Signature Required)