Fil	le Number:(Provided by Clerk of Board of Supervisors)
	Grant Resolution Information Form
	(Effective July 2011)
	urpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant nds.
Th	ne following describes the grant referred to in the accompanying resolution:
1.	Grant Title: Preterm Birth Initiative Project
2.	Department: Center for Learning & Innovation, San Francisco Department of Public Health (SFDPH)
3.	Contact Person: Jonathan Fuchs Telephone: 415-642-1290
4.	Grant Approval Status (check one):
	[X] Approved by funding agency
5.	Amount of Grant Funding Approved or Applied for: \$213,369
	n. Matching Funds Required: <b>\$0</b> o. Source(s) of matching funds (if applicable):
	a. Grant Source Agency: <b>Bill &amp; Melinda Gates Foundation</b> b. Grant Pass-Through Agency (if applicable): <b>The Regents of the University of California, San Francisco</b>
Proposed Grant Project Summary: SFDPH will dedicate employee time towards the effort to develop the local implementation strategy that includes identifying the bundle of intervention to deliver care across the life course for women and babies. In addition, the SFDPH will dedicate time towards the effort to develop the plan and strategy for the New Minds, New Ideas Scholars program for the Initiative. Specific activities include leading working groups composed of faculty and community leaders, contributing to the development of the overall research agenda and plan, and participating in group meetings/town halls/funder presentation, and other activities as is necessary. The SFDPH has the expertise and is actively involved in maternal and child health and mentorship programs.	
9.	Grant Project Schedule, as allowed in approval documents, or as proposed:
	Start-Date: 07/01/2014 End-Date: 05/31/2015
10	a. Amount budgeted for contractual services: <b>\$0</b>
	b. Will contractual services be put out to bid? <b>No</b>
	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?
11	a. Does the budget include indirect costs? [X] Yes [] No
	b1. If yes, how much? \$19,397 b2. How was the amount calculated? 10% of total direct cost 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?

12. Any other significant grant requirements or comments:

Director of Health

Date Reviewed:

(Title)

We respectfully request for approval to accept and expend these funds retroactive to July 01, 2014. The Department received the letter of funding allocation on December 24, 2014.

Grant Code: HCAO88/1500 \*\*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: Ron Weigelt (Name) Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed: Department Head or Designee Approval of Grant Information Form: Barbara A. Garcia, MPA (Name)

(Signature Required)