File No. 150589 Committee Item No. 15
Board Item No. 26

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee **Date** June 10, 2015

Board of Supervisors Meeting **Date** 6/16/15

Cmte	Board	
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☒	☐	Resolution
☐	☐	Ordinance
☐	☐	Legislative Digest
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OTHER **(Use back side if additional space is needed)**

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Completed by: Linda Wong **Date** June 5, 2015
Completed by: Linda Wong **Date**

FILE NO. 150589 RESOLUTION NO.

[Accept and Expend Grant - Health Impact Assessment for Improved Community Design - $144,999]

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of $144,999 from Centers for Disease Control and Prevention to participate in a program entitled "Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco" for the period of September 1, 2014, through August 31, 2015.

WHEREAS, Centers for Disease Control and Prevention has agreed to fund Department of Public Health (DPH) in the amount of $144,999 for the period of September 1, 2014, through August 31, 2015; and

WHEREAS, The full project period of the grant starts on September 1, 2014, and ends on August 31, 2017, with years two and three subject to availability of funds and satisfactory progress of the project; and

WHEREAS, As a condition of receiving the grant funds, Centers for Disease Control and Prevention requires the City to enter into an agreement (Agreement), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 150589; which is hereby declared to be a part of this Resolution as if set forth fully herein; and

WHEREAS, The purpose of this project is to inform and support health-aware decision-making at all levels of government and to increase both local level capacity and internal department capacity to utilize Health Impact Assessment; and

WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially reimburses DPH for one existing position, one Principal Administrative Analyst (Job Class No. 1824) at .035 for the period of September 1, 2014, through August 31, 2015; and

WHEREAS, A request for retroactive approval is being sought because DPH had administrative delays in processing the application, for a project start date of September 1, 2014; and

WHEREAS, The budget includes a provision for indirect costs in the amount of $1,315; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $144,999 from Centers for Disease Control and Prevention; and

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

RECOMMENDED:

Barbara A. Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

for

Office of the Controller

City and County of San F[illegible]cisco **D[illegible]artment of Public Health**

Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: March 24, 2015

SUBJECT: Grant Accept and Expend

GRANT TITLE: Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco $144,999

Attached please find the original and 2 copies of each of the following:

☒ Proposed grant resolution, original signed by Department

☒ Grant information form, including disability checklist -

☒ Budget and Budget Justification

☒ Grant application

☒ Agreement / Award Letter

☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for Community Programs, 1380 Howard St.

Certified copy required Yes ☐ No ☒

(415) 554-2600 [illegible]

File Number: 150589
(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: **Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco**

2. Department: **Public Health**

3. Contact Person: **Cyndy Comerford** Telephone: **(415) 252-3989**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: Total = **$444,997 in the 3-year project period (Year 1 = $144,999; Year 2 = $149,999; Year 3 = $149,999)**

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention**
b. Grant Pass-Through Agency (if applicable): NA

c. Proposed Grant Project Summary:
The purpose of the San Francisco Department of Public Health's (SFDPH) HIA project is to inform and support health-aware decision-making at all levels of government and to increase both local level capacity and internal department capacity to utilize HIA. This will be done by using a multidisciplinary and collaborative approach to address health inequalities and demonstrate health as an intrinsic value in transportation, land use, and community design decisions. More specifically, the strategy will focus on 1) continuing our leadership role in conducting HIAs, providing trainings and technical assistance and maintaining a website; 2) strengthening existing partnerships and collaborations and developing new ones to institutionalize HIA and to develop HIA tools; and 3) advancing and sharing our existing HIA practice and serving as a model for local health departments, including through our nationally attended, four-day HIA training.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Approved Year 1 Project Start-Date: 09/01/2014 End-Date: 08/31/2015
Full Period Project Start-Date: 09/01/2014 End-Date: 08/31/2017

10a. Amount budgeted for contractual services: **Year 1 - $135,743 Year 2 - $140,366 Year 3- $140,366**

b. Will contractual services be put out to bid? **We will select an approved contractor on the City's Fiscal Intermediary List.**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes**

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

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

b1. If yes, how much? **$1,315**

b2. How was the amount calculated? **Indirect costs were calculated by multiplying the total salaries and mandatory fringe benefits amount by 24.05%.**

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:
We respectfully request for approval to accept and expend these funds retroactive 9/1/2014. The Department has had administrative delays in processing the application.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCEH14-15

****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) [X] Existing Structure(s) [X] 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: 3-24-15 Darlene C. Daerr
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 3/25/15
(Signature Required)

Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco
Funding Opportunity Number: CDC-RFA-EH14-1407
Project Directors: Cyndy Comerford, Megan Wier, Tomas Aragon
Institution: San Francisco Department of Public Health (SFDPH)

Budget

	Year 1					Year 2					Year 3				
Personnel:	Annual	FTE	In-Kind	Charged to Grant	**Total**	Annual	FTE	In-Kind	Charged to Grant	**Total**	Annual	FTE	In-Kind	Charged to Grant	**Total**
Project Director: Cynthia Comerford, Manager of Planning and Fiscal Policy (Principle Investigator)															
SFDPH - Environmental Health															
1824 Principal Administrative Analyst	$114,010	23.300%	19.800%	3.500%	$3,990	$120,107	23.300%	19.800%	3.500%	$4,204	$120,107	23.300%	19.800%	3.500%	$4,204
Co- Project Director: Megan Wier, Epidemiologist and Lead - Health, Transportation and Equity (Co-Principle Investigator)															
SFDPH - Environmental Health															
2803 Epidemiologist 2	$99,476	23.300%	23.300%	$0	$0	$99,476	23.300%	X	$0	$0	$99,476	23.300%	X	$0	$0
Project Manager: Megan Wall Shul, Lead - Land Use Planning and Health															
SFDPH - Environmental Health															
2803 Epidemiologist 2	$99,476	23.300%	23.300%	$0	$0	$99,476	23.300%	X	$0	$0	$99,476	23.300%	X	$0	$0
Community and Evaluation Liaison: Health Program Planner (TBD)															
SFDPH - Environmental Health															
2818 Health Program Planner	$88,296	25.000%	25.000%	$0	$0	$88,296	25.000%	X	$0	$0	$88,296	25.000%	X	$0	$0
Epidemiological Supervisor: Tomas Aragon , Director of Population Health (Co-Principle Investigator)															
SFDPH - Population Health	$ 227,365	5.000%	5.000%	$0	$0	$ 227,365	5.000%	X	$0	$0	$227,365	5.000%	X	$0	$0
2233 Supervising Physician															
In-Kind Salary Support			*$ 102,372*					*$ 103,579*					*$ 103,579*		
Salaries		1.00			$3,990		1.00			$4,204		1.00			$4,204
MFB - Mandatory Fringe Benefits (37%):					$1,476					$1,555					$1,555
Total Salaries & MFB					**$5,467**					**$5,759**					**$5,759**

Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco
Funding Opportunity Number: CDC-RFA-EH14-1407
Project Directors: Cyndy Comerford, Megan Wier, Tomas Aragon
Institution: San Francisco Department of Public Health (SFDPH)

Budget

	Year 1			Year 2			Year 3		
Contractual Staff:									
San Francisco Public Health Foundation			**$135,743**			**$140,366**			**$140,366**
Project Coordinator			$73,558			$74,600			$74,600
Health Data Analyst			$42,000			$44,600			$44,600
Communication Specialist/Web			$5,100			$5,550			$5,550
Travel			$1,500			$1,580			$1,580
Indirect Cost			$13,585			$14,036			$14,036
Travel:									
Air Travel/Transportation			$1,000			$1,014			$1,014
Lodging			$1,000			$1,000			$1,000
Conference Registration			$474			$475			$475
			$2,474			**$2,489**			**$2,489**
Direct:			$143,684			$148,614			$148,614
Indirect:			$1,315			$1,385			$1,385
		Total	**$144,999**		**Total**	**$149,999**		**Total**	**$149,999**

1342

HEALTH IMPACT ASSESSMENT FOR IMPROVED COMMUNITY DESIGN - CDC-RFA-EH14-1407

Empowering Communities and Government Policy for Health and Well-being

San Francisco Department of Public Health Year 1 Budget Narrative/Justification

City and County of San Francisco Personnel	Y1 Budget	Justification
Project Director: Cynthia Comerford, Manager of Planning and Fiscal Policy (Principle Investigator) - Environmental Health Branch, San Francisco Department of Public Health	$ 3,990	Cyndy will direct and manage all aspects of the project; She will serve as the primary contact for this grant and will have grant administrative responsibilities related to the budget and development of sub-contracts and related scopes of work. She will provide project oversight, strategic guidance, and coordinate collaborations with local and regional public agencies. She will serve as the reporting and communication specialists , and community safety lead.
Co- Project Director: Megan Wier, Epidemiologist and Lead - Health, Transportation and Equity (Co-Principle Investigator-)Environmental Health Branch, San Francisco Department of Public Health	In-Kind	Megan Wier will co-direct the project and be responsible for the research design, data analysis, HIA Methods and statistical analysis portion of this project. She will serve as the Assessment specialists and Transportation Lead.
Project Manager: Megan Wall Shui, Lead - Land Use Planning and Health - Environmental Health Branch, San Francisco Department of Public Health	In-Kind	Megan Wall Shui will be a project manager and play a key role in the developing the evaluation framework for this project. She will work directly with collaborating partners in developing and implementing a comprehensive evaluation work plan. Megan Wall Shui will also serve as the screening and scoping specialist and Land Use Lead.
Epidemiological Supervisor: Tomas Aragon , Director of Population Health (Co-Principle Investigator) - Population Health Division, San Francisco Department of Public Health	In-Kind	Tomas will provide direction and expertise on all phases of the cooperative agreement including analyses. Tomas will also review and edit reporting documents, facilitate communication and collaboration with public agencies.
Health Program Planner, (TBD) Environmental Health Branch for SFDPH, Environmental Health Branch, San Francisco Department of Public Health	In-Kind	The health program planner will act as the community liaison for this grant. and play a supporting role to the project directors and managers . He/she will also interface with community partners and act as the SFDPH representative at community outreach events for the HIA assessment. This person will also serve as the community design and safety co-lead.
Total Salaries	$ 3,990	
MFB - Mandatory Fringe Benefits (37%):	$ 1,476	

DPH Staff Project Travel		
Out of State Conference Travel	$1,000	Airfare and ground transport for staff person to attend out-of-state conferences + CDC Project Meetings
Conference Registration Fees	$474	Registration for National Conferences and local and regional workshops/symposium
Out of State Lodging	$1,000	Out of State lodging for national conferences and CDC project meetings
Total Staff Travel	$ 2,474	

HEALTH IMPACT ASSESSMENT FOR IMPROVED COMMUNITY DESIGN - CDC-RFA-EH14-1407

Empowering Communities and Government Policy for Health and Well-being

San Francisco Department of Public Health Year 1 Budget Narrative/Justification

Contractual Services		
Research and Planning Coordinator	$73,558	1 FTE - This position will play a key role on the maintaining the work plan and be responsible for researching and writing literature reviews and reports, and coordinate trainings and other facets of the grant. This position will prepare technical reports and technical documentation, including the reports summarizing health impacts, policy impacts, best practices and project evaluation. This position will also be responsible for gathering, analyzing, organizing interpreting and reporting data related to the health impact projects.
Health Data and Geospatial Analyst	$42,000	0.5 FTE - This position will perform highly technical aspects of the project related to the analysis of health data and geographical information systems. This includes acquiring, organizing, editing, analyzing, and visualizing data through maps, charts, and graphs for the assessments and project evaluation. This position will also conduct database systems analysis and designs; may perform data normalization tasks; assist in the development of relational databases; assist in the maintenance of data dictionaries.
Communication Specialist	$5,100	Through a consulting services contract with SFPHF, the Communication Specialist will develop a communications strategy, educational materials and web content. This information will be deployed through multiple venues and media to share information we develop in the course of this project. The Communication Specialist will also create a social media networking site using our existing web resources.
Travel for Research and Planning Coordinator	$1,500	
Fiscal management fee for contractual services with the SFPHF (10%)	$13,585	DPH will contract with the San Francisco Public Health Foundation to provide fiscal management for these services. They charge 10% management Fees
Total Contractual Services	$ 135,743	

Indirect Costs	
Indirect Costs	$1,315

Total Project Budget Year 1	$ 144,999

BUILDING RESILIENCE AGAINST CLIMATE EFFECTS FOR LOCAL PUBLIC HEALTH DEPARTMENTS - CDC-RFA-EH13-1305

Empowering San Francisco Communities to address the health effects of climate change

San Francisco Department of Public Health Year 1

Personnel: **Project Director: Cynthia Comerford, Manager of Planning and Fiscal Policy (Principle Investigator)** *SFDPH - Environmental Health*	$114,010				
1824 Principal Administrative Analyst		23.300%	19.800%	3.500%	$3,990

SALARIES	
SFDPH	
Salaries (1824 - 0.035)	3,990
San Francisco Public Health Foundation (SFPHF)	120,658
Project Coordinator	73,558
Health Data Analyst	42,000
Communication Specialist/Web	5,100
Total	124,648
FRIDGE BENEFITS	
SFDPH	
MFB - Mandatory Fringe Benefits (37%):	1,476
TRAVEL	
SFDPH	2,475
SFPHF	1,500
	3,975
INDIRECT	
SFDPH	1,315
SFPHF	13,585
	14,900
TOTAL	144,999

Notice of Award

COOPERATIVE AGREEMENT **Issue Date:** 08/14/2014

Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR ENVIRONMENTAL HEALTH

Grant Number: 1UE1EH001170-01
FAIN: UE1EH001170

Principal Investigator(s):
CYNDY COMERFORD

Project Title: Continuing to Advance the Practice to Achieve Health and Equity in San Francisco

CYNDY COMERFORD
MGR FISCAL POLICY
1390 MARKET STREET
SUITE 810
SAN FRANSCISCO, CA 94102

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 09/01/2014 – 08/31/2015
Project Period: 09/01/2014 – 08/31/2017

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of $144,999 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of Sect 301 and 307 PHS Act(42 USC Sect 241 and 247), amended and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Glynnis Taylor
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1UE1EH001170-01

Award Calculation (U.S. Dollars)

Salaries and Wages	$124,648
Fringe Benefits	$1,476
Personnel Costs (Subtotal)	$126,124
Travel Costs	$3,975
Federal Direct Costs	$130,099
Federal F&A Costs	$14,900
Approved Budget	$144,999
Federal Share	$144,999
TOTAL FEDERAL AWARD AMOUNT	$144,999

AMOUNT OF THIS ACTION (FEDERAL SHARE) $144,999

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02 $149,999
03 $149,999

Fiscal Information:

CFDA Number:	93.070
EIN:	1946000417A8
Document Number:	001170EH14

IC	CAN	2014	2015	2016
EH	939ZRHK	$144,999	$149,999	$149,999

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	$144,999	$144,999
2	$149,999	$149,999
3	$149,999	$149,999

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:
PCC: / **OC:** 4151 / **Processed:** ERAAPPS 08/14/2014

SECTION II – PAYMENT/HOTLINE INFORMATION – 1UE1EH001170-01

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III – TERMS AND CONDITIONS – 1UE1EH001170-01

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.
b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) UE1EH001170. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Treatment of Program Income:
Additional Costs

SECTION IV – EH Special Terms and Conditions – 1UE1EH001170-01

Funding Opportunity Announcement (FOA) Number: EH14-1407
Award Number: 1 UE1 EH001170-01

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number EH14-1407, entitled Health Assessment for Improved Community Design, and application dated 05/09/2014, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Approved Funding: Funding in the amount of $144,999 is approved for the Year 01 budget period, which is **September 01, 2014 through August 31, 2015**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Indirect Costs: Indirect costs are approved based on the Indirect Cost Rate Agreement dated November 25, 2013 which calculates indirect costs as follows: A Rate of 24.5% of Total Personnel Costs is used as the agreed upon rate for this Award.

Cost Limitations as Stated in Fiscal Year (FY) 2012 Appropriation Act Provisions

A. Cap on Salaries (Title II Section 203): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from $199,700 to $179,700 effective December 23, 2011.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Title II Section 218): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Proper Use of Appropriations - Publicity and Propaganda (LOBBYING) FY2012 (Title V, Section 503(a) - (c)):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/od/pgo/funding/grants/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf.

D. Needle Exchange (Title V, Section 253): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Restricts dealings with corporations with recent felonies (Title IV, Sections 433, 504): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

F. Restricts dealings with corporations with unpaid federal tax liability (Title IV, Sections 434, 8124): None of the funds made available by this Act may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 2 CFR Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards; 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87); and 2 CFR Part 230, Cost Principles for Non-Profit Organizations (OMB Circular A-122). The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with

applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)). For the full text of the award terms and conditions, see, http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2014 funds will expire September 30, 2019. All FY 2014 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2019. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by November 30, 2015. Reporting timeframe is September 01, 2014 through August 31, 2015.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. All Federal reporting in PMS is unchanged.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

FFR (SF-425) instructions for CDC Grantees are available at http://grants.nih.gov/grants/forms.htm. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the eRA Commons Support Page: http://www.cdc.gov/od/pgo/funding/grants/eramain.shtm.

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, **April 30, 2014**, and serves as the continuing application. This report should include the information specified in the FOA.

Audit Requirement:

Domestic Organizations ***(including US-based organizations implementing projects with foreign components)***: An organization that expends $500,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System
Electronic Submission:
https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx

AND

Procurement & Grants Office, Risk Management & Compliance Activity
Electronic Copy to: PGO.Audit.Resolution@cdc.gov

After receipt of the audit report, the National External Audit Review Center will provide audit resolution instructions. CDC will resolve findings by issuing Final Determination Letters.

Audit requirements for Subrecipients: The grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (2 CFR 200 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Note: The standards set forth in 2 CFR Part 200 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA): Pursuant to A-133 (see Section_.205(h) and Section_.205(i)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?SID=62c0c614004c0ada23cb6552e0adcdc6&node=2:1.1.1.1.4&rgn=div5#_top

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under $300,000), you must report each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to http://www.fsrs.gov. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.govspecify.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is $25,000 or more;
- In the preceding fiscal year, you received—
    - 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
    - $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
    - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the

Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

Report executive total compensation as part of your registration profile at http://www.sam.gov. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under $300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
  - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
  - $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
  - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

You must report sub-recipient executive total compensation to the grantee by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):
  - Governmental organization, which is a State, local government, or Indian tribe;
  - Foreign public entity;
  - Domestic or foreign non-profit organization;
  - Domestic or foreign for-profit organization;
  - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.

Executive means officers, managing partners, or any other employees in management positions.

Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see Sec. _.210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.

- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee for the use of the Federal funds provided by the sub-award.

- Total compensation means the cash and non-cash dollar value earned by the executive during the grantee's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):

- Salary and bonus
- Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
- Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
- Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
- Above-market earnings on deferred compensation which is not tax-qualified.
- Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Grantees approved policies must meet the requirements of 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with OMB Circulars and guidance, HHS Federal regulations, Program Regulations, HHS policies and guidance. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 2 CFR Parts 200, 225 and 230, as applicable and 45 CFR Parts 74 and 92, as applicable.

Prior Approval: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this NoA. The grantee must submit these requests by **April 30, 2014** or no later than 120 days prior to this budget period's end date. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)*
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the most recently approved budget
- Apply for supplemental funds
- Response to the Objective/Technical Review Statement
- Change in key personnel
- Extensions
- Conferences or meetings that exceed cost threshold

Note: Awardees may request up to 75 percent of their estimated unobligated funds to be carried forward into the next budget period.

Templates for prior approval requests can be found at:
http://www.cdc.gov/od/pgo/funding/grants/granteeguidance.shtm

Key Personnel: In accordance with 2 CFR Parts 200.308 and 215.25(c)(2) & (3), CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates grantees to comply with the standard patent rights clause in 37 CFR Part 401.14.

Publications: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number UE1 EH 001170, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Acknowledgment Of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and

Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

Equipment and Products: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of $5,000 or more per unit. However, consistent with grantee policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures, provided it observes provisions of in applicable grant regulations and OMB circulars.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:
http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations
As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "subgrant," or "subgrantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.
(a) This section implements 41 U.S.C. 4712.

(b) This section does not apply to-
(1) DoD, NASA, and the Coast Guard; or
(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-
(i) Relates to an activity of an element of the intelligence community; or
(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.
As used in this section-
"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.
(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.
(1) A Member of Congress or a representative of a committee of Congress.
(2) An Inspector General.
(3) The Government Accountability Office.
(4) A Federal employee responsible for contract oversight or management at the relevant agency.
(5) An authorized official of the Department of Justice or other law enforcement agency.
(6) A court or grand jury.
(7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.
Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/help/help.aspx

Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch: http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true
- Governmental and Tribal Payment Branch: http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true
- Cross Servicing Payment Branch: http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx
- International Payment Branch: Bhavin Patel (301) 443-9188

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
PSC/DFO/Division of Payment Management
7700 Wisconsin Avenue - 10th Floor
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.
Effective October 1, 2013, a new HHS policy on subaccounts requires that all operating divisions (e.g. CDC) setup payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the " P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

All award funds must be tracked and reported separately. Funds must be used in support of approved activities in the FOA and the approved application.

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 001170EH14
Subaccount Title: EH141407HLTIMPCODE14

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant payment management system, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable
HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CDC ROLES AND RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact: See Staff Contacts below for the assigned GMO

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

GMS Contact: See Staff Contacts below for the assigned GMS

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and FOAs to meet the CDC's mission

- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

Programmatic Contact:

Joseph Ralph, Project Officer
Centers for Disease Control and Prevention
CHAM Bldg. 106 - Cube 04009,15 - MSF58
Chamblee, Ga 30341
Telephone: 770-488-0539
Email:JRalph@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Valerie Mccloud
Centers for Disease Control and Prevention
Procurement and Grants Office
Koger Center, Colgate Building,
2920 Brandywine Road, Mail Stop K 14
Atlanta, GA 30341
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Grants Management Officer: Glynnis Taylor
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SPREADSHEET SUMMARY
GRANT NUMBER: 1UE1EH001170-01

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	Year 1	Year 2	Year 3
Salaries and Wages	$124,648		
Fringe Benefits	$1,476		
Personnel Costs (Subtotal)	$126,124		
Travel Costs	$3,975		
Totals		$149,999	$149,999
TOTAL FEDERAL DC	$130,099	$149,999	$149,999
TOTAL FEDERAL F&A	$14,900		
TOTAL COST	$144,999	$149,999	$149,999

Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco
Funding Opportunity Number: CDC-RFA-EH14-1407
Project Directors: Cyndy Comerford, Megan Wier, Tomas Aragon
Institution: San Francisco Department of Public Health (SFDPH)

I. PROJECT NARRATIVE

IA. Background

San Francisco (SF) is both a city and a county comprised of roughly 840,000 residents. With nearly 18,000 residents per square mile, San Francisco is the second densest city in the country and is the job and culture epicenter for the Bay Area. It is also home to ethnically and financially diverse populations and the highest income inequality in the state. Over the next 25 years, San Francisco is expected to build another 92,000 housing units and acquire 190,000 new jobs. With rapid growth in the technology sector locally, and skyrocketing housing prices, it is imperative that community planning and design efforts consider health and equity to ensure that all current and future residents benefit.

For the past ten years, San Francisco has been an incubator for health impact assessment (HIA) and collaborative, data-informed governance. This has partially been made possible because of San Francisco's unique government structure, where both the city and the county are one entity. Because there are not multiple planning departments and city councils within the county, this enables efficient and effective collaboration between the San Francisco Department of Public Health (SFDPH) and numerous city agencies. SFDPH has sought to create methods and provide technical assistance so that the experience and skills we have developed can be shared and utilized across the country and world. Since 2008, SFDPH has provided the country's most extensive, non-academic training course on HIA each summer, and has trained over 200 HIA practitioners. We have also developed novel tools, such as the San Francisco Indicator Project, an online community indicator system that can be used to conduct baseline conditions assessments for HIAs and generally track progress on healthy community design, which has been replicated in numerous other locales.

Between 2011 and 2014, SFDPH was the recipient of the CDC Health Impact Assessment to Foster Healthy Community Design Grant (CDC-RFA-EH11-1104). During those three years, SFDPH conducted HIAs on emerging topics, grew relationships, trained new HIA practitioners, and created HIA tools that can be shared and used by other practitioners. Among our accomplishments are: 1) a HIA screening matrix for candidate projects or policies, 2) a cost-benefit analysis framework for behavioral and engineering traffic safety investments, 3) new collaborative approaches to scoping and screening developed through our SRO Health Impact Assessment, 4) a model to predict pedestrian injuries at signalized intersections and an accompanying spatial and relational database that ensures its key inputs are kept up-to-date, and 5) 75 new HIA practitioners trained through our four-day HIA course in 2012 and 2013, with 30-50 more trainees anticipated during summer 2014.

IB. Approach

IB.1. Problem Statement

In San Francisco, there is still much work to be done to ensure healthy environments and healthier futures for the city's residents because distinct health inequities exist by both race and geography in the city. For example, African Americans have a mortality rate 1.8 times higher than white residents and 2.9 times higher than Asian residents. Individuals that live in the neighborhoods of Bayview and Downtown/Civic Center have preventable hospitalization rates that are four times higher than the residents who live in the Marina neighborhood. Likewise, there are numerous corridors in geographically concentrated areas of the city where residents are disproportionately being exposed to and injured by vehicle traffic.

To affect the long-term environmental changes needed to reduce these disparities, community design decisions that prioritize health and equity must be made in existing partnerships between SFDPH the SF Planning Department and the SF Municipal Transportation Agency, and new relationships need to be formed with city agencies that play a critical role in the future design and planning of San Francisco, such as the Office of Economic and Workforce Development and the Office of the Controller. Inter-agency work on HIAs provides the collaborative opportunities to deepen and institutionalize these partnerships, address emerging issues, and to continue to develop cutting-edge HIA tools that support everyday health-informed land-use and transportation decision making locally and nationally.

With the implementation of the Affordable Care Act (ACA), SFDPH has taken on a comprehensive strategic planning effort to seek accreditation. Our expertise with HIA provides a unique opportunity for us to ensure accountability to our strategic plan and ensure compliance with ACA. Through our strategic planning process we have set numerous goals for improvement of health outcomes, including pedestrian safety, air quality, and healthy eating and physical activity, and we hope to use HIA to assess the most efficient ways to achieve these goals. Recognizing that health is not the sole purview of health departments, SFDPH has developed some collaborative relationships with other city agencies; however there is still much work to be done to build new collaborations and to institutionalize these relationships so that health considerations are incorporated into everyday policy decisions in San Francisco. Continued support of SFDPH's HIA work will bring us closer to true institutionalization of HIA in San Francisco and will not only benefit the city, but serve as a model for local health departments, in particular those seeking accreditation and compliance with ACA. Funding from this project will specifically support our teams' capacity to conduct novel HIAs in partnership with agency and community stakeholders, to disseminate HIA findings locally and nationally, to have the resources to continue to be on the leading edge of developing spatial and analytic HIA tools to advance the practice, and to continue our national HIA training for the next generation of HIA practitioners.

IB.2. Purpose

The purpose of San Francisco's HIA project is to inform and support health-aware decision-making at all levels of government and to increase both local level capacity and internal

department capacity to utilize HIA. This will be done by using a multidisciplinary and collaborative approach to address health inequalities and demonstrate health as an intrinsic value in transportation, land use, and community design decisions.

IB.3. Outcomes

Our short-term, intermediate, and long-term project outcomes are illustrated in the attached logic model. San Francisco's HIA project will work with key stakeholders to inform, influence, and support decision-making and address health and equity impacts in diverse settings to achieves our intended outcomes, which include: increased understanding of and facility with HIA among HIA project partners and HIA trainees, new and stronger cross-sector collaboration with government and community partners working on transportation and healthy community design, consideration of health impacts in decision making processes, increased resources to sustain HIA and Health in All Policies (HiAP) work, and HIA tools and analysis methods that can serve as models for other HIA and HiAP practitioners.

IB.4. Strategies and Activities

San Francisco's HIA project will use a multi-pronged approach to implement its HIA program strategy. The strategy will focus on 1) continuing its leadership role in conducting HIAs, providing trainings and technical assistance and maintaining a website; 2) strengthening existing partnerships and collaborations and developing new ones to institutionalize HIA and to develop HIA tools; and 3) advancing and sharing our existing HIA practice and serving as a model for local health departments, including through our nationally attended four-day HIA training.

For year one, we have selected specific decision targets from three ongoing local public policy planning efforts that specifically target strategic planning goals conceptualized as part of our accreditation effort. These decision targets are supported by the strategic directions and priorities of the National Prevention Strategy, Community Guide, and CDC Winnable Battles. HIA analyses for the initial grant cycle will focus on specific strategy elements/decision alternatives within these contexts. Furthermore, each of these policy contexts includes existing processes for outreach and stakeholder communication which can be leveraged for HIA scoping and communication. Key regional, state and national partners that we will engage with for dissemination activities include the Bay Area Regional Health Inequities Initiative, California Department of Public Health, American Public Health Association, the Health Impact Project, National Association of County and City Health Officials, Transportation for America, and the Federal Highway Administration.

IB.4.a. Conducting HIAs

HIA #1 – Vision Zero: Zero Traffic Deaths in San Francisco by 2024

In March 2014, the San Francisco Board of Supervisors adopted a goal of zero traffic deaths on San Francisco streets by 2024. This goal, referred to as Vision Zero, has also been supported by the SF Municipal Transportation Agency and SF Police Department, with SFDPH already having pedestrian injury and fatality reduction goals as a part of its Strategic and Community Health Improvement Plans and recently adopted pedestrian safety as a headline indicator as part of

the accreditation effort. While near-term actions for Vision Zero focus on the completion of 24 engineering projects in 24 months and targeted education and enforcement initiatives, the ambitious zero deaths goal opens a policy window for the consideration of more comprehensive, larger scale, higher impact policy and planning measures to support safer transportation system conditions (e.g., automated enforcement which requires state legislation in California, road and parking pricing, vulnerable user laws, area-wide traffic calming, street closures, citation diversion programs, etc.).

The question of *"What will it take?"* to achieve Vision Zero is one that an HIA can help inform. Co-Principal Investigator Megan Wier Co-Chairs the Citywide Vision Zero Task Force with the SF Municipal Transportation Agency, and this body is in a unique position to screen a menu of potential policy strategies to achieve Vision Zero. The Task Force will support implementation of the HIA that will scope and assess the magnitude of impact of each strategy with respect to pedestrian, cyclist, and vehicle only injuries and deaths in a future scenario in San Francisco considering changes in population and transportation system factors. The HIA will also assess impacts on air quality, noise, active transportation, as well as equity impacts on vulnerable populations – e.g., seniors, low-income, or non-English speaking residents. The close collaboration between the HIA team and the Task Force will ensure that other co-benefits or factors are considered and documented as a part of the HIA.

Key partners for this work include the SF Municipal Transportation Agency and Walk San Francisco. In addition to a detailed methods report to share with the growing field of HIA practitioners, the key public product of this HIA will be a brief handout summarizing the policies and their impacts on traffic injuries by mode, other health effects, equity, and associated co-benefits. Findings will be reported to the Mayor, Board of Supervisors, Citywide Vision Zero Task Force, and other interested local, regional, state and national stakeholders. Findings from this HIA can inform the larger policy discussion of how to achieve Vision Zero, using an objective approach, health data and evidence, and considering equity.

HIA #2 – The Central Market Economic Strategy

The Tenderloin neighborhood in San Francisco is adjacent to and encompassed by the city's Central Market area, a six block stretch of the city's defining arterial. The Tenderloin is one of the most densely populated and impoverished neighborhoods in the country. The median income is only $22,351 and nearly 25% of residents live below the federal poverty level. Forty-three percent of residents speak a language other than English at home and over 10% of residents live in overcrowded housing. Top concerns for this neighborhood include high violent crime rates and drug dealing; vacant storefronts; sidewalk cleanliness; homelessness; lack of access to affordable, healthy retail; lack of safe and clean public space; and pedestrian safety. While the Tenderloin has long been faced with challenges, there is currently significant momentum behind transforming the Tenderloin into a healthy, economically functional neighborhood that supports low income populations. Two entities that are key players in this work are the Mayor's Office of Economic and Workforce Development (OEWD) Neighborhood Economic Development Division and Saint Francis Memorial Hospital. In 2011, OEWD with the Central Market Partnership Working Group published the Central Market Economic Strategy to

channel significant effort towards revitalizing the Tenderloin's Central Market Corridor. Many lessons were learned in the past three years and OEWD recently reconvened an Interagency Working Group to revise the Central Market Economic Strategy in response to changing needs of the neighborhood and the city due particularly to challenges and tensions of gentrification.

This new planning process dovetails with an effort led by Saint Francis Memorial Hospital and its Foundation, known as the Tenderloin Health Impact Partnership (TLHIP). TLHIP is using a collective impact approach to address the priorities identified by the Community Health Improvement Plan (CHIP): healthy and safe environments, healthy eating and physical activity, and access to health care. TLHIP is an example of a non-profit hospital going above and beyond the typical scope of health care, by taking a place-based, prevention oriented approach. Many of the priorities that are being considered are supported by review documents such as the Community Guide, including: alcohol outlet density and increasing spaces for physical activity and social connections.

These two entities have expressed interest in working with SFDPH to develop metrics and tools to inform where interventions should be implemented to maximize improved health and to track progress over time. The proposed HIA will screen a menu of potential program strategies to achieve healthy and safe environments, healthy eating and physical activity, and access to health care in the Tenderloin through a steering committee comprised of OEWD, St. Francis, and other identified governmental and community stakeholders. The HIA will scope and assess the magnitude of impact of each strategy with respect to crime rates, housing affordability, community connectedness, access to affordable and healthy retail, safe places to be active, and health care connections, considering changes in population and market pressures. The HIA will also assess differential impacts on vulnerable populations (e.g., children, seniors, low-income, immigrants, and those with mental or physical disabilities). The HIA will work with the steering committee to identify strategies that can maximize co-benefits, for example to understand how removal of parking can reduce drug crime and increase pedestrian safety. Key partners for this work include the OEWD, St. Francis, Police, Planning, and the Controller's Office.

This HIA will produce a novel interactive web tool that facilitates collective impact by mapping community vulnerabilities, assets, and areas of current or planned investment to support coordination for future strategy implementation and targeting of strategies. This tool will build off of SFDPH's work on the San Francisco Indicator Project and work by OEWD and the Controller's Office that tracks community investments. Findings and tools from the HIA will be utilized by OEWD to inform the Central Market Economic Strategy, and will be expanded to facilitate tracking of OEWD's citywide Invest in Neighborhoods Program. St. Francis will use the products of this HIA to inform funding and tracking for their TLHIP program. This HIA will address key questions about neighborhood investment in the context of improving quality of life while avoiding displacement of long-time residential and business tenants. A detailed methods report will be shared with the growing field of HIA practitioners, highlighting how this HIA capitalizes on the confluence of investment in the Central Market/Tenderloin area and allows us to advance existing interagency partnerships (such as with the Department of City Planning) and to forge new partnerships with OEWD, St. Francis, and the Controller's Office.

This work will also demonstrate how interagency collaboration with non-profit hospitals can support the objectives of the Affordable Care Act.

HIA #3 – Healthy & Safe Restaurant Environments

San Francisco has a vibrant culinary culture and is known for its restaurants and food trends. In fact, San Francisco has the highest number of restaurants per capita in the United States, and the restaurant industry in San Francisco is projected to have the most job openings over the next four years. Because of this industry's essential role in the city's economy, culture, and neighborhood character, it is imperative that issues of safety, access, and diversity are taken into account. From 2011 – 2013 there was a significant increase in new eating establishments permitted by the SFDPH (321 new eating establishments and 78 new mobile food vendors). The policies, laws and strategies to ensure food safety in new and existing establishments are implemented by SFDPH's Environmental Health Branch, and it is widely accepted that foodborne illness is underreported.

According to the CDC, foodborne illnesses affect tens of millions of people and kill thousands in the United States each year. In 2013, there were a total of 19,056 infections, 4,200 hospitalizations, and 80 deaths reported nationwide, most of which were largely preventable. For most types of foodborne infections, the incidence was above the Healthy People 2020 target and children under the age of five were most vulnerable.

The CDC has identified reducing food borne disease as a "Winnable Battle" and The National Prevention Strategy has recognized food safety as an effective and achievable means for improving health and well-being. HIA can assess new and existing strategies and offer opportunities to better understand how food safety can be improved through community design and partnerships with consumers, social media, and regulatory agencies.

In an effort respond to this information and guide SFDPH as it updates its restaurant permitting and licensing process, and to better understand how community design effects restaurant safety, SFDPH plans to work with The San Francisco Planning Department, Restaurant Owners' Associations, and Yelp to conduct a Health Impact Assessment.

This HIA will screen and scope novel policies and program methods to achieve food safety and healthy environments through community design. Potential policies and/or program methods include: 1) an educational program where all new owners and change of ownership applications would be required to attend a food safety course; 2) posting restaurant inspection data on Yelp; 3) conducting more frequent and/or targeted food safety inspections; and 4) providing an advanced food safety training course for employees. Potential health outcomes to be assessed through this HIA include foodborne illness, food inspection scores and specific food safety indicators such as temperature control, proper storage, presence of vermin, and practices related to communicable disease transmission including handwashing and knowledge of paid sick days law. Findings will inform effective interventions to improve food safety in eating establishments and will be disseminated through outreach and collaborations locally with the

Restaurant Owners' Associations and statewide via SFDPH's participation with the California Conference of Directors of Environmental Health.

HIAs Years Two & Three

During years two and three of the grant, SFDPH will use the screening matrix developed during our past grant cycle to screen for the feasibility, timeliness, and impact of six additional HIAs. We will conduct the HIAs following the procedural steps articulated by the CDC and International Association of Impact Assessment and in conformance with the 2010 Practice Standards for HIA published by the North American HIA Practice Standards Working Group, which are now being updated by SOPHIA. The Project Work Plan in section two of this document illustrates the anticipated timing of HIA activities for years one, two, and three.

HIA Steps

Screening: HIA decision targets for year one are identified in the three active policy contexts (transportation, community improvement, and food safety) as discussed above. Once underway, the project will use the screening process to refine these decision targets with the input of steering committee members. Screening will evaluate the following criteria: 1) The potential for the decision to result in significant effects on population health, particularly those effects that may be avoidable, unequally distributed, involuntary, adverse, irreversible or catastrophic; 2) The demand for and utility of information about health effects in a particular decision context; and 3) The technical capacity of the HIA team to provide useful and valid information in a timely way.

Scoping: In the Scoping process, the research team, in consultation with steering committee members, will: 1) Develop conceptual models linking each decision to health outcomes; 2) Establish demographic, geographical and temporal boundaries for impact analysis and identify existing population vulnerabilities; 3) Prioritize health impacts of concern; 4) Select data, methods, and tools to be used for impacts analysis; 5) Determine roles for stakeholders, experts and key informants; and 6) Develop a plan and timeline for external and public review and dissemination of findings and recommendations. Scoping activities will be informed by the San Francisco Indicator Project, Healthy People 2020 Objectives, the CDC's Environmental Health Indicators, and California Environmental Health Tracking Program Data and Tools. Scoping meetings will be facilitated by HIA Project Leads and the HIA Project Coordinator.

Assessment: The Assessment stage of each HIA will produce two outputs: 1) A description of baseline/existing conditions in the affected population, including health status, health determinants, and vulnerabilities to health effects; and 2) The identification, characterization and likelihood assessment of potential health effects that may result from the decision.

Baseline Conditions Analysis: The profile of existing conditions will enumerate the population affected by the decision; describe their health status, sensitivities, and vulnerabilities; and evaluate the state of health determinants. Baseline conditions analysis will involve synthesis of data from existing local and regional sources including: 1) the SFDPH-maintained San Francisco Indicator Project (formerly Sustainable Communities Index), which provides geographically

refined data for more than 90 indicators of community health and census tract-level socio-demographic and zip-code-level health outcomes data; 2) the California Environmental Health Tracking Program Indicators; 3) the California Health Interview Survey; and 4) other local-level data. Additional analyses will be conducted as needed based on the results of scoping.

Impact Analysis and Characterization: These HIAs will rely on systematic literature reviews and quantitative analysis to characterize effects on health. Each effect will be assessed for the following five characteristics: 1) Likelihood (or the confidence in the cause and effect relationship); 2) Intensity or severity; 3) Magnitude (in qualitative and/or quantitative terms); 4) Size of the population affected; and 5) Permanence. The project team will use peer-reviewed land use and transportation analytic tools and methods developed through our past HIA practice, including the TransBASE spatial database; air pollution, noise, and pedestrian injury modeling; and the Pedestrian and Bicycle Environmental Quality Indexes; in addition to HIA tools developed by other agencies, such as the HEAT Tool. The team has the experience and capacity to develop additional quantitative and spatial tools for effect estimation, if indicated, using techniques of risk assessment and epidemiology. In line with the HIA value of transparency, SFDPH will identify methodological limitations and assumptions, and characterize the overall level of certainty or confidence in the effect characterization.

Recommendations: Following the completion of the assessment stage, SFDPH will identify and propose alternative management strategies and policy recommendations to mitigate identified adverse health impacts. Findings and recommendations will be presented to the steering committees for discussion of feasibility prioritization of recommendations. Each HIA will include a proposed Monitoring Plan to track the outcomes of the decision and its implementation.

Reporting, Communication, and Dissemination: Steering committee members will guide the development and implementation of an outreach and communications strategy for findings from each HIA. Dissemination to partners and decision-makers at the local, regional, state, and national levels will occur through report distribution, public and written testimony, and presentations. SFDPH will document the HIA process in a final report that discusses the scientific evidence, describes data sources and analytic methods, profiles existing conditions, details the analytic results, characterizes the health impacts and their significance, and lists corresponding recommendations for policy, program, or project alternatives, design or mitigations for each health issue analyzed. A draft report will be released for public review and we will respond to comments in a final report. SFDPH will work with steering committee members to develop fact sheets describing the HIA findings in accessible and culturally appropriate language. SFDPH will submit abstracts to at least one state and national conference per year to share specific findings and lessons learned from these HIAs.

IB.4.b. Trainings, Technical Assistance, Conferences & Websites

SFDPH is a national leader in offering HIA training. Over the past seven years, SFDPH has provided training and/or technical assistance on HIA and HIA tools to over 500 individuals representing county health agencies, local, state, national, and international stakeholders in public health, planning, transportation and related fields as well as NGOs. In addition to our

annual four-day mini-course for HIA practitioners, SFDPH has additionally provided local and regional trainings to numerous audiences including community members and staff of elected officials. SFDPH staff frequently participate as invited speakers in webinars and conference panels to speak about HIA and HIA tools such as the San Francisco Indicator Project (formerly the Sustainable Communities Index) and the Pedestrian Environmental Quality Index, and provide technical assistance to interested parties via phone and email. SFDPH staff also regularly provide health and health-related data to stakeholders at local, regional, and state agencies for projects and proposal, via the San Francisco Indicator Project, the program website, and by special request.

As part of this HIA project, SFDPH will continue to provide at least two trainings on HIA per year – the four-day mini-courses for HIA practitioners, and partial-day trainings on the development and application of HIA tools, including TransBASE, the San Francisco Indicator Project, and the Pedestrian Environmental Quality Index, either in person or via webinar. Additionally, as part of the introductory meeting for the specific HIA project steering committee members, an introduction to HIA session will be held. SFDPH will also continue to provide ongoing TA to training attendees and local and regional agencies as they implement HIA and HIA tools.

SFDPH staff will continue to seek out and accept opportunities to share our HIA findings, products and lessons learned with a wide and diverse audience via webinars, conferences, and online meetings. We will submit a session proposal of our findings and lessons learned to at least one state conference each year, and coordinate with the CDC on the development of a session to present at a national conference each year as well. Finally, regularly scheduled grantee calls will be another valuable forum for sharing progress, challenges and lessons learned with HIA peers.

Since 2006, SFDPH has maintained a website for the Program on Health, Equity, and Sustainability (http://www.sfhealthequity.org/). This website is the repository for all of SFDPH's informative materials on healthy community design and contains all of the HIA reports and subject matter information that SFDPH has produced over the years and is updated regularly. We propose to enhance the website with a new section for State and National resources, including links to resources from the CDC, the Health Impact Project, and other national leaders in HIA and healthy community design. We also propose to work with the state health department to develop content for their webpage to more widely disseminate HIA resources and materials.

IB.4.c Tool Development

SFDPH has extensive experience developing sophisticated tools that can be used by practitioners with varying levels of experience to conduct their own HIAs (more information here: http://www.sfhealthequity.org/resources/hia-tools). As part of this project, we will develop additional cutting edge tools to assess and address health impacts in community design. Specifically, we plan to create a revamped version of the San Francisco Indicator Project and to create a new interactive web tool that maps community vulnerabilities, assets, and areas of current or planned investment as part of our Central Market Economic Strategy HIA. As with

our existing tools, the new tools will be featured on our websites and shared through trainings, technical assistance, conference presentations, and webinars.

IB.4.d. Collaborations - Building Formal and Informal Partnerships

SFDPH's history of sharing resources, collaborating, and establishing partnerships with local, state, and federal government agencies, nongovernmental organizations, and universities has resulted in our deserved reputation as a go-to source of information on the practice of HIA. SFDPH will continue to share knowledge with CDC and other stakeholders by conducting process evaluation that ensures implementation of program activities and compiles findings, best practices, and lessons learned to serve as a model for other local health departments. Institutionalization of HIA and its concepts is a long-term process that continues to evolve, and with funding from the CDC, SFDPH is committed to strengthening and expanding an effective HIA program to conduct HIAs, provide training and technical assistance, and partner with new agencies and stakeholders. Table A below outlines how some of the current public and private organizational partners will be involved in project activities.

Table A: Public and Private Organizational Partners Engaged in Project and HIAs

Organization/Agency	Vision Zero: Zero Traffic Deaths in San Francisco by 2024	The Central Market Economic Strategy	Healthy & Safe Restaurants	Training, Technical Assistance, & Dissemination
Governmental Agencies				
SF Municipal Transportation Agency	X			
SF Planning	X	X	X	
SF County Transportation Authority	X	X		
SF Office of Economic and Workforce Development		X	X	
SF Controller's Office	X	X		
SF Department of Public Health – Communicable Disease Control			X	
SF Police Department	X	X		
SF Mayor's Office of Innovation		X	X	X
CA Environmental Health Tracking Program	X	X	X	X
California Conference of Directors of Environmental Health			X	X
California Department of Public Health				X

Private Organizations				
Health Impact Project				X
Association of State and Territorial Health Officials			X	
Society of Practitioners of Public Health				X
Bay Area Regional Health Inequities Initiative				X
St. Francis Memorial Hospital		X		
Walk SF	X			
Golden Gate Restaurant Association			X	
California Walks	X			
Yelp			X	

In addition to our direct project partners on our HIA, we will reach out to other national technical advisors and relevant federal agencies to solicit feedback to improve and strengthen our program. Our technical advisors and national project partners will include CDC-funded projects such as the Healthy Community Design Initiative and Environmental Public Health Tracking Network, the Health Impact Project, ASTHO, NACCHO, SOPHIA, the California Department of Public Health and the California Conference of Directors of Environmental Health and representatives from academic institutions. We will work closely with all of these partners through regional planning meetings, conferences and professional meetings and will encourage stakeholders to provide feedback and disseminate HIA tools and findings.

Stakeholder Participation and the HIA Steering Committees: To ensure resource-efficiency of the HIAs, community and stakeholder participation will be interwoven into existing processes: the Vision Zero project will utilize the existing partnerships through the Task Force; the Central Market Economic Strategy/TLHIP project will take advantage of the OEWD Working Group and TLHIP Community Advisory Committee; and the Healthy and Safe Restaurants project will leverage the compliance requirements that SFDPH enforces. For each HIA, SFDPH will convene steering committees that will be tasked with final screening of decisions, oversight of scoping and analysis, and communication of HIA results to agency, local, and regional leaders. Members of the steering committees will include city agencies and key external stakeholders, and SFDPH will offer a partial-day "Introduction to HIA" training to orient steering committee members who are new to HIA. To assess the efficacy of this orientation, members of the steering committees will be asked to complete a brief assessment of their HIA knowledge and experience before the "Introduction to HIA" training and following completion of at least one HIA.

IC. Evaluation and Performance Measurement Plan

Through our evaluation efforts, SFDPH aims to ensure that we successfully meet all the short and long term objectives of the grant by adhering to project deadlines and engaging in a process of continuous quality improvement (CQI) in our HIA practice. Additionally, lessons learned from our CQI activities may serve as a model for other cities and municipalities seeking to use HIA to influence healthy community design and transportation policies and programs.

Within the first year of the grant, SFDPH will develop a comprehensive evaluation work plan that will measure short-term process outcomes and project goals, as well as long-term project goals (see attached logic model). Project staff included on this grant have backgrounds in program evaluation and specific training in quality improvement and performance management for public health. Staff are members of the Society of Practitioners of Health Impact Assessment (SOPHIA) and have engaged in workgroups through the HIA of the Americas Meeting since its inception. As part of these workgroups, SFDPH has been engaged in developing best practices for stakeholder engagement and equity in HIA. This deep understanding of the core values and standards of HIA will facilitate in evaluating this project's goals and outcomes.

Each HIA's steering committee will be engaged in the evaluation and performance measurement process by helping to review the full Evaluation and Performance Measurement Plan and helping to complete evaluation activities after each HIA. Below outlines the framework for evaluation activities that will be used for ongoing monitoring and evaluation of effectiveness for CQI. Questions were adapted from Human Impact Partners' Sample HIA Evaluation Questions.

Table B: Public and Private Organizational Partners Engaged in Project and HIAs

Task	Sample Key Evaluation Questions
Screening	Who was involved in screening the HIA and why? Were there others who should have been involved and why?
Scoping	Who was involved in scoping? Were there others who would have been helpful to participate in scoping? Why? Was the completed HIA consistent with the scoping plan?
Assessment	Did the HIA make judgments about positive and negative health effects of the project, plan, or policy? Did the HIA assess long-term effects or disproportionate harms or benefits to vulnerable populations?
Recommendations	Did the HIA identify evidence-based health-promoting design solutions, mitigations, or alternatives? Did the HIA provide analysis of the effectiveness and feasibility of these recommendations? Were efforts to mitigate potentially negative effects of the proposed project, plan, or policy concentrated on the impacts of the largest magnitude? If not, why?

HIA Steering Committee	Was the HIA decision-making process transparent? How so? If not, what do you recommend to ensure transparency? How much time was spent on the HIA? By whom (not just those who conducted HIA)? What were the associated financial costs (e.g., salaries, travel, expenses)? What did those involved think about the process and what changes would they make if they were to do it again? To what extent was the goal of the HIA achieved?
Public Engagement	What efforts were taken to involve affected populations in the HIA process? Were these efforts successful? Do stakeholders feel that the HIA was responsive to their interests or concerns regarding the project, plan or policy? Did the HIA utilize community knowledge and experience as evidence? In what ways?
Reporting	Did the HIA include comprehensive documentation of the HIA process, analysis, and findings? Were stakeholders given an opportunity to review the findings and comment?
Monitoring	Was a monitoring plan developed?
Training	
Four-day HIA Training Course	Did training increase understanding of HIA steps? Do trainees feel more prepared to lead or engage in a HIA?
HIA Tools Trainings	Did training increase participants understanding of how and why the tool was developed? Do trainees feel capable of using the tool in their work?

These questions will provide a foundation for assessing process and outcomes success. Data sources will include a steering committee survey, to be completed at the end of each HIA, as well as assessment of the products produced by the HIA, which will be used to answer key evaluation questions posed for each HIA step. Similarly, pre-and post-surveys will be used in all trainings to assess increased understanding of HIA. For our four day training, participant feedback is collected each day on strengths and things to improve upon the next day. Using the results from our evaluation efforts, SFDPH hopes to continually engage with its stakeholders and communities in a meaningful way, to continue to improve upon partnerships, transparency, research methods, communications, and training.

ID. Organizational Capacity

Organizational Capacity to Execute Approach

San Francisco Department of Public Health, as a large department of the City and County of San Francisco (CCSF), has its own grants and fiscal, information technology support, human resources, and contract units staff, which will provide administrative support to this project. The San Francisco Department of Public Health – Environmental Health Branch (SFDPH-EHB)

will be the lead coordinating agency with responsibility for this project. SFDPH-EHB is a demonstrated leader in HIA. SFDPH-EHB has successfully created an HIA Program within their branch with support from the CDC in the first cohort of funding through the three-year Healthy Community Design Initiative grant (CDC-RFA-EH11-1104).

With funding from the CDC, SFDPH has continued to elevate the practice of HIA together with diverse public and private stakeholders towards achieving healthy, equitable, and sustainable communities. SFDPH also provided HIA training and technical assistance to local and regional partners; published articles about HIA experiences, analytic tools, and lessons learned; and participated in conference, workshop, and web presentations.

Through the current CDC HIA grant, SFDPH has completed six HIAs with 3 HIA currently active. The following HIAs are demonstrative of SFDPH's evolving, strategic, and impactful HIA practice. In the first year of the grant, SFDPH performed an HIA on examining pedestrian safety for a senior center in a high-traffic corridor. In the second year, a separate HIA developed a Vehicle-Pedestrian Injury Collision Model of Signalized Intersections in San Francisco. This HIA advanced SFDPH's work to develop and apply innovative quantitative forecasting tools to inform health considerations and health-based recommendations – in this case specifically for pedestrian safety – in planning processes. This model is responsive to San Francisco's urban transportation context and informed by national transportation research recommendations.

Another HIA supported through the current CDC HIA grant, the Central Corridor Plan Analysis, is a key example of "moving the needle" to institutionalize HIA capacity within one city agency, SF Planning. The HIA is profiled on the CDC website. This work applies the San Francisco Indicator Project data, a product of the 2004 Eastern Neighborhoods Community Health Impact Assessment, to highlight community needs and strengths in long-range planning. Some of the other HIAs performed are in nascent and emerging policy areas focusing on buildings, energy efficiency, and climate change. The "Overheating Buildings in Coastal Communities: Homes, Health Risks, and Opportunities for Collaboration" HIA brings attention to broad stakeholders the issue of overheating in residential buildings and related health risks.

SFDPH deeply values sharing HIA tools and practices, especially by leveraging technology. Over the past two years, over 40 conference sessions, workshops, and webinars have reached over 1,500 persons on topics ranging from institutionalizing HIA to tools for healthy environmental design. To date, SFDPH has trained over 200 practitioners from multiple sectors through the annual four-day HIA Practitioners Training. Many of these participants have gone on to incorporate HIA and HiAP into their local settings. As a result of these networks developed and continued leadership in HIA practice, SFDPH continues to provide significant local, regional, and national technical assistance on HIA practice and tools. Currently, SFDPH staff are on two HIA of the Americas work groups to improve the quality and impact of HIAs, one on peer review practices and the other developing a tool to assess equity in an HIA.

SFDPH engages at the regional and national (e.g., HIA of the Americas, 2nd National HIA Conference) and local level to ensure HIA is viewed as one of many options, along with other

health promoting public policy tools, to ensure healthy planning and policy decision-making. For example, some City agencies rely on SFDPH for a timely and informative analysis that may not allow for a complete HIA. Explaining our rationale for offering multiple tools (and not exclusively HIA) facilitates institutionalization and sustainability of HIA into local and regional government decision-making because it illustrates the flexibility of our technical assistance. This trend also allows SFDPH to focus HIA on the most strategic and emerging policy issues.

In addition, the growing use of the San Francisco Indictor Project by public and private groups in San Francisco, and its adaptations in seven jurisdictions across the country, is resulting in more data- and health-informed decision-making. Use of the Indicator Project in the design and decision-making process may be reducing the need and demand for more time-consuming HIA processes. At the same time, the Indicator Project is routinely used to provide HIA baseline conditions data. SFDPH now posts Indicator Project data for public use on the city's open government website (https://data.sfgov.org/) to enhance collaboration and transparency in decision-making.

Through this process, we have engaged community partners (See Partnerships & Collaborations section) to have a comprehensive approach to HIA and target those communities and populations at highest risk for illness, in order to advance urban health and social and environmental justice.

In order to adapt and respond to emerging public health challenges and opportunities, the San Francisco Department of Public Health's public health division had re-organized into the new Population Health Division (PHD). The Environmental Health Branch is part of the Populations Health Division. Our PHD vision is "To be a community-centered leader in public health practice and innovation," and our mission: "Drawing upon community wisdom and science, we support, develop, and implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities." The reorganization has (1) integrated health assessment, surveillance, epidemiology, applied research, informatics, and strategic knowledge management to support division, departmental, and citywide efforts; (2) integrated disease prevention and control services; (3) integrated specialists in community engagement, planning, and mobilization; and (4) created a division-wide infrastructure to support professional development, and continuous quality improvement.

The Patient Protection and Affordable Care Act (ACA) has aligned the interests and incentives of public health and health care systems. Under ACA we have the common goal to keep our communities healthy. When we protect and promote health everyone benefits. These aligned interests provide an enormous opportunity to increase and expand the strategic influence of Health Impact Assessments (HIAs). Consequently, the PHD has embraced the creativity, innovation, and leadership from our Environmental Health Branch expertise and experience in HIAs. We have committed to expanding HIA training and implementation throughout the PHD.

As part of public health accreditation and ACA community benefit requirements, we have convened the San Francisco Health Improvement (SFHIP) collaborative to support our citywide Community Health Improvement Plan (CHIP). SFHIP represents diverse stakeholders including UCSF, SFDPH, hospital, health systems, community-based organizations, grantmakers, and city agencies. SFHIP grew out of 10+ years of community health coalition building, and current priorities including promoting healthy and safe environments, and nutrition and physical activity. SFHIP will expand the support and influence of our HIA projects.

Project Management

The San Francisco Department of Public Health's Environmental Health Branch (SFDPH-EHB) will be the lead agency for this project, with the close engagement of local planning and transportation agencies and diverse stakeholder organizations.

Cyndy Comerford is the Manager of Planning and Fiscal Policy in the Environmental Health Branch will serve as the Principle Investigator and Project Director. She will serve as the primary contact for this grant and will have grant administrative responsibilities related to the budget and development of sub-contracts and related scopes of work. Cyndy has been involved for almost ten years in developing San Francisco's practice of HIA, which has included directing HIAs, creating HIA assessment tools, and organizing and facilitating HIA trainings. She has institutionalized a HiAP approach in all of her work as a basis for intersectoral collaboration, and mechanisms to ensure a health lens in decision-making processes. Cyndy will provide project oversight, strategic guidance, and coordinate collaboration with local and regional public agencies and focus efforts on reporting and communications. She holds a Master's Degree in Environmental Policy and Planning and has comprehensive experience planning and developing public health programs and providing technical assistance to incorporate public health considerations into federal, state, and local planning decisions.

Megan Wier, Senior Epidemiologist for the Environmental Health Branch, will serve as Project Director and Co-Principal Investigator. Ms. Wier will oversee the research design, methods and analysis (i.e., scoping, assessment, and reporting) aspects of this project, and is the Lead for Transportation, Health, and Equity for our team. Ms. Wier was a co-author of the primer *Promoting Equity Through the Practice of Health Impact Assessment*, and has eight years of extensive experience conducting HIAs on transportation and land use decisions, developing and applying HIA tools in collaboration with local government agencies and community stakeholders, and training and educating health and non-health professionals on the practice. Ms. Wier was the Co-Principal Investigator of a HIA on road pricing policy funded by the Robert Wood Johnson Foundation's Active Living Research program which has since been acknowledged by the Society of Practitioners of Health Impact Assessment as a "Model HIA." Ms. Wier co-chairs the San Francisco Citywide Vision Zero Task Force, and serves as Secretary of the Transportation Research Board of the National Academies' Subcommittee on Health and Transportation and as a member of the Pedestrian Committee, all important stakeholders to our HIAs. Ms. Wier has an MPH in Epidemiology and Biostatistics from UC Berkeley.

Dr. Tomas Aragon, Health Officer and Director of the Population Health Division (PHD) of SFDPH will also serve as a Co-Principal Investigator. As Health Officer, he exercises leadership and legal authority to protect and promote health and equity. As PHD director, he directs public health services. Dr. Aragon will provide direction and expertise on all phases of the grant. Dr. Aragon will also review and edit reporting documents and facilitate communication and collaboration with public agencies. Dr. Aragon graduated from UC Berkeley (BA, Molecular Biology; DrPH, Epidemiology) and Harvard Medical School (MD, MPH), and completed his clinical and research training at UCSF (SFGH Primary Care Internal Medicine; Clinical Infectious Diseases; and Traineeship in AIDS Prevention Studies, Center for AIDS Prevention Studies).

Megan Wall Shui, Senior Epidemiologist for the Environmental Health Branch, will serve as a Project Manager. Megan Wall Shui will be the screening and scoping specialist and also manage the evaluation portion of this grant. She will work directly with collaborating partners in developing and implementing a comprehensive evaluation work plan. Ms. Wall Shui is the Lead for Land Use Planning and Health for the Environmental Health Branch and manages the San Francisco Indicator Project (formerly the Sustainable Communities Index). Ms. Wall Shui has worked in the field of health and place for the past five years and has extensive experience using HIA tools and working with city agencies to address community needs in long-range planning. She has also been a trainer at the SFDPH's Annual HIA Practitioner's training, teaching sessions on screening, quantitative forecasting, and community indicator systems. Ms. Wall Shui is currently pursuing a Public Health Certificate in Performance Improvement through Arizona State University and is part of the QI team for the Division, helping to write the QI Plan for SFDPH's application for Accreditation. Ms. Wall Shui has a MPH in Global Health from Emory University.

June Weintraub, ScD is Senior Epidemiologist and Acting Manager of Water, Air, Radiation, Noise and Smoking Enforcement Programs for the San Francisco Department of Public Health. Dr. Weintraub's doctorate in Epidemiology is from Harvard School of Public Health; her Master's and Bachelor's degrees in Civil Engineering are from Tufts University. Dr. Weintraub has over 30 years of academic, practice, research, and policy experience in diverse issues related to policy, planning, and administration of programs and projects, development of legislative and policy initiatives and recommendations, and interagency collaboration at the local, regional, state and national levels. Dr. Weintraub has been an instructor for SFDPH's Annual HIA Practitioner's training since its inception; she has been principal author, contributor or technical reviewer on many of the department's HIA's. Dr. Weintraub will continue her role as instructor in the trainings, and she will also provide input and collaborative support into the design and implementation of all the HIAs conducted as part of this project.

The San Francisco Public Health Foundation (SFPHF) will serve as a fiscal intermediary to hire staff for the cooperative agreement. SFPHF has previous experience working with SFDPH and CCSF, public health expertise, experience developing HIAs and assessment skills. The services provided by SFPHF will include:

- Research and Planning Coordinator (1 FTE) - This position will play a key role in maintaining the work plan and will be responsible for researching and writing literature reviews and

reports, coordinating trainings, and other facets of the grant. This position will prepare technical reports and technical documentation, including the reports summarizing health impacts, policy impacts, best practices, and project evaluation. This position will also be responsible for gathering, analyzing, organizing, interpreting, and reporting data related to the HIA projects.

- Health Data and Geospatial Analyst (0.5 FTE) - - This position will perform highly technical aspects of the project related to the analysis of health data and geographical information systems. This includes acquiring, organizing, editing, analyzing, and visualizing data through maps, charts, and graphs for the assessments and project evaluation. This position will also conduct database systems analysis and designs; may perform data normalization tasks; assist in the development of relational databases; assist in the maintenance of data dictionaries.
- Through a consulting services contract with SFPHF, the Communication Specialist will develop a communications strategy, educational materials, and web content. This information will be deployed through multiple venues and media to share information we develop in the course of this project. The Communication Specialist will also create a social media networking site using our existing web resources.

IE. Long-Term Sustainability

SFDPH has established an institutional commitment to conducting HIA and engaging in land use and transportation sectors through general fund support of the activities of its Program on Health, Equity, and Sustainability. These institutional resources allow SFDPH to maintain capacity to conduct HIA and provide some training and technical assistance to local public agencies and community organizations. SFDPH is also starting to establish work orders with the SFMTA for SFDPH support on time-limited transportation studies as well as the development of a comprehensive transportation injury surveillance system. This promising development towards further institutionalization of funding in support of healthy community design was facilitated by the increased capacity of our team to engage in HiAP work and specifically the development of the TransBASE HIA Tool through the 2011-2014 CDC HIA Funding Opportunity. This project will strengthen the ability of our team to continue to conduct novel HIAs in partnership with stakeholders, disseminate HIA findings locally and nationally, have resources to continue to be on the leading edge of developing spatial and analytic HIA tools to advance the practice, and continue our national HIA training for the next generation of HIA practitioners.

OFFICE OF THE MAYOR
SAN FRANCISCO

EDWIN M. LEE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mayor Edwin M. Lee
RE: Accept and Expend Grant- Health Impact Assessment for Improved Community Design - $144,999
DATE: June 2, 2015

Attached for introduction to the Board of Supervisors is a resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of $144,999 from Centers for Disease Control and Prevention to participate in a program entitled Health Impact Assessment for Improved Community Design: Continuing to Advance the Practice to Achieve Health & Equity in San Francisco for the period of September 1, 2014, through August 31, 2015.

I respectfully request that this item be calendared in Budget & Finance Committee on June 10th, 2015.

Should you have any questions, please contact Nicole Elliott (415) 554-7940.

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