

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Advancing Adoption of Trauma-Informed Approaches to Care**

2. Department: **Department of Public Health  
Child, Youth, & Family System of Care**

3. Contact Person: **Ken Epstein** Telephone: **(415) 255-3439**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$279,816 in the 2-year project period**

6a. Matching Funds Required: None

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

7a. Grant Source Agency: **Robert Wood Johnson Foundation**

b. Grant Pass-Through Agency (if applicable): **Center for Health Care Strategies, Inc.**

8. Proposed Grant Project Summary: **To develop and embed a Champions Learning Community (CLC) and collaborative workgroup to partner organizational leaders with staff champions to support, apply, and sustain the application of Trauma Informed System (TIS) principles and practices into the workforce. By embracing TIS principles and providing trauma informed healthcare, we aim to promote a resilient community and workforce that results in increased positive patient outcomes and reduced healthcare costs.**

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

**Start-Date: 10/10/15**

**End-Date: 10/30/16**

**Start-Date: 10/31/2016**

**End-Date: 09/30/17**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **N/A**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

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

b1. If yes, how much? **\$22,481.30 in the 2-year project period (\$ 11,240.65 in year 1, \$11,240.65 in Year 2)**

b2. How was the amount calculated? **10% of salaries and fringe**

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 to accept and expend these funds retroactive to October 10, 2015. The grant source agency did not finalize and approve the grant agreement until October 15, 2015.**

**GRANT CODE (Please include Grant Code and Detail in FAMIS): HMCH08-1600, index code HHMCHGRANTS**

**\*\*Disability Access Checklist\*\* (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Existing Site(s)      | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)           | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Ron Weigelt  
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs  
(Title)

Date Reviewed: \_\_\_\_\_  
(Signature Required)

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

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: \_\_\_\_\_  
(Signature Required)