

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: **Hope SF**

2. Department: **Department of Public Health
Children, Youth and 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: **\$1,400,500 in the 34-month project period**

\$ 55,000 (09/01/2015-08/31/2016)

\$145,000 (12/01/2015-11/30/2016)

\$340,500 (04/01/2016-03/31/2017)

\$ 55,000 (05/01/2016-04/30/2017)

\$805,000 (12/01/2016-06/30/2018)

Total: \$1,400,500

6a. Matching Funds Required: **\$ 0**

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

7a. Grant Source Agency: **San Francisco Foundation**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **The purpose of this project is to enable DPH to plan, launch and manage the HOPE SF onsite Health and Wellness Strategy to reduce the impact of chronic mental and physical illness through healthy lifestyle changes and counseling, improve access to health services, increased screening, and linking people to ongoing primary care. The strategy consists of the expansion of the Health & Wellness Centers and management of HOPE SF Peer Health Leadership Program (PHLP) and associated community health organizations. The PHLP promotes resident leadership. HOPE SF community residents work together to address community health and social issues. Leaders are from the community and serve the community, and function as trusted sources of information, health and life coaches, and role models for other community members.**

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

Start-Date: 9/1/15	End-Date: 8/31/16
Start-Date: 12/1/15	End-Date: 11/30/16
Start-Date: 4/1/16	End-Date: 3/31//17
Start-Date: 5/1/16	End-Date: 4/30/17
Start-Date: 12/1/16	End-Date: 6/30/18

10a. Amount budgeted for contractual services: **\$1,000,500**

b. Will contractual services be put out to bid? **Yes**

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? **One-time**

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

b1. If yes, how much? \$

b2. How was the amount calculated?

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?

25% of salaries, wages, and fringe benefits

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 1, 2015. The Department received the original notice of awards on November 20, 2015 with starting date Sept 1, 2015.

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

HMCH09-1600 to1604 index code HMMCHGRANTS

****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 checked="" type="checkbox"/> Existing Site(s) | <input checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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)