

1 [Accept and Expend Grant - Centers for Disease Control and Prevention - Enhancing Health
2 Resilience to Climate Change Through Adaptation - \$213,713]

3 **Resolution retroactively authorizing the San Francisco Department of Public Health to**
4 **accept and expend a grant in the amount of \$213,713 from Centers for Disease Control**
5 **and Prevention to participate in a program entitled, Enhancing Health Resilience to**
6 **Climate Change Through Adaptation for the period of September 1, 2016, through**
7 **August 31, 2017.**

8
9 WHEREAS, Centers for Disease Control and Prevention has agreed to fund
10 Department of Public Health (DPH) in the amount of \$213,713 for the period of September 1,
11 2016, through August 31, 2017; and

12 WHEREAS, The full project period of the grant starts on September 1, 2016, and ends
13 on August 31, 2021, with years two, three, four, and five subject to availability of funds and
14 satisfactory progress of the project; and

15 WHEREAS, As a condition of receiving the grant funds, Centers for Disease Control
16 and Prevention requires the City to enter into an agreement (Agreement), a copy of which is
17 on file with the Clerk of the Board of Supervisors in File No. 161292; which is hereby declared
18 to be a part of this Resolution as if set forth fully herein; and

19 WHEREAS, The purpose of this project is to work with City and community
20 stakeholders to plan, implement, monitor, evaluate, and continuously improve climate and
21 health interventions as identified in the Department of Public Health Climate and Health
22 Adaptation Plan; and

23 WHEREAS, This initiative will implement a Climate and Health Adaptation and
24 Monitoring Program for San Francisco through engaging stakeholders in climate resilience
25 and working with vulnerable populations; and

1 WHEREAS, The budget includes a provision for indirect costs in the amount of
2 \$19,448; now, therefore, be it

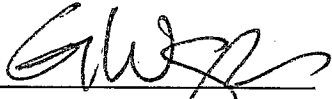
3 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
4 in the amount of \$213,713 from Centers for Disease Control and Prevention; and, be it

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

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

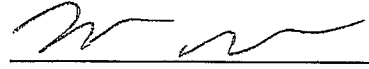
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

RECOMMENDED:



Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor

for



for

Office of the Controller

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: **Enhancing Health Resilience to Climate Change Through Adaptation**

2. Department: **Department of Public Health, Office of Policy and Planning**

3. Contact Person: **Cyndy Comerford** Telephone: **415-554-2626**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$213,713**

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

b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Centers for Disease Control and Prevention**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

The mission of SFDPH's Climate and Health program is to protect the City and its residents from the public health's impacts of climate change. Climate change is expected to more seriously affect the health and well-being of communities that are least able to prepare for, cope with, and recover from the impacts. In this regard, extreme heat days in San Francisco are projected to increase by up to 90 days per year and sea levels will rise up to 46 inches. This program is working to develop and pilot methods to adapt to the current and future health impacts of climate change. This funding from the CDC will go to the Climate and Health Program to support strategies and activities are expected to reduce the health burden from climate change.

The purpose of this project is to work with City and community stakeholders to plan, implement, monitor, evaluate, and continuously improve climate and health interventions as identified in the SFDPH Climate and Health Adaptation Plan. This initiative will implement a Climate and Health Adaptation and Monitoring Program (CHAMP) for San Francisco through engaging stakeholders in climate resilience and working with vulnerable populations. The goal will be to reduce the health burden of climate change and increase health equity.

The operationalization of the CHAMP framework, which involves the development of an Implementation and Monitoring Strategy (IMS), will allow the Climate and Health Program to achieve short-, intermediate-, and long-term outcomes to address the public health consequences of climate change and its implications of human health. The outcomes include engaging stakeholders to develop capacity to plan, implement, monitor, evaluate, and improve interventions, increasing engagement to vulnerable communities to further solidify climate change as an acute public health threat, and to develop interventions that protect the public against the health impacts of climate change at the neighborhood and city level, with a focus on health equity.

In year 1, we will focus on the following strategies and activities: 1) Identify and strengthen relationships with stakeholders, 2) Develop an IMS Communication Plan, and 3) Develop a comprehensive evaluation work plan that will measure short-term process outcomes and project goals, as well as long-term project goals.

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

Start-Date: **09/1/2016**

End-Date: **08/31/2017**

10a. Amount budgeted for contractual services: **\$70,281.00**

b. Will contractual services be put out to bid? **No. SFDPH will be contracting with the San Francisco Public Health Foundation, 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? **Ongoing**

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

b1. If yes, how much? **\$19,448**

b2. How was the amount calculated? **The indirect costs were calculated by multiplying the total salaries by 24%.**

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:

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

Grant Code: HCAC13-17, Index Code: HCHACADMINGR

****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): N/A

- | | | |
|--|---|---|
| <input type="checkbox"/> Existing Site(s) | <input 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:

Matthew Valdez
(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency
(Title)

Date Reviewed: 10-12-14

[Signature]
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 10/18/16

[Signature]
(Signature Required)

Building Resilience Against Climate Effects: Enhancing Community Resilience by Implementing Health Adaptations CDC-RFA-EH16-1602
Enhancing Health Resilience to Climate Change through Adaptation
 San Francisco Department of Public Health Year 1 Budget

Budget				
	Year 1 Detail			
	Annual Salary	% on Project	In-Kind Support	Amount Requested
Personnel:				
Project Director: Cynthia Comerford, Manager of Policy & Planning				
<i>SFDPH - The Office of Policy and Planning</i>				
<i>1824 Principal Administrative Analyst</i>				
	\$125,060	10.000%	33.000%	\$12,506
Matt Wolff: Health Data Analyst				
<i>SFDPH - The Office of Policy and Planning</i>				
<i>1822 Administrative Analyst (Health Data Analyst)</i>				
	\$76,258	50.000%		\$38,129
Max Gara: Project Coordinator				
<i>SFDPH - The Office of Policy and Planning</i>				
<i>1820 Administrative Analyst (Project Coordinator)</i>				
	\$68,302	10.000%	X	\$0
Teri Dowling: Community Engagement/Special Projects Manager				
<i>SFDPH - Public Health Emergency Preparedness & Response</i>				
<i>2591 Health Program Coordinator III</i>				
	\$115,729	20.000%	X	\$0
Tara Connor: Education and Outreach Coordinator				
<i>SFDPH - Public Health Emergency Preparedness & Response</i>				
<i>2589 Health Program Coordinator I</i>				
	\$72,956	10 month @ 50%		\$30,398
Naveena Bobba: Director				
<i>SFDPH - Public Health Emergency Preparedness & Response</i>				
<i>2220 Supervising Physician</i>				
	\$224,666	5.000%	X	\$0
<i>In-Kind Salary Support</i>			\$75,649	
Salaries				\$81,033
MFB - Mandatory Fringe Benefits:			\$30,260	\$30,793
Total Salaries & MFB			\$105,908	\$111,826

Year 1				
Contractual Staff:				
San Francisco Public Health Foundation Enterprises				\$70,281
Health Data and Geospatial Analyst (2 Months)				\$15,542
Travel				\$1,600
Climate Consultant/Leadership Development				\$11,000
Communication Specialist				\$20,000
Evaluation Specialist				\$10,000
Graphic Designer				\$5,000
Indirect Cost				\$7,139
Travel:				
Air Travel/Transportation				\$5,667
Lodging				\$3,973
Conference Registration/Training				\$2,518
				\$12,158
Direct:				\$194,265
Indirect:				\$19,448
Total				\$213,713

Additional Funding Years	Year 2	Year 3	Year 4	Year 5
Personnel	81,033	81,033	81,033	81,033
Mandatory Fringe Benefits	30,793	30,793	30,793	30,793
Travel	12,158	12,000	12,000	12,000
Contractual	70,281	70,439	70,439	70,439
Indirect	19,448	19,448	19,448	19,448
Total	213,713	213,713	213,713	213,713

Building Resilience Against Climate Effects: Enhancing Community Resilience by Implementing Health Adaptations -CDC-RFA-EH16-1602
Enhancing Health Resilience to Climate Change through Adaptation
 San Francisco Department of Public Health Year 1 Budget Narrative/Justification

City and County of San Francisco Personnel	Amount Requested	Justification
<i>Project Director, Cyndy Comerford</i> Manager of Policy and Planning and Director of the Climate and Health Program	\$12,506.00	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 collaboration with local and regional public agencies. She also is responsible for the research design, data analysis, environmental assessment and statistical analysis portion of this project.
<i>Matt Wolff, Health Data Analyst</i> The Office of Policy and Planning and the Climate and Health Program	\$38,129.00	Matt will perform independently and detailed professional-level analytical work to scientifically examine the health impacts of climate change on populations in San Francisco, and develop methodologies for implementation and monitoring of interventions to support the resilience of San Francisco's communities for climate adaptation and mitigation.
<i>Tara Connor, Education and Outreach Coordinator</i> Public Health Emergency Preparedness & Response and the Climate and Health Program	\$30,398.33	Tara will research and develop outreach materials (e.g. presentations, fact sheets, social media) to reach target audiences as defined by the program's goals and objectives. She will coordinate activities and presentations for community events associated with the program. Proactively seek and facilitate input and involvement from community members and organizations.
<i>Max Gara, Project Coordinator</i> The Office of Policy and Planning and the Health Impact Assessment Program	In-Kind	Max will help with coordination for the drought initiative with the Climate and Health Program and will help develop a health impact assessment framework for this initiative where appropriate. Max will assist the Project Director and Climate Analyst /Project Coordinator with administrative work and program alignment with the Department,
<i>Teri Dowling, Community Engagement, Planning and Special Projects Manager</i> Public Health Emergency Preparedness & Response and the Climate and Health Program	In-Kind	Teri will serve as the Coordinator for the Public Health Emergency Preparedness & Response Team. She will play a key role on the maintaining the work plan for the team and will direct the community engagement. She will also be responsible for updating Disaster Response Plans and coordinating exercises and implementation.
<i>Naveena, Bobba, Director of Public Health Emergency Preparedness & Response</i>	In-Kind	Naveena will serve to support and provide guidance for the grant in matters relating to public health emergency preparedness. Her section will work with partners to develop plans that integrate with local, state and federal agencies efforts.
Total Salaries	\$ 81,033	
MFB - Mandatory Fringe Benefits (40%)	\$ 30,793	

DPH Staff Project Travel	Amount Requested	Justification
Out of State Conference Travel	\$4,670	International Conference on Building Personal and Psychosocial Resilience for Climate Change = Airfare - \$650, Transportation = \$120. National Conference and Global Forum on Science, Policy, and the Environment = Airfare - \$650, Transportation = \$120. Grantee Meeting in Atlanta for 2 people \$650, Transportation = \$120. = 1590 . Spring Travel = Airfare - \$650, Transportation = \$120. . Summer Travel Airfare - \$600, Transportation = \$100.
In State Travel	\$997	Verge Conference = \$100 mileage/Parking. Trips to State Capital \$100 X 3=\$300 mileage/Parking. Misc. Parking and Transportation for outreach \$161. Bridge SF = Millage \$50.
Conference Registration Fees	\$2,518	International Conference on Building Personal and Psychosocial Resilience for Climate Change = \$375, National Conference and Global Forum on Science, Policy, and the Environment = \$350 (Estimate). Verge Conference = \$795. Bridge SF = \$648. Other local conference \$350
Out of State Lodging	\$3,973	International Conference on Building Personal and Psychosocial Resilience for Climate Change = 3 nights hotel X \$179, plus tax = \$615 National Conference and Global Forum on Science, Policy, and the Environment = 4 nights hotel X \$179, plus tax = \$819. 2 Staff for Grantee Meeting in Atlanta 4 night hotel X \$138, plus tax = \$634.80 = \$1269. Spring Travel = Hotel \$650. Summer Travel \$650 = Hotel
Total Staff Travel	\$ 12,158	

Building Resilience Against Climate Effects: Enhancing Community Resilience by Implementing Health Adaptations -CDC-RFA-EH16-1602
Enhancing Health Resilience to Climate Change through Adaptation
 San Francisco Department of Public Health Year 1 Budget Narrative/Justification

Contractual Services - San Francisco Public Health Foundation (SFPHF)	Amount Requested	Justification:
Climate Consultant / Leadership Development	\$11,000	Through a consulting services contract with the SFPHF, we will hire an climate consultant experienced in scientific and policy analysis, program/project management, and implementation of climate change interventions. \$100 for 110 hours
Communication Specialist	\$20,000	Through a consulting services contract with SFPHF, the Communication Specialist will develop a communications strategy for the this initiative. 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. \$150 for 133 hours
Evaluation Specialist	\$10,000	Through a consulting services contract with the SFPHF, we will hire an evaluation specialist to review our evaluation design, evaluation data collection, and analysis of evaluation data for evaluation of process and impacts and recommendations for process improvement. \$90 for 111 hours
Graphic Designer	\$5,000	Through a consulting services contract with SFPHF, the graphic designer will provide services to design our reports for the public. \$125 for 40 hours
Health Data and Geospatial Analyst (2 Months)	\$15,542	Through a consulting services contract with SFPHF, the analyst will perform independently and detailed professional-level analytical work to scientifically examine the health impacts of climate change on populations in San Francisco, and develop methodologies for implementation and monitoring of interventions to support the resilience of San Francisco's communities for climate adaptation and mitigation. Salary = \$6820 per month and \$951 in benefits a month
Travel for Health Data and Geospatial Analyst (2 Months)	\$1,600	Through a consulting services contract with SFPHF, SFPHF staff will attend the Grantee Meeting in Atlanta 4 night hotel X \$138, plus tax = \$634.80. Grantee Meeting in Atlanta \$650, Transportation = \$120. Misc. travel in state \$195.20
Fiscal management fee for contractual services with the SFPHF (10%)	\$7,139	DPH will contract with the San Francisco Public Health Foundation to provide fiscal management for these services. They charge approx 10% management fees.
Total Contractual Services	\$ 70,281	

Indirect Costs		
Indirect Costs	\$	19,448.00

Total Project Budget Year 1	\$	213,713
------------------------------------	-----------	----------------

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources
 2920 Brandywine Road
 Atlanta, GA 30341

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 301(A)AND317(K)(2)PHS42USC241(A)247B(K)2

1. DATE ISSUED MM/DD/YYYY 10/26/2016	2. CFDA NO. 93.070	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 08/26/2016 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 NUE1EH001329-01-01 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD From MM/DD/YYYY 09/01/2016	Through MM/DD/YYYY 08/31/2021	
7. BUDGET PERIOD From MM/DD/YYYY 09/01/2016	Through MM/DD/YYYY 08/31/2017	

8. TITLE OF PROJECT (OR PROGRAM)
 The Enhancing Health Resilience to Climate Change Through Adaptation project will allow for the implementation of interventions to protect residents against the health impacts of climate change.

9a. GRANTEE NAME AND ADDRESS San Francisco Department of Public Health 101 Grove St Office of Policy and Planning. San Francisco, CA 94102-4505	9b. GRANTEE PROJECT DIRECTOR Cynthia Comerford 101 Grove Street Office of Policy and Planning San Francisco, CA 94102-0000 Phone: 415-554-2626
10a. GRANTEE AUTHORIZING OFFICIAL Mr. David Anabu 101 GROVE ST San Francisco Department of Public Health SAN FRANCISCO, CA 94102-4505 Phone: 415-554-2626	10b. FEDERAL PROJECT OFFICER Jane Horton 4770 Buford Hwy, NE; MS K60 Atlanta, GA 30341 Phone: 770-488-3837

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m) 213,713.00	
II Total project costs including grant funds and all other financial participation II		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages	81,033.00	c. Less Cumulative Prior Award(s) This Budget Period 213,713.00	
b. Fringe Benefits	30,793.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	111,826.00	13. Total Federal Funds Awarded to Date for Project Period 213,713.00	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	0.00	YEAR	TOTAL DIRECT COSTS
f. Travel	12,158.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	0.00	c. 4	f. 7
i. Contractual	70,281.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS →	194,265.00	a. DEDUCTION	
k. INDIRECT COSTS	19,448.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	213,713.00	c. MATCHING	
m. Federal Share	213,713.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING AGENCY 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	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: **Tiffany Mannings**

17. OBJ CLASS 41.51	18a. VENDOR CODE 1946000417A6	18b. EIN 946000417	19. DUNS 103717336	20. CONG. DIST. 12
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
21. a. 6-939ZTGH	b. 16EH001329	c. 93.070	d. EH	e. \$0.00
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 10/26/2016
GRANT NO. 6 NUE1EH001329-01-01	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

San Francisco Department of Public Health

6 NUE1EH001329-01-01

1. Terms and conditions

Funding Opportunity Announcement (FOA) Number: EH16-1602
Award Number: 1 NUE1EH001329-02
Award Type: Cooperative Agreement
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

The purpose of the amended Notice of Award (NoA) is to correct the previously issued NoA dated, August 26, 2016. The funding allocations are being corrected to correspond with the revised budget received on August 09, 2016.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All other terms and conditions issued in the initial award remain in effect, unless otherwise changed, in writing, by the Grants Management Officer.

GMO Contact:

Tiffany Mannings, Grants Management Officer
Centers for Disease Control
CDC/OGS/OFR
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-2515
Fax: 770-488-2640
Email: yuo7@cdc.edu

GMS Contact:

Wanda Tucker, Grants Management Specialist
Centers for Disease Control
CDC/OGS/OFR
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-5056
Fax: 770-488-2640
Email: kna9@cdc.gov

Programmatic Contact:

Jane Horton, Project Officer
Centers for Disease Control
National Center for Environmental Health
CHAM building 106, MS F57
Chamblee, GA 30341-3717
Telephone: 770-488-3837
Fax: 772-488-3460
Email: aux9@cdc.gov

Funding Opportunity Announcement (FOA) Number: EH16-1602
Award Number: 1 NUE1EH001329-01
Award Type: Cooperative Agreement
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number EH16-1602, entitled "Building Resilience Against Climate Effects: Enhancing Community Resilience by Implementing Health Adaptations", and application dated June 14, 2016, 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, Executive Orders, 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.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS Grants Policy Statement, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of \$213,713.00 is approved for the Year 2016 budget period, which is September 1, 2016 through August 31, 2017. 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.

Award Funding: Not funded by the Prevention and Public Health Fund

Technical Review Statement Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements is not required.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Note: The disposition of program income must have written prior approval from the GMO.

FUNDING RESTRICTIONS AND LIMITATIONS

Indirect Costs:

1. Indirect costs are approved based on the Indirect Cost Rate Agreement dated March 22, 2016, which calculates indirect costs as follows, a Provisional is approved at a rate of 25.0% of the base, which includes, salaries, wages and fringe benefits. The effective dates of this indirect cost rate are from July 1, 2016 until amended.

Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015 (Items A through E)

A. Cap on Salaries (Div. G, Title II, Sec. 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.

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 (Div. G, Title II, Sec. 217): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. G, Title V, Sec. 503):

- 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 or 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/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

D. Needle Exchange (Div. G, Title V, Sec. 521): 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. Blocking access to pornography (Div. G, Title V, Sec. 526): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

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 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. 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.

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) 2016 funds will expire September 30, 2016. All FY 2016 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2021. 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 to your GMO/GMS no later than 90 days after the end of budget period. The FFR for this budget period is due by November 30, 2017. Reporting timeframe is September 1, 2016 through August 31, 2017.

The FFR may be downloaded from the following website below and submitted to the GMS via email.
https://www.whitehouse.gov/sites/default/files/omb/grants/approved_forms/SF-425.pdf

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

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, April 30, 2017, 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 \$750,000 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 45 CFR Part 75. 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\(0vkw1zaelyzjibnahocqa5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocqa5i0))/account/login.aspx)

AND

Office of Grants Services, Financial Assessment and Audit Resolution Unit

Electronic Copy to: PGO.Audit.Resolution@cdc.gov

After receipt of the audit report, CDC will resolve findings by issuing Final Determination Letters.

Audit requirements for Subrecipients to whom 45 CFR 75 Subpart F applies: 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 (45 CFR 75 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 45 CFR Part 75 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

Federal Funding Accountability and Transparency Act (FFATA):

In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to 45 CFR Part 75, §75.502, 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?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

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 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 www.fsrs.gov specify.

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/excomp.htm?explorer.event=true>).

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 45 CFR Part 75). 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 45 CFR Part 75, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at <http://www.hhs.gov/grants/contracts/contract-policies-regulations/efficient-spending/index.html> . 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 45 CFR Part 75, as applicable.

Prior Approval: All requests, which require prior approval, must bear the signature of the authorized organization representative. The grantee must submit these requests by April 30, 2017 or no later than 120 days prior to this budget period's end date. 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 approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions
- Conferences or meetings that were not specified in the approved budget

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/grants/alreadyhavegrant/priorapprovalrequests.html>

Key Personnel: In accordance with 45 CFR Part 75.308, 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, 1 NUE1EH001329-01, 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. Further, the HHS and CDC logo cannot be used by the grantee without a license agreement setting forth the terms and conditions of use.

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 in applicable grant regulations found at 45 CFR Part 75.

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, Payment Management Services
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?explorer.event=true>

Note: To obtain the contact information of PMS 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/governmental_and_tribal.aspx?explorer.event=true
- Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/cross_servicing.aspx?explorer.event=true
- International Payment Branch:
Bhavin Patel (301) 492-4918
Email: Bhavin.patel@psc.hhs.gov

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
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
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.

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all 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.

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

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

Grant Document Number: 16EH001329
Subaccount Title: EH16-1602COOPAGRFY16

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management Services, 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:

Tiffany Mannings, Grants Management Officer
Centers for Disease Control
CDC/OGS/OFR
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-2515
Fax: 770-488-2640
Email: yuo7@cdc.edu

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:

Wanda Tucker, Grants Management Specialist
Centers for Disease Control
CDC/OGS/OFR
2960 Brandywine Road, MS E-01
Atlanta, GA 30341
Telephone: 770-488-5056
Fax: 770-488-2640
Email: kna9@cdc.gov

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:

Jane Horton, Project Officer
Centers for Disease Control
National Center for Environmental Health
CHAM building 106, MS F57
Chamblee, GA 30341-3717
Telephone: 770-488-3837
Fax: 772-488-3460
Email: aux9@cdc.gov

FOR OFFICIAL USE ONLY

SUMMARY STATEMENT

REVIEW DATE: July 7, 2016
APPL NUMBER: NUE1EH2016000050
INSTITUTION: San Francisco Department of Health
TITLE: Building Resilience Against Climate Change

APPROVED

SCORE: 84

SUMMARY:

Application NUE1EH2016000050 is from the City and County of San Francisco's project entitled, The Enhancing Health Resilience to Climate Change Through Adaptation. This application proposes the San Francisco Department of Public Health Climate and Health Program expand the capacity of the public health department to:

1. Increase collaboration with federal, state, and local stakeholder to continue fostering a culture of climate adaptation;
2. Enhance outreach and educational programs to increase awareness of climate change as an acute public health threat;
3. Develop an Implementation and Monitoring Strategy (IMS), Communication Plan, and Evaluation Plan, to plan, implement, monitor, evaluate, and improve interventions to protect against the health impacts of climate change; and
4. Add to the evidence-base on intervention efficacy to help other local health departments in their climate adaptation efforts.

This project will ensure the development of implementation and monitoring methodology that will allow the SFDPH Climate and Health Team to work with local stakeholders. As both a City and a County, the successful implementation and evaluation of interventions will rely on careful communication between the Public Health Department, and other City agencies focused on climate change, neighborhood resiliency, emergency preparedness, and land use. The Climate and Health Team is also focused on establishing evaluation methodology and will work with stakeholders to establish process and outcome questions for each intervention, collect and analyze data, and incorporate evaluation findings to improve intervention effectiveness. By the end of the project period, they expect not only sophisticated interventions to protect against the health impacts of climate change, but increased community capacity protect against to new climate threats as they emerge.

This is a five year request for a ceiling allocation of \$1.5 million dollars (\$300K annually). This will cover 6 staff, specifically: one full time health data analyst, one half time education and outreach coordinator, and four other staff at 5-20%. Annual in-kind support is \$75,679.

San Francisco's climate change is causing temperature increases, changing precipitation patterns, increasing extreme weather events and raising sea levels. The applicant's proposed project will allow

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

for an increase in collaboration with federal, state and local stakeholder to continue fostering a culture of climate adaptation, enhance outreach and educational programs to increase awareness of climate change, develop an IMD, communication plan, evaluation plan to improve interventions to protect against the health impacts of climate health, and add evidence based interventions efficacy to help other local health departments in their climate adaptation efforts.

Strengths:

Overall, the applicant demonstrated an achievable approach to carry out the project.

They have detailed strategies and activities that are consistent with the CDC's project description.

They have an experienced staff team and partnership with organizations that demonstrates they have personnel expertise, leadership and experience to make a significant impact in this area. They demonstrated the skills and ability to collect data and evaluate the success of their proposed project.

The applicant included a Climate and Health Adaptation plan that incorporates health. They provided climate risks that they will tackle, specific to San Francisco and they identified their vulnerable populations.

The applicant described how they will develop IMS for their adaptation plan. They also detailed the plan to describe the outcomes for each year.

They used the SMART objective for their proposed strategies and activities.

The applicant has developed an extensive network of stakeholders and partners, working closely with many state, local, regional, and community organizations.

They have 14 existing stakeholders and partners and will continue to work with neighborhood groups to develop community-driven interventions and trainings. The applicant obtained 11 letters of support from different organizations.

Strong description of stakeholder engagement strategies and demonstration of partnerships and collaboration

The applicant describes the process for communicating and disseminating IMS in their project narrative.

The applicant clearly provides a monitoring and evaluation plan for their proposed activities in their project narrative. The applicant describes their process on how they will evaluate their performance and how it will contribute to developing evidence-based climate and health interventions, provided in Table 2 of their project narrative. The applicant also describes key evaluation questions, indicators, evaluation criteria and the staff who will be involved.

The applicant demonstrated experience successfully operationalizing the five-step CDC BRACE framework. Through this, the applicant was able to engage community partners to develop a

FOR OFFICIAL USE ONLY

FOR OFFICIAL USE ONLY

comprehensive approach to understanding community vulnerability to climate change and create interventions that will target populations at highest risk for illness.

Demonstrated experience and capacity to meet the project outcomes, based on prior success, specifically the San Francisco Climate and Health Profile, The Extreme Heat Vulnerability Assessment and Flood Health Vulnerability Assessment, the Community Resiliency Indicator System, Flood Health Index, and Heat Vulnerability Index, and recognition from the White House, C40 and presented at the 21st Conference of Parties to the United Nations Framework Convention on Climate Change (COP21) as concrete city solutions to climate change that can be scaled and replicated across the world.

The applicant has program staff experience working in the field of climate health, which was demonstrated by providing a staffing plan that outlines staff roles and project management structure to achieve project outcomes. The applicant provided staff resumes, CVs and position descriptions for key personnel in the project that demonstrates the capacity to carry out the scope of the work.

The applicant described systems for fiscal management that will ensure funds are used appropriately, in the budget narrative. The applicant showed the proposed use of funds is an efficient and effective way to implement the strategies and activities to attain the project outcomes. The applicant has its own grants fiscal unit who will provide support to the project.

Weaknesses:

The applicant's adaptation plan is incomplete, and they have stated it will not be complete until fall of 2016.

The applicant's staffing plan was not very detailed. Work plan lacks detail to years 2-5 and the specific activities for project staff. Unclear as to which staff member will be supporting evaluation or whether it will all be contracted out.

Need to strengthen partnerships to provide representation from the targeted neighborhoods identified in the vulnerability assessment.

Fiscal management is being contracted out to San Francisco Public Health Foundation with limited description on how they intend to ensure the appropriate oversight.

Evaluation plan lacks a description of steering committee activities mentioned in approach.

Budget:

Recommendations:

FOR OFFICIAL USE ONLY

**Enhancing Health Resilience to Climate Change through
Adaptation**

FOA: CDC-RFA-EH16-1602

Table of Contents

Project Narrative	1
Background.....	1
Approach.....	4
Collaborations	8
Target Populations.....	9
Application Evaluation and Performance Measurement Plan	10
Organizational Capacity.....	15
Work Plan	16

Project Narrative

Background

Overview

Climate change is happening now and faster than expected. While climate change is a global problem, its impacts will be local and threaten the security and well-being of San Franciscans. Climate change is expected to increase temperatures, change precipitation patterns, increase the frequency and severity of extreme weather events, and increase sea-level rise—all of which will have significant and cascading effects on the environment, economy, and public health. By 2100, extreme heat is projected increase between 4.1 and 6.2 degrees, and the number of extreme heat days (currently any day over 85F) are projected to increase by 90. Local sea levels are projected to rise while extreme storms are expected to increase in both frequency and intensity. By 2100, these forces will combine to exacerbate flood inundation with storm surge from a 100-year storm projected to be 77 inches. In 2015, California entered the fourth year of severe drought. Climate models project that droughts will only worsen with climate change.

Climate impacts are associated with numerous health impacts. Higher temperatures will increase rates of heat-related illness and heat-related mortality. Worsened air quality will exacerbate respiratory illnesses and trigger asthma symptoms. Flood inundation will increase exposure to molds, change the distribution of disease vectors, and increase rates of waterborne illness. Power outages associated with extreme weather events will reduce access to city resources. Additional indirect impacts of climate change include income loss from increased food costs or property damage, and mental health impacts including anxiety and depression.

The impacts from climate change are expected to disproportionately affect the communities least able to absorb them. The extent to which a population is affected may be modified by their socioeconomic status, quality of local infrastructure, pre-existing health conditions, and environmental exposure. Socioeconomic indicators of increased climate risk include age, income, race, level of educational attainment, and language. Infrastructure and built environment indicators include housing quality, impervious surface, and proximity to transportation. Pre-existing health indicators include asthma rates, mental health conditions, and diabetes rates. Climate change's disproportionate impact is referred to as the climate gap. One of main objectives throughout this cooperative agreement will be to implement interventions to address the climate gap. Successful implementation of interventions to climate change will 1) help serve marginalized communities, 2) improve health equity and 3) serve as a model for other local health departments.

Relevant Work

The impacts of climate change on human health are a major concern, particularly for populations with known health disparities. In 2010, San Francisco Department of Public Health (SFDPH) established the Climate and Health Program with the support of funding from the CDC. The purpose of San Francisco's Climate and Health Program is to address the public health consequences of climate change and its implications on human health. The program has

conducted various analyses assessing climate trends, defining disease burden, developing specific intervention methods, and evaluating effects of climate change for at-risk populations within San Francisco to:

- Promote community resilience through education, empowerment and engagement to reduce vulnerability to climate change.
- Increase both local level capacity and internal department capacity to utilize climate health science.
- Incorporate stakeholder engagement in the development of climate change mitigation and adaptation actions.
- Implement adaptation efforts which achieve health co-benefits and improve health disparities.
- Serve as a model for local health departments.
- Educate stakeholders on health impacts of climate change and adaptation plans.

Some of the Climate Health Program's key successes and outcomes include:

- The San Francisco Climate and Health Profile that summarizes how climate change is expected to impact San Francisco, which populations are most and least resilient to these impacts, and where those populations live. The Climate and Health Profile won second prize in the National Institute of Environmental Health Sciences (NIEHS)'s Climate Change and Environmental Exposures Challenge and is featured in the U.S. Climate Resilience Toolkit.
- The Extreme Heat Vulnerability Assessment and Flood Health Vulnerability Assessment, which is used to investigate and trace the pathways that will link climate impacts to health outcomes to vulnerable populations.
- Community Resiliency Indicator System, Flood Health Index, and Heat Vulnerability Index. These rubrics systematically compare the resiliency and vulnerability of San Francisco neighborhoods in order to allocate resources, plan interventions, and advocate for policies and programs.
- Emergency plans and educational and outreach material for adaptation. This has included a Heat, Extreme Storm and a Flood Emergency Operations Plan and associated outreach materials on heat, flooding, extreme storms, and sheltering in place.
- A draft Climate and Health Adaptation Plan (Appendix A)
- The Climate and Health Program's work has been recognized by The White House, C40 and presented at the 21st Conference of Parties to the United Nations Framework Convention on Climate Change (COP21) as concrete city solutions to climate change that can be scaled and replicated across the world.
- Lastly, the program has continuously strengthening collaboration across government agencies, non-profits and private partnerships to support vulnerable communities in building capacity and leadership.

Image 1. Project Logic Model

Year 3 - 5	Year 2	Year 1	Activities and Strategies	Outputs and Outcomes	Performance Measures
<p>24. Review and incorporate Evaluation findings</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p>	<p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p>	<p>2a. IMS Evaluation Plan</p> <p>1b. Complete an IMS</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>	<p>24. Implement IMS</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>	<p>24. Implement IMS</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>	<p>24. Review and incorporate Evaluation findings</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>
<p>24. Review and incorporate Evaluation findings</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p>	<p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p>	<p>2a. IMS Evaluation Plan</p> <p>1b. Complete an IMS</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>	<p>24. Implement IMS</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>	<p>24. Implement IMS</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>	<p>24. Review and incorporate Evaluation findings</p> <p>2c. Evaluate IMS</p> <p>2b. Implement IMS</p> <p>1d. Communicate IMS</p> <p>1c. IMS Evaluation Plan</p> <p>1a. Identify and Strengthen Relationships with Stakeholders</p>

ST = Short Term Outcome, IT = Intermediate Term Outcome

Approach

Purpose

The mission of the SFDPH's Climate and Health Program is to address the public health consequences of climate change and its implications on human health. Over the last six years, by operationalizing the BRACE framework, SFDPH has successfully assessed climate trends, defined disease burden, evaluated effects of change for vulnerable populations, and proposed interventions. The Program has focused on preparing SFDPH to respond to the threat of climate change-related hazard events, and to ensure the equitable distribution of all climate health interventions. The purpose of this cooperative agreement is to work with City and community stakeholders to plan, implement, monitor, evaluate, and continuously improve climate and health interventions as identified in the SFDPH Climate and Health Adaptation Plan. This initiative will implement a Climate and Health Adaptation and Monitoring Program (CHAMP) for San Francisco through engaging stakeholders in climate resilience and working with vulnerable populations. The goal will be to reduce the health burden of climate change and increase health equity.

Outcomes

The operationalization of the CHAMP framework, which involves the development of an Implementation and Monitoring Strategy (IMS), will allow the Climate and Health Program to achieve short-, intermediate-, and long-term outcomes to address the public health consequences of climate change and its implications of human health. The outcomes include engaging stakeholders to develop capacity to plan, implement, monitor, evaluate, and improve interventions, increasing engagement to vulnerable communities to further solidify climate change as an acute public health threat, and to develop interventions that protect the public against the health impacts of climate change at the neighborhood and city level, with a focus on health equity. These outputs and outcomes are referenced in detail in the logic model on page 3. Outputs and outcomes are referenced again in the work plan on page 17 with specific, measurable, achievable, relevant, and time-phased objectives.

Strategies and Activities

The following strategies have been identified in the logic model on page 3. These eight main strategies and activities will help us develop, communicate, evaluate, and improve our IMS and chosen interventions. We have divided the strategies into two sections: planning and communication strategies, and implementation and evaluation strategies. Each strategy will be attached to an expected timeframe for development, and each strategy description will include performance measures that we will use to evaluate the strategy.

Planning and Communication Strategies

Strategy 1a: Identify and strengthen relationships with stakeholders (Year 1)

Our work would not be possible without engaged partners and collaboration with a diverse set of stakeholders. SFDPH has a long history of collaborating with local, state, and federal public agencies, and community organizations. Over the last grant cycle, the Climate and Health Program focused on growing partnerships on a local and regional level. We have continued to

seek guidance and partner with climate experts with key agencies that oversee infrastructure, transportation, as well as planning and emergency management. Over the last several years, the City of San Francisco has elevated efforts to build climate resilience by hiring both a Chief Resilience Officer as part of the Rockefeller Foundation's 100 Resilient Cities Challenge and a Senior Advisor on the Environment to the Mayor's Office which has elevated the efforts of the Climate and Health Program. We will develop a list of stakeholders with the development of the IMS within the first year of the project period. Over the next five years, we expect to increase engagement with City stakeholders to coordinate climate change research, collaboratively plan interventions, and use our collective capacity to expand the coverage and depth of our outreach. We will work with neighborhood groups and residents to develop community-driven interventions and trainings including partnering with the San Francisco Office of Resiliency and Recovery to lead community meetings at 29 public libraries beginning in mid-2016 to promote climate health education and engage stakeholders in climate adaptation.

Strategy 1a: Performance Measure: IMS developed within the year of the project period with a complete list of state, regional, and local stakeholders.

Strategy 1b: Develop an IMS (Year 2)

By the end of the first year of the project period, the Climate and Health Program will develop an Integrated Monitoring Strategy (IMS). The IMS is part of the Climate and Health Adaptation and Monitoring Program (CHAMP) framework and will detail the methodologies necessary to implement, monitor, and improve interventions. The IMS will include a team roster to oversee the IMS, a list of interventions with target populations and geographic neighborhood, a thorough list of stakeholders, and methodology for intervention implementation, monitoring process and impact, a timeline of activities. The IMS will also define intervention evaluation criteria, including identifying measurable impacts and new data sources.

Strategy 1b: Performance Measure: By the end of the first year of the project period, we will have a completed IMS with a list of state, regional, and local stakeholders, a team roster including roles and facilitators, a list and description of chosen interventions including site locations, intervention implementation and monitoring methodology including necessary resources, and a timeline and milestones for each intervention.

Strategy 1c: IMS Communication Plan (Year 1)

Communication tools and the participation of local residents and policy makers are critical to the success of this program. In the last grant cycle, we created a communication plan that focused on understanding Climate and Health coverage in the media, and suggested key messages, credible messengers, and outlined a successful climate change communications strategy. During the last project period, communication materials included online surveys, Live Stories online communication platform, press releases, interactive maps, a comprehensive climate and health website, and a two day climate and health workshop for local practitioners.

The Climate and Health Program will develop an IMS Communication Plan in conjunction with the development of the IMS. This plan will leverage our existing Climate and Health Profile Communication Plan. The IMS Communication plan will include the thorough list of stakeholders developed during the creation of the IMS, as well as smaller intervention-specific

stakeholder groups, detailed communication methods including communication type, communication schedule, and a communication evaluation plan which will include methodology to track and continuously evaluate the effectiveness of outreach and communication of IMS to stakeholder agencies. We will include workgroups, workshops, presentations and reports as standard methods of communication and will leverage partnerships for new and innovative ways of communicate. We have already solidified two partnerships for the IMS communication Plan. We will partner with the San Francisco Office of Resiliency and Recovery to co-lead community meetings at 29 public libraries beginning in later 2016 to promote our Climate and Health Adaptation Plan and engage stakeholders in climate adaptation. We have also partnered with FEMA and Climate Access to place two OWL units (a 360-degree audio-visual platform that enables users to respond to survey questions and leave audio comments) in San Francisco to showcase sea level rise projections, and potential responses to those impacts. Following these partnerships, we hope to demonstrate how a handful of evidence-based best practices in climate health communication and engagement can be used to build climate policy support for interventions at the local and regional area. These best practices will include making the issue tangible, increasing risk perception, showcasing positive solutions, and using dialogue to break down ideological polarization.

Strategy 1c: Performance measures: A complete communication plan including number and name of community representatives, number and names of vulnerable populations, number of stakeholders, number of communication activities, number and type of communication materials, and communication and dissemination dates.

Strategy 1d: Communicate IMS (Year 2)

The actual communication of the IMS will incorporate the methodology as outlined in the IMS Communication Plan. The implementation of the IMS communication plan will coincide with the evaluation of communication. The execution of a successful communication strategy will result in the IMS being effectively tailored and delivered to the relevant audiences, increased communication among IMS stakeholders, and vulnerable communities increasing awareness of climate change risks. Although the communication of the IMS will begin in Year 1, it will be continuously evaluated and updated through the lifespan of the project cycle.

Strategy 1d Performance measures: The performance measures will be established in the IMS communication plan and may include a list of key stakeholders, a number and description of communication material, vulnerable populations engaged, key timelines and milestones, and stakeholder surveys.

Implementation and Evaluation Strategies

Strategy 2a: IMS Evaluation Plan (Year 1 and Year 2)

The SFDPH Climate and Health Program will develop a comprehensive evaluation work plan that will measure short-term process outcomes and project goals, as well as long-term project goals. Through our evaluation efforts, we aim to successfully meet all the short and long term objectives of the IMS and selected interventions and have the data to continuously improve and strengthen interventions, communication, and engagement. Evaluation will both allow us to better protect and build community resiliency, as well as enhance the evidence base on

intervention efficacy. Project staff included on this grant have backgrounds in program evaluation and specific training in quality improvement and performance management for public health.

Strategy 2a Performance measures: Beginning in Year 1, and to be completed by Year 2, the SFDPH Climate and Health Team Evaluator will develop an IMS evaluation plan with logic model, roster of stakeholders, timeline, intervention-specific evaluation questions, engagement strategy, and qualitative and quantitative methodology including data sources.

Strategy 2b: Implement IMS and chosen interventions and adaptations (Year 2 +>)

The SFDPH Climate and Health Program has already begun meaningful action to combat climate and health impacts of climate change. These actions have included working internally at SFDPH and with the Department of Emergency Management to develop climate hazard annexes to emergency management plans, and developing outreach and engagement materials to present to vulnerable populations. We will build upon this work with the development of the IMS, the IMS Communication Plan, and the IMS Evaluation Plan to allow for the seamless implementation of the IMS and interventions identified in the SFDPH Climate Adaptation Plan. Interventions will be implemented by the SFDPH Climate and Health Team in conjunction with state, local, and neighborhood stakeholders as identified in the IMS.

Strategy 2b: Performance measures: Beginning in Year 2 of the project period, the Climate and Health Program will begin implementing interventions as established in the IMS and Climate Adaptation Plan. Performance measures may include a list of actions and interventions implemented by SFDPH or stakeholders, and an updated IMS with intervention milestones shown as complete.

Strategy 2c: Evaluate the IMS and chosen interventions (Year 2 +>)

Through our evaluation efforts, SFDPH aims to ensure that we successfully meet all the short-, intermediate-, and long-term objectives of the grant by adhering to project deadlines and engaging in a process of quality improvement. The Program will operationalize the IMS evaluation methodology as developed in year 2 of the project timeline in conjunction with the implementation of the interventions. The evaluation of the IMS and chosen interventions will measure intervention effectiveness, and help the Climate and Health Team improve interventions to maximize impact. The evaluation will also allow stakeholders to provide feedback into IMS processes. The IMS Evaluation Plan will have already established stakeholders, data sources, and timelines, and routine engagement will ensure evaluation questions are sufficient and objectives are clearly communicated.

Strategy 2c: Performance measure: Performance measures may include a list of intervention and data collection status, including a list of communication with evaluation stakeholders, and surveys and interviews with stakeholders that indicate climate health is being integrated into programmatic activity.

Strategy 2d: Review evaluation results with key stakeholders and incorporate findings into the IMS and chosen interventions to improve and update (Year 3 +>).

Because climate change is a long term threat, interventions to protect the City from new and enhanced climate change-related health outcomes must be similarly long term. To ensure the

success of these interventions, the Climate and Health Program is prepared to engage on a continuous effort to evaluate and improve interventions. Each intervention will have a steering committee and the committee will be engaged in the evaluation and performance measurement process by helping review the full evaluation and performance measurement plan, and helping complete evaluation activities. The final outcome will be a systematic process to communicating, evaluating, and improving interventions to protect public health and promote resiliency. This system will successfully build capacity within the city and the community to address challenges posed by climate change, cement evaluation methodology and promote a culture of continuous improvement while engaging the public.

Strategy 2d Performance measures: Performance measures for this strategy include data an updated IMS documenting changes to IMS interventions based on evaluation findings, a list of changes to internal policies that reflect a climate health lens, as well as programs that have included climate health considerations into policy or program activities, and a list of articles submitted and accepted into peer-reviewed journals.

Collaborations

The identification of and engagement with a diverse set of stakeholders will be instrumental in creating and implementing CHAMP and the IMS for San Francisco. The Climate and Health Program has developed an extensive network of stakeholders and partners, working closely with many state, regional, local, and community organizations. Refer to Table 1 on page 10 for a complete list of existing key partners and descriptions of the relationships. Within the next year, the program will be working more extensively within SFDPH, including with the Health Delivery Network to design interventions that ensure the continuation of activities in the event of enhanced or emerging climate health threats. The program will continue to work with neighborhood groups to develop community-driven interventions and trainings. Statewide, the Climate and Health Program has worked closely with the California Department of Public Health, and the Governor's Office of Planning and Research. The program has leveraged its partnership with the USGBC's Building Health Initiative, Public Health Institute, Climate Readiness Institute and BARHII to engage with academics and policymakers around regional climate adaptation issues. The program has leaned on Federal departments, such as the CDC, NOAA, EPA, and USGS for climate science and best practices. Within the last two years, the Climate and Health Program expanded its Federal Partnerships to work with the U.S White House – Office of Science and Technology. For this new cooperative agreement, the San Francisco Climate and Health Program will also work more closely with New York City

Department of Health and Mental Hygiene, as they are the only other City to receive funding for Climate and Health from the CDC. Within San Francisco, the Climate and Health Program has joined the Mayor's Task Force on Sea Level Rise and also the Program Director has joined the City's Directors Working Group, which is tasked with advising the Mayor and Head Directors on issues such as climate change adaptation. The Climate and Health Team is also part of several other City working groups including the Solar Market Pathways Solar + Storage for Resilience

Table 1: List of Stakeholders

Department/Organization	Type	Nature of Collaboration
SF Office of Resilience and Recovery	City Agency	communications, outreach, policy, performance goals and metrics
SF Planning Department	City Agency	Sea Level Rise and adaptation, planning and development
SF Environment	City Agency	communications, outreach, policy
SF Public Utility Commission	City Agency	Scientific Research, Sea Level Rise, inland flooding
SF Human Service Agency	City Agency	Sheltering
SF Dept. of Emergency Management	City Agency	communications, outreach, emergency response
Bay Area Health Inequities Initiative (BARHII)	Regional Non-profit	Regional Policy, Best Practices, communication and outreach
USGBC – Northern California	Regional Non-profit	Regional Policy, Best Practices, communication and outreach
CA Dept. of Public Health	State Agency	State Partnership, tool kits, best practices
State Governor’s Office	State Agency	State Partnership, tool kits, best practices
US White House – Office of Science and Technology	Federal Agency	Federal Partnership, tool kits, best practices
Climate Readiness Institute	Non-profit	Scientific Research, Academic Partnerships
Public Health Institute	Non-profit	Regional Policy, Best Practices, Communications
New York City Department of Health and Mental Hygiene	National Partner	Case Studies, Best Practices, Communications

project and The Neighborhood Empowerment Network and multiple active transportation work groups, which are all aimed at increasing community resilience. During the last year, the Climate and Health program has developed new relationships within the San Francisco Public Utility Commission to collaboratively address climate change, waterborne illness, impacts of dampness/mold, drinking water contamination, and the health impacts of a combined stormwater/wastewater sewer system during heavy precipitation events.

The Climate and Health Program will continue to seek new innovative public-private partnerships to advance climate resilience. During the last several years, the program has worked with Appalicious to help create the *The Disaster Assessment and Assistance Dashboard* (DAAD) to assess community resiliency and promote economic recovery in the wake of a disaster. We have worked with Four Twenty Seven to provide health expertise on local tools and to create interactive maps on flood health vulnerabilities and we have worked with LiveStories, an online communication platform to communicate health impacts of flooding.

Target Populations

Over the previous grant cycle, the Climate and Health Program has identified target populations vulnerable to the health impacts of climate change and climate change-related hazard events in San Francisco. Factors that modify the health impact of climate change-related health impacts

include environmental exposure, housing quality, socioeconomic and demographic status, and pre-existing health conditions. Through operationalization of the Community Resiliency Indicator System, we identified 38 indicators that either increased or decreased a residents' resiliency to climate hazard events. Indicators were determined through an interdepartmental workgroup of climate and community resiliency experts. The final indicators were combined to create a resiliency score. Socioeconomic indicators include age, income, race, level of educational attainment, and language. Infrastructure and built environment indicators include housing quality, impervious surface, and proximity to transportation. Pre-existing health indicators include asthma rates, mental health conditions, and diabetes rates.

We intend to focus our interventions to target those with the highest vulnerability to these climate health stressors. Areas with the highest concentrations of these target populations include the following San Francisco Neighborhoods - Bayview Hunters Point, Visitacion Valley, Crocker Amazon, Treasure Island, South of Market, Downtown/Tenderloin and Chinatown. Because many vulnerable populations speak Mandarin, Cantonese, Spanish, and other non-English languages we will ensure our communication materials are translated whenever necessary to reach our target audiences. When we do not have capacity to reach a target population, we will partner with local non-profits and regional agencies to expand our reach.

Methods to effectively communicate and tailor IMS interventions to vulnerable populations will include outreach and recruitment of stakeholders from these communities to participate in the IMS development and implementation process, including members of local community-based organizations, and outreach and engagement specialists. We expect to develop an IMS Communication Plan in the first year of the project period that will guide the communication and dissemination of the IMS, interventions, and evaluation.

Application Evaluation and Performance Measurement Plan

The Climate and Health Program aims to ensure that we successfully meet all the short-, intermediate-, and long-term objectives, outputs, and outcomes of the grant. Our evaluation efforts will help ensure we meet project deadlines, effectively communicate and engage with stakeholders, and reach our desired project outputs and outcomes. As the Climate and Health Program intends to build upon the work of the last grant period, by evaluating and monitoring project processes and outcomes, we will be better able to successfully maintain and build community resiliency in San Francisco. Additionally, our evaluation efforts will provide insight into how our activities can be improved upon, which will serve as a model for other cities and municipalities seeking to build their community resiliency and capacity to respond to climate change.

We've built the Evaluation and Performance Measurement Plan around the outputs and outcomes as identified in our logic model on page 3. Each evaluative output and outcome is included in Table 2 on page 11, with type of evaluation, performance measures, evaluation questions, indicators, data sources, and responsible parties. A full Evaluation and Performance Measurement Plan will be finalized within the first 6 months of the project period.

Table 2: Evaluation and Performance Measurement

Eval. Type	Performance Measure	Evaluation Question(s)	Indicators	Evaluation Criteria	Staff Involved
Process	Output A: Methodology for implementation identified	<ol style="list-style-type: none"> 1. Did the program identify methods for each intervention? / Which interventions do not have methodologies? 2. What barriers did we encounter while completing this step? / How could we improve this process? 	Process report that identifies methodologies	In the Completed IMS, do all interventions have methodologies for implementation?	Climate and Health Program Manager
Process	Output B: Local data identified and acquired	<ol style="list-style-type: none"> 1. Did the program identify enough data sources? / Do our data sources provide enough information to evaluate interventions? 2. What barriers did we encounter completing this step? / How could we improve this process? 	Process report that identifies data sources	In the Completed IMS, do all interventions have data sources?	Climate and Health Program Data Analyst
Process	Output C: Old and new stakeholders identified	<ol style="list-style-type: none"> 1. Did the program identify stakeholders necessary to implement and evaluate interventions? 2. Have the stakeholders been engaged in the IMS development process? 3. What barriers did we encounter completing this step? / How could we improve this process? 	List of old and new stakeholders	In the Completed IMS, are stakeholders identified sufficient to effectively implement and evaluation interventions?	Climate and Health Program Manager
Process	Output D: Increase in organization of agency and partnership work.	<ol style="list-style-type: none"> 1. Does our team roster account for all roles necessary to implement and evaluate IMS? 2. Does each facilitator understand their role and how it relates to the IMS? 3. What barriers did we encounter completing this step? / How could we improve this process? 	IMS team roster, facilitators	In the Completed IMS, is the IMS team Roster and Facilitators account for all roles necessary to implement IMS?	Climate and Health Team
Process	Output E: Increase in	<ol style="list-style-type: none"> 1. Does the IMS include all necessary components (a list of state, regional, and local stakeholders, a team roster including roles and facilitators, a 	Completed IMS with all necessary components	Is the IMS complete?	Climate and Health Team

	readiness to implement IMS	list and description of chosen interventions including site locations, intervention implementation and monitoring methodology, and a timeline and milestones)? 2. What barriers did we encounter completing this step? / How could we improve this process?			
Process	Output F: Increase readiness of agency to effectively communicate IMS	1. Did the program identify representatives from all vulnerable populations? 2. Did we develop a plan that allows for sufficient engagement with stakeholders? / Are stakeholders satisfied with their involvement? 3. Do the communication materials; A) meet the requirements of the Paperwork Reduction Act; B) effectively address interventions planned? 4. Are dates identified for communication / dissemination? 5. What barriers did we encounter completing this step? / How could we improve this process?	Report with number and name of community representatives, vulnerable populations, stakeholders, communication activities, communication materials and dates	In the Completed IMS Communication Plan, have vulnerable populations and community stakeholders been identified? Are the communication activities sufficient to ensure effective implementation of IMS interventions?	Climate and Health Program Educator
Process	Output G: IMS effectively tailored and delivered to relevant audiences	1. Has IMS communication and dissemination strategy successfully delivered IMS to relevant stakeholders? If not, which interventions and which communities need support? 2. What barriers did we encounter completing this step? / How could we improve this process?	List of key stakeholders including vulnerable populations in updated communication strategy, number and description of communication materials	Has the stakeholder engagement been sufficient to increase awareness of the IMS and chosen interventions?	Climate and Health Program Educator
Process	Output H: Evaluation plan for IMS and each	1. Is the evaluation plan sufficient to monitor and improve interventions?	Report with number of data sources, location of	In the Completed IMS Evaluation Plan, do all interventions have	Climate and Health Program

	chosen intervention	2. What barriers did we encounter completing this step? / How could we improve this process?	data sources, methodology	data collection and performance measures attached?	Data Analyst
Process	Output I: Interventions and adaptations implemented	1. Which interventions been implemented? 2. What barriers did we encounter completing this step? / How could we improve this process?	Report with number of actions taken and/or interventions implemented by stakeholders	Are the milestones established in the IMS being met?	Climate and Health Team
Process	Outputs J and K: Evaluation of interventions, and incorporation of evaluation findings in new IMS	1. Are the interventions being successfully evaluated? 2. Is evaluation methodology sufficient to develop findings? 3. Have findings been successfully incorporated to strengthen interventions? 4. What barriers did we encounter completing this step? / How could we improve this process?	Report with data sources, number of modifications to IMS and interventions.	After the IMS has been updated, which interventions have been modified and which haven't? Which interventions are being evaluated sufficiently and which are not?	Climate and Health Program Data Analyst
Outcome	Short term outcome B: Awareness of, and communication about, the IMS among key stakeholders, public.	1. Are stakeholders aware of IMS and interventions, including IMS goals and objectives?	Tracked list of IMS-related communications including communication type, events, and methods.	Has the communications established in the IMS Communication Plan been effective? Are we meeting our milestones?	Stakeholders, Climate and Health Program Educator, Community Leaders
Outcome	Short term outcome C: Vulnerable communities aware of climate change risk and resources to help	1. Are vulnerable communities aware of the risk of climate change and resources available? Have they become more aware?	Answers from a stakeholder survey	Percentage of community reporting climate change as a significant risk; Increase in knowledge of resources available	Climate and Health Program Data Analyst

Outcome	Short term outcome I: Increase the number of actions taken by grantee and partners to protect the public climate change	1. Has the program or project partners, through the IMS process, increased the number of actions taken to protect the public?	Report with number of actions taken, type of actions	Is there any correlation between interventions implemented and an increase in climate actions?	Climate and Health Program Team Stakeholders
Outcome	Intermediate term outcome A: Public health considerations integrated into state/local policy	1. Has the IMS lead to changes in state and local policy?	Tracked list of policies integrated into the SF Municipal Code.	Is there any correlation between interventions implemented and an increase in climate health policy?	Climate and Health Program Team, Stakeholders
Outcome	Intermediate term outcome C: Increased capacity to address challenges posed by climate change.	1. Are stakeholders integrating climate change considerations into their work? 2. Has this project increased capacity to address climate challenges?	Report with number of local programs integrated a climate health lens into programs, Number of SFDPH managers incorporating climate change into programs	Using interviews and stakeholder surveys, has the Program increased the integration of climate change into programmatic activities?	Climate and Health Data Analyst, SFDPH Managers
Outcome	Intermediate term outcome D: Enhanced evidence base on intervention efficacy	1. Has the Program interventions improved knowledge-base? 2. Are SFDPH successes replicable to other jurisdictions?	Report with number of improvements to IMS interventions, tracked list of scholarly articles	Have interventions improved and added to the evidence base to make interventions replicable in other jurisdictions?	Climate and Health Program Team

Organizational Capacity

The SFDPH Climate and Health Program has the capacity and extensive expertise to successfully carry out the proposed strategies and activities. Our capacity includes the following:

- A strong network of public health partners and stakeholders.
- Access to existing data on relevant environmental, social, and health indicators; including data sharing agreements where the custodian of relevant data resides outside of the awarded agency.
- Capacity to analyze and synthesize the health and at-risk population data in order to identify appropriate interventional activities.
- Capacity to develop and implement drought-related interventional activities, including staff members with appropriate experience and sufficient, dedicated staff time.
- Capacity for program planning, monitoring, and evaluation; financial reporting; budget management and administration; and personnel management including delineation of staff roles and expertise.
- Capacity to manage required procurement efforts, including the ability to write and award contracts in accordance with application regulations.

The San Francisco Department of Public Health – Office of Policy and Planning (SFDPH-OPP) will be the lead coordinating agency with responsibility for this project. SFDPH is a demonstrated leader in public health and climate change issues. SFDPH successfully created the Climate and Health Program with the support from the CDC in the first and second cohort of funding through the Climate-Ready States & Cities Initiative and BRACE Initiative. Through this process, the program engaged community partners to develop a comprehensive approach to understanding community vulnerability to climate change and creating interventions that will target communities and populations at highest risk for illness in order to advance urban health, social and environmental justice.

The San Francisco Department of Public Health Project Lead is Cyndy Comerford, Manager of Planning, Policy, and Analysis in the Office of Policy and Planning. 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. Since 2010, she has been the principal investigator of the CDC Climate Ready States and Cities Initiative and led the development of the San Francisco Climate and Health Program. She has led a multi-disciplinary team with expertise in biostatistics, emergency disaster response, emergency medical services, environmental epidemiology, atmospheric science, indicator development, and climatology. Cyndy will provide project oversight, strategic guidance, and coordinate collaboration with local and regional public agencies. She also is responsible for the research design, data analysis, environmental assessment and statistical analysis portion of this project. 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. The Climate and Health Team will support this initiative with the following existing staff:

- Matt Wolff, Health Data Analyst, 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 vulnerability assessment, drafting a plan of activities and strategies to prevent and mitigate health effects of drought, project evaluation and design of interventions.
- Tara Connor, Education and Outreach Coordinator, will research and develop outreach materials (e.g. presentations, fact sheets, social media) to reach target audiences as defined by the program's goals and objectives.
- Teri Dowling, Community Engagement, Planning and Special Projects Manager, will serve as the Coordinator for the Public Health Emergency Preparedness & Response Team. She will play a key role on the maintaining the work plan for the team and will direct the community engagement piece.
- Naveena Bobba will serve to support and provide guidance for the grant in matters relating to public health emergency preparedness. Her section will work with partners to develop plans that integrate with local, state and federal agencies efforts.

SFDPH, as a large department of the City and County of San Francisco (CCSF), has its own grants fiscal unit, information technology support staff, human resources unit and contract staff, which will provide administrative support to this project. The San Francisco Public Health Foundation (SFPHF) will serve as a fiscal intermediary to hire staff and consultants for the cooperative agreement. SFPHF has previous experience working with SFDPH and the City and County of San Francisco. The services provided SFPHF will include:

- A Communication Specialist that will assist with the development of the communications strategy. 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.
- An Evaluation Specialist to review our evaluation design, evaluation data collection, and analysis of evaluation data for evaluation of process and impacts and recommendations for process improvement.
- Through a consulting services contract, a graphic designer will provide services to design our reports for the public.

Work Plan

We will use the CHAMP and IMS framework for our program planning. Project tasks correspond to strategies, as detailed in the Strategy and Activities section of this application. We have submitted a detailed work plan for the first year of the project, and have included goals and objectives for the following four years. All of the major project strategies and activities have been documented with an estimated timeline on Table 3 below.

Strategies and Activities

Table 3. Work Plan Year 1

- Project Time Line				
Project Strategies and Activities	Year 1			
	Q1	Q2	Q3	Q4
1. Finalize Project Evaluation and Performance Management Plan				
A. Identify and outreach to stakeholders	X	X	X	X
B. Finalize strategy-specific evaluation questions	X			
C. Develop performance measures	X			
D. Identify data and develop data collection plan	X			
E. Finalize project dissemination plan		X		
F. Write and submit plan		X		
1a. Identify and Strengthen Relationships with Stakeholders				
A. Outreach to stakeholders	X	X	X	X
B. Scope to develop robust stakeholder list	X			
C. Develop stakeholder engagement survey	X	X		
D. Send stakeholder survey		X		
E. Refine stakeholder list		X		
1b. Develop an IMS				
A. Outreach to stakeholders	X	X	X	X
B. Finalize selection of interventions	X	X	X	
C. Develop IMS team roster	X	X	X	
D. Review list of vulnerable populations	X	X	X	
E. Identify data sources and measurements		X	X	
F. Finalize project dissemination plan		X	X	
G. Write IMS			X	X

Project Strategies and Activities	Year 1			
	Q1	Q2	Q3	Q4
1c. Complete an IMS Communication Plan				
A. Outreach to stakeholders	X	X	X	X
B. Incorporate analysis from stakeholder engagement survey			X	
C. Write communication plan			X	X
D. Articulate communication plan to stakeholders				X
2a. Develop IMS Evaluation Plan				
A. Outreach to stakeholders	X	X	X	X
B. Develop protocol to track communications			X	
C. Identify intervention-specific evaluation questions			X	X
D. Identify intervention-specific data sources				X
E. Organize intervention-specific evaluation meetings				
F. Write plan				
1d. Communicate IMS	Year 2			
2b. Implement IMS	Year 2 - 5			
2c. Evaluate IMS	Year 2 - 5			
2d. Review and Incorporate Evaluation Findings	Year 3 - 5			

Outputs and Outcomes

Based on the project work plan documented in Table 2, the objectives, outcomes, and deliverables (milestones for accomplishing the objectives) for the first year of the project period are detailed below. The objectives, outcomes, and deliverables are in line with the project strategies outlined in the project narrative. Many of the objectives, outcomes, and deliverables can also be found in the logic model on page 3, and in the applicant evaluation and performance measurement plan on page 10. These objectives, outcomes, and deliverables have been expanded in this section to align with the SMART criteria: specific, measurable, achievable, relevant, and time-bound. Many strategies and activities may have multiple outcomes and outputs, and outcomes and outputs may be linked to multiple strategies and activities. In the interest of space, we have simplified to include each outcome and output only once, associated with the most relevant strategy and activity.

Short-term outcomes are abbreviated as (ST), intermediate-term as (IT), and long-term as (LT). Funding from the CDC is essential to achieving success for this work plan.

Strategy 1a: Identify and Strengthen Relationship with Stakeholders

Outputs / Outcomes: Output C: Increase the number of project stakeholders, by identifying new stakeholders and engaging old stakeholders, to sufficiently plan and implement interventions as established in the IMS.

Performance Measures: Have new stakeholders been identified?

Deliverables: Completed IMS with intervention stakeholders identified, Comprehensive evaluation and performance management plan.

Timeframe: Year 1

Strategy 1b: Complete an IMS

Outputs / Outcomes: Output A: Develop methodology for the implementation of chosen interventions. Output D: Increase organization of agency and partnership work. Output E: Increase readiness to implement IMS.

Performance Measures: Has an IMS been completed? Are the methodologies in this IMS sufficient to implement chosen interventions?

Deliverables: Completed IMS with a list of state, regional, and local stakeholders, a team roster including roles and facilitators, a list and description of chosen interventions including site locations, intervention implementation and monitoring methodology including necessary resources, and a timeline and milestones for each intervention.

Timeline: Year 1

Strategy 1c: Complete and IMS Communication Plan

Outputs / Outcomes: Output F: Increase readiness to communicate the IMS to stakeholders, community-members, and relevant populations.

Performance Measures: Are we ready to communicate the IMS?

Deliverables: A complete communication plan including number and name of community representatives, number and names of vulnerable populations, number of stakeholders, number of communication activities, number and type of communication materials, and communication and dissemination dates.

Timeline: Year 1

Strategy 2a: Develop IMS Evaluation Plan

Outputs / Outcomes: Output B: Acquire local data and identify data sources, necessary to implement and evaluate interventions. Output H: Design an evaluation plan for the IMS and each chosen intervention that identifies data sources, evaluation stakeholders, and intervention milestones.

Performance Measures: Has new data been acquired? Have data sources been identified? Are these data sources relevant to measure intervention milestones? Does each intervention have a corresponding evaluation plan? Is the evaluation plan sufficient to monitor and improve the intervention?

Deliverables: IMS evaluation plan with logic model, roster of stakeholders, timeline, intervention-specific evaluation questions, engagement strategy, and qualitative and quantitative methodology including data sources.

Timeline: Year 1 – Year 2

Planned Goals for Year 2 – 5

Planned strategies and activities, and associated outputs and outcomes from year 2 – 5 are summarized below. These can be found in more detail in the logic model on page 3 or in the Evaluation and Performance Management Plan on page 10.

‘Short-term’ is abbreviated ‘ST’ and ‘Intermediate-term’ is abbreviated as ‘IT’.

Year 2 Outputs and Outcomes

Strategy / Activity	Output / Outcome
IMS Evaluation Plan	Output B, Output H
Communicate IMS	Output G, ST Outcome B, ST Outcome C
Implement IMS	Output I, IT Outcome I
Evaluate IMS	Output J, IT Outcome C

Year 3 Outputs and Outcomes

Strategy/Activity	Output / Outcome
Implement IMS	Output I, IT Outcome I
Evaluate IMS	Output J, IT Outcome C
Review and Incorporate Evaluation Findings	Output K, IT Outcome A, IT Outcome D

Year 4 Outputs and Outcomes

Strategy/Activity	Output / Outcome
Implement IMS	Output I, ST Outcome I
Evaluate IMS	Output J, IT Outcome C
Review and Incorporate Evaluation Findings	Output K, IT Outcome A, IT Outcome D

Year 5 Outputs and Outcomes

Strategy/Activity	Output / Outcome
Implement IMS	Output I, ST Outcome I
Evaluate IMS	Output J, IT Outcome C
Review and Incorporate Evaluation Findings	Output K, IT Outcome A, IT Outcome D



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 *[Signature]*
DATE: October 6, 2016
SUBJECT: Grant Accept and Expend
GRANT TITLE: Enhancing Health Resilience to Climate Change Through
Adaptation - \$213,713

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: Not Applicable. No application submitted.
- 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

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *(M)* Mayor Edwin M. Lee
RE: Accept and Expend Grant - Enhancing Health Resilience to Climate
Change Through Adaptation - \$213,713
DATE: November 29, 2016

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 \$213,713 from Centers for Disease Control and Prevention to participate in a program entitled Enhancing Health Resilience to Climate Change Through Adaptation for the period of September 1, 2016, through August 31, 2017.

Should you have any questions, please contact Mawuli Tugbenyoh (415) 554-5168.

RECEIVED
DEPT OF PUBLIC HEALTH
SAN FRANCISCO
2016 NOV 29 PM 3:35
BY *(Signature)*

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: San Francisco Public Health Foundation	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> (See Attachment A)	
Contractor address: 375 Laguna Honda Blvd B303, San Francisco, CA 94116	
Date that contract was approved:	Amount of contract: \$70,281
Describe the nature of the contract that was approved: (See Attachment B)	
Comments:	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves San Francisco Board of Supervisors

Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

Attachment A

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

1) Members of the Board

- Robin Frye, President
- Rachel Golick Fernandez, Vice President
- Tim McDowell, Treasurer
- Colleen Chawla, Secretary
- Penny Eardley, Executive Director
- Elizabeth Ferber, Member of Board
- Sonia Melara, Member of Board
- Amanda Schmutzler, Member of Board
- Gayle Uchida, Member of Board

2) CEO: Penny Eardley, CFO: Tim McDowell, COO: Penny Eardley

3) None

4) None

5) None

Attachment B

The purpose of our project is to work with City and community stakeholders to plan, implement, monitor, evaluate, and continuously improve climate and health interventions as identified in the SFDPH Climate and Health Adaptation Plan. The San Francisco Public Health Foundation will serve as a fiscal intermediary for the following:

- Through a consulting services contract with the SFPHF, we will hire a climate consultant experienced in scientific and policy analysis, program/project management, and implementation of climate change interventions.
- Through a consulting services contract with SFPHF, the Communication Specialist will develop a communications strategy for this initiative. 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.
- Through a consulting services contract with the SFPHF, we will hire an evaluation specialist to review our evaluation design, evaluation data collection, and analysis of evaluation data for evaluation of process and impacts and recommendations for process improvement.
- Through a consulting services contract with SFPHF, the graphic designer will provide services to design our reports for the public.
- Through a consulting services contract with SFPHF, the analyst will perform independently and detailed professional-level analytical work to scientifically examine the health impacts of climate change on populations in San Francisco, and develop methodologies for implementation and monitoring of interventions to support the resilience of San Francisco's communities for climate adaptation and mitigation.
- Through a consulting services contract with SFPHF, SFPHF staff will attend the Grantee Meeting in Atlanta