File Number: _	170821	
	by Clerk of Board of Supervisors)	
		plution Information Form fective July 2011)
Purpose: Accor expend grant fu		ervisors resolutions authorizing a Department to accept and
The following d	escribes the grant referred to in t	he accompanying resolution:
1. Grant Title:	Zika Response Resources Gra	nt
2. Department	t: Department of Public Health Population Health Division Disease Prevention and Con	trol Branch (DPC)
3. Contact Per	rson: Cora Hoover, MD, MPH	Telephone: 415-437-6343
4. Grant Appro	oval Status (check one):	
[x] App	proved by funding agency	[] Not yet approved
5. Amount of G	Grant Funding Approved or Applie	ed for: \$225,366
•	unds Required: No of matching funds (if applicable): I	N/A
	ce Agency: California Departme -Through Agency (if applicable):	nt of Public Health Public Health Foundation Enterprises, Inc.
This grant allo areas: 1) Improved women with Z regarding the soft completene families with Z regarding guide.	oved ability to investigate and lika infection in the CDC Zika status of the pregnancy and the ess and accuracy of Zika-relative affected pregnancies 4) Eddance for testing and care of	e and services to Zika-affected families by SFDPH in several I follow up Zika cases, and specifically to enroll pregnant registry and provide follow up information to the registry e infant. 2) Tracking of Zika testing requests and assurance red data. 3) Public health nursing case management for lucation and outreach to Obstetric and Pediatric providers patients with Zika risk or Zika infection 5) Updating and medical providers and the public.
9. Grant Projec	ct Schedule, as allowed in approv	val documents, or as proposed:
Start	t-Date: March 1, 2017	End-Date: July 31, 2018
10a. Amount bu	udgeted for contractual services:	\$ 0
b. Will contra	actual services be put out to bid?	
c. If so, will c		e goals of the Department's Local Business Enterprise (LBE)

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[X] Yes

[] No

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

11a. Does the budget include indirect costs?

c1. If no, why are indirect costs not included?[] Not allowed by granting agency[] Other (please explain):	[] To maximize use of grant funds on direct services				
c2. If no indirect costs are included, what would have been the indirect costs?					
12. Any other significant grant requirements or comments: We respectfully request for approval to accept and expend these funds retroactive to March 1, 2017. The approved budget and agreement was received on April 6, 2017 for a project start date of March 1, 2017.					
GRANT CODE (Please include Grant Code and Detail in FAMIS): HCDC28/1700					
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):					
[] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s) [] New Structure(s)					
14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:					
1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;					
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;					
 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	f Disability Poviower:				
Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:					
Toni Rucker, PhD (Name)					
Chief Cultural Competency and Workforce Development Officer, DPH ADA Coordinator					
(Title) Date Reviewed:06 15-17	(Signature Required)				
	(3				

b1. If yes, how much? **\$41,274.50** b2. How was the amount calculated? **25% of total personnel**

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Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA	
(Name)	
Director of Health	
(Title)	$(h \cap O \cap O \cap O)$
Date Reviewed:	Chilles for
	(Signature Required)