

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: **CDPH Oral Health Program - Proposition 56 - Support Local Oral Health Programs**

2. Department: **San Francisco Dept. of Public Health – MCAH Section**

3. Contact Person: **Margaret Fisher** Telephone: **415-575-5719**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for:

\$308,879 per year/\$1,544,395 in the 5 year project period

(Year 1 = \$308,879; Year 2 = \$308,879; Year 3 = \$308,879; Year 4 = \$308,879; Year 5 = \$308,879)

Funder will approve future years upon successful completion of the prior year.

6a. Matching Funds Required: **NA**

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

7a. Grant Source Agency: **California Department of Public Health (CDPH)/Oral Health Program (OHP)**

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

8. Proposed Grant Project Summary:

Grant is 5 year funding for the purposes of increasing SF DPH capacity to support activities to achieve the CDPH California Oral Health Plan (COHP) goals and objectives. These funds are made available through Proposition 56, the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Prop 56), to be used for public health services. The activities may include convening, coordination, and collaboration to support planning, disease prevention, surveillance, education, and linkage to treatment programs.

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

The five-year grant will have the following anticipated term:

Approved Year One Project: Start Date: 01/01/2018 End Date: 06/30/2018

Full project period: Start-Date: 01/01/2018 End-Date: 06/30/2022

10a. Amount budgeted for contractual services:

\$256,000 in the 5-year project period

[Year 1(17/18) = \$137,000; Year 2 (18/19) = \$40,000; Year 3 (19/20) = \$34,000; Year 4 (20/21) = \$25,000; Year 5 (21/22)= \$20,000]

b. Will contractual services be put out to bid? **NO**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **Yes, these subcontractors are local business headquartered in SF.**

d. Is this likely to be a one-time or ongoing request for contracting out? **One time for this 5 year grant**

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

b1. If yes, how much?

\$ 170,892 in the 5 year project

(Year 1 (17/18) = \$ 17,706; Year 2 (18/19) = \$36,474; Year 3 (19/20) = \$37,858;

Year 4 (20/21) = \$38,844; Year 5 (21/22) = \$40,010)

b2. How was the amount calculated? **25%** of indirect costs.

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:

- **Reimbursed for invoiced payments only.**
- **Annual Performance Measures and Report to State.**

GRANT CODE

Project ID: 10032468 –Oral Health Program Prop 56

Proposal ID: CTR00000373

Dept ID: 251988

Fund ID: 11580

Activity ID: 0002

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

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

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 11-02-17



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 11/6/17


(Signature Required)