

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: **California Community Reinvestment Grants Program**

2. Department: **Department of Public Health, Primary Care**

3. Contact Person: **Beth Neary** Telephone: **(628) 206-7679**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$350,000 in the 2-year project period***
(Year 1 = \$175,694.75; Year 2 = \$174,305.25)

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

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

7a. Grant Source Agency: **California Governor's Office of Business and Economic Development**

b. Grant Pass-Through Agency (if applicable): **San Francisco Public Health Foundation**

8. Proposed Grant Project Summary: **To provide mental health treatment, substance use disorder treatment, system navigation services, and linkages to medical care for clients returning to the community from prison and community members with a history of incarceration experience.**

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

Approved Year one project:	Start-Date: 10/01/19	End-Date: 9/30/2020
Full project period:	Start-Date: 10/01/19	End-Date: 9/30/2021

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

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

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

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

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

b1. If yes, how much? **\$29,700 in Year 1**
\$59,400 in the 2-year project period

b2. How was the amount calculated? **10% FTE Senior Administrative Analyst and 10% FTE Health**

Program Coordinator II to support program administration during the two-year grant term.

c1. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

We request approval to accept and expend these funds with a start date of October 1, 2019. The Department received notice of the award on September 9, 2019.

This grant requires the creation of 1.0 FTE Temporary Exempt Category 18 2920 Medical Social Worker position for the 2-year grant term.

Proposal ID: CTR00001436

Version ID: V101

Project ID: 10035399

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

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

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

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 09/19/19

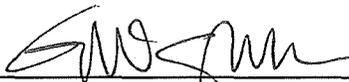

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Greg Wagner
(Name)

Chief Financial Officer
(Title)

Date Reviewed: 9/30/19


(Signature Required)