

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: Hepatitis C Virus (HCV) Prevention and Control Activities
2. Department: Department of Public Health
Community Health Equity and Promotion (CHEP)
3. Contact Person: Katie Burk Telephone: 628-217-6212
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$190,406
- 6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: California Dept of Public Health (CDPH)
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: This CDPH grant will support hepatitis C (HCV) elimination activities for priority populations at risk of forward transmission. Grant activities will focus on data-to-care strategies for people living with HIV (PLWH) and women of childbearing age by identifying cases using surveillance data, and focused navigation efforts to ensure successful completion of HCV treatment.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Approved Year one project: Start-Date: 12/01/2019 End-Date: 06/30/2020
- 10a. Amount budgeted for contractual services: \$190,406 in Year 1

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? 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? b2. How was the amount calculated?

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

Not allowed by granting agency To maximize use of grant funds on direct services
 Other (please explain): Indirect cost is 25% of total Personnel Cost. This project does not have Personnel budgeted.

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

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to December 01, 2019. The Department received the full award agreement on November 21, 2019.

Proposal ID: CTR00001736
Version ID: V101
Department ID: 251929
Project ID: 10035887
Activity ID: 0001

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

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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input 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: 3/30/2020 | 10:56 AM PDT

(Signature Required)

DocuSigned by
Toni Rucker
/64292F7331F4...

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 4-7-20

[Signature]