| File No | 201220 | Committee Item No | 4 | |
|---------|--------|-------------------|----|--|
| _ | | Board Item No. | 30 | |

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

| Committee: | Budget & Finance Committee | | ate_ | November 18, 2020 |
|--------------|--|--------------|--------|----------------------------------|
| Board of Sup | pervisors Meeting | | oate _ | December 1, 2020 |
| Cmte Boar | d | | | |
| | Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst R Youth Commission Report Introduction Form Department/Agency Cover Letter MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Commission Award Letter Application | | | oort |
| | Public Correspondence | | _ | |
| OTHER | (Use back side if additional space | e is ne | edec | 1) |
| X | COVID-19 HPP Supplemental Loca | al Alloc | cation | <u> </u> |
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| Completed b | v. Linda Wong |)ata | Nove | mbor 12 2020 |
| Completed b | , | Oate Oate | | ember 13, 2020 ember 23, 2020 |

AMENDED IN COMMITTEE 11/18/2020

FILE NO. 201220 RESOLUTION NO.

1 [Accept and Expend Grant - Retroactive - Office of the Assistant Secretary for Preparedness and Response - California Department of Public Health - Coronavirus (COVID-19) Hospital 2 Preparedness Program (HPP) Supplemental Funding - \$155,647] 3 4 Resolution retroactively authorizing the Department of Public Health to accept and 5 expend a grant in the amount of \$155,647 from the Office of the Assistant Secretary for 6 Preparedness and Response through the California Department of Public Health for 7 participation in a program, entitled "Coronavirus (COVID-19) Hospital Preparedness 8 Program (HPP) Supplemental Funding," for the period of March 28, 2020, through June 9 30, 2021. 10 11 WHEREAS, The Office of the Assistant Secretary for Preparedness and Response 12 (ASPR), through the California Department of Public Health (CDPH) as a pass-through entity, 13 has agreed to fund the San Francisco Department of Public Health (DPH) in the amount of 14 \$155,647 for participation in a program, entitled "Coronavirus (COVID-19) Hospital 15 Preparedness Program (HPP) Supplemental Funding," for the period of March 28, 2020, 16 through June 30, 2021; and 17 WHEREAS, The purpose of the funds is to support San Francisco's health care 18 preparedness and response activities of hospitals, health systems, and health care workers 19 on the front lines of the pandemic; and 20 WHEREAS, The funds will enable health care coalitions and other health care entities 21 to prepare them to identify, isolate, assess, transport, and treat patients with coronavirus 22 (COVID-19) or persons under investigation (PUIs) for COVID-19, and to prepare those entities 23 for future special pathogen disease outbreaks; and 24 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and 25

| 1 | WHEREAS, A request for retroactive approval is being sought because DPH received |
|----|---|
| 2 | the full award letter on July 7, 2020, for a project start date of March 28, 2020; and |
| 3 | WHEREAS, The grant budget includes a provision for indirect costs in the amount of |
| 4 | \$7,411.76; now, therefore, be it |
| 5 | RESOLVED, That DPH is hereby authorized to retroactively accept and expend a gran |
| 6 | in the amount of \$155,647 from the ASPR through CDPH; and, be it |
| 7 | FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and |
| 8 | expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it |
| 9 | FURTHER RESOLVED, That the Director of Health is authorized to enter into the |
| 10 | Agreement on behalf of the City; and, be it |
| 11 | FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully |
| 12 | executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of |
| 13 | Supervisors for inclusion in the official file. |
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| 1 | Recommended: | Approved: _ | /s/ | |
|----|--------------------|-------------|------------|--|
| 2 | | | Mayor | |
| 3 | <u>/</u> s/ | <u></u> | | |
| 4 | Dr. Grant Colfax | Approved: _ | /s/ | |
| 5 | Director of Health | | Controller | |
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| | (Provided by Clerk of Board of Supervisors) |
|----|--|
| | Grant Resolution Information Form (Effective July 2011) |
| | urpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and pend grant funds. |
| Th | ne following describes the grant referred to in the accompanying resolution: |
| 1. | Grant Title: Coronavirus (COVID-19) Hospital Preparedness Program (HPP) Supplemental Funding |
| | Department: San Francisco Department of Public Health – Emergency Preparedness and Response anch |
| 3. | Contact Person: Tiffany Rivera Telephone: 628-206-7621 |
| 4. | Grant Approval Status (check one): |
| | [X] Approved by funding agency [] Not yet approved |
| 5. | Amount of Grant Funding Approved or Applied for: \$155,647 |
| | a. Matching Funds Required: \$0 b. Source(s) of matching funds (if applicable): N/A |
| As | a. Grant Source Agency: The United States Department of Health and Human Services Office of the esistant Secretary for Preparedness and Response (ASPR) b. Grant Pass-Through Agency (if applicable): California Department of Public Health (CDPH) |
| 8. | Proposed Grant Project Summary: These funds will be used to support San Francisco's health care preparedness and response activities of hospitals, health systems, and health care workers on the front lines of this pandemic, health care coalitions (HCCs) and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks. |
| 9. | Grant Project Schedule, as allowed in approval documents, or as proposed: |
| | Start-Date: 3/28/2020 End-Date: 6/30/2021 |
| 10 | a. 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? No |
| | d. Is this likely to be a one-time or ongoing request for contracting out? N/A |
| 11 | a. Does the budget include indirect costs? [X] Yes [] No |
| | b1. If yes, how much? \$7,411.76 |

- b2. How was the amount calculated? 5% of total personnel & benefits
- c1. If no, why are indirect costs not included? N.A.

 [] 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? N.A.
- 12. Any other significant grant requirements or comments: We respectfully request for approval to accept and expend these funds retroactive to March 5, 2020. The Department received the award on March 20, 2020 and April 13, 2020. This grant does not require an ASO amendment and partially reimburses the department for existing positions during the period of March 28, 2020 through June 30, 2021.

FSP chartfields for the grant.

• Fund: 11621

Department: 152644Authority: 10001Project: 10036763Activity: 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 | or activities at (check all that apply) | : | | | | | | |
| <pre>[x] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s)</pre> | [x] Existing Structure(s)[] Rehabilitated Structure(s)[] New Structure(s) | [x] Existing Program(s) or Service(s)[] New Program(s) or Service(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 modifica- | ations in policies, practices and procedures; | | | | | | |
| 2. Having auxiliary aids a | and services available in a timely ma | anner 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 ted | chnically infeasible, this is described | d in the comments section below: | | | | | | |
| Comments: | | | | | | | | |
| Departmental ADA Coordin | ator or Mayor's Office of Disability I | Reviewer: | | | | | | |
| Toni Rucker PhD | | | | | | | | |
| (Name) | | | | | | | | |
| DPH ADA Coordinator | | | | | | | | |
| (Title) | | DocuSigned by: | | | | | | |
| | 20 11:46 AM PDT | Toni Rucker | | | | | | |
| Date Reviewed: | | (Signature Required) | | | | | | |
| Department Head or Design | gnee Approval of Grant Informati | on Form: | | | | | | |
| • | | | | | | | | |
| <u>Dr. Grant Colfax</u> (Name) | | | | | | | | |
| Director of Health | | | | | | | | |
| (Title) | | DocuSigned by: | | | | | | |
| 10/14/2020 Date Reviewed: |) 3:35 PM PDT | Greg Wagner | | | | | | |
| Date Nevieweu. | <u> </u> | (Signature Required) | | | | | | |

Greg Wagner, COO for

COVID-19 Spend Plan 03/28/2020-06/30/2021

County Name:

SAN FRANCISCO

| Personnel* | 1 × A | |
|---|--------------------|------------|
| Salaries for DOC staff performances COVID-19 response activities, such as Health Care and Medical Response Coordination, and Surge Management. HCCs will develop or augment operations for coordination with EMS and interfacility transport systems and 9-1-1/Public Safety Answering Points as part of COVID-19 CONOPS planning. HCCs, EMS and other health care facilities will improve and maintain health care worker readiness for COVID-19 and other special pathogens. HCC members including EMS should examine and enhance physical infrastructure to ensure infection control for COVID-19 preparedness and response, as necessary. HCCs including EMS should collaborate with a multiplicity of provider types to ensure capabilities to care for target populations: older adults, individuals with underlying chronic health conditions, individuals with access and functional, individuals living in congregate care settings and other populations at increased risk for morbidity and mortality from COVID-19. | \$ | 105,882.31 |
| Fringe 40% | \$ | 42,352.92 |
| Total Personnel | \$ | 148,235.23 |
| Supplies | \$ | |
| Total Supplies | \$ | PSAL SEL |
| Travel | | |
| In-State | \$ | |
| Out-of-State | \$ | |
| Total Travel | | • |
| Equipment | \$ | • |
| Total Equipment | \$ | |
| Other | \$ | |
| Total Other | \$ | |
| Subcontracts | \$ | |
| Total Subcontracts | | |
| Indirect Cost 5% | \$ | 7,411.76 |
| Total Indirect | \$ | 7,411.76 |
| TOTAL | \$ | 155,647.00 |
| | THE REAL PROPERTY. | , |

^{*}Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources; and salary is kept below \$189k as required by the funder.

| 1. DATE ISSUED | MM/DD/YYYY | 1a. SUPERSEDES AWARD NOTICE dated 04/20/2020 | | | | | |
|---|----------------|--|------------------|----------------------|--|--|--|
| 05/22/2020 | | except that any additions or restrictions previously imposed remain in effect unless specifically rescinded | | | | | |
| 2. CFDA NO. 93.889 - National Bioterrorism Hospital Preparedness Program | | | | | | | |
| 3. ASSISTANCE TYPE Formula Grant | | | | | | | |
| 4. GRANT NO. 6 U | 3REP190564-01- | 04 | 5. TYPE OF AWARD | | | | |
| Formerly | | | Other | | | | |
| 4a. FAIN U3REP1 | 90564 | | 5a. ACTION TYPE | Post Award Amendment | | | |
| 6. PROJECT PERI | OD MM/DE | D/YYYY | | MM/DD/YYYY | | | |
| From | 07/01/ | 2019 | Through | 06/30/2024 | | | |
| 7. BUDGET PERIO | DD MM/DE | D/YYYY | | MM/DD/YYYY | | | |
| Fron | 07/01/2 | 2019 | Through | 06/30/2021 | | | |

DEPARTMENT OF HEALTH AND HUMAN SERVICES ASSISTANT SECRETARY FOR PREPAREDNESS & RESPONSE

200 C Street, SW Washington, DC 20024

NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) Pub. L. 109-148 119 Stat. 2680, 2786 (2005)

8. TITLE OF PROJECT (OR PROGRAM)

Hospital Preparedness Program Cooperative Agreement

| 9a. GR | ANTEE NAME AND ADDRESS | | 9b. GRAN | TEE PROJECT DIRECTOR | | | |
|------------------|---|--------------------|--|--|-------------------------|------------------------|-----------------------|
| Pι | blic Health, California Department of | Ms. Tricia Blocher | | | | | |
| 1615 Capitol Ave | | | 1615 Capitol Ave | | | | |
| Sa | cramento, CA 95814-5015 | | Sacra | amento, CA 95814-5015 | | | |
| | | | Phon | e: 916-650-6416 | | | |
| 10a. GF | RANTEE AUTHORIZING OFFICIAL | | 10b. FEDE | RAL PROJECT OFFICER | | | |
| | s. Susan Fanelli-2 | | | Γ Kevin Sheehan | | | |
| 16 | 15 Capitol Avenue MS-7002 | | 200 (| Street, SW | | | |
| Ρ. | O. Box 997377 | | Assis | tant Secretary Preparedness and Res | ponse | | |
| Sa | cramento, CA 95899 | | Wasl | nington, DC 20024 | | | |
| | | | Phon | e: 415-209-4633 | | | |
| | | ALL AMOUNTS ARE | SHOWN IN | JSD | | | |
| - | ROVED BUDGET (Excludes Direct Assistance) | | | COMPUTATION | | | 00.450.450.00 |
| I Finan | cial Assistance from the Federal Awarding Agency Only | II | | of Federal Financial Assistance (from | , | | 32,152,459.00 |
| II Total | project costs including grant funds and all other financial | participation | b. Less Unobligated Balance From Prior Budget Periods | | | 0.00 | |
| а. | Salaries and WageS | 1,911,656.00 | c. Less Cumulative Prior Award(s) This Budget Period 25,4 | | | 25,500,029.00 | |
| b. | Fringe Benefits | 1,025,800.00 | d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 6,652 | | | 6,652,430.00 | |
| D. | • | | 13. Total Federal Funds Awarded to Date for Project Period 32,152, | | | 32,152,459.00 | |
| C. | Total Personnel Costs | 2,937,456.00 | | MENDED FUTURE SUPPORT the availability of funds and satisfacto | ny progress of the | nroject): | |
| d. | Equipment | 0.00 | (Subject to | | - Progress or the | projecti). | |
| e. | Supplies | 166,510.00 | YEAR | TOTAL DIRECT COSTS | YEAR | TOTAL | DIRECT COSTS |
| f. | Travel | 107.577.00 | a. 2 | | d. 5 | | |
| | ilavei | | b. 3 | | e. 6 | | |
| g. | Construction | 0.00 | c. 4 | | f. 7 | | |
| h. | Other | 12,249,914.00 | 15. PROGRA ALTERNATIV | M INCOME SHALL BE USED IN ACCORD WITH ES: | ONE OF THE FOLLOW | /ING | |
| i. | Contractual | 18,354,624.00 | a. b. | DEDUCTION ADDITIONAL COSTS | | | b |
| j. | TOTAL DIRECT COSTS ——————————————————————————————————— | 33,816,081.00 | c. d. e. | MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) | | | |
| k. | INDIRECT COSTS | 663,856.00 | - | RD IS BASED ON AN APPLICATION SUBMITTE | TO AND AS APPRO | OVED BY THE FEE | DERAL AWARDING AGENCY |
| I. | TOTAL APPROVED BUDGET | 34,479,937.00 | ON THE ABOV | E TITLED PROJECT AND IS SUBJECT TO THE T ENCE IN THE FOLLOWING: The grant program legislation The grant program regulations. | | | |
| m. | Federal Share | 32,152,459.00 | c. d. | This award notice including terms and condition: Federal administrative requirements, cost princi | ples and audit requirem | ents applicable to the | - |
| n. | Non-Federal Share | 2,327,478.00 | In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall | | | | |
| RE | MARKS (Other Terms and Conditions Attached - | X Yes | No) | | | | |

GRANTS MANAGEMENT OFFICIAL:

Virginia Simmons, Chief Grants Management Officer 200 Independence Ave., S.W.

This award is amended to add COVID-19 Funds. Please reference Special Terms & Conditions.

Room 638-G Washington, DC 20201 Phone: 202-260-0400

| 17.OBJ CL | L ASS 41.51 | 18a. VENDOR CODE | 1743204993A1 | 18b. EIN | 743204993 | 19. DUNS | 799150615 | 20. CONG. DIST. | 06 |
|-----------|--------------------|------------------|--------------|----------|---------------------|----------|-----------------|-----------------|-----------|
| F | FY-ACCOUNT NO. | DOCUM | ENT NO. | | ADMINISTRATIVE CODE | AMT | ACTION FIN ASST | APPROPRIA | TION |
| 21. a. | 0-199C009 | b. U3RE | P0564CV | C. | HOS07 | d. | \$6,652,430.00 | e. 75-2 | 2024-0140 |
| 22. a. | | b. | | C. | | d. | | e. | |
| 23. a. | | b. | | C. | | d. | | e. | |

AWARD ATTACHMENTS

California Department of Public Health

6 U3REP190564-01-04

1. Terms & Conditions

California

Hospital Preparedness Program (HPP) Cooperative Agreement Recipient COVID-19 Preparedness and Response Administrative Supplement

Special Programmatic Terms and Conditions

Within 30 days of receiving the award, recipients must submit the following:

- 1. a work plan
- 2. a detailed budget and budget narrative/justification

In response to the COVID-19 outbreak, Congress appropriated emergency supplemental funding to support the urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines of this pandemic. The Office of the Assistant Secretary for Preparedness and Response (ASPR) is awarding a total of \$350 million to health care preparedness and response cooperative agreements administered by the Hospital Preparedness Program (HPP). Along with the \$42 million provided to HPP cooperative agreement recipients in March 2020, the \$116.5 million provided through this administrative supplement will support hospitals and other related health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks. Recipients may request retroactive compensation for HCCs and health care facilities, including state/jurisdiction special pathogen treatment centers any of the activities described herein and in the previous COVID-19 notice of award special programmatic terms and conditions that were conducted as part of COVID-19 response beginning January 20, 2020. Recipients must request retroactive compensation at the time of the budget submission. The request should include the following information:

- Time period;
- Line item budget for the period; and
- Narrative description of the COVID-19 preparedness activities

Activities supported by this funding include all of the activities described herein and within the previous COVID-19 HPP emergency supplemental funding administrative supplement notice of award (NoA) special programmatic terms and conditions. Any additional activities or clarifications to activities supported by this funding are listed below:

 Ensure a physician is in the state or jurisdiction emergency operations center full time to manage patient facility assignments (right bed for the right patient) within their state or jurisdiction so that EMS and hospitals do not need to transfer patients; for example, participating in or establishing a Medical Operations Coordinating Cell (MOCC). This EOC physician should have insight into available resources at hospitals and other health care facilities. To determine the exact amount of the administrative supplement for California, ASPR utilized a funding formula specific to COVID-19. Metrics comprising the formula are: 1) capturing the risk of transmission as a function of population and 2) the size of the at-risk population based on age and underlying conditions. In addition to COVID-19 risk criteria, ASPR applied a base amount of \$172,500 for states and \$86,250 for territories and freely associated states – a proportional increase of the base amounts provided in the first tranche of funding. ASPR also included a minimum threshold of funding (\$750,000 for states and \$150,000 for territories and freely associated states) to respond to emerging trends showing that parts of the United States are experiencing medical surge differently at this time, based on COVID-19 patient influx or an underlying lack of bed capacity that pre-dated the pandemic. This threshold ensures that less populous states receive a significant level of funding to address these challenges without incurring major losses for more populous states with larger local outbreaks. Based on the formula, each state or jurisdiction special pathogen treatment center must be allocated \$175,455.

No more than 10% of the supplemental award can be used for the recipient's direct costs, per the limit outlined in the administrative supplement. The additional funding <u>must</u> be allocated per the table below. Any deviations to the table below must be approved by ASPR.

Funding table

| Total Award for California | \$ 6,652,430 |
|--|--------------|
| Set-aside for Special Pathogen Treatment Center(s) | \$350,910 |
| Direct cost maximum for California | \$665,243 |

| Special Pathogen Treatment Center(s) | |
|--|-----------|
| Kaiser Permanente, South Sacramento Medical Center | \$175,455 |
| Kaiser Permanente, Oakland Medical Center | \$175,455 |

COVID-19 HPP Supplemental Local Allocation

| | Allocation | Contract |
|-----------------------------|----------------|--------------------------------|
| Local Health Department | \$125,000 Base | Number |
| ALAMEDA | | COVID-19-0102 |
| ALPINE | | COVID-19-0202 |
| AMADOR | | COVID-19-0302 |
| BUTTE | | COVID-19-0502 |
| CALAVERAS | | COVID-19-0602 |
| COLUSA | | COVID-19-0702 |
| CONTRA COSTA DEL NORTE | | COVID-19-0802 COVID-19-0902 |
| EL DORADO | | COVID-19-0302 |
| FRESNO | | COVID-19-1102 |
| GLENN | \$120,397 | COVID-19-1202 |
| HUMBOLDT | | COVID-19-1302 |
| IMPERIAL | | COVID-19-1402 |
| INYO | | COVID-19-1502 |
| KERN KINGS | | COVID-19-1602 COVID-19-1702 |
| LAKE | | COVID-19-1702 |
| LASSEN | | COVID-19-1902 |
| MADERA | \$116,500 | COVID-19-2002 |
| MARIN | \$134,115 | COVID-19-2102 |
| JOHN C FREMONT | | COVID-19-2202 |
| MENDOCINO MEDOED | | COVID-19-2302 |
| MERCED MODOC | | COVID-19-2402 COVID-19-2502 |
| MONO | | COVID-19-2502 COVID-19-2602 |
| MONTEREY | | COVID-19-2002 |
| NAPA | | COVID-19-2802 |
| NEVADA | | COVID-19-2902 |
| ORANGE | | COVID-19-3002 |
| PLACER | | COVID-19-3102 |
| PLUMAS | | COVID-19-3202 |
| RIVERSIDE SACRAMENTO | | COVID-19-3302 COVID-19-3402 |
| SAN BENITO | | COVID-19-3402 COVID-19-3502 |
| ICEMA, SAN BERNARDINO | | COVID-19-3602 |
| SAN DIEGO | | COVID-19-3702 |
| SAN FRANCISCO | | COVID-19-3802 |
| SAN JOAQUIN EMS | \$151,713 | COVID-19-3902 |
| SAN LUIS OBISPO | | COVID-19-4002 |
| SAN MATEO | | COVID-19-4102 |
| SANTA BARBARA | \$140,763 | COVID-19-4202 |
| SANTA CLARA SANTA CRUZ | | COVID-19-4302 COVID-19-4402 |
| SHASTA | | COVID-19-4402 COVID-19-4502 |
| SIERRA | \$125,111 | COVID-19-4602 |
| SISKIYOU | | COVID-19-4702 |
| SOLANO | | COVID-19-4802 |
| SONOMA | | COVID-19-4902 |
| STANISLAUS | | COVID-19-5002 |
| SSV EMS, SUTTER | | COVID-19-5102 |
| TEHAMA | | COVID-19-5202 COVID-19-5302 |
| TRINITY TULARE | | COVID-19-5302 COVID-19-5402 |
| TUOLUMNE | | COVID-19-5402 COVID-19-5502 |
| VENTURA | | COVID-19-5602 |
| YOLO | | COVID-19-5702 |
| SSV EMS, YUBA | \$122,089 | COVID-19-5102 |
| CENTRAL CA EMS (LEMSA) | | COVID-19-5902 |
| ICEMA (LEMSA) | | COVID-19-6002 |
| MOUNTAIN VALLEY EMS (LEMSA) | | COVID-19-6102 |
| NORTH COAST EMS (LEMSA) | \$56,127 | |
| SSV EMS (LEMSA) | \$56,127 | COVID-19-6302 |
| TOTAL | \$8,153,909 | |
| | | |



State of California—Health and Human Services Agency California Department of Public Health



July 7, 2020

Dr. Tomas Aragon Health Officer City & County of San Francisco 101 Grove Street, Room 308 San Francisco, CA 94102 Authority:

Coronavirus Preparedness and Response Supplemental Appropriations Act 2020

Coronavirus Aid, Relief, and Economic Security (CARES) Act

Dear Dr. Tomas Aragon:

COVID-19 HPP Supplemental Funding Award Number COVID-19-3802 City & County of San Francisco

This letter covers COVID-19 HPP Supplemental reimbursement information for the period of March 28, 2020 through June 30, 2021. The Emergency Preparedness Office (EPO) is allocating \$155,647 to San Francisco in order to support the health care preparedness and response activities of hospitals, health systems, and health care workers on the front lines of this pandemic. This funding should support health care coalitions (HCCs) and other health care entities to prepare them to identify, isolate, assess, transport, and treat patients with COVID-19 or persons under investigation (PUIs) for COVID-19, and to prepare those entities for future special pathogen disease outbreaks.

Your Agency may use discretion to allocate this funding to support hospitals and other health care entities to train workforces, expand telemedicine and the use of virtual healthcare, procure supplies and equipment, and coordinate effectively across regional, state and jurisdictional, and local health care facilities to respond to COVID-19 in the following capabilities (Attachment 1 – Work Plan):

- Health Care and Medical Response Coordination
- Medical Surge

Additionally, your Local Health Department/Local HPP Entity should fund their Local Emergency Medical Agency (LEMSA) a minimum of \$43,175 for their patient coordination and transportation planning. The five multi-county LEMSA's will be directly funded by CDPH at \$56,127 to do the same work as the single county LEMSAs. (Attachment 2 – Funding Table).

EPO will reimburse your Agency within three business days of invoice receipt. In order to receive your allocation, please complete and submit your invoice (Attachment 3 – Invoice) as soon as possible to: LHBTProg@cdph.ca.gov.



Internet Address: www.cdph.ca.gov

Please Submit the following to EPO:

- 1. Invoice requesting reimbursement at your Agency's full allocation. Use the attached COVID-19 HPP Supplemental Invoice. Submit your invoice to: LHBTProg@cdph.ca.gov.
- 2. By July 24, 2020, submit a spend plan (Attachment 4 Spend Plan) to: LHPTProg@cdph.ca.gov.
 - Personnel supported with this funding should not duplicate efforts across other federal grants; exceed 1.0 FTE across all funding sources; and salary is kept below \$189k as required by the funder.
 - Please maintain any supporting documentation for expenditures against this funding.
- 3. By July 24, 2020, submit a work plan (Attachment 1 Work Plan) to: LHBTProg@cdph.ca.gov.
- 4. On a quarterly basis, beginning in October 2020, submit an expenditure report (Attachment 4) and work plan progress report (Attachment 1).

Thank you for the time your Agency has and will continue to invest in this response. I am hopeful that with additional funding your Agency will have the adequate resources for an appropriate response. If you have any questions or need further clarification, please contact your assigned EPO Contract Manager directly.

Sincerely,

Melissa Relles

Assistant Deputy Director

Emergency Preparedness Office

California Department of Public Health

Elisa Keller



London N. Breed Mayor

| TO: | | Angela Calvillo, Clerk of the Board of Supervisors | | |
|--|--|---|--|--|
| FROI | M: | Dr. Grant Colfax Director of Health | | |
| DATE: | | 10/14/2020 | | |
| SUBJECT: Grant Accept and Expend | | Grant Accept and Expend | | |
| GRA | NT TITLE: | Accept and Expend Grant - COVID-19 HPP Supplemental Funding - \$155,647 | | |
| Attac | hed please fi | nd the original and 1 copy of each of the following: | | |
| \boxtimes | Proposed g | oposed grant resolution, original signed by Department | | |
| \boxtimes | Grant information form, including disability checklist - | | | |
| \boxtimes | Budget and Budget Justification | | | |
| | Grant application: Not Applicable. No application submitted. | | | |
| \boxtimes | Agreement / Award Letter | | | |
| | Other (Explain): | | | |
| Special Timeline Requirements: Departmental representative to receive a copy of the adopted resolution: | | | | |
| | | ong (greg.wong@sfdph.org) Phone: 554-2521 dress: Dept. of Public Health, 101 Grove St # 108 | | |
| Certified copy required Yes ☐ No ⊠ | | | | |