

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: **Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging Issues Project Funding for Adjusting Community Mitigation in Response to COVID-19**
2. Department: **Department of Public Health**
3. Contact Person: **Susan Philip** Telephone: **628-206-7638**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$242,472**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **Centers for Disease Control and Prevention**
b. Grant Pass-Through Agency (if applicable): **Heluna Health**
8. Proposed Grant Project Summary: **Resources are intended to help rapidly establish and monitor key activities related to COVID-19 in the areas of epidemiology, laboratory, and informatics that will allow state, local, and territorial governments to make data-driven policy decisions about the most appropriate level of community mitigation efforts necessary to reopen their communities while still protecting the public's health.**

Examples of activities include:

- **Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures**
- **Improve morbidity and mortality surveillance**
- **Enhance laboratory testing and reporting capacity**
- **Prevent and control COVID-19 in healthcare settings and protect other vulnerable or high-risk populations**
- **Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states; including air travel)**
- **Work with healthcare system to manage and monitor system capacity**
- **Improve understanding of jurisdictional communities with respect to COVID-19 risk**

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

Start-Date: **05/01/2020** End-Date: **03/31/2022**

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

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?

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

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

b1. If yes, how much? \$ **11,546**

b2. How was the amount calculated? **5% of Personnel Costs**

c1. If no, why are indirect costs not included? **N/A**

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 respectfully request for approval to accept and expend these funds retroactive to May 1, 2020. The department received the award on July 31, 2020. This grant does not require an ASO amendment and partially reimburses the department for existing positions during the period of May 1, 2020 through March 31, 2022.

Proposal ID: CTR00001959
Fund ID: 11580
Department: 251974
Project Description: HD STD PD148 CDC-ELC COVID19
Project: 10036682
Authority: 10001
Activity: 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: 12/22/2020 | 4:45 PM PST

DocuSigned by:
Toni Rucker
AB4292F7331E44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 12/22/2020 | 5:59 PM PST

DocuSigned by:
Greg Wagner
20327324732843F...
(Signature Required)
Greg Wagner, COO for