

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 Home Visiting Program State General Fund Innovation**
- 2. Department: **Department of Public Health- Maternal Child and Adolescent Health**

3. Contact Person: **Diane Beetham** Telephone: **628-217-6817**

4. Grant Approval Status (check one):

- Approved by funding agency
- Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$3,000,000**

- 6a. Matching Funds Required: **\$ N.A.**
- b. Source(s) of matching funds (if applicable): **N.A.**

- 7a. Grant Source Agency: **California Department of Public Health**
- b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

The purpose of this funding is to award Local Health Jurisdictions (LHJs) funds for implementing home visiting as a primary intervention strategy for families from pregnancy through kindergarten entry, with an innovation or innovative practice to meet a local need and an evaluation of the innovation. The aim of this funding is to provide home visiting services to populations that may benefit from an innovation to maximize service utilization and promote positive outcomes and family success.

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

Start-Date: **November 10, 2020** End-Date: **June 30, 2023**

10a. Amount budgeted for contractual services: **\$1,800,000**

- 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?
- 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? **\$209,340**
- b2. How was the amount calculated? **21.13% of Total Personnel and Benefits**

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? **N.A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to November 10, 2020. The Department received the letter of funding allocation on November 10, 2020.

Project: 10037088
Project Description: HN MCH PM103 2021 CHVP SGF IN
Fund: 11580
Authority: 10001
Activity: 0001
Dept: 251988

****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 | 5:22 PM PST

DocuSigned by:

 (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:

 (Signature Required)

Greg wagner, COO for