|  |  |  |  |
| --- | --- | --- | --- |
| **Grants Management | Proposal Notification Form (PNF)** | | | |
| Proposal Lead submits a completed PNF at least two (2) weeks prior to the grant submission due date.  While not required, if a draft of the grant agreement is available, please provide with the completed PNF. | | | |
| **Points of Contact** | | | |
| 1. Proposal (PNF) Lead: James Glik | | | |
| 1. Principal Investigator (PI)/Project Director: (DPH Sponsor name) | | | |
| 1. Co-Investigator(s)/Project Manager(s): (Executive Sponsor name - DPH, potentially UCSF with DPH Exec prior approval) | | | |
| 1. DPH Division & Branch: ZSFG | | | |
| 5) Is SFDPH the Lead Applicant? YES | | 5A) If no, specify Lead Applicant: N/A | |
| **Grant Information & Project Description** | | | |
| 6) Grant/Project Term   6A) Start Date: March 1, 2026 | | 6B) End Date: February 29, 2028 | |
| 7) Grant Amt   7A) Total Grant Funding Amt: $100,000 | 7B) Grant > $5M? N/A  *Contact A&E Unit.* *Requires 60-day advance BOS approval* | | |
| 7C) Funding Agency Amt: $ 100,000 | 7D) DPH Match Amount: $ N/A | | 7E) Annual Amount: $ N/A |
| 8) Funding Agency: SFGH Foundation | | 8A) Is the funding agency a government agency? NO | |
| 9) Official Grant Title: (Proposed Grant Title) | | | |
| 10) Proposal Hyperlink: (to be completed by SFGHF) | | | |
| 11) Official Grant # (if fed’l): N/A | | 12) CDFA# (fed’l award number): \_ \_. \_ \_ \_ N/A | |
| 13) Letter of Intent Due Date: N/A | | 14) Grant Application Due Date: June 30, 2025 | |
| 15) Is a DPH Director Letter of Support Required? N/A *Note: Only the DPH Director can sign a letter of support & approve a grant application.* | | 16) Letter of Support Due Date: N/A | |
| 17) Grant Application Summary: | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | a. Personnel | b. Non-Personnel  (incl. IT contracts) | c. Materials & Supplies | d. Travel & Training | e. Workorders | f. Capital Expenses | | | New or Expanded Staffing\* |  |  |  |  |  |  | | Existing Staffing (no new hiring required) |  |  |  |  |  |  | |  | Indicate if new position authority will be needed | Indicate if a new contract will be needed | Indicate if a new contract will be needed |  | Indicate if a new workorder will be needed | Indicate if a new equipment number will be needed | |  |  |  |  |  |  |  |   18) Please describe any new and/or expanded resources the proposed grant would require. |
| *\*Note: If the position is proposed for more than 3 years, permanent positions must be budgeted* |
| **Operational Sections Review** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Check N/A below and skip corresponding sections if Operational resources are not required for this grant: | | | | | |
| Budget & Financial Sustainability Plan | Contracts | Information Technology | Data Sharing and PHI | Human Resources | Other Resources |
| **Required** | N/A  | N/A  | N/A  | N/A  | N/A  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Budget and Financial Sustainability Plan** | | | |
| REQUIRED: Budget staff *must* review proposed grant spending for impacts on DPH Budget either through required matching amounts or ongoing expenses to be incurred after grant funding has ended. | | | |
| 19) Are there plans to sustain the grant activities once funding for his project ends? | | | |
| 19A) If yes, describe the sustainability plan, including retention of grant funded employees beyond the grant term. | | | |
| 20) If this grant funds are for capital project, will any new ongoing operating funds be required to operate the facility? | | | |
| 20A) If so, how much and how will that be funded? | | | |
| *Budget- On a scale of 1-5, please rate grant spending impacts:*  *1- Offsets existing Gen’l Fund expenses.*  *5-Requires add’l considerations (e.g. high impact on DPH budget due to matching requirement or ongoing expenses after grant funding period).* | | | **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Risk Score: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Explanation:** | | | |
| **Contracts** | | | |
| If grant funding includes contractual services, submit the grant implementation plan (budget) to the Contracts Pre-Award Unit (PAU) to identify necessary contracting resources. | | | |
| 21) Will the requested grant dollars be used to fund contractual services? | | | |
| 22) Will the requested grant dollars expand existing contracted services? *If no, skip to 23* | | | |
| 22A) If yes, provide CID#: | 22B) Current Contract Term: | | |
| 22C) Supplier/vendor name: | 22D) Current Contract Award Amount: | | |
| 23) Does this project include new contracts? *If no, skip to 24* | | | |
| 23A) If yes, identify the contractor agency(ies) and the purchasing authority for this relationship: | | | |
| 23B) If the agency(ies) is/are unknown will an RFP/RFQ be required?  *Note: Lead time for RFP/RFQ approval process is six to twelve months, process must begin as soon as possible.* | | | |
| *PAU-On a scale of 1-5, please rate resources required and/or risks of implementation delays:*  *1- Uses existing resources. Low likelihood of contracts taking 3+ mos.to implement from A&E approval.*  *5- Requires add’l. considerations (e.g. new RFP/RFQ, new/unknown process). High likelihood of contracts taking 12+ mos. to implement from A&E approval.* | | | **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Risk Score: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Explanation:** | | | |
| **Information Technology (IT)** | | | |
| If IT resources are required, submit a ticket to IT Project Management Office (PMO) for preliminary effort/project estimates. | | | |
| 24) Detail the type of DPH IT assistance this grant requires. | | | |
| 25) Describe new/enhanced IT tools and/or services needed. | | | |
| 26) IT Budget: Explain plans to incorporate IT Staffing, IT equipment and other IT needs into the grant’s budget?  26A) Will the grant funding cover the costs of any IT scope?    26B) If not, how will IT costs be funded? | | | |
| *IT- On a scale of 1-5 please rate IT resources required for implementation:*  *1- Uses existing IT resources or requires minimal PMO effort.*  *5-Requires PMO resources that may delay/impact other PMO efforts.* | | | **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Risk Score: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Explanation:** | | | |
| **Data (Office of Compliance & Privacy Affairs)** | | | |
| If resources are required for data sharing and/or PHI needs, submit a ticket to IT PMO for prelim effort/project estimates related to data sharing needs*.* | | | |
| 27) Is data from other DPH divisions/branches needed? | | 27A) If yes, which divisions/branches? | |
| 28) Describe data sharing needs (Sharepoint?) | | | |
| 29) If applicable, how do you plan to collect and store PHI or client-level data? | | | |
| *OCPA: On a scale of 1-5, please rate data resources required for implementation:*  *1- Requires sharing of non-sensitive data.*  *5- Requires sharing of PHI with third parties.* | | | **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**    **Risk Score: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Explanation:** | | | |
| **Human Resources**  If new hiring or new position authority is required, connect with HR to assess support needs. | | | |
| 30) To the extent known, specify classifications and FTEs tied to the grant implementation plan.   |  |  |  |  | | --- | --- | --- | --- | | Class | Title/Description | FTEs | Add'l Authority Needed? | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | | | | |
| *HR- on a scale of 1-5 please rate HR resources required for implementation:*  *1-Uses existing hiring authority. Low likelihood of taking 3+mos to fill position from A&E approval.*  *5-Requires ASO Amendment for new position authority.* | | | **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Risk Score: \_\_\_\_\_\_\_\_\_\_\_\_** |
| **Explanation:** | | | |
| **Other Resources** | | | |
| If additional resources are required for implementation, connect with appropriate Ops contacts and detail below. | | | |
| 31) What other resources are necessary to implement this project successfully that are not included in the grant budget? Office space, vehicles, etc.? Please explain. | | | |
| **Explanation:** | | | **Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **For Office of Operations Use Only**  32) Division lead approval to submit proposal  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_  (*type name of division lead)*  Comments: | | | |
| 33) Proposal Notification Form Received by A&E:  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_ | | | |