

**Silicon Valley Community Foundation
Grant Agreement**

Grant Number: 2008-04563

Amount: \$230,364

Date: September 3, 2008

Grantee Name:

San Mateo County Health Services Agency

Grantee Contact:

Ms. Sara T. L. Mayer, MPP
Director of Health Policy & Planning
San Mateo County Health Services Agency
225 37th Avenue
San Mateo, CA 94403
Phone: 650.573.2222
Email:

Foundation Staff:

Gina Dalma
Program Officer
Silicon Valley Community Foundation
2440 West El Camino Real, Suite 300
Mountain View, CA 94040
Phone: 650.450.5400 Fax: 650.450.5401
Email: gddalma@siliconvalleycf.org

Grant Purpose:

Continued support for the Healthier Outcomes through Multidisciplinary Engagement (Home) Team Project, to maintain and build upon the programmatic foundation established with the San Mateo Medical Center, Behavioral Health and Recovery Services, Aging and Adult Services, community organizations and clients served.

Grant Period:

September 1, 2008 to August 31, 2010

Please note that the grant period is two years, regardless of project completion date.

Projected Grant Outcomes:

- Improve engagement
 - Increase clients enrolled - 75 clients will be enrolled by November 2008 (from 42 enrolled from July 2007 until July 2008).
 - Increased use of safety net services¹ (the target of this outcome will be established in the September Steering Committee).
- Improve health status and functioning
 - Reduced ER visits. The target is to decrease the visits to the ER by 50%
 - Increased primary care visits. The target is to increase the visits to primary care specialists by 50%.

¹ the target of this outcome will be established in the September 2008 Steering Committee meeting.

Special Conditions: None.

Reporting Requirements

Silicon Valley Community Foundation requires progress reports at specified dates. Please note that future grant requests will not be considered if a grantee has failed to submit a required report. Please submit the following report(s) using the form(s) enclosed:

Final report: Due: October 15, 2010

Payment Schedule: This grant will be paid in one installment upon receipt of signed grant agreement.

Acknowledgement of Grant Support:

Please acknowledge Silicon Valley Community Foundation's support of your program in publications such as newsletters, program activity announcements and in all media coverage. We suggest you use the following wording: "This project has been made possible in part by a grant from Silicon Valley Community Foundation."

By signing below, San Mateo County Health Services Agency acknowledges that the proposal submitted to the community foundation and this grant agreement are now the contract with Silicon Valley Community Foundation detailing the purpose(s) of the grant, including what activities are supported by this grant. Please inform the community foundation if there are changes in agency personnel who are important to the administration of the grant, or if the grant funds cannot be expended for the purpose or in the time period described in the proposal. Grantee may not use the funds in any way other than as described in the proposal unless the grantee receives written permission from the foundation. Grantee shall repay to Silicon Valley Community Foundation any portion of the amount granted that is not used for the purpose of this grant. If funds remain at the end of the grant period, grantee must contact the community foundation staff person noted above.

Accepted on behalf of San Mateo County Health Services Agency by:

Signature
(Must be signed by Executive Director,
President or Board President)

Printed or Typed Name

Title

Date

Please sign and return all pages of the original grant agreement to the address above.

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