



City and County of San Francisco
Daniel L. Lurie
Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

Proposition 1: Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2: Unmet Needs Grant

Letter of Support Request Form from San Francisco Department of Public Health

Instructions to Request a Letter of Support

Submit this completed form and draft Letter of Support to: BHCIP.BHS.contact@sfdph.org.
SFDPH Behavioral Health Services (BHS) may contact you with questions or more information. The latest date to request a LOS for Round 2: Unmet Needs is Tuesday, September 16 by 5pm PT. Late requests may not have sufficient time to be considered.

Receipt of a Letter of Support from SFDPH does not guarantee that the State will award grant funding for a project.

Letter of Support Contact Information

Entity Requesting Letter of Support				
Entity Address				
Date of Request		Date Letter of Support Needed		
Are you submitting an application for Bond BHCIP Round 2: Unmet Needs?				
Type of Entity: (Local government, Non-Profit, For-Profit)				
Is your entity a contractor with SFDPH or City & County of SF?	If YES, for what services and funding levels?			
Does your entity currently provide Medi-Cal behavioral health services?	If YES, please describe.			
Entity Contacts	First & Last Name	Title	Email	Phone
Primary Contact				
Secondary Contact				
Other Contact				



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BHCIP Project Information

Project Name			
Project Address			
Type of Service(s)			
State License Type			
Project Overview & Description			
Proposed New Capacity <i>(# of new beds, treatment slots)</i>			
Provide a brief summary of your operating business plan and expected level of Medi-Cal funding. <i>(Can also attach)</i>			
Total Project Cost	\$	Total BHCIP Round 2 Grant Funding Requested	\$

Entities interested in seeking letters of support for **Bond BHCIP Round 2: Unmet Needs** grant funding applications, [as required by the RFA](#), will only receive a letter of support from SFDPH if the project is consistent with State and local criteria and priorities, as specified in **Sections A and B below**.

A. State Criteria and Priorities Alignment

Please review the State criteria and priorities outlined in the [RFA](#) – in Part Two: Project Requirements (pp. 7-21) and 1.1 Introduction to the Grant Opportunity and State Priorities (p. 3), respectively.

<input type="checkbox"/> By checking this box, I agree that I have read the State criteria and priorities outlined and in RFA and can commit to project alignment to <u>all State criteria and at least one State priority</u> .
<input type="checkbox"/> By checking this box, I commit to the State requirement to provide a sustainable business plan and acknowledge that SFDPH cannot guarantee additional county-supported funds to support the project.
<input type="checkbox"/> By checking this box, I confirm that my organization is in good financial standing with the City and County of San Francisco (i.e., not on elevated concern or red flag financial status with CCSF).



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B. SFDPH Priorities Alignment

To receive a letter of support, proposed projects must be consistent with a majority of the following local priorities.

Directions: Please enter “Yes” or “No” for each item below. For each “Yes” item, please include a description of how the project is consistent with the stated priority.

SFDPH Priorities			
#	Priorities	Yes or No	Brief Description, if yes
B1.	Supports regional distribution of services, density of need, and Medi-Cal enrollment density.		
B2.	Consistent with SFDPH’s outstanding needs identified in the 2024 Bed Optimization Report and/or Mayor’s Office Breaking the Cycle Initiative.		
B3.	Project has a sustainable business plan and has identified sources to support on-going costs.		
B4.	Supports health equity to improve access to care across diverse communities within San Francisco.		

Signature

I, _____ certify that the information submitted in the request above is accurate and truthful.

Name of Authorized Official (Print First Name & Last Name)

Signed: _____

Signature of Authorized Official

Title

Date

Submit a draft Letter of Support and a completed, signed form above to BHCIP.BHS.contact@sfdph.org by September 16, 5pm PT.

Please include the BHCIP Round # and Round Title as well as the name of the entity in the subject of the email. [Example: BHCIP Round 2 LOS Request (Name of Entity)].