

**File Number:** 230104  
(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: **Patient-Centered Outcomes Research Institute (PCORI)**
2. Department: **San Francisco Department of Public Health  
Population Health Division  
Bridge HIV**
3. Contact Person: **Albert Liu** Telephone: **415-437-7408**
4. Grant Approval Status (check one):  

☒ Approved by funding agency
☐ Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$134,528**
- 6a. Matching Funds Required: **\$0**  
 b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **Patient-Centered Outcomes Research Institute (PCORI)**  
 b. Grant Pass-Through Agency (if applicable): **Public Health Foundation Enterprises, Inc. (Heluna Health)**
8. Proposed Grant Project Summary: **This a study funded by the Patient Centered Outcomes Research Institute that is comparing two mobile health technologies for supporting pre-exposure prophylaxis (PrEP) use among cisgender men, transgender men, and transgender women. We are enrolling 300 individuals across 3 sites in the US (San Francisco, Miami, Washington DC) and will compare the impact of these mobile health strategies on PrEP adherence and continuation, satisfaction with medical care and patient engagement in a 12-month study.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  

Start-Date: **10/01/2021**
End-Date: **09/30/2022**
- 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? **N.A.**  
 d. Is this likely to be a one-time or ongoing request for contracting out? **N.A.**
- 11a. Does the budget include indirect costs? ☒ Yes ☐ No

b1. If yes, how much? **\$26,906**

b2. How was the amount calculated? **25% of total direct cost**

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 October 01, 2021. The Department received the award on April 27, 2022.**

**The grant does not require an ASO amendment and partially reimburses the department for four existing positions for 12 months for the period from October 01, 2021 through September 30, 2022.**

| No. | Class | Job Title                   | FTE  | Start Date | End Date   |
|-----|-------|-----------------------------|------|------------|------------|
| 1   | 2232  | Senior Physician Specialist | 0.20 | 10/01/2021 | 09/30/2022 |
| 2   | 2232  | Senior Physician Specialist | 0.05 | 10/01/2021 | 09/30/2022 |
| 3   | 0943  | Manager VIII                | 0.05 | 10/01/2021 | 09/30/2022 |
| 4   | 2232  | Senior Physician Specialist | 0.10 | 10/01/2021 | 09/30/2022 |

**Proposal ID:** CTR00002325  
**Version ID:** V101  
**Department ID:** 162646  
**Project Description:** HD HIV PD153 2122 PCORI  
**Project Code:** 10037371  
**Activity Code:** 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: 5/25/2022 | 10:55 AM PDT

DocuSigned by:  
Toni Rucker  
AS120EF7001F44B  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 5/26/2022 | 10:25 PM PDT

DocuSigned by:  
Greg Wagner  
203273247328437  
(Signature Required)