File No. 120448 Board Item No. 30

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting **Date: May 8, 2012**

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☐	☐	**Public Correspondence**

OTHER:

Completed by: Annette Lonich **Date: May 3, 2012**

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

☐ 1. For reference to Committee: _____
An ordinance, resolution, motion, or charter amendment.

☒ 2. Request for next printed agenda without reference to Committee.

☐ 3. Request for hearing on a subject matter at Committee: _____

☐ 4. Request for letter beginning "Supervisor _____ inquires"

☐ 5. City Attorney request.

☐ 6. Call File No. _____ from Committee.

☐ 7. Budget Analyst request (attach written motion).

☐ 8. Substitute Legislation File No. _____

☐ 9. Request for Closed Session (attach written motion).

☐ 10. Board to Sit as A Committee of the Whole.

☐ 11. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

☐ Small Business Commission ☐ Youth Commission ☐ Ethics Commission

☐ Planning Commission ☐ Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.

Sponsor(s):

Supervisor Wiener

Subject:

Accept and Expend Grant – Hepatitis B Free Best Practices Project - $5,475

The text is listed below or attached:

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of $5,475 from the Public Health Foundation Enterprises Inc. to participate in a program entitled San Francisco Hepatitis B Free Best Practices for the period of January 1, 2012 through December 31,2012 and waiving indirect costs.

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only:

120448

[Accept and Expend Grant - San Francisco Hepatitis B Free Best Practices - $5,475]

Resolution authorizing the Department of Public Health to retroactively accept and expend a grant in the amount of $5,475 from the Public Health Foundation Enterprises, Inc., to participate in a program entitled San Francisco Hepatitis B Free Best Practices for the period of January 1, 2012, through December 31, 2012, and waiving indirect costs.

WHEREAS, Public Health Foundation Enterprises, Inc. (PHFE) is the recipient of a grant award from Chinese Community Health Care Association supporting the San Francisco Hepatitis B Free Best Practices grant; and

WHEREAS, With a portion of these funds, PHFE has subcontracted with San Francisco Department of Public Health (DPH) in the amount of $5,475 for the period of January 1, 2012, through December 31, 2012; and

WHEREAS, As a condition of receiving the grant funds, PHFE requires the City to enter into an agreement (Agreement), a copy of which is on file with the Clerk of the Board of Supervisors in File No.120448; which is hereby declared to be a part of this Resolution as if set forth fully herein; and

WHEREAS, The purpose of this project is to evaluate the effectiveness of the methods used by the San Francisco Hepatitis B Free Best Practices campaign to determine which most effectively influenced San Francisco clinicians to provide testing, vaccination, and appropriate hepatitis B virus follow-up testing for Asian Pacific Islander patients; and

WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially supports one existing position, one Manager I (Job Class No. 0922) at .10 FTE for

for 4.16 months and at 1.0 FTE for 2 months for the period of January 1, 2012, through December 31, 2012; and

WHEREAS, A request for retroactive approval is being sought because DPH did not receive notification of the award until March 22, 2012, for a project start date of January 1, 2012; and

WHEREAS, San Francisco Hepatitis B Free Best Practices grant does not allow for indirect costs to maximize use of grant funds on direct services; and,

WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $5,475 from PHFE; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in the grant budget; and, be it

FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and, be it

FURTHER RESOLVED, That the Director of Health is authorized to enter into the Agreement on behalf of the City.

RECOMMENDED:

for

Barbara A. Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

File Number: 120448
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective March 2005)

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: **San Francisco Hepatitis B Free Best Practices**

2. Department: **Department of Public Health, Communicable Disease Control & Prevention Section**

3. Contact Person: **Melissa Sanchez, PhD, MA** Telephone: **(415) 554-2743**

4. Grant Approval Status (check one):

   [X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$5,475.00**

6a. Matching Funds Required: **No**
b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Chinese Community Health Care Association**
b. Grant Pass-Through Agency (if applicable): Public Health Foundation Enterprises, Inc. **(PHFE)**

8. Proposed Grant Project Summary:
The San Francisco Hepatitis B Free (SFHBF) Best Practices project will evaluate the effectiveness of the methods used by the SFHBF campaign to determine which most effectively influenced San Francisco clinicians to provide testing, vaccination, and appropriate hepatitis B virus follow-up testing for Asian Pacific Islander patients; as well as the behavior of San Francisco Asian Pacific Islanders to seek out and accept those services. SFHBF and its partners will use the evaluation results to more effectively conduct outreach activities and to increase the level of hepatitis B virus knowledge, testing, vaccination, and follow-up testing among Asian Pacific Islander communities and clinicians who were not reached by the first phase of the campaign.

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

   Start-Date: **January 1, 2012** End-Date: **December 31, 2012**

10a. Amount budgeted for contractual services: **None**

b. Will contractual services be put out to bid? **N/A**

c. If so, will contract services help to further the goals of the department's MBE/WBE 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 [X] No

b1. If yes, how much? **N/A**
b2. How was the amount calculated? **N/A**

c. If no, why are indirect costs not included?
[ ] Not allowed by granting agency [X] To maximize use of grant funds on direct services
[ ] Other (please explain):

12. Any other significant grant requirements or comments:
We respectfully request for approval to accept and expend these funds retroactive to January 1, 2012. The Department received the award notice on March 22, 2012.

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCDC17-1200**

****Disability Access Checklist*****

13. This Grant is intended for activities at (check all that apply):

[X] Existing Site(s) [ ] Existing Structure(s) [ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s) [ ] Rehabilitated Structure(s) [ ] New Program(s) or Service(s)
[ ] New Site(s) [ ] New Structure(s)

14. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____
Jason Hashimoto

Date Reviewed: 4/2/12

Department Approval: _____ for
Barbara A. Garcia, MPA Director of Public Health
(Signature)

San Francisco Hep B Free Best Practices

Budget and Justification

January 1, 2012 – December 31, 2012

Personnel	TOTAL
Melissa Sanchez, Manager I (Job Class #0922) – Annual Salary $106,916 - Oversee all aspects of the project and lead the evaluation, analysis, writing, and dissemination of the results over the 12-month project period.	
Fringe at 23.00% of 0.10 FTE salary for 5.84 months	$1,197
Fringe at 23.00% of 0.08 FTE salary for 4.16 months	$682
Fringe at 20.18% of 1.00 FTE salary for 2 months	$3,596
TOTAL BUDGET	**$5,475**

PUBLIC HEALTH
FOUNDATION ENTERPRISES
A 501 (c)3 Nonprofit Corporation

12801 Crossroads Parkway South, Suite 200 ■ City of Industry, CA 91746 ■ 800.201.7320 Fax 562.699.8856 ■ www.phfe.org

March 15, 2012

Melissa A. Sanchez, PhD, MA
Supervising Epidemiologist
Communicable Disease Control Unit
San Francisco Department of Public Health
101 Grove Street, Suite 408
San Francisco, CA 94102

RE: Letter of Acknowledgement – San Francisco Department of Public Health

Dear Dr. Sanchez,

This letter is to acknowledge Public Health Foundation Enterprises, Inc. ("PHFE") has received an award of $10,000.00 from the Chinese Community Health Care Association. Said monies will be managed by PHFE in support of the San Francisco Hep B Free Best Practices project and will require the assistance of the San Francisco Department of Public Health through a subcontract agreement. The subcontract amount will total $5,475.00 for the period from January 1, 2012 to December 31, 2012.

Sincerely,

Mark J. Bertler, CAE
Chief Executive Officer

City and County of San Francisco

Edwin M. Lee, Mayor

San Francisco Department of Public Health
Communicable Disease Control and Prevention
Communicable Disease Control Unit
101 Grove Street, Room 408
San Francisco, CA 94102-4505

Phone: (415) 554-2830
Fax: (415) 554-2848
http://www.sfdph.org

Chinese Community Health Care Association
Community Grants Program, Grants Committee
Attn: Eric Rong
445 Grant Avenue, Suite 700
San Francisco, CA 94108

October 27, 2011

RE: Community Grants Program for Year 2012

Dear Mr. Rong and the Community Grants Program Committee:

Please find an original and ten copies of the San Francisco Department of Public Health - Communicable Disease Control and Prevention Section's grant application for our proposal titled, "San Francisco Hep B Free (SFHBF) Best Practices Project".

I will be serving as the Project Director for this proposed project. My contact information is as follows:

Melissa A. Sanchez, PhD, MA
Supervising Epidemiologist
Communicable Disease Control Unit
San Francisco Department of Public Health
101 Grove Street, Suite 408
San Francisco, CA 94102
(415) 554-2743 (phone)
(415) 554-2848 (fax)
Melissa.Sanchez@sfdph.org (email)

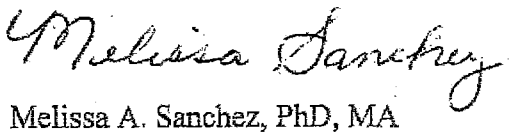
Other key personnel for this proposal are as follows:

- Sandra Huang, MD (Director, Communicable Disease Control Unit, San Francisco Department of Public Health (SFDPH) - In-kind contribution)
- Amy Nishimura, MS, MPH (Project Coordinator, Chronic Viral Hepatitis Registry Project, Communicable Disease Control Unit, SFDPH)
- Martina Li (Research Assistant II, Chronic Viral Hepatitis Registry Project, Communicable Disease Control Unit, SFDPH)

- Rachel Arrington (Research Assistant I, Chronic Viral Hepatitis Registry Project, Communicable Disease Control Unit, SFDPH)
- Janet Zola, MPH (Health Promotion Specialist, Communicable Disease Control and Prevention Section, SFDPH - In-kind contribution)
- Ted Fang (Community/Strategic Advisor, Asian Week Foundation – In-kind contribution)

If you have any questions, please do not hesitate to contact me. Thank you for your consideration.

Sincerely,



Melissa A. Sanchez, PhD, MA

CHINESE COMMUNITY HEALTH CARE ASSOCIATION
COMMUNITY GRANTS PROGRAM FOR YEAR 2012

PURPOSE

The purpose of the CCHCA Grants Program is to provide resources to encourage and support new or ongoing programs, which benefit the health of the local Chinese and Asian Community.

GUIDELINES

1. All projects should benefit the Chinese and or other Asian Communities. Research is not excluded. Chinese participation is encouraged

2. All applicants must have a letter of endorsement from an individual member of the Chinese Community Health Care Association who cannot be the applicant. Letters of endorsement cannot be written by the President, Executive Director or any member of the grants committee.

3. All grants are for one year, renewable yearly for no more than two additional years. An Annual Report is required for all projects funded.

4. Individuals may apply but final approval is predicated upon committee, approved sponsorship by a 501(c)(3) non-profit organization. Individuals submitting a grant proposal must be 18 years of age or older. Organizations that have 501(c)(3) tax-exempt status shall have priority over other organizations.

5. Each grant may not exceed $20,000. The following costs will not be funded:
   - Administrative and Indirect costs
   - Improvement or acquisition of real property except in special cases, particularly where equipment is an integral part of the project.

   CCHCA will only consider funding personnel who are **directly** related to the proposed project.

6. The deadline for submission of new or renewable applications is **October 28, 2011.** Notification will be by letter in December 2010. The decision of the Board of Trustees for the grant cycle is final. Grants are for the calendar year 2012.

7 The original application and **TEN COMPLETE DUPLICATE COPIES** should be submitted to:

Chinese Community Health Care Association
Community Grants Program, Grants Committee
Attn: Eric Rong
445 Grant Avenue, Suite 700
San Francisco, CA 94108

CHINESE COMMUNITY HEALTH CARE ASSOCIATION COMMUNITY GRANTS PROGRAM FOR YEAR 2012

1. **APPLICANT:** Public Health Foundation Enterprises, Inc. (PHFE), fiscal sponsor for San Francisco Department of Public Health

   ORGANIZATION: San Francisco Department of Public Health, Communicable Disease Control and Prevention Section

   ADDRESS: PHFE, 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746; San Francisco Department of Public Health, 101 Grove St. Room 408, San Francisco, CA 94102

   PHONE NUMBER: 562-222-7886 (PHFE); 415-554-2830 (SF Department of Public Health)

   PROJECT DIRECTOR: Melissa Sanchez, PhD, MA

   SIGNATURE OF APPLICANT_____
   (or authorized agency representative)

   SPONSOR (if under 18 years of age or an individual applicant) Not applicable

   SIGNATURE OF SPONSOR Not applicable

   AFFILIATION (if any) Not applicable

   NAME OF CCHCA ENDORSER: Kevin Man, M.D.

2. **DATES OF PROPOSED SUPPORT PERIOD**

   FROM January 1, 2012 TO December 31, 2012

3. **TITLE OF PROJECT**

   San Francisco Hep B Free Best Practices

4. SUMMARY OF PROJECT (Not to exceed 100 words)

The San Francisco Hep B Free (SFHBF) Best Practices project will evaluate the effectiveness of the methods used by the SFHBF campaign to determine which most effectively influenced SF clinicians to provide testing, vaccination, and appropriate HBV follow-up testing for API patients, as well as the behavior of SF APIs to seek out and accept those services. SFHBF and its partners will use the evaluation results to more effectively conduct outreach activities and to increase the level of HBV knowledge, testing, vaccination, and follow-up testing among API communities and clinicians who were not reached by the first phase of the campaign.

5. How do you think this project benefits the Health of the Asian Community?

This project, which will evaluate the effectiveness of the San Francisco Hep B Free (SFHBF) campaign and identify the best practices to use in future phases of the campaign, will primarily benefit the Asian Community in San Francisco. The SFHBF campaign began in 2006 with the goal of eliminating hepatitis B in San Francisco by testing and vaccinating all Asian Pacific Islanders (API). Chronic hepatitis B virus (HBV) infection and its sequelae – cirrhosis, liver failure, hepatocellular carcinoma (HCC), death – disproportionately affect API populations in San Francisco, as well as throughout the United States[1]. Although APIs comprise only 4.5% of the U.S. population[2], they account for more than 50% of Americans who are living with chronic HBV infection[1], with the highest occurrence of HCC occurring in APIs who immigrated to the U.S[3]. In San Francisco, APIs represent 32% of the city's population of 800,000 persons, many of whom are foreign-born[2]. In 2009, SFDPH received reports of hepatitis B infection on over 3,500 individuals, and of the 66% of cases for whom race was known, 87% were API, of which an estimated 85% were foreign-born[4]. Currently, San Francisco has the highest rate of liver cancer in the U.S.

The purpose of this project is to evaluate the effectiveness of the methods and strategies used by the SFHBF campaign to determine which had the most impact on the behavior of San Francisco clinicians to provide testing, vaccination, and appropriate HBV follow-up testing for API patients; and on the behavior of San Francisco APIs to seek out and accept those services. The results of the evaluation will enable SFHBF and its partners to conduct its outreach activities in a more effective manner. Ultimately, more effective outreach will increase the level of HBV knowledge, testing, vaccination, and HBV follow-up testing among San Francisco API communities and clinicians who were not reached by the first phase of the campaign.

Asian communities outside of San Francisco will also benefit from this project. The evaluation results and identified best practices will be summarized in reports that will be shared with health care and community organizations in other regions of California and the U.S. to help them create more effective HBV awareness, testing, and vaccination campaigns targeted to API communities in their locales.

1. CDC. 2009. Notice to readers: National hepatitis B initiative for Asian Americans/Native Hawaiian and other Pacific Islanders. *MMWR: Recommendations and Reports*, 58(18), 503.
2. U.S. Census Bureau. 2010 2005–2009 American Community Survey 5-year estimates. Washington, D.C.: U.S. Department of Commerce, Economics and Statistics Administration.

3. Altekruse, S.F., McGlynn, K.A., & Reichman,M.E. (2009). Hepatocellular carcinoma incidence, mortality, and survival trends in the U.S. from 1975-2005. *Journal of Clinical Oncology*, 27(9), 1485-1491.
4. Chronic Viral Hepatitis Registry Project, CDCP Section. SFDPH *Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2009, San Francisco.*

6. Please list your project's goals and objectives. (What benefits will result from your project)?

The goal of the evaluation project is to provide SFHBF and its partners with the information that will enable the campaign to conduct its outreach activities in a more focused, effective, and efficient manner; to increase the level of HBV knowledge, testing, vaccination, and follow-up among API communities and clinicians who were not impacted by the first phase of the campaign; and to achieve the campaign's long-term goal of eliminating hepatitis B in San Francisco.

The project's specific objectives are to evaluate the effectiveness of the methods and strategies used by the SFHBF campaign to determine which had the most impact on (1) the behavior of San Francisco clinicians to provide testing, vaccination, and appropriate HBV follow-up testing for API patients; and (2) on the behavior of San Francisco APIs to seek out and accept those testing, vaccination, and HBV follow-up testing services.

7. Please describe how you plan to accomplish your goals and objectives.

Two methods will be used to achieve the first objective, which is to evaluate the effectiveness of the strategies used by SFHBF to encourage San Francisco clinicians to provide testing, vaccination, and appropriate HBV follow-up testing for API patients. First, medical records will be reviewed for a random sample of 360 San Francisco API patients. Provider practice patterns in 2006 (HBV testing, vaccination, and appropriate follow-up testing) before the start of the SFHBF campaign will be compared to current patterns and the 5-year change in clinician practice patterns will be measured. Second, four focus groups with San Francisco clinicians who care for API patients will be conducted. Focus group facilitators will elicit participants' opinions about which SFHBF clinician outreach strategies most effectively increased their awareness and knowledge of HBV testing, vaccination, and follow-up testing recommendations. Clinicians will also be asked to identify San Francisco API subpopulations and SF clinician groups that should be targeted in future phases of the campaign.

The second objective is to identify which SFHBF public outreach strategies were the most effective for increasing HBV awareness and pursuit and/or acceptance of testing, vaccination, and follow-up testing services among San Francisco APIs. This will be accomplished by conducting four focus groups with API community members. In addition, the participants' level of knowledge about HBV will be assessed. Participants will also be asked to identify San Francisco API subpopulations that have not been reached by the SFHBF campaign.

Data collection activities will be completed in the first 12 months, and in the final 6 months, staff will analyze the results; write reports summarizing the "best practices" and API and clinician subpopulations to be targeted; and disseminate the reports to San Francisco clinicians, the API community, and SFHBF and its partners.

8. Describe the resources necessary to implement your plan, i.e., personnel, equipment, facilities, etc. Please indicate how each will be obtained, e.g., through contributed "in kind" support, from the budget proposed in this application or other sources. No indirect costs will be funded.

The "San Francisco Hep B Free Best Practices Project" will be implemented over the course of 18 months for a proposed total project budget of $430,000 (average of $286,667/year). This total would include $67,500 of in-kind support from SFDPH, $37,500 of in-kind support from SF Hep B Free/Asian Week Foundation, $20,000 from the Chinese Community Health Care Association, an anticipated $225,000 from Metta Fund, and an expected combined total of $80,000 from the San Francisco Foundation and the Hospital Council of Northern & Central California. The majority of the budget will support project staff who will design and implement the evaluation and analyze, summarize, and disseminate the results. Incidental expenses will include focus group recruitment incentives, local travel to complete chart reviews, and printing costs for chart abstraction forms and focus group surveys.

The Project Director, Dr. Melissa Sanchez of the San Francisco Department of Public Health (SFDPH), will oversee the project, and lead the evaluation, analysis, writing, and dissemination of results. The Project Coordinator, Ms. Amy Nishimura of PHFE, will design and monitor all project activities, collect and analyze data, and write reports. Two PHFE Research Assistants will collect the data. In-kind contributions will be made by Dr. Sandra Huang, SFDPH Communicable Disease Control and Prevention Section; Ms. Janet Zola, SFDPH Health Promotion Specialist and co-founder of SFHBF; Mr. Ted Fang, co-founder of SFHBF and Executive Director, Asian Week Foundation, who will serve as Community/Strategic Advisor; and an Advisory Board with clinician and community representatives.

Please refer to the Appendix for project budget details.

9. Describe the evaluation methods to be used to measure the outcome and impact of your project.

Upon completion of the project, the "best practices" summary reports will be disseminated to San Francisco clinicians, the San Francisco API community, and SFHBF and its provider and community partners. Over the course of the next three years (2013 – 2016), SFHBF and its partners will use the evaluation results to more effectively conduct HBV outreach activities. SFHBF will implement the identified "best practices" strategies, targeting API subpopulations, new immigrants, and additional clinicians in San Francisco who have yet to be impacted by the campaign. Three years after completion of the project (2016), SFDPH staff will produce a summary of the "best practices" activities being conducted by SFHBF and its provider and community partners. This summary will include a listing of the San Francisco API subpopulations, new immigrants, and clinicians who have been targeted for outreach from 2013-2015. SFDPH staff will also document the dissemination and publication of the evaluation summary reports to San Francisco clinicians, the San Francisco API community, and SFHBF and its partners.

10. Who will assume administrative responsibility for your project?

Public Health Foundation Enterprises, Inc. (PHFE) will provide fiscal, payroll, human resources, and contract management services for this project. Three of the four proposed project staff are currently PHFE employees who have worked on the SFDPH Chronic Viral Hepatitis Registry Project for the past two to six years. PHFE will contract with SFDPH for the services of the Project Director, Dr. Melissa Sanchez, who will work closely with PHFE to ensure completion of project deliverables and compliance with regulatory, grant reporting, and other related requirements.

11. Please itemize your proposed budget. (It is not necessary to request the maximum grant).

Please refer to the Appendix for the CCHCA Funding Request budget details.

12. Would this project continue past the grant year?_____
Yes___X_____No_____If yes, explain how.

The project is expected to continue for a total of 18 months. We have communicated our intention to all potential funders of this project that we will apply for six months of continuation support. During those six months, data will be analyzed and summarized in a written report, which will also include recommendations or "best practices" for the most effective outreach strategies and identify the API subpopulations and clinician groups to be targeted for future phases of the campaign. The report will be widely disseminated at the completion of the project.

13. For ongoing programs, attach a progress report or an end of project final report with this application.

Not applicable; new project request.

Appendix: Attach letters of support from CCHCA member(s), sponsoring agency, and any other organization(s) to be involved in the project. Please attach the applicant's or project director's resume(s), if applicable.

Appendix:

Total Project Budget
CCHCA Funding Requested Budget
Letter of Support from Dr. Kevin Man, CCHCA member
Letter of Support from Asian Week Foundation
Letter of Support from Public Health Foundation Enterprises, Inc.
Resume for Project Director, Dr. Melissa Sanchez

PROJECT TITLE: San Francisco Hep B Free Best Practices

	TOTAL PROJECT BUDGET*			CCHCA FUNDING REQUESTED		
	Year 1 (12 Months)	Year 2 (6 Months)	Total (18 Months)	Year 1 (12 Months)	Year 2 (6 Months)	Total (18 Months)
Net Revenue						
Enter Type of Revenue	0	0	0	0	0	0
Total Net Revenue	0	0	0	0	0	0
			0			
Expense			0			
Salary and Benefits	134,421	35,066	169,487	9,819	0	9,819
(3 PHFE Staff totaling 1.72 FTEs in Yr 1 and .76 FTE in Yr 2)						
			0			0
Conferences	0	0	0	0	0	0
Equipment, Major	0	0	0	0	0	0
Equipment, Minor	0	0	0	0	0	0
Printing	138	0	138	0	0	0
Supplies	0	0	0	0	0	0
Travel	186	0	186	0	0	0
Other Direct Expense:						
Focus Group Incentives	500	0	500	0	0	0
SFDPH Subcontract^	69,979	47,568	117,547	10,181	0	10,181
SFDPH In-Kind Support	45,000	22,500	67,500	0	0	0
SF Hep B Free/Asian Week Foundation In-Kind Suppo	25,000	12,500	37,500	0	0	0
Sub-total	275,224	117,634	392,858	20,000	0	20,000
			0			
Indirect Expense	24,779	12,395	37,174	0	0	0
Total Expense	300,003	130,029	430,032	20,000	0	20,000

*Difference between "Total Project Budget" amount and "CCHCA Funding Requested" amount sums to $225,032 funding from the Metta Fund, a combined $80,000 from the San Francisco Foundation and the Hospital Council of Northern & Central California, $67,500 In-kind support from SFDPH, and a combined $37,500 In-kind support from SF Hep B Free and Asian Week Foundation.

^SFDPH subcontract includes salary and benefits for Project Director, Melissa Sanchez, of the SFDPH (.45 FTE in Year 1 and .61 FTE in Year 2)