

File No. 170573

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 29, 2017

Board of Supervisors Meeting

Date _____

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong Date June 22, 2017
Completed by: Linda Wong Date _____

1 [Accept and Expend Grant - Centers for Disease Control and Prevention - San Francisco STD
2 Surveillance Network Project - \$225,000]

3
4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant increase of \$75,000 for a total amount of \$225,000 from Department of**
6 **Health and Human Services, Centers for Disease Control and Prevention to participate**
7 **in a program entitled San Francisco STD Surveillance Network Project for the period of**
8 **September 30, 2016, through September 29, 2017.**

9
10 WHEREAS, Department of Health and Human Services, Centers for Disease Control
11 and Prevention has agreed to fund Department of Public Health (DPH) in the amount of
12 \$225,000 for the period of September 30, 2016, through September 29, 2017; and

13 WHEREAS, The full project period of the grant starts on September 30, 2013, and
14 ends on September 29, 2018, with year five subject to availability of funds and satisfactory
15 progress of the project; and

16 WHEREAS, The purpose of this project continues its on-going use of staff expertise in
17 STD surveillance & epidemiology to enhance the understanding of STD trends &
18 determinants, improving the ability to monitor health outcomes & develop effective
19 interventions to reduce morbidity; and

20 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

21 WHEREAS, A request for retroactive approval is being sought because DPH received
22 the full award agreement on January 31, 2017, for a project start date of September 30, 2016;
23 and

24 WHEREAS, The AAO budget for FY2016-2017 was approved in the amount of
25 \$150,000; and

1 WHEREAS, An increase of \$75,000 from \$150,000 was approved for the period of
2 September 30, 2016, through September 29, 2017, for a total amount of \$225,000; and

3 WHEREAS, The budget includes a provision for indirect costs in the amount of \$1,485;
4 now, therefore, be it

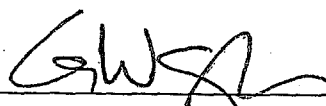
5 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
6 in the amount of \$225,000 from Department of Health and Human Services, Centers for
7 Disease Control and Prevention; and, be it

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

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

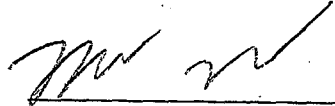
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RECOMMENDED:

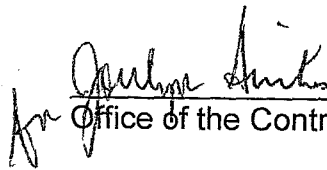


Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller

File Number: _____
(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: **San Francisco STD Surveillance Network (SSuN) Project**
- 2. Department: **Department of Public Health, Population Health Division, Disease Prevention and Control Branch**
- 3. Contact Person: **Susan Philip, MD, MPH** Telephone: **(628) 206-7638**

- 4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$900,000 in the 5-year project period (Year 1 – 09/30/2013-09/29/2014 \$150,000; Year 2 – 09/30/2014-09/29/2015 \$150,000; Year 3 – 09/30/2015-09/29/2016 \$150,000; Year 4 – **09/30/2016-09/29/2017 \$225,000**; Year 5 – 09/30/2017-09/29/2018) \$225,000

- 6a. Matching Funds Required: **\$0**
- b. Source(s) of matching funds (if applicable): **N/A**

- 7a. Grant Source Agency: **Department of Health and Human Services, Centers for Disease Control and Prevention**
- b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary: **The Year 4 period of the SSuN project continues its on-going use of staff expertise in STD surveillance & epidemiology to enhance the understanding of STD trends & determinants, improving the ability to monitor health outcomes & develop effective interventions to reduce morbidity. The Project team represents internationally recognized experts in surveillance, epidemiology, clinical care, & health informatics, implementing: 1) population-based enhanced STD surveillance for reported gonorrhea; 2) facility-based collection, management, processing & analysis of line-listed encounter-based patient data from San Francisco City Clinic (the only municipal STD clinic in the city) & 4 SFDPH-supported Title X family planning clinics; 3) estimates of female screening coverage from patients seen at SFCC & the Title X clinics; 4) integrated analyses involving matches with other communicable disease case registries; and 5) analysis & dissemination of integrated analyses. SSuN-Chlamydia includes enhanced surveillance & piloting partner services for young females with chlamydia.**

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

Full 5-Year Project Period	Start Date: 09/30/2013	End Date: 09/29/2018
Prior Year Project Periods 1-3	Start Date: 09/20/2013	End Date: 09/29/2016
Current Year Project Period 4	Start Date: 09/30/2016	End Date: 09/29/2017
Next Year Project Period 5	Start Date: 09/30/2017	End Date: 09/29/2018

10a. Amount budgeted for contractual services: **\$35,474 in Year 4**
\$70,948 in the 5-year project period

- 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? **Ongoing**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$1,485 in Year 4; \$8,207 in the 5-year project period**

b2. How was the amount calculated? **1% of total modified costs comprise of direct costs excluding equipment and contractual expenses**

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 the Year 4 funds retroactive to September 30, 2016. The Department received the approval of our revised Year 4 budget on January 31, 2017.

The final award approved for HCDC01/1700 for Year 4 budget period from September 30, 2016 to September 29, 2017 is \$225,000 as compared to the FY2016-17 AAO budget of \$150,000. An increase of \$75,000 was approved for a total of \$225,000.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCDC01/1700

****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):

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 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:

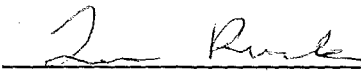
Toni Rucker, PhD

(Name)

Chief Cultural Competency and Workforce Development Officer, DPH ADA Coordinator

(Title)

Date Reviewed: 3-13-17


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed:

3/17/17


A handwritten signature in black ink, appearing to be 'G. Garcia', written over a horizontal line.

(Signature Required)

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN GONNORHEA PROJECT
GRANT NUMBER 5 NH25PS004258-04-00
BUDGET JUSTIFICATION - PART A
9/30/16-9/29/17

A. SALARIES----- **\$123,684**

1. Principal Investigator (S. Philip)-----In Kind
\$9,716 biweekly x 26.1 pay periods = \$253,588 x .03 effort = No Salary Requested

This position is the Principal Investigator for Part A of this Project and will collaborate with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They will be responsible for overseeing all project activities; participating on conference calls and attending mandatory meetings; build and maintain robust and sustainable partnerships with key clinical sites and health providers; collaborate with key staff at the AIDS Office, Office of Family Planning and other sections in the Department of Public Health; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data and apply project findings to improve and enhance existing core STD activities.

2. Co-Principal Investigator (T. Aragon)-----In Kind
\$10,188 biweekly x 26.1 pay periods = \$265,907 x .02 effort = No Salary Requested

This position is the Co-PI for Part A of this Project and will work with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They may participate in conference calls and/or attend mandatory project meetings. As the Director of the Population Health Division, this position has overall oversight and responsibility for all grants awarded to the Division and for the Program's compliance with funding requirements.

3. Epidemiologist II (2803) (T. Nguyen)-----In Kind
\$4,197 biweekly x 26.1 pay periods = \$109,542 x .10 effort = No Salary Requested

This position has a doctoral degree in Epidemiology and over 10 years of experience in epidemiology and surveillance activities as well as performing study design, implementation and analysis. They will coordinate all related Project activities; perform QA of data reported through the various data collection streams; create, implement, and oversee protocol development for grant activities; supervise data entry and other Project staff; identify and problem solve barriers to improving surveillance; act as back-up support for the integrated data-infrastructure of the program and liaise with partners on project evaluation issues.

4. Epidemiologist II (2803) (R. Kohn)----- \$64,630
1.0 FTE @ Step V @ \$4,197 x 26.1 pay periods = \$109,542 x .59 effort = \$64,630

This position has a Masters Degree in Public Health & over 20 years of experience in epidemiology & surveillance activities. They also have many years of experience performing geocoding, registry matching, managing and analyzing relational databases and IT infrastructure, and overseeing data collection, management, analysis and dissemination. Their extensive communicable disease surveillance and managerial experience, both on previous and current SSuN core projects as well as in STD/HIV/CD programs, are integral to this project. They are also a program expert on data security and confidentiality. They will be responsible for participating on conference calls and attending mandatory project meetings, collaborating with the funder and other project sites to standardize data sets and protocols as well as establish best practices. They will ensure implementation and quality assurance of updated interview and partner services protocols, data collection and data-entry, and data cleaning and submission to CDC. They oversee and maintain the STD electronic database; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data; electronically send surveillance data to CDC within agreed upon timelines; ensure the confidentiality of the data and the security of the data system; merge and/or integrate electronic data from providers, labs and other data sources; and make alterations to incorporate new data elements.

5. Epidemiologist I (2802) (Vacant)----- \$13,043
1.0 FTE @ Step I @ \$2,706 x 24.1 = \$65,215 x .20 effort = \$13,043

Recruitment was completed. Selected candidate is currently being processed by our Human Resources Office. This position has a Masters Degree in Public Health and 4+ years experience in epidemiology and surveillance activities. They will be responsible for data management, analysis and dissemination, generation of program reports; providing technical assistance to participating health providers; providing epidemiological support for the staff performing the enhanced GC interviews, partner services, and qualitative data collection, including quality assurance of these data; cleaning, formatting, and transmitting data to CDC within agreed upon timelines; and for dissemination of findings to appropriate stakeholders. They will also be responsible for responding to requests from the funder for SSuN data as well as participate on project conference calls and attend required project meetings.

6. IT Operations Support Admin I (1091) (Q. Wang) ----- \$16,646
1.0 FTE Step V @ \$2,551 x 26.1 pay periods = \$66,582 x .25 effort = \$16,646

This position will be responsible for data entering STD Clinic morbidity data and city-wide STD morbidity into the STD Section electronic database and data entering all of the Part A SSuN data into the SsuN computerized database. They will also perform quality assurance on the data and ensure that any errors that are identified are corrected; generate standardized statistical reports; update data files and provide routine computer programming support to SSuN staff.

7. HPCII (2591) (V. Delgado)----- **\$9,646**

1.0 FTE Step V @ \$3,696 biweekly x 26.1 pay periods = \$96,466 x .10 effort = \$9,646

This position is the Interviewer for Part A of this Project and is responsible for having complete oversight of the enhanced gonorrhea interviews. She collects demographic, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. She has been trained by the San Francisco SSuN epidemiologists and meets with them regularly to discuss protocols, completion rates, and quality assurance.

8. HPCII (2591) (B. Ivory)----- **\$8,334**

1.0 FTE Step II @ \$3,193 biweekly x 26.1 pay periods = \$83,337 x .10 effort = \$8,334

This position is the Interviewer for Part A of this Project and is responsible for supervising the contractual enhanced gonorrhea interviewer who will be conducting the interviews. He will supervise and ensure the collections of demographic, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. He will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

9. Program Administrator/Budget Manager (1823) (L. Garrido)----- **\$11,385**

1.0 FTE Step V @ \$4,362 x 26.1 pay periods = \$113,848 x .10 effort = \$11,385

This position will be responsible for providing fiscal oversight and administrative support for Part A of the project and will be responsible for negotiating and setting up budgets, working with the local fiscal department and PGO regarding SSuN related budget questions, preparing budget revisions as needed, making project related purchases, arranging project travel and preparing and submitting related expenditure reports and purchasing documents.

B. MANDATORY FRINGES (45% x Salaries)----- **\$55,657**

C. TRAVEL ----- **\$5,440**

Out of State Travel

Funds are requested to support the cost of two persons to attend the mandatory SSuN meetings in Atlanta, Georgia

Airfare x \$650 r/t airfare x 2 persons x 2 trip **\$2,600**

3 nights lodging x about \$170/day x 2 persons x 2 trip **\$2,040**

Ground transportation x \$200 x 2 persons x 2 trip **\$800**

Total **\$5,440**

D. SUPPLIES ----- \$2,869

Funds are requested for the purchase of office supplies.
Office Supplies @ \$717.25 x 4 quarters = \$2,869

Quarterly Supplies

Copy Paper @ \$40.20 bx x about 15 boxes = \$603.00
Pens, white-out, glue sticks, staples, tape, binders, folders, misc items = \$114.25
Total each quarter = \$717.25

E. EQUIPMENT ----- \$0

F. CONTRACTUAL/SUBCONTRACT ----- \$35,474

Name of Organization: Public Health Foundation Enterprises, Inc (PHFE)
Method of Selection: RFQ 22-2013
Period of Performance: 9/30/16-9/29/17
Total Contract Amount: \$35,474
Method of Evaluation: Quarterly Reports/Regular Meetings
Scope of Work: Funds are requested to continue to support a contract with PHFE to act as a fiscal agent for the purpose of hiring culturally appropriate staff to perform SSuN GC interviews and collection of data of high risk populations in San Francisco.

SALARIES AND BENEFITS

YUTHE Community Health Specialist (B. Windhom)

These positions are the Interviewers for Part A of this Project and are responsible for the enhanced gonorrhea interviews. They will collect demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

0.50 FTE - \$1,863/month x 12 months = \$22,360

Total Salaries = \$22,360

Fringe Benefits - 37.18% of salaries for fulltime employees
Fringe Rate is at 37.18% of salaries

Total Fringes = \$8,313

Total Salaries and Fringes = \$30,673

OPERATING EXPENSES

EXPENDITURE CATEGORY

Supplies -----	\$1,000
Funds are requested to purchase program supplies including, non monetary incentives, printing of program materials, office and computer supplies.	
Total Operating Expenses =	\$1,000
Total PHFE Direct Costs -----	\$31,673
Indirect Costs -----	\$3,801
This figure is based on 12% of total modified costs as negotiated between the City and County of San Francisco and PHFE.	
TOTAL PHFE BUDGET =	\$35,474

G. DIRECT COSTS -----	\$223,124
H. Indirect Costs -----	\$1,876
(1% of Modified Direct Costs of \$187,650) *	
I. TOTAL COSTS -----	\$225,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN GONNORHEA PROJECT
GRANT NUMBER 5 NH25PS004258-04-00
BUDGET JUSTIFICATION - PART A
9/30/16-9/29/17

Personnel.....	\$123,684
Fringe Benefits.....	\$55,657
Travel.....	\$5,440
Supplies.....	\$2,869
Equipment.....	\$0
Contractual.....	\$35,474
Other.....	\$0
Total Direct.....	\$223,124
Indirect Costs.....	\$1,876
(1% of Modified Direct Costs of \$187,650) *	
Total.....	\$225,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SSuN Part A	93.977	\$	\$	\$ 225,000.00	\$	\$ 225,000.00
2.						
3.						
4.						
5. Totals		\$	\$	\$ 225,000.00	\$	\$ 225,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	SSuN Part A				
a. Personnel	\$ 123,684.00	\$	\$	\$	\$ 123,684.00
b. Fringe Benefits	55,657.00				55,657.00
c. Travel	5,440.00				5,440.00
d. Equipment	0.00				
e. Supplies	2,869.00				2,869.00
f. Contractual	35,474.00				35,474.00
g. Construction	0.00				
h. Other	0.00				
i. Total Direct Charges (sum of 6a-6h)	223,124.00				\$ 223,124.00
j. Indirect Charges	1,876.00				\$ 1,876.00
k. TOTALS (sum of 6i and 6j)	\$ 225,000.00	\$	\$	\$	\$ 225,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8. <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ <input type="text" value="225,000.00"/>	\$ <input type="text" value="56,250.00"/>	\$ <input type="text" value="56,250.00"/>	\$ <input type="text" value="56,250.00"/>	\$ <input type="text" value="56,250.00"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ <input type="text" value="225,000.00"/>	\$ <input type="text" value="56,250.00"/>	\$ <input type="text" value="56,250.00"/>	\$ <input type="text" value="56,250.00"/>	\$ <input type="text" value="56,250.00"/>

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b)First	(c) Second	(d) Third	(e) Fourth
16. SSuN Part A	\$ <input type="text" value="225,000.00"/>	\$ <input type="text" value="236,250.00"/>	\$ <input type="text"/>	\$ <input type="text"/>
17. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)	\$ <input type="text" value="225,000.00"/>	\$ <input type="text" value="236,250.00"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges: <input type="text" value="\$223,124"/>	22. Indirect Charges: <input type="text" value="\$1,876"/>
--	--

23. Remarks:

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2014

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SSuN Part A	93.977	\$	\$	\$ 350,000.00	\$	\$ 350,000.00
2. SSuN Chlamydia	93.977			75,000.00		75,000.00
3.						
4.						
5. Totals		\$	\$	\$ 425,000.00	\$	\$ 425,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) SSuN Part A	(2) SSuN Chlamydia	(3)	(4)	
a. Personnel	\$ 221,784.00	\$ 39,417.00	\$	\$	\$ 261,201.00
b. Fringe Benefits	99,803.00	17,738.00			117,541.00
c. Travel	5,240.00	0.00			5,240.00
d. Equipment	0.00	0.00			
e. Supplies	2,495.00	445.00			2,940.00
f. Contractual	17,384.00	16,824.00			34,208.00
g. Construction	0.00	0.00			
h. Other	0.00	0.00			
i. Total Direct Charges (sum of 6a-6h)	346,706.00	74,424.00			\$ 421,130.00
j. Indirect Charges	3,294.00	576.00			\$ 3,870.00
k. TOTALS (sum of 6i and 6j)	\$ 350,000.00	\$ 75,000.00	\$	\$	\$ 425,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
	(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.		\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)		\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 425,000.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 425,000.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b) First	(c) Second	(d) Third	(e) Fourth
16.	SSuN Part A	\$ 350,000.00	\$ 367,500.00	\$	\$
17.	SSuN Chlamydia	75,000.00	78,750.00		
18.					
19.					
20. TOTAL (sum of lines 16 - 19)		\$ 425,000.00	\$ 446,250.00	\$	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$421,130	22. Indirect Charges: \$3,870
23. Remarks: Indirect cost is based on 1% of total modified direct costs	

Other Attachment File(s)

* Mandatory Other Attachment Filename:

To add more "Other Attachment" attachments, please use the attachment buttons below.

Attached at least one Optional Other Attachment?

San Francisco Department of Public Health
STD Surveillance Network (SSuN) Grant Continuation Application for Year 4
CDC-RFA-PS13-130604CONT16

September 30, 2016 – September 29, 2017

PROJECT NARRATIVE

Section I: Current Reporting Period – April 1, 2015 - March 31, 2016

Performance Measures

1. Number of confirmed gonorrhea cases reported to jurisdiction
 - 5390 (including out of jurisdiction cases)
2. Number/percent of cases randomly sampled for investigation
 - 886 (16.4%) randomized (including out of jurisdiction cases)
 - 680 (12.6%) randomly sampled cases that were in-jurisdiction
3. Number/proportion of sampled cases for which patient and provider investigations are complete
 - 269 (39.6%) Investigation Complete: patient contacted, interview completed
 - 3 (0.4%) Investigation Complete: patient contacted, partial interview completed
 - 27 (4.0%) Investigation not complete: interview pending
 - 43 (6.3%) Investigation not complete: refused interview
 - 3 (0.4%) Investigation not complete: language barrier
 - 68 (10.0%) Investigation not complete: patient did not respond
 - 2 (0.3%) Investigation not complete: patient institutionalized
 - 31 (4.6%) Investigation not complete: >60 days from diagnosis
 - 58 (8.5%) Investigation not complete: insufficient contact information
 - 176 (25.9%) Investigation not complete: administrative closure/other reason
4. Number of patient-visit records extracted from STD clinics
 - 14,125 (For April 1, 2015 – December 31, 2015)
5. Number of patient-visit records extracted from Family Planning clinics

- 57,628 (For April 1, 2015 – December 31, 2015)
6. Number of patient-visit records extracted from other clinics
- Not applicable

Evaluation Results

We are collaborating with the 3rd Street Youth Center and Clinic (YCC) to improve its screening and testing for gonorrhea among adolescent African-American females. We meet with them regularly and have met the outlined objectives to date. We have prepared a mechanism to improve the efficiency of their protocol for reminding clients who were previously positive with gonorrhea (or chlamydia) when their 3-month rescreening test is due. We have also implemented a pilot project for select patients (e.g., asymptomatic rescreen visits) to be tested through an "Express Visit", using self-collected specimens, to reduce their time spent in the clinic.

Work Plan

San Francisco SSuN Cycle III Work Plan

Activity	Principal Investigator	Co-Investigators	Project Epidemiologists	Health Workers	Information Systems Staff	Completion
Infrastructure						
Regular meetings of Epidemiologists and Interview and Data-Entry Staff			X	X	X	Ongoing
Participate in Routine CDC Organized Conference Calls			X			Ongoing
Attend Annual Investigators Meeting	X		X			As scheduled
Determine timeline for HIV Registry Match	X		X		X	Completed: Month 1, Year 3
Population Based Enhanced STD Surveillance						
Conduct Enhanced Gonorrhea Case Interviews				X	X	Ongoing
Conduct Quality Assurance of Case Interviews			X	X		Ongoing
Prepare for submission interview and Provider Investigation data elements			X			Per CDC schedule
Conduct HIV Registry Match			X			Annually
Upload Requested Data to CDC			X		X	Per CDC schedule
Facility-Based Sentinel Surveillance						
Finalize parameters for Title X Family Planning facility clinic data files	X	X	X		X	Completed: Month 9, Year 2
Finalize coding to prepare for submission STD Clinic and Family Planning Clinics facility files	X		X		X	Completed: Month 10, Year 2
Upload Requested Data to CDC			X		X	Per CDC schedule

Successes

We successfully met most of the objectives identified for the Year 3 Budget Period:

1. Regularly participated as a collaborative CDC SSuN site through conference calls and attendance at the annual meeting.

Population-Based Enhanced STD Surveillance

2. Regularly submitted San Francisco gonorrhea morbidity data file, as scheduled by CDC through SSuN programming and quality assurance protocols.
3. Regularly submitted Cycle 3 Patient Interview data of sampled gonorrhea cases, regularly monitoring completeness and timeliness of data collection and using SSuN programming and quality assurance protocols.
4. Regularly submitted Cycle 3 Provider Investigation data of sampled gonorrhea cases, using SSuN programming and quality assurance protocols.

Facility-Based Sentinel Surveillance

5. Regularly submitted facility files from San Francisco City (STD) Clinic and 4 Title X Family Planning clinics, using SSuN programming and quality assurance protocols.

Collaborating with the staff who access the Title X Family Planning data has proven helpful to other efforts in assessing screening and positivity rates across the San Francisco Health Network clinics, to identify clinics, providers, and patient populations that could benefit from technical assistance around STD screening, prevention, and control.

Challenges

During April-May 2015 of the reporting period, we continued to work with the SSuN interviewer to identify a protocol and workflow process that would be useful to keeping organized the list of

cases assigned to be interviewed and enhancing the efficiency of managing return calls and completing interviews. The completeness of interviews improved after this period.

CDC Program Support to Awardees

Project collaborators would benefit from advance notice of agenda items for conference calls and summary notes and documentation after each call, especially for those project staff who were unable to attend the call.

Administrative Reporting

- SF-424A Budget Information-Non-Construction Programs

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. SSuK Part A	93.977	\$	\$	\$ 350,000.00	\$	\$ 350,000.00
2. SSuK Challenge	93.977			75,000.00		75,000.00
3.						
4.						
5. Totals		\$	\$	\$ 425,000.00	\$	\$ 425,000.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) SSoN Part A	(2) SSoN Chlamydia	(3)	(4)	
a. Personnel	\$ 221,784.00	\$ 39,417.00	\$	\$	\$ 261,201.00
b. Fringe Benefits	99,603.00	17,738.00			117,341.00
c. Travel	5,240.00	0.00			5,240.00
d. Equipment	0.00	0.00			
e. Supplies	2,495.00	445.00			2,940.00
f. Contractual	17,384.00	16,824.00			34,208.00
g. Construction	0.00	0.00			
h. Other	0.00	0.00			
i. Total Direct Charges (sum of 6a-6h)	346,706.00	74,424.00			\$ 421,130.00
j. Indirect Charges	5,294.00	575.00			\$ 3,870.00
k. TOTALS (sum of 6i and 6j)	\$ 350,000.00	\$ 75,000.00	\$	\$	\$ 425,000.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	
SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$ 425,000.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$ 425,000.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00	\$ 106,250.00
SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT					
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)				
	(b) First	(c) Second	(d) Third	(e) Fourth	
16. SSof Part A	\$ 350,000.00	\$ 367,500.00			
17. SSof Chlamydia	75,000.00	78,750.00			
18.					
19.					
20. TOTAL (sum of lines 16 - 19)	\$ 425,000.00	\$ 446,250.00			
SECTION F - OTHER BUDGET INFORMATION					
21. Direct Charges: \$421,130	22. Indirect Charges: \$3,870				
23. Remarks:	Indirect cost is based on 1% of total modified direct costs.				

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- Budget Narrative

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN GONNORHEA PROJECT
GRANT NUMBER 5H25PS004258-04
BUDGET JUSTIFICATION - PART A
9/30/16-9/29/17

A. SALARIES----- **\$221,784**

1. Principal Investigator (S. Philip)-----In Kind
\$9,128 biweekly x 26.1 pay periods = \$238,241 x .03 effort = No Salary Requested

This position is the Principal Investigator for Part A of this Project and will collaborate with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They will be responsible for overseeing all project activities; participating on conference calls and attending mandatory meetings; build and maintain robust and sustainable partnerships with key clinical sites and health providers; collaborate with key staff at the AIDS Office, Office of Family Planning and other sections in the Department of Public Health; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data and apply project findings to improve and enhance existing core STD activities.

2. Co-Principal Investigator (T. Aragon)-----In Kind
\$9,141 biweekly x 26.1 pay periods = \$238,580 x .02 effort = No Salary Requested

This position is the Co-PI for Part A of this Project and will work with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They may participate in conference calls and/or attend mandatory project meetings. As the Director of the Population Health Division, this position has overall oversight and responsibility for all grants awarded to the Division and for the Program's compliance with funding requirements.

3. Epidemiologist II (2803) (T. Nguyen)----- \$38,503
1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954 x .36 effort = \$38,503

This position has a doctoral degree in Epidemiology and over 10 years of experience in epidemiology and surveillance activities as well as performing study design, implementation and analysis. They will coordinate all related Project activities; perform QA of data reported through the various data collection streams; create, implement, and oversee protocol development for grant activities; supervise data entry and other Project staff; identify and problem solve barriers to improving surveillance; act as back-up support for the integrated data-infrastructure of the program and liaise with partners on project evaluation issues.

4. Epidemiologist II (2803) (R. Kohn)----- \$106,954
1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954

This position has a Masters Degree in Public Health & over 20 years of experience in epidemiology & surveillance activities. They also have many years of experience performing geocoding, registry matching, managing and analyzing relational databases and IT infrastructure, and overseeing data collection, management, analysis and dissemination. Their extensive communicable disease surveillance and managerial experience, both on previous and current SSuN core projects as well as in STD/HIV/CD programs, are integral to this project. They are also a program expert on data security and confidentiality. They will be responsible for participating on conference calls and attending mandatory project meetings, collaborating with the funder and other project sites to standardize data sets and protocols as well as

establish best practices. They will ensure implementation and quality assurance of updated interview and partner services protocols, data collection and data-entry, and data cleaning and submission to CDC. They oversee and maintain the STD electronic database; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data; electronically send surveillance data to CDC within agreed upon timelines; ensure the confidentiality of the data and the security of the data system; merge and/or integrate electronic data from providers, labs and other data sources; and make alterations to incorporate new data elements.

5. Epidemiologist I (2802) (Vacant)----- \$24,124

1.0 FTE @ Step I @ \$2,621 x 20 pay periods = \$52,420 + \$2,706 x 6.1 pay periods = \$16,507, total \$68,927 x .35 effort = \$24,124

This position has a Masters Degree in Public Health and 4+ years experience in epidemiology and surveillance activities. They will be responsible for data management, analysis and dissemination, generation of program reports; providing technical assistance to participating health providers; providing epidemiological support for the staff performing the enhanced GC interviews; partner services, and qualitative data collection, including quality assurance of these data; cleaning, formatting, and transmitting data to CDC within agreed upon timelines; and for dissemination of findings to appropriate stakeholders. They will also be responsible for responding to requests from the funder for SSuN data as well as participate on project conference calls and attend required project meetings.

6. IT Operations Support Admin I (1091) (Q. Wang) ----- \$15,937

1.0 FTE Step V @ \$2,424 x 20 pay periods = \$48,480 + \$2,503 x 6.1 pay periods = \$15,268, total \$63,748 x .25 effort = \$15,937

This position will be responsible for data entering STD Clinic morbidity data and city-wide STD morbidity into the STD Section electronic database and data entering all of the Part A SSuN data into the SSuN computerized database. They will also perform quality assurance on the data and ensure that any errors that are identified are corrected; generate standardized statistical reports; update data files and provide routine computer programming support to SSuN staff.

7. HPCII (2591) (V. Delgado)----- \$12,242

1.0 FTE @ Step V @ \$3,581 biweekly x 20 pay periods = \$71,620 + \$3,697 x 6.1 pay periods = \$22,552, total = \$94,172 x .13 effort = \$12,242

This position is the Interviewer for Part A of this Project and is responsible for having complete oversight of the enhanced gonorrhea interviews. She collects demographic, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. She has been trained by the San Francisco SSuN epidemiologists and meets with them regularly to discuss protocols, completion rates, and quality assurance.

8. HPCII (2591) (B. Ivory)----- \$8,134

1.0 FTE @ Step II @ \$3,093 biweekly x 20 pay periods = \$61,860 + \$3,193 x 6.1 pay periods = \$19,477, total = \$81,337 x .10 effort = \$8,134

This position is the Interviewer for Part A of this Project and is responsible for supervising the contractual enhanced gonorrhea interviewer who will be conducting the interviews. He will supervise and ensure the collections of demographic, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. He will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

9. Program Administrator/Budget Manager (1823) (L. Garrido)----- \$15,890

1.0 FTE Step V @ \$4,028 x 20 pay periods = \$80,560 + \$4,159 x 6.1 pay periods = \$25,370, total 105,930 x .15 effort = \$15,890

This position will be responsible for providing fiscal oversight and administrative support for Part A of the project and will be responsible for negotiating and setting up budgets, working with the local fiscal department and PGO regarding SSuN related budget questions, preparing budget revisions as needed, making project related purchases, arranging project travel and preparing and submitting related expenditure reports and purchasing documents.

B. MANDATORY FRINGES (45% x Salaries)----- **\$99,803**

C. TRAVEL ----- **\$5,240**

Out of State Travel

Funds are requested to support the cost of two persons to attend the mandatory SSuN meetings in Atlanta, Georgia

Airfare x \$650 r/t airfare x 2 persons x 2 trip	\$2,600
3 nights lodging x about \$170/day x 2 persons x 2 trip	\$2,040
Ground transportation x \$150 x 2 persons x 2 trip	\$600
Total	\$5,240

D. SUPPLIES ----- **\$2,495**

Funds are requested for the purchase of office supplies.

Office Supplies @ \$623.75 x 4 quarters = \$2,495

Quarterly Supplies

Copy Paper @ \$40.20 bx x about 10 boxes = \$423.75

Pens, white-out, glue sticks, staples, tape, binders, folders, misc items = \$200

Total each quarter = \$623.75

E. EQUIPMENT ----- **\$0**

F. CONTRACTUAL/SUBCONTRACT----- **\$17,384**

Name of Organization: Public Health Foundation Enterprises, Inc (PHFE)

Method of Selection: RFQ 22-2013

Period of Performance: 9/30/16-9/29/17

Total Contract Amount: \$17,384

Method of Evaluation: Quarterly Reports/Regular Meetings

Scope of Work: Funds are requested to continue to support a contract with PHFE to act as a fiscal agent for the purpose of hiring culturally appropriate staff to perform SSuN GC interviews and collection of data of high risk populations in San Francisco.

SALARIES AND BENEFITS

Research Coordinator (N. Trainor)

This position is the Coordinator for Part A of this Project and is responsible for the coordinating enhanced gonorrhea interviews. They will oversee the collection of demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - Annual Salary of \$66,398 x .10 = \$6,640 (0.90 FTE is funded by another fund source)

YUTHE Community Health Specialist (B. Windhom and J. Collins)

These positions are the Interviewers for Part A of this Project and are responsible for the enhanced gonorrhea interviews. They will collect demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - \$1,720/month x 12 months = \$20,640 x 2 outreach workers = \$41,280 x 0.10 = \$4,128 (0.90FTE is funded by another fund source)

Total Salaries = \$10,768

Fringe Benefits - 37.18% of salaries for fulltime employees

Fringe Rate is at 37.18% of salaries

Total Fringes = \$4,004

Total Salaries and Fringes = \$14,772

OPERATING EXPENSES

EXPENDITURE CATEGORY

Supplies----- \$
750

Funds are requested to purchase program supplies including, non monetary incentives, printing of program materials, office and computer supplies.

Total Operating Expenses = \$750

Total PHFE Direct Costs----- \$15,522

Indirect Costs----- \$1,862

This figure is based on 12% of total modified costs as negotiated between the City and County of San Francisco and PHFE.

TOTAL PHFE BUDGET = \$17,384

G. DIRECT COSTS ----- \$346,706

H. Indirect Costs ----- \$3,294

(1% of Modified Direct Costs of \$329,322) *

I. TOTAL COSTS----- \$350,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN GONNORHEA PROJECT

GRANT NUMBER 5H25PS004258-04

BUDGET JUSTIFICATION - PART A

9/30/16-9/29/17

Personnel.....	\$221,784
Fringe Benefits.....	\$99,803
Travel.....	\$5,240
Supplies.....	\$2,495
Equipment.....	\$0
Contractual.....	\$17,384
Other.....	\$0
Total Direct.....	\$346,706
Indirect Costs.....	\$3,294
(1% of Modified Direct Costs of \$329,322) *	
Total.....	\$350,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN CHLAMYDIA PROJECT

GRANT NUMBER 5H25PS004258-04

BUDGET JUSTIFICATION

9/30/16-9/29/17

A. SALARIES----- **\$39,417**

**1. Principal Investigator (S. Philip)-----In Kind
\$9,128 biweekly x 26.1 pay periods = \$238,241 x .03 effort = No Salary Requested**

This position is the Principal Investigator for this Project and will collaborate with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They will be responsible for overseeing all project activities; ensuring site participation on conference calls and mandatory meetings; building and maintaining robust and sustainable partnerships with key clinical sites and health providers, and other sections in the Department of Public Health; ensuring quality of data for reports, grants and other project documents; and overseeing publication and other dissemination of data to apply project findings to improve and enhance existing STD policies, protocols, and recommendations.

**2. Co-Principal Investigator (T. Aragon)-----In Kind
\$9,141 biweekly x 26.1 pay periods = \$238,580 x .02 effort = No Salary Requested**

This position is the Co-PI for this Project and will work with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They may participate in conference calls and/or attend mandatory project meetings. As the Director of the Population Health Division, this position has overall oversight and responsibility for all grants awarded to the Division and for the Program's compliance with funding requirements.

3. Epidemiologist II (2803) (R. Kohn)-----In Kind
1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954 x .10 effort = No Salary Requested

This position has a Masters Degree in Public Health & over 20 years of experience in epidemiology & surveillance activities. They also have many years of experience performing geocoding, registry matching, managing and analyzing relational databases and IT infrastructure, and overseeing data collection, management, analysis and dissemination. Their extensive communicable disease surveillance and managerial experience, both on previous and current SSuN core projects as well as in STD/HIV/CD programs, are integral to this project. They are also a program expert on data security and confidentiality. They will be responsible for participating on conference calls and attending mandatory project meetings, collaborating with the funder and other project sites to standardize data sets and protocols as well as establish best practices. They will ensure implementation and quality assurance of updated interview and partner services protocols, data collection and data-entry, and data cleaning and submission to CDC. They oversee and maintain the STD electronic database; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data; electronically send surveillance data to CDC within agreed upon timelines; ensure the confidentiality of the data and the security of the data system; merge and/or integrate electronic data from providers, labs and other data sources; and make alterations to incorporate new data elements.

4. Epidemiologist II (2803) (T. Nguyen)----- **\$14,974**
1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954 x .14 effort = \$14,974

This position has a doctoral degree in Epidemiology and over 10 years of experience in epidemiology and surveillance activities as well as performing study design, implementation and analysis. They will coordinate all related Project activities; perform QA of data reported through the various data collection streams; create, implement, and oversee protocol development for grant activities; supervise data entry and other Project staff; identify and problem solve barriers to improving surveillance; act as back-up support

for the integrated data-infrastructure of the program and liaise with partners on project evaluation issues.

5. HPCII (2591) (V. Delgado)----- \$9,417

1.0 FTE @ Step V @ \$3,581 biweekly x 20 pay periods = \$71,620 + \$3,697 x 6.1 pay periods = \$22,552, total = \$94,172 x .10 effort = \$9,417

This position is an Interviewer for this Project. They collect demographic, clinical and behavioral information on a representative sample of patients diagnosed with chlamydia at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They have been conducting interviews in Cycle 3 of the core SSuN Project, having been trained by the San Francisco SSuN epidemiologists and regularly meeting with them to discuss protocols, completion rates, and quality assurance.

6. Epidemiologist I (2802) (Vacant)----- \$6,893

1.0 FTE @ Step I @ \$2,621 x 20 pay periods = \$52,420 + \$2,706 x 6.1 pay periods = \$16,507, total \$68,927 x .10 effort = \$6,893

This position has a Masters Degree in Public Health and 4+ years experience in epidemiology and surveillance activities. They will be responsible for data management, analysis and dissemination, generation of program reports; providing technical assistance to participating health providers; providing epidemiological support for the staff performing the enhanced CT interviews, including quality assurance of enhanced chlamydia and other SSuN related data; for cleaning, formatting, and transmitting data to CDC within agreed upon timelines; and for dissemination of findings to appropriate stakeholders. They will also be responsible for responding to requests from the funder for SSuN data as well as participate on project conference calls and attend required project meetings.

7. HPCII (2591) (B. Ivory)----- \$8,134

1.0 FTE @ Step II @ \$3,093 biweekly x 20 pay periods = \$61,860 + \$3,193 x 6.1 pay periods = \$19,477, total = \$81,337 x .10 effort = \$8,134

This position is an interviewer supervisor and partner services provider for this Project. They will ensure the collection of demographic, clinical and behavioral information on a representative sample of patients diagnosed with chlamydia at either the STD Clinic or private providers, data-entry of SSuN data into the STD computerized database, and conduct partner services for the pilot project. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

B. MANDATORY FRINGES (45% x Salaries) -----	\$17,738
C. TRAVEL -----	\$0
D. SUPPLIES -----	\$445

Funds are requested for the purchase of office supplies.

Office Supplies @ \$111.25 x 4 quarters = \$445

Quarterly Supplies

Copy Paper @ \$40.20 bx x about 2.5 boxes = \$100

Pens, white-out, glue sticks, staples, tape, binders, folders, misc items = \$11.25

Total each quarter = \$111.25

E. EQUIPMENT -----	\$0
F. CONTRACTUAL/SUBCONTRACT -----	\$16,824

Name of Organization: Public Health Foundation Enterprises, Inc (PHFE)

Method of Selection: RFQ 22-2013

Period of Performance: 9/30/16-9/29/17

Total Contract Amount: \$16,824

Method of Evaluation: Quarterly Reports/Regular Meetings

Scope of Work: Funds are requested to continue to support a contract with PHFE to act as a fiscal agent for the purpose of hiring culturally appropriate staff to perform SSuN CT interviews and collection of data of high risk populations in San Francisco.

SALARIES AND BENEFITS

Research Coordinator (N. Trainor)

This position will support data collection and evaluation for the partner services and qualitative interviews/focus group portion of this Project. They will oversee the partner services pilot project and conduct the recruitment, qualitative data collection and analysis, and preparation of summaries from qualitative interviews/focus groups. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - Annual Salary of \$66,398 x .10 = \$6,640 (0.90 FTE is funded by another fund source)

YUTHE Community Health Specialist (B. Windhom and J. Collins)

These positions are Interviewers for this Project and are responsible for the enhanced chlamydia interviews. They will collect demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - \$1,720/month x 12 months = \$20,640 x 2 outreach workers = \$41,280 x 0.10 = \$4,128 (0.90FTE is funded by another fund source)

Total Salaries = \$10,768

Fringe Benefits - 37.18% of salaries for fulltime employees

Fringe Rate is at 37.18% of salaries

Total Fringes = \$4,004

Total Salaries and Fringes = \$14,772

OPERATING EXPENSES

EXPENDITURE CATEGORY

Supplies----- \$
250

Funds are requested to purchase program supplies including, non monetary incentives, printing of program materials, office and computer supplies.

Total Operating Expenses = \$250

Total PHFE Direct Costs----- \$15,022

Indirect Costs----- \$1,802

This figure is based on 12% of total modified costs as negotiated between the City and County of San Francisco and PHFE.

TOTAL PHFE BUDGET = \$16,824

G. DIRECT COSTS ----- \$74,424

H. Indirect Costs ----- \$576

(1% of Modified Direct Costs of \$57,600) *

I. TOTAL COSTS----- \$75,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN CHLAMYDIA PROJECT

GRANT NUMBER 5H25PS004258-04

BUDGET JUSTIFICATION

9/30/16-9/29/17

Personnel.....	\$39,417
Fringe Benefits.....	\$17,738
Travel.....	\$0
Supplies.....	\$445
Equipment.....	\$0
Contractual.....	\$16,824
Other.....	\$0
Total Direct.....	\$74,424
Indirect Costs.....	\$576
(1% of Modified Direct Costs of \$57,600) *	
Total.....	\$75,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

- Indirect Cost-Rate Agreement



DATE: March 22, 2016

TO: Grants Managers
Colleen Chawla
Valerie Inouye

FROM: *Nelly Lee*
Nelly Lee
Finance Manager

RE: FY 16-17 Indirect Cost Rate (Less MAA Participants)

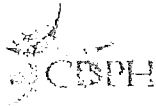
Effective immediately, the Indirect Cost rate for Population Health & Prevention - Public Health Division is 25.00% of salaries, wages, and fringe benefits. This rate was based on FY 2013-14 costs and includes the COWCAP allocation reported in the OMS A-87 Cost Allocation Plan. Public Health Division Grant Managers should use the maximum capped percentage as instructed per California Department of Public Health (CDPH) on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.00%.

cc: Christine Siador
Lorna Garrido
Stephanie Cushing
Susan Philip
Joshua Nossiter

A reduced indirect cost rate of 5% of total validated direct costs is approved for use in the STL Surveillance Network (SSuN) Project for the period from 9/30/16-9/29/17.

Alise Oelke
Alise Oelke, Deputy Financial Officer
San Francisco Department of Public Health

4/12/16
Date



KAREN SMITH, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

January 29, 2016

Greg Wagner
Department of Public Health CFO
San Francisco, City and County of
101 Grove Street
San Francisco, CA 94102

Dear Greg Wagner:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, except those otherwise designated by state or federal statute, with CDPH.

For Fiscal Year (FY) 2016-2017, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

25.0% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% cap rate for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% cap for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2016 or later.

Thank you.

Jaana H. Brown, FMB-Accounting Section Chief
California Department of Public Health

Section II: New Budget Period Proposed Objectives and Activities - September 30, 2016 – September 29, 2017

1. Objective: Engage as a collaborative CDC SSuN site
 - A. Activity: Participate in SSuN conference calls, annual collaborators' meeting, and provide feedback as needed on proposed manuscripts, abstracts, and presentations
 - i. Timeline: Ongoing
 - ii. Outcome Measure: The San Francisco Department of Public Health will be represented on at least 90% of conference calls and during the annual collaborators' meeting, and will verify authorship or site participation on proposed manuscripts, abstracts, and presentations.

Population-Based Enhanced STD Surveillance

2. Objective: Regularly submit the San Francisco County gonorrhea morbidity data file
 - A. Activity: Using SSuN Cycle 3 code sets and as scheduled by CDC, prepare, check, and submit the San Francisco County gonorrhea morbidity data
 - i. Timeline: Ongoing
 - ii. Outcome Measure: All San Francisco County gonorrhea morbidity data will be submitted consistent with SSuN protocol requirements using SSuN-specific structures/data formats, during the project period, by at least 95% of deadlines.
3. Objective: Regularly submit Patient Interview data of sampled gonorrhea cases
 - A. Activity: Using the SSuN Cycle 3 interview, conduct Patient Interviews with sampled gonorrhea cases
 - i. Timeline: Ongoing
 - ii. Outcome Measure: The sample fraction will be increased by 50%, for an effective annual sampling rate of 19%. Attempts to interview all sampled gonorrhea cases will be made for at least 90% of the sample within 60 days of diagnosis.
 - B. Activity: Conduct quality assurance of Patient Interview data and monitor completeness in order to update sampling fraction as needed
 - i. Timeline: Ongoing

- ii. Outcome Measure: The quality and completeness of patient interviews will be monitored to minimally meet current completion rates (40%) of the expanded SSuN sample (19% annual sampling rate).
 - C. Activity: Using the SSuN Cycle 3 code sets, prepare, check, and submit Patient Interview data as scheduled by CDC.
 - i. Timeline: Ongoing
 - ii. Outcome Measure: All San Francisco Patient Interview data will be submitted during the project period, by at least 95% of deadlines.
- 4. Objective: Regularly submit Provider Investigation data of sampled gonorrhea cases
 - A. Activity: Using the SSuN Cycle 3 code sets, prepare, check, and submit Provider Investigation data as scheduled by CDC.
 - i. Timeline: Ongoing
 - ii. Outcome Measure: All San Francisco Provider Investigation data will be submitted during the project period, by at least 95% of deadlines.

Facility-Based Sentinel Surveillance

- 5. Objective: Regularly submit the San Francisco City (STD) Clinic (SFCC) facility files and 4 Title X Family Planning Clinics' facility files
 - A. Activity: Using SSuN Cycle 3 code sets and as scheduled by CDC, prepare, check, and submit the San Francisco facility files
 - i. Timeline: Ongoing
 - ii. Outcome Measure: All San Francisco Facility data will be submitted during the project period, by at least 95% of deadlines.

For budget period 03, we do not anticipate any unobligated funds to be carried over into the next budget period.

ADDITIONAL PROGRAM REQUIREMENTS

Part A Population Component

1. Extraction of gonorrhea case information consistent with SSuN protocol requirement from local STD surveillance data system(s) and recoding into SSuN-specific structures/data formats
 - A. Fully Implemented
 - B. After being informed that some population data elements were not coded according to the SSuN protocol, we updated the coding to submit a 2015 year-end final with SSuN-specific formats and continue to submit data to meet SSuN Cycle 3 requirements.
2. Implementation of processes to assure record and data element completeness and validity
 - A. Fully Implemented
 - B. Data check programs by provided by CDC are run prior to each data submission.
3. Evaluation of random sampling algorithm used to identify cases for SSuN investigation and processes to assure that resulting sample is representative of diagnosed and reported gonorrhea cases
 - A. Fully Implemented
 - B. SSuN sample is compared regularly to gonorrhea morbidity to evaluate the random sampling algorithm.
4. Implementation of internal health department investigations, including patient history, other disease registry matching and residence geocoding for reported gonorrhea cases
 - A. Fully Implemented
 - B. ISCHTR enables the determination of whether a newly reported gonorrhea case is a duplicate or has been diagnosed with another STD. ISCHTR also maintains record of HIV diagnoses identified through provider reporting and STD Program and Clinic testing. Address information for reported gonorrhea cases is updated if new information is identified through treatment verification through providers and patients.
5. Implementation of matching/merging of all associated laboratory records for reported gonorrhea cases including identification of anatomic site, test type and result
 - A. Fully implemented

- B. Because ISCHTR works off a single database to combine data from multiple sources (e.g., case reports, SFCC electronic medical record data), the line-listed STD testing data from the SFDPH Public Health Laboratory (PHL) STD tests are readily matched and merged to identify anatomic site, test type, and result. ISCHTR prevents duplicate cases for the same visit, but will keep track of the same disease at different sites of infection (e.g., a patient with both urethral and pharyngeal gonorrhea is counted as one case).
- 6. Implementing matching of gonorrhea cases with HIV case registry: Describe and justify frequency of HIV registry matching; Describe record-level matching method/algorithm/criteria
 - A. Partially Implemented
 - B. The STD registry is matched with the HIV registry annually. The SSuN project objectives and available staffing resources do not justify matching at a greater frequency. The standard methods for matching by HIV Surveillance include using a sequential algorithm. The first match is an identical match between full name and full date of birth. Additional matches are performed using partial date of birth, soundex (a phonetic algorithm for indexing names by sound), and social-security number. Any matches made after the identical match are manually examined to confirm matches.
 - 7. Implementation of provider investigations for sampled gonorrhea cases; where data for provider investigations are obtained from sources other than provider contact, please describe sources and methods
 - A. Fully Implemented
 - B. Provider Investigation data elements collected through other ongoing STD program activities and maintained in ISCHTR are extracted for submission for SSuN.
 - 8. Transmission of all required datasets to CDC
 - A. Fully Implemented
 - B. Using the SSuN Cycle 3 code sets, all required datasets are sent to CDC as scheduled.
 - 9. Implementation of processes to address data errors identified through edit-checks
 - A. Fully Implemented
 - B. Data errors are addressed when they are identified through edit-checks.

10. Performance metrics for the period 4/1/2015 – 3/31/2016:

	A. Number of confirmed gonorrhea cases reported to jurisdiction by month	B. Number/percent of cases randomly sampled (and assigned) for investigation by month		C. Number/proportion of sampled cases for which patient and provider investigations are complete by month	
April 2015	394	87	22%	11	13%
May 2015	406	42	10%	24	57%
June 2015	493	57	12%	29	51%
July 2015	426	42	10%	18	43%
August 2015	406	45	11%	21	47%
September 2015	431	46	11%	16	35%
October 2015	498	56	11%	16	29%
November 2015	402	43	11%	18	42%
December 2015	482	70	15%	23	33%
January 2016	512	83	16%	45	54%
February 2016	461	59	13%	32	54%
March 2016	479	50	10%	16	32%

Part A Facility Component

1. Provide a table listing all facilities from which data will be obtained in 2016

San Francisco SSuN Facilities	Clinic Type
San Francisco City Clinic	Municipal STD Clinic
Castro-Mission Health Center	Title X Family Planning Clinic
Maxine Hall Health Center	Title X Family Planning Clinic
Silver Avenue Family Health Center	Title X Family Planning Clinic
Southeast Health Center	Title X Family Planning Clinic

2. Describe progress toward implementing data transmission/transfer with collaborating facilities, including description of any MOU/MOA or other mechanisms required locally (where applicable)
 - A. Fully Implemented
 - B. All San Francisco City (STD) Clinic data are maintained in ISCHTR; therefore there were no barriers to submitting these data for SSuN Cycle 3. The Title X Family Planning Clinic data are maintained in an electronic medical record system of the San Francisco General Hospital (SFGH). We collaborated extensively with SFGH Information Technology staff to determine the parameters for SSuN data extraction bimonthly for preparation by the SSuN epidemiologist to submit to CDC.
3. Describe any anticipated gaps in data elements provided by specific facilities
 - a. Fully Implemented
 - b. Because of the structure of the Title X Clinic system and database, we are only be able to provide basic demographics and testing and results for chlamydia and gonorrhea by patient-visit record.
4. Address any anticipated gaps in extraction of required records for 1) all patients visiting STD clinics, and, 2) all females 15 – 44 visiting Family Planning/Reproductive Health clinics) and plans for remediating each identified gap
 - a. Fully Implemented
 - b. We will continue to submit all patient data from the municipal STD clinic and all visits to Family Planning clinics among 15-44 year-old females.
5. Describe progress toward recoding/translating and merging data obtained from participating facilities into SSuN Cycle III dataset formats and structures
 - a. Fully Implemented
 - b. After being informed that some facility data elements were not coded according to SSuN protocol, we have updated the coding to submit a 2015 year-end final with SSuN-specific formats and continue to submit data to meet SSuN Cycle 3 requirements.
6. Describe processes to assure visit records are de-duplicated and that related laboratory, diagnosis and treatments can be successfully merged with parent visit records
 - a. Fully Implemented

- b. Because ISCHTR works off a single database to combine data from multiple sources (e.g., case reports, clinic visits), the line-listed STD testing data from the SFDPH Public Health Laboratory (PHL) STD tests are readily matched and merged to identify anatomic site, test type, and result. ISCHTR prevents duplicate cases for the same visit, but will keep track of the same disease and treatment at different sites of infection (e.g., a patient with both urethral and pharyngeal gonorrhea is counted as one case).
7. Describe processes to archive, manage and transmit SSuN Cycle III data
- a. Fully Implemented
 - b. SSuN data are extracted from the surveillance database using stored procedures in the database. Names of clients from Family Planning clinic data are saved along with their MRNs in order to de-duplicate clients over time within each clinic. Data are archived using the SAS code provided by CDC. Data are transmitted by manually uploading them to SAMS.
8. Performance metrics for the period 4/1/2015 – 3/31/2016:
- a. Number of patient-visit records extracted from STD clinics
 - i. 14,125 (For April 1, 2015 – December 31, 2015)
 - b. Number of patient-visit records extracted from Family Planning/Reproductive Health clinics
 - i. 57,628 (For April 1, 2015 – December 31, 2015)
 - c. Number of patient-visit records extracted from other clinics
 - i. Not applicable

SSuN Enhanced Activity Concept: *Chlamydia trachomatis* population surveillance

I. Background

In 2014, the San Francisco Department of Public Health (SFDPH) identified nearly 6000 case reports (742/100,000) of chlamydia (CT). Compared to adults over age 25, the rate for adolescents and young adults was 3 times greater. The CT rate among 15-19 year-olds was over 3 times greater for females than males. The rate for Black/African-American youth was 5.9 times greater than for white youth.

The importance of the undue CT burden in SF among females ages 15-19 (342 cases reported in 2014) led to the inclusion of CT screening as a quality improvement indicator for two large citywide public health initiatives. The opportunity to conduct enhanced chlamydia surveillance while SF is prioritizing CT screening provides a unique alignment for SSuN to immediately inform citywide CT policies. Key stakeholders want to know many of the SSuN questions for youth with chlamydia, including beliefs and behaviors around care-seeking, treatment, and partner notification and treatment.

II. Approach

A. **Purpose:** The SFDPH SSuN Chlamydia Population Surveillance Project builds on existing infrastructure and expertise as a SSuN Center of Excellence for enhanced gonorrhea surveillance. The SSuN CT Project includes 3 primary activities focused on CT cases among 15-19 year-old females: (1) enhanced investigations of a random sample of at least 10% of cases, adding questions about experiences/preferences for screening method (e.g., self- vs. provider-collected) and treatment; (2) a pilot project to conduct partner services (PS), in collaboration with youth clinics that have established ties in the community; and (3) focus groups or qualitative interviews with community youth.

B. **Outcomes:** After finalizing SSuN protocols and documents with CDC and other funded sites, the SSuN CT Project will (1) complete enhanced CT investigations for the majority of sampled cases, (2) quantitatively and qualitatively describe outcomes and lessons learned from developing and conducting PS focused on the concerns and needs of youth with CT, and (3) summarize findings from the qualitative assessment of sexual health beliefs, needs, and behaviors of youth.

C. **Strategy:** Having participated in SSuN since 2005, SFDPH can seamlessly update its system to sample, assign, interview, and submit data for enhanced CT investigations, including oversampling by race to inform inequities in reported CT. SFDPH's long history of conducting successful syphilis and HIV PS, in conjunction with the expertise of local youth clinics to work with the key population, provide a robust foundation for developing protocols and collecting data on age-specific PS. Similarly, through the relationship of the youth clinics, collecting qualitative data with area youth can inform the STD Program.

III. Project Management

The management and epidemiology teams for the core SSuN project will continue to oversee and manage the SSuN CT Project. Additional staff with experience working with the target demographic population are included to conduct the enhanced interviews, PS, and qualitative data collection.

IV. Evaluation and Performance Management

SFDPH will monitor and submit data as done for the core SSuN project. Summaries and performance measures will be disseminated and used to inform citywide and programmatic policies and guidelines.

Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action

1. Provide full contact information for your jurisdictions Overall Responsible Party (ORP)

Tomás J. Aragón, MD, DrPH
Health Officer, City & County of San Francisco
Director, Population Health Division (PHD)
San Francisco Department of Public Health
101 Grove St, Rm 308, SF CA 94102
Tel: 415-78-SALUD (415-787-2583)
Tel: 415-554-2634 (scheduling)
tomas.aragon@sfdph.org

2. Provide a narrative statement demonstrating OPR review and concurrence with SSuN activities

Dr. Aragon is the Co-PI for this Project. He ensures adherence to CDC's Data Security and Confidentiality Guidelines. As the Director of the Population Health Division, he has overall oversight and responsibility for all grants awarded to the Division and for the Program's compliance with funding requirements.

SSuN staff annually complete all security and confidentiality training as required by the SFDPH and the CDC for HIV and STD data security and confidentiality. Data transferred from SF to CDC are transmitted via the Secure Access Management Services (SAMS).

- Table of Expended Funds for the Budget Period 09/30/15 through 03/31/16

<i>OBJECT CLASS</i>	<i>EXPENDED FUNDS FOR THE BUDGET PERIOD 09/30/2015 THROUGH 03/31/2016</i>
Salaries and Wages	\$35,594
Fringe Benefits	\$12,317
Travel	\$1,047
Equipment	\$0
Supplies	\$0
Contractual	\$0
Other	\$0
Direct Costs	\$48,958
Indirect Costs	\$287
Total Expended Funds for the budget period 09/30/15 through 03/31/16	\$49,245

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN GONNORHEA PROJECT
GRANT NUMBER 5H25PS004258-04
BUDGET JUSTIFICATION - PART A
9/30/16-9/29/17

A. SALARIES----- **\$221,784**

1. Principal Investigator (S. Philip)-----In Kind
\$9,128 biweekly x 26.1 pay periods = \$238,241 x .03 effort = No Salary Requested

This position is the Principal Investigator for Part A of this Project and will collaborate with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They will be responsible for overseeing all project activities; participating on conference calls and attending mandatory meetings; build and maintain robust and sustainable partnerships with key clinical sites and health providers; collaborate with key staff at the AIDS Office, Office of Family Planning and other sections in the Department of Public Health; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data and apply project findings to improve and enhance existing core STD activities.

2. Co-Principal Investigator (T. Aragon)-----In Kind
\$9,141 biweekly x 26.1 pay periods = \$238,580 x .02 effort = No Salary Requested

This position is the Co-PI for Part A of this Project and will work with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They may participate in conference calls and/or attend mandatory project meetings. As the Director of the Population Health Division, this position has overall oversight and responsibility for all grants awarded to the Division and for the Program's compliance with funding requirements.

3. Epidemiologist II (2803) (T. Nguyen)----- **\$38,503**
1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954 x .36 effort = \$38,503

This position has a doctoral degree in Epidemiology and over 10 years of experience in epidemiology and surveillance activities as well as performing study design, implementation and analysis. They will coordinate all related Project activities; perform QA of data reported through the various data collection streams; create, implement, and oversee protocol development for grant activities; supervise data entry and other Project staff; identify and problem solve barriers to improving surveillance; act as back-up support for the integrated data-infrastructure of the program and liaise with partners on project evaluation issues.

4. Epidemiologist II (2803) (R. Kohn)----- **\$106,954**
1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954

This position has a Masters Degree in Public Health & over 20 years of experience in epidemiology & surveillance activities. They also have many years of experience performing geocoding, registry matching, managing and analyzing relational databases and IT infrastructure, and overseeing data collection, management, analysis and dissemination. Their extensive communicable disease surveillance and managerial experience, both on previous and current SSuN core projects as well as in STD/HIV/CD programs, are integral to this project. They are also a program expert on data security and confidentiality. They will be responsible for participating on conference calls and attending mandatory project meetings, collaborating with the funder and other project sites to standardize data sets and protocols as well as establish best practices. They will ensure implementation and quality assurance of updated interview and partner services protocols, data collection and data-entry, and data cleaning and submission to CDC. They oversee and maintain the STD electronic database; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data; electronically send surveillance data to CDC within agreed upon timelines; ensure the confidentiality of the data and the security of the data system; merge and/or integrate electronic data from providers, labs and other data sources; and make alterations to incorporate new data elements.

5. Epidemiologist I (2802) (Vacant)----- **\$24,124**
1.0 FTE @ Step I @ \$2,621 x 20 pay periods = \$52,420 + \$2,706 x 6.1 pay periods = \$16,507, total \$68,927 x .35 effort = \$24,124

This position has a Masters Degree in Public Health and 4+ years experience in epidemiology and surveillance activities. They will be responsible for data management, analysis and dissemination, generation of program reports; providing technical assistance to participating health providers; providing epidemiological support for the staff performing the enhanced GC interviews, partner services, and qualitative data collection, including quality assurance of these data; cleaning, formatting, and transmitting data to CDC within agreed upon timelines; and for dissemination of findings to appropriate stakeholders. They will also be responsible for responding to requests from the funder for SSuN data as well as participate on project conference calls and attend required project meetings.

6. IT Operations Support Admin I (1091) (Q. Wang) ----- **\$15,937**
1.0 FTE Step V @ \$2,424 x 20 pay periods = \$48,480 + \$2,503 x 6.1 pay periods = \$15,268, total \$63,748 x .25 effort = \$15,937

This position will be responsible for data entering STD Clinic morbidity data and city-wide STD morbidity into the STD Section electronic database and data entering all of the Part A SSuN data into the SSuN computerized database. They will also perform quality assurance on the data and ensure that any errors that are identified are corrected; generate standardized statistical reports; update data files and provide routine computer programming support to SSuN staff.

7. HPCII (2591) (V. Delgado)----- \$12,242

1.0 FTE @ Step V @ \$3,581 biweekly x 20 pay periods = \$71,620 + \$3,697 x 6.1 pay periods = \$22,552, total = \$94,172 x .13 effort = \$12,242

This position is the Interviewer for Part A of this Project and is responsible for having complete oversight of the enhanced gonorrhea interviews. She collects demographic, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. She has been trained by the San Francisco SSuN epidemiologists and meets with them regularly to discuss protocols, completion rates, and quality assurance.

8. HPCII (2591) (B. Ivory)----- \$8,134

1.0 FTE @ Step II @ \$3,093 biweekly x 20 pay periods = \$61,860 + \$3,193 x 6.1 pay periods = \$19,477, total = \$81,337 x .10 effort = \$8,134

This position is the Interviewer for Part A of this Project and is responsible for supervising the contractual enhanced gonorrhea interviewer who will be conducting the interviews. He will supervise and ensure the collections of demographic, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. He will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

9. Program Administrator/Budget Manager (1823) (L. Garrido)----- \$15,890

1.0 FTE Step V @ \$4,028 x 20 pay periods = \$80,560 + \$4,159 x 6.1 pay periods = \$25,370, total 105,930 x .15 effort = \$15,890

This position will be responsible for providing fiscal oversight and administrative support for Part A of the project and will be responsible for negotiating and setting up budgets, working with the local fiscal department and PGO regarding SSuN related budget questions, preparing budget revisions as needed, making project related purchases, arranging project travel and preparing and submitting related expenditure reports and purchasing documents.

B. MANDATORY FRINGES (45% x Salaries)----- \$99,803

C. TRAVEL ----- \$5,240

Out of State Travel

Funds are requested to support the cost of two persons to attend the mandatory SSuN meetings in Atlanta, Georgia

Airfare x \$650 r/t airfare x 2 persons x 2 trip \$2,600

3 nights lodging x about \$170/day x 2 persons x 2 trip \$2,040

Ground transportation x \$150 x 2 persons x 2 trip \$600

Total \$5,240

D. SUPPLIES ----- \$2,495

Funds are requested for the purchase of office supplies.

Office Supplies @ \$623.75 x 4 quarters = \$2,495

Quarterly Supplies

Copy Paper @ \$40.20 bx x about 10 boxes = \$423.75

Pens, white-out, glue sticks, staples, tape, binders, folders, misc items = \$200

Total each quarter = \$623.75

E. EQUIPMENT ----- \$0

F. CONTRACTUAL/SUBCONTRACT ----- \$17,384

Name of Organization: Public Health Foundation Enterprises, Inc (PHFE)

Method of Selection: RFQ 22-2013

Period of Performance: 9/30/16-9/29/17

Total Contract Amount: \$17,384

Method of Evaluation: Quarterly Reports/Regular Meetings

Scope of Work: Funds are requested to continue to support a contract with PHFE to act as a fiscal agent for the purpose of hiring culturally appropriate staff to perform SSuN GC interviews and collection of data of high risk populations in San Francisco.

SALARIES AND BENEFITS

Research Coordinator (N. Trainor)

This position is the Coordinator for Part A of this Project and is responsible for the coordinating enhanced gonorrhea interviews. They will oversee the collection of demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - Annual Salary of \$66,398 x .10 = \$6,640 (0.90 FTE is funded by another fund source)

YUTHE Community Health Specialist (B. Windhom and J. Collins)

These positions are the Interviewers for Part A of this Project and are responsible for the enhanced gonorrhea interviews. They will collect demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - \$1,720/month x 12 months = \$20,640 x 2 outreach workers = \$41,280 x 0.10 = \$4,128 (0.90FTE is funded by another fund source)

Total Salaries = \$10,768

Fringe Benefits - 37.18% of salaries for fulltime employees

Fringe Rate is at 37.18% of salaries

Total Fringes = \$4,004

Total Salaries and Fringes = \$14,772

OPERATING EXPENSES

EXPENDITURE CATEGORY

Supplies----- \$ 750

Funds are requested to purchase program supplies including, non monetary incentives, printing of program materials, office and computer supplies.

Total Operating Expenses = \$750

Total PHFE Direct Costs----- \$15,522

Indirect Costs----- \$1,862

This figure is based on 12% of total modified costs as negotiated between the City and County of San Francisco and PHFE.

TOTAL PHFE BUDGET = \$17,384

G. DIRECT COSTS ----- \$346,706

H. Indirect Costs ----- \$3,294

(1% of Modified Direct Costs of \$329,322) *

I. TOTAL COSTS----- \$350,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN GONNORHEA PROJECT
GRANT NUMBER 5H25PS004258-04
BUDGET JUSTIFICATION - PART A
9/30/16-9/29/17

Personnel.....	\$221,784
Fringe Benefits.....	\$99,803
Travel.....	\$5,240
Supplies.....	\$2,495
Equipment.....	\$0
Contractual.....	\$17,384
Other.....	\$0
Total Direct.....	\$346,706
Indirect Costs.....	\$3,294
(1% of Modified Direct Costs of \$329,322) *	
Total.....	\$350,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN CHLAMYDIA PROJECT
GRANT NUMBER 5H25PS004258-04
BUDGET JUSTIFICATION
9/30/16-9/29/17

A. SALARIES----- **\$39,417**

1. Principal Investigator (S. Philip)-----In Kind
\$9,128 biweekly x 26.1 pay periods = \$238,241 x .03 effort = No Salary Requested

This position is the Principal Investigator for this Project and will collaborate with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They will be responsible for overseeing all project activities; ensuring site participation on conference calls and mandatory meetings; building and maintaining robust and sustainable partnerships with key clinical sites and health providers, and other sections in the Department of Public Health; ensuring quality of data for reports, grants and other project documents; and overseeing publication and other dissemination of data to apply project findings to improve and enhance existing STD policies, protocols, and recommendations.

2. Co-Principal Investigator (T. Aragon)-----In Kind
\$9,141 biweekly x 26.1 pay periods = \$238,580 x .02 effort = No Salary Requested

This position is the Co-PI for this Project and will work with the other PI's to ensure that the Project meets all funding requirements, follows the standardized protocols and procedures and adheres to CDC's Data Security and Confidentiality Guidelines. They may participate in conference calls and/or attend mandatory project meetings. As the Director of the Population Health Division, this position has overall oversight and responsibility for all grants awarded to the Division and for the Program's compliance with funding requirements.

3. Epidemiologist II (2803) (R. Kohn)-----In Kind

1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954 x .10 effort = No Salary Requested

This position has a Masters Degree in Public Health & over 20 years of experience in epidemiology & surveillance activities. They also have many years of experience performing geocoding, registry matching, managing and analyzing relational databases and IT infrastructure, and overseeing data collection, management, analysis and dissemination. Their extensive communicable disease surveillance and managerial experience, both on previous and current SSuN core projects as well as in STD/HIV/CD programs, are integral to this project. They are also a program expert on data security and confidentiality. They will be responsible for participating on conference calls and attending mandatory project meetings, collaborating with the funder and other project sites to standardize data sets and protocols as well as

establish best practices. They will ensure implementation and quality assurance of updated interview and partner services protocols, data collection and data-entry, and data cleaning and submission to CDC. They oversee and maintain the STD electronic database; verify, analyze, interpret, and summarize data for reports, grants and other project documents; publish and disseminate data; electronically send surveillance data to CDC within agreed upon timelines; ensure the confidentiality of the data and the security of the data system; merge and/or integrate electronic data from providers, labs and other data sources; and make alterations to incorporate new data elements.

4. Epidemiologist II (2803) (T. Nguyen)-----

\$14,974

1.0 FTE @ Step V @ \$4,067 x 20 pay periods = \$81,340 + \$4,199 x 6.1 pay periods = \$25,614, total = \$106,954 x .14 effort = \$14,974

This position has a doctoral degree in Epidemiology and over 10 years of experience in epidemiology and surveillance activities as well as performing study design, implementation and analysis. They will coordinate all related Project activities; perform QA of data reported through the various data collection streams; create, implement, and oversee protocol development for grant activities; supervise data entry and other Project staff; identify and problem solve barriers to improving surveillance; act as back-up support for the integrated data-infrastructure of the program and liaise with partners on project evaluation issues.

5. HPCII (2591) (V. Delgado)-----

\$9,417

1.0 FTE @ Step V @ \$3,581 biweekly x 20 pay periods = \$71,620 + \$3,697 x 6.1 pay periods = \$22,552, total = \$94,172 x .10 effort = \$9,417

This position is an Interviewer for this Project. They collect demographic, clinical and behavioral information on a representative sample of patients diagnosed with chlamydia at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They have been conducting interviews in Cycle 3 of the core SSuN Project, having been trained by the San Francisco SSuN epidemiologists and regularly meeting with them to discuss protocols, completion rates, and quality assurance.

6. Epidemiologist I (2802) (Vacant)----- \$6,893
 1.0 FTE @ Step I @ \$2,621 x 20 pay periods = \$52,420 + \$2,706 x 6.1 pay periods = \$16,507, total \$68,927 x .10 effort = \$6,893

This position has a Masters Degree in Public Health and 4+ years experience in epidemiology and surveillance activities. They will be responsible for data management, analysis and dissemination, generation of program reports; providing technical assistance to participating health providers; providing epidemiological support for the staff performing the enhanced CT interviews, including quality assurance of enhanced chlamydia and other SSuN related data; for cleaning, formatting, and transmitting data to CDC within agreed upon timelines; and for dissemination of findings to appropriate stakeholders. They will also be responsible for responding to requests from the funder for SSuN data as well as participate on project conference calls and attend required project meetings.

7. HPCII (2591) (B. Ivory)----- \$8,134
 1.0 FTE @ Step II @ \$3,093 biweekly x 20 pay periods = \$61,860 + \$3,193 x 6.1 pay periods = \$19,477, total = \$81,337 x .10 effort = \$8,134

This position is an interviewer supervisor and partner services provider for this Project. They will ensure the collection of demographic, clinical and behavioral information on a representative sample of patients diagnosed with chlamydia at either the STD Clinic or private providers, data-entry of SSuN data into the STD computerized database, and conduct partner services for the pilot project. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

B. MANDATORY FRINGES (45% x Salaries)----- \$17,738

C. TRAVEL ----- \$0

D. SUPPLIES ----- \$445

Funds are requested for the purchase of office supplies.

Office Supplies @ \$111.25 x 4 quarters = \$445

Quarterly Supplies

Copy Paper @ \$40.20 bx x about 2.5 boxes = \$100

Pens, white-out, glue sticks, staples, tape, binders, folders, misc items = \$11.25

Total each quarter = \$111.25

E. EQUIPMENT ----- \$0

F. CONTRACTUAL/SUBCONTRACT----- \$16,824

Name of Organization: Public Health Foundation Enterprises, Inc (PHFE)

Method of Selection: RFQ 22-2013

Period of Performance: 9/30/16-9/29/17

Total Contract Amount: \$16,824

Method of Evaluation: Quarterly Reports/Regular Meetings

Scope of Work: Funds are requested to continue to support a contract with PHFE to act as a fiscal agent for the purpose of hiring culturally appropriate staff to perform SSuN CT interviews and collection of data of high risk populations in San Francisco.

SALARIES AND BENEFITS

Research Coordinator (N. Trainor)

This position will support data collection and evaluation for the partner services and qualitative interviews/focus group portion of this Project. They will oversee the partner services pilot project and conduct the recruitment, qualitative data collection and analysis, and preparation of summaries from qualitative interviews/focus groups. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - Annual Salary of \$66,398 x .10 = \$6,640 (0.90 FTE is funded by another fund source)

YUTHE Community Health Specialist (B. Windhom and J. Collins)

These positions are Interviewers for this Project and are responsible for the enhanced chlamydia interviews. They will collect demographics, clinical and behavioral information on a representative sample of patients diagnosed with gonorrhea at either the STD Clinic or private providers and performs data-entry of SSuN data into the STD computerized database. They will be trained by the San Francisco SSuN epidemiologists and will meet regularly to discuss protocols, completion rates, and quality assurance.

1.00 FTE - \$1,720/month x 12 months = \$20,640 x 2 outreach workers = \$41,280 x 0.10 = \$4,128 (0.90FTE is funded by another fund source)

Total Salaries = \$10,768

Fringe Benefits - 37.18% of salaries for fulltime employees
Fringe Rate is at 37.18% of salaries

Total Fringes = \$4,004

Total Salaries and Fringes = \$14,772

OPERATING EXPENSES

EXPENDITURE CATEGORY

Supplies----- \$ 250

Funds are requested to purchase program supplies including, non monetary incentives, printing of program materials, office and computer supplies.

Total Operating Expenses = \$250

Total PHFE Direct Costs----- \$15,022

Indirect Costs----- \$1,802

This figure is based on 12% of total modified costs as negotiated between the City and County of San Francisco and PHFE.

TOTAL PHFE BUDGET = \$16,824

G. DIRECT COSTS ----- \$74,424

H. Indirect Costs ----- \$576

(1% of Modified Direct Costs of \$57,600) *

I. TOTAL COSTS ----- \$75,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.

STD SURVEILLANCE NETWORK (SSuN) PROJECT - SSuN CHLAMYDIA PROJECT
GRANT NUMBER 5H25PS004258-04
BUDGET JUSTIFICATION
9/30/16-9/29/17

Personnel.....	\$39,417
Fringe Benefits.....	\$17,738
Travel.....	\$0
Supplies.....	\$445
Equipment.....	\$0
Contractual.....	\$16,824
Other.....	\$0
Total Direct.....	\$74,424
Indirect Costs.....	\$576
(1% of Modified Direct Costs of \$57,600) *	
Total.....	\$75,000

*Modified direct costs are the total direct costs excluding equipment and contractual expenses.



DATE: March 22, 2016

TO: Grants Managers
Colleen Chawla
Valerie Inouye

FROM: *Nelly Lee*
Nelly Lee
Finance Manager

RE: FY 16-17 Indirect Cost Rate (Less MAA Participants)

Effective immediately, the Indirect Cost rate for Population Health & Prevention - Public Health Division is 25.00% of salaries, wages, and fringe benefits. This rate was based on FY 2013-14 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use the maximum capped percentage as instructed per California Department of Public Health (CDPH) on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.00%.

cc: Christine Slador
Lorna Garrido
Stephanie Cushing
Susan Phillip
Joshua Nossiter

A reduced indirect cost rate of 1% of total modified direct costs is approved for use in the STD Surveillance Network (SSuN) Project for the period from 9/30/16-9/29/17.

Anne Okubo

Anne Okubo, Deputy Financial Officer
San Francisco Department of Public Health

4/12/16

Date



KAREN SMITH, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

January 29, 2016

Greg Wagner
Department of Public Health CFO
San Francisco, City and County of
101 Grove Street
San Francisco, CA 94102

Dear Greg Wagner:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, except those otherwise designated by state or federal statute, with CDPH.

For Fiscal Year (FY) 2016-2017, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

25.0% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% cap rate for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% cap for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2016 or later.

Thank you,

Jaana H. Brown, FMB-Accounting Section Chief
California Department of Public Health

1. DATE ISSUED MM/DD/YYYY 08/18/2016
 2. CFDA NO. 93.977
 3. ASSISTANCE TYPE Project Grant

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Centers for Disease Control and Prevention
 CDC Office of Financial Resources
 2920 Brandywine Road
 Atlanta, GA 30341

1a. SUPERSEDES AWARD NOTICE dated
 except that any additions or restrictions previously imposed remain
 in effect unless specifically rescinded

4. GRANT NO. 5 NH25PS004258-04-00
 Formerly 5H25PS004258-03
 5. ACTION TYPE Non-Competing Continuation
 6. PROJECT PERIOD MM/DD/YYYY
 From 09/30/2013 Through 09/29/2018
 7. BUDGET PERIOD MM/DD/YYYY
 From 09/30/2016 Through 09/29/2017

NOTICE OF AWARD
 AUTHORIZATION (Legislation/Regulations)
 [AWARD AUTHORITY NOT DEFINED FOR PS13-1306.NH25]

8. TITLE OF PROJECT (OR PROGRAM)
 San Francisco STD Surveillance Network (SSuN) Project, Parts A & B

9a. GRANTEE NAME AND ADDRESS
 San Francisco Department of Public Health
 101 Grove St
 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 San Francisco, CA 94102-4505

9b. GRANTEE PROJECT DIRECTOR
 Ms. Susan Philip
 1380 HOWARD STREET
 4TH FLOOR
 SAN FRANCISCO DEPARTMENT OF PUBL
 SAN FRANCISCO, CA 94103

10a. GRANTEE AUTHORIZING OFFICIAL
 Mr. David E. Garcia
 24 West 25th St. 9th Floor
 New York, NY 10010-9995
 Phone: (646) 375-4413

10b. FEDERAL PROJECT OFFICER
 Mark Stenger
 1600 Clifton Rd
 Atlanta, GA 30333
 Phone: 800-232-4636

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)	
I Financial Assistance from the Federal Awarding Agency Only	I
II Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	142,575.00
b. Fringe Benefits	64,159.00
c. Total Personnel Costs	206,734.00
d. Equipment	0.00
e. Supplies	1,604.00
f. Travel	3,369.00
g. Construction	0.00
h. Other	0.00
i. Contractual	11,175.00
j. TOTAL DIRECT COSTS	222,882.00
k. INDIRECT COSTS	2,118.00
l. TOTAL APPROVED BUDGET	225,000.00
m. Federal Share	225,000.00
n. Non-Federal Share	0.00

12. AWARD COMPUTATION	
a. Amount of Federal Financial Assistance (from item 11m)	225,000.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	225,000.00
13. Total Federal Funds Awarded to Date for Project Period	675,000.00

14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 5		d. 8	
b. 6		e. 9	
c. 7		f. 10	

15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:

a. DEDUCTION b. ADDITIONAL COSTS c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)	b
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16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation
 b. The grant program regulations.
 c. This award notice including terms and conditions, if any, noted below under REMARKS.
 d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS (Other Terms and Conditions Attached - Yes No)

GRANTS MANAGEMENT OFFICIAL: Arthur Lusby

17. OBJ CLASS 41.51	18a. VENDOR CODE 1946000417A8	18b. EIN 946000417	19. DUNS 103717336	20. CONG. DIST. 12	
FY-ACCOUNT NO.	DOCUMENT NO.	CFDA	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 6-93906N9	b. 004258PS14	c. 93.977	d. PS	e. \$59,308.00	f. 75-16-0949
22. a. 6-939ZRPZ	b. 004258PS14	c. 93.977	d. PS	e. \$16,681.00	f. 75-16-0950
23. a. 6-939ZRQB	b. 004258PS14	c. 93.977	d. PS	e. \$149,011.00	f. 75-16-0950

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 08/18/2016
GRANT NO. 5 NH25PS004258-04-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00

AWARD ATTACHMENTS

San Francisco Department of Public Health

5 NH25PS004258-04-00

1. Terms & Conditions

Funding Opportunity Announcement (FOA) Number: PS13-1306
Award Number: 1 H25 PS004258-04
Award Type: Cooperative Agreement
Applicable Regulations: 45 Code of Federal Regulations (CFR) Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards

45 CFR Part 75 supersedes regulations at 45 CFR Part 74 and Part 92

AWARD INFORMATION

Incorporation: The Centers for Disease Control and Prevention (CDC) hereby incorporates Funding Opportunity Announcement number **PS13-1306**, entitled: **STD Surveillance Network (SSuN)**, and application dated **April 14, 2016**, as may be amended, which are hereby made a part of this Non-Research award hereinafter referred to as the Notice of Award (NoA). The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outlined in their NoA, including grants policy terms and conditions contained in applicable HHS Grants Policy Statements, and requirements imposed by program statutes and regulations, Executive Orders, and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts. The term grant is used throughout this notice and includes cooperative agreements.

Note: In the event that any requirement in this Notice of Award, the Funding Opportunity Announcement, the HHS GPS, 45 CFR Part 75, or applicable statutes/appropriations acts conflict, then statutes and regulations take precedence.

Approved Funding: Funding in the amount of **\$225,000** is approved for the Year 04 budget period, which is **September 30, 2016** through **September 29, 2017**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

Part A Base: \$150,000
Part A Expansion: \$75,000

Note: Refer to the Payment Information section for draw down and Payment Management System (PMS) subaccount information.

Award Funding: Not funded by the Prevention and Public Health Fund

Technical Review Response Requirement: The review comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist/Grants Management Officer (GMS/GMO) noted in the Staff Contacts section of this NoA, no later than 30 days from the budget period start date. Failure to submit the required information by the due date, **October 31, 2016**, will cause delay in programmatic progress and will adversely affect the future funding of this project.

Budget Revision Requirement: By **October 31, 2016** the grantee must submit a revised budget with a narrative justification and work plan. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the Staff Contacts section of this notice before the due date.

Program Income: Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

Addition alternative: Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

Indirect Costs: The DHHS / DCA Western Division of Cost Allocation approved cost allocation plan for San Francisco Department of Public Health applies to this grant.

Cost Limitations as Stated in the Consolidated and Further Continuing Appropriations Act, 2015 (Items A through E)

A. Cap on Salaries (Div. G, Title II, Sec. 203): None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

Note: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

B. Gun Control Prohibition (Div. G, Title II, Sec. 217): None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

C. Lobbying Restrictions (Div. G, Title V, Sec. 503):

- 503(a): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.
- 503 (b): No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.
- 503(c): The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

For additional information, see Additional Requirement 12 at

<http://www.cdc.gov/grants/additionalrequirements/index.html> and Anti Lobbying Restrictions for CDC Grantees at http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf

D. Needle Exchange (Div. G, Title V, Sec. 521): Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

E. Blocking access to pornography (Div. G, Title V, Sec. 526): (a) None of the funds made available in this Act may be used to maintain or establish a computer network unless such network blocks the viewing, downloading, and exchanging of pornography; (b) Nothing in subsection (a) shall limit the use of funds necessary for any Federal, State, tribal, or local law enforcement agency or any other entity carrying out criminal investigations, prosecution, or adjudication activities.

Rent or Space Costs: Grantees are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply, including 45 CFR Part 75, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards. The grantee also has a responsibility to ensure sub-recipients expend funds in compliance with applicable federal laws and regulations. Furthermore, it is the responsibility of the grantee to ensure rent is a legitimate direct cost line item, which the grantee has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the grantee must provide a narrative justification, which describes their prescribed policy to

include the effective date to the assigned Grants Management Specialist (GMS) identified in the CDC Contacts for this award.

Trafficking In Persons: This award is subject to the requirements of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. Part 7104(g)).

Cancel Year: 31 U.S.C. Part 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

Fiscal Year (FY) 2015 funds will expire September 30, 2020. All FY 2015 funds should be drawn down and reported to Payment Management Services (PMS) prior to September 30, 2020. After this date, corrections or cash requests will not be permitted.

REPORTING REQUIREMENTS

Annual Federal Financial Report (FFR, SF-425): The Annual Federal Financial Report (FFR) SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the calendar quarter in which the budget period ends. The FFR for this budget period is due to the GMS/GMO by **December 30, 2017**. Reporting timeframe is **September 30, 2016** through **September 29, 2017**.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data. All Federal reporting in PMS is unchanged.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the grantee is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

FFR (SF-425) instructions for CDC Grantees are available at <http://grants.nih.gov/grants/forms.htm>. For further information, contact GrantsInfo@nih.gov. Additional resources concerning the eFSR/FFR system, including a User Guide and an on-line demonstration, can be found on the [eRA Commons Support Page](http://grants.nih.gov/support/): <http://grants.nih.gov/support/>.

Performance Reporting: The Annual Performance Report is due no later than 120 days prior to the end of the budget period, **May 31, 2017**, and serves as the continuing application. This report should include the information specified in the FOA.

In addition to the annual performance report, awardees must submit a 6 month performance measures report as specified in the FOA that reflects the following:

- Methods used to identify and refine target population (within defined geographic area) and providers caring for the target population.
- Number of primary-care providers who serve the target population recruited into the coalition to achieve maximum coverage of the target population with providers capable of diagnosing and curing HCV infection.
- Protocols, challenges, and facilitators of HCV testing to diagnose current HCV infections in primary-care settings.
- Protocols, challenges, and facilitators of primary-care provider training and consultation with HCV specialists.
- Process for case management to facilitate treatment initiation, completion, and retention in care.
- Process, strategies, challenges, and facilitators associated with educating the target population and patients, to include a description of communication channels and materials and the number of materials and messages distributed through these channels.

- Overview of evaluation plan and data systems used to collect evaluation data for assessing impact of the package of services in achieving outcomes; any changes since the last report 6-month must be highlighted
- Changes made to EMR to improve testing, diagnosis, and cure (e.g., performance measures and clinical decision support tools)
- Activities to leverage policy (ACA) that can increase access to HCV testing and treatment, including activities with local Medicaid program.
- Accessibility of HCV treatment regimens by target population in qualified health plans and Medicaid benchmark plans.
- Aggregate data on the outcomes related to tested, diagnosed, treated, and cured by provider site.

Audit Requirement: Domestic Organizations: An organization that expends \$750,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of 45 CFR Part 75. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System

Electronic Submission: [https://harvester.census.gov/facides/\(S\(0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S(0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Procurement & Grants Office, Risk Management & Compliance Activity

Electronic Copy to: PGO.Audit.Resolution@cdc.gov

Federal Funding Accountability and Transparency Act (FFATA): In accordance with 2 CFR Chapter 1, Part 170 Reporting Sub-Award And Executive Compensation Information, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

Pursuant to 45 CFR Part 75, §75.502, a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

2 CFR Part 170: http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr170_main_02.tpl

FFATA: www.fsrs.gov.

Reporting of First-Tier Sub-awards

Applicability: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a sub-award to an entity.

Reporting: Report each obligating action of this award term to www.fsrs.gov. For sub-award information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010). You must report the information about each obligating action that the submission instructions posted at www.fsrs.gov specify.

Total Compensation of Recipient Executives: You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if:

- The total Federal funding authorized to date under this award is \$25,000 or more;
- In the preceding fiscal year, you received—

- 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
- \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
- The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm?explorer.event=true>).

Report executive total compensation as part of your registration profile at <http://www.sam.gov>. Reports should be made at the end of the month following the month in which this award is made and annually thereafter.

Total Compensation of Sub-recipient Executives: Unless you are exempt (gross income from all sources reported in last tax return is under \$300,000), for each first-tier sub-recipient under this award, you must report the names and total compensation of each of the sub-recipient's five most highly compensated executives for the sub-recipient's preceding completed fiscal year, if:

- In the sub-recipient's preceding fiscal year, the sub-recipient received—
 - 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR Part 170.320 (and sub-awards); and
 - \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and sub-awards); and
 - The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. Part 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

You must report sub-recipient executive total compensation to the grantee by the end of the month following the month during which you make the sub-award. For example, if a sub-award is obligated on any date during the month of October of a given year (i.e., between October 1st and 31st), you must report any required compensation information of the sub-recipient by November 30th of that year.

Definitions:

- Entity means all of the following, as defined in 2 CFR Part 25 (Appendix A, Paragraph(C)(3)):
 - Governmental organization, which is a State, local government, or Indian tribe;
 - Foreign public entity;
 - Domestic or foreign non-profit organization;
 - Domestic or foreign for-profit organization;
 - Federal agency, but only as a sub-recipient under an award or sub-award to a non-Federal entity.
- Executive means officers, managing partners, or any other employees in management positions.
- Sub-award: a legal instrument to provide support to an eligible sub-recipient for the performance of any portion of the substantive project or program for which the grantee received this award. The term does not include the grantees procurement of property and services needed to carry out the project or program (for further explanation, see 45 CFR Part 75). A sub-award may be provided through any legal agreement, including an agreement that the grantee or a sub-recipient considers a contract.
- Sub-recipient means an entity that receives a sub-award from you (the grantee) under this award; and is accountable to the grantee for the use of the Federal funds provided by the sub-award.

- Total compensation means the cash and non-cash dollar value earned by the executive during the grantee's or sub-recipient's preceding fiscal year and includes the following (for more information see 17 CFR Part 229.402(c)(2)):
 - Salary and bonus
 - Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.
 - Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.
 - Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.
 - Above-market earnings on deferred compensation which is not tax-qualified.
 - Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

GENERAL REQUIREMENTS

Travel Cost: In accordance with HHS Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the NoA. To prevent disallowance of cost, the grantee is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Grantees approved policies must meet the requirements of 45 CFR Part 75, as applicable.

Food and Meals: Costs associated with food or meals are allowable when consistent with applicable federal regulations and HHS policies and guidance, which can be found at http://www.hhs.gov/asfr/ogapa/acquisition/effspendpol_memo.html. In addition, costs must be proposed in accordance with grantee approved policies and a determination of reasonableness has been performed by the grantees. Grantee approved policies must meet the requirements of 45 CFR Part 75, as applicable.

HIV Program Review Panel Requirement: All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist identified in the CDC Roles and Responsibilities section of this NoA.

Prior Approval: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this NoA. The grantee must submit these requests no later than 30 days prior to this budget period's end date. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

The following types of requests require prior approval.

- Use of unobligated funds from prior budget period (Carryover)
- Lift funding restriction, withholding, or disallowance
- Redirection of funds
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions
- Conferences or meetings that were not specified in the approved budget

Note: Awardees may request up to 75 percent of their estimated unobligated funds to be carried forward into the next budget period.

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Key Personnel: In accordance with 45 CFR Part 75.308, CDC grantees must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the FOA, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Inventions: Acceptance of grant funds obligates grantees to comply with the standard patent rights clause in 37 CFR Part 401.14.

Publications: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Grant or Cooperative Agreement Number, **H25 PS004258-04**, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services.

Acknowledgment Of Federal Support: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and grantees of Federal research grants, shall clearly state:

- percentage of the total costs of the program or project which will be financed with Federal money
- dollar amount of Federal funds for the project or program, and
- percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

Copyright Interests Provision: This provision is intended to ensure that the public has access to the results and accomplishments of public health activities funded by CDC. Pursuant to applicable grant regulations and CDC's Public Access Policy, Recipient agrees to submit into the National Institutes of Health (NIH) Manuscript Submission (NIHMS) system an electronic version of the final, peer-reviewed manuscript of any such work developed under this award upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication. Also at the time of submission, Recipient and/or the Recipient's submitting author must specify the date the final manuscript will be publicly accessible through PubMed Central (PMC). Recipient and/or Recipient's submitting author must also post the manuscript through PMC within twelve (12) months of the publisher's official date of final publication; however the author is strongly encouraged to make the subject manuscript available as soon as possible. The recipient must obtain prior approval from the CDC for any exception to this provision.

The author's final, peer-reviewed manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process, and all graphics and supplemental material associated with the article. Recipient and its submitting authors working under this award are responsible for ensuring that any publishing or copyright agreements concerning submitted articles reserve adequate right to fully comply with this provision and the license reserved by CDC. The manuscript will be hosted in both PMC and the CDC Stacks institutional repository system. In progress reports for this award, recipient must identify publications subject to the CDC Public Access Policy by using the applicable NIHMS identification number for up to three (3) months after the publication date and the PubMed Central identification number (PMCID) thereafter.

Disclaimer for Conference/Meeting/Seminar Materials: Disclaimers for conferences/meetings, etc. and/or publications: If a conference/meeting/seminar is funded by a grant, cooperative agreement, sub-grant and/or a contract the grantee must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logo Use for Conference and Other Materials: Neither the Department of Health and Human Services (HHS) nor the CDC logo may be displayed if such display would cause confusion as to the funding source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. Part 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. Part 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the HHS Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the HHS Office of the Inspector General has authority to impose civil monetary penalties for violations (42 CFR Part 1003). Accordingly, neither the HHS nor the CDC logo can be used by the grantee without the express, written consent of either the CDC Project Officer or the CDC Grants Management Officer. It is the responsibility of the grantee to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

Equipment and Products: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with grantee policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures, provided it observes provisions in applicable grant regulations found at 45 CFR Part 75.

Federal Information Security Management Act (FISMA): All information systems, electronic or hard copy, that contain federal data must be protected from unauthorized access. This standard also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002, PL 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of these data, subject to all applicable laws protecting security, privacy, and research. If/When information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf

Pilot Program for Enhancement of Contractor Employee Whistleblower Protections: Grantees are hereby given notice that the 48 CFR section 3.908, implementing section 828, entitled "Pilot Program for Enhancement of Contractor Employee Whistleblower Protections," of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2013 (Pub. L. 112-239, enacted January 2, 2013), applies to this award.

Federal Acquisition Regulations

As promulgated in the Federal Register, the relevant portions of 48 CFR section 3.908 read as follows (note that use of the term "contract," "contractor," "subcontract," or "subcontractor" for the purpose of this term and condition, should be read as "grant," "grantee," "subgrant," or "subgrantee"):

3.908 Pilot program for enhancement of contractor employee whistleblower protections.

3.908-1 Scope of section.

(a) This section implements 41 U.S.C. 4712.

(b) This section does not apply to-

(1) DoD, NASA, and the Coast Guard; or

(2) Any element of the intelligence community, as defined in section 3(4) of the National Security Act of 1947 (50 U.S.C. 3003(4)). This section does not apply to any disclosure made by an employee of a contractor or subcontractor of an element of the intelligence community if such disclosure-

(i) Relates to an activity of an element of the intelligence community; or

(ii) Was discovered during contract or subcontract services provided to an element of the intelligence community.

3.908-2 Definitions.

As used in this section-

"Abuse of authority" means an arbitrary and capricious exercise of authority that is inconsistent with the mission of the executive agency concerned or the successful performance of a contract of such agency.

"Inspector General" means an Inspector General appointed under the Inspector General Act of 1978 and any Inspector General that receives funding from, or has oversight over contracts awarded for, or on behalf of, the executive agency concerned.

3.908-3 Policy.

(a) Contractors and subcontractors are prohibited from discharging, demoting, or otherwise discriminating against an employee as a reprisal for disclosing, to any of the entities listed at paragraph (b) of this subsection, information that the employee reasonably believes is evidence of gross mismanagement of a Federal contract, a gross waste of Federal funds, an abuse of authority relating to a Federal contract, a substantial and specific danger to public health or safety, or a violation of law, rule, or regulation related to a Federal contract (including the competition for or negotiation of a contract). A reprisal is prohibited even if it is undertaken at the request of an executive branch official, unless the request takes the form of a non-discretionary directive and is within the authority of the executive branch official making the request.

(b) Entities to whom disclosure may be made.

(1) A Member of Congress or a representative of a committee of Congress.

(2) An Inspector General.

(3) The Government Accountability Office.

(4) A Federal employee responsible for contract oversight or management at the relevant agency.

(5) An authorized official of the Department of Justice or other law enforcement agency.

(6) A court or grand jury.

(7) A management official or other employee of the contractor or subcontractor who has the responsibility to investigate, discover, or address misconduct.

(c) An employee who initiates or provides evidence of contractor or subcontractor misconduct in any judicial or administrative proceeding relating to waste, fraud, or abuse on a Federal contract shall be deemed to have made a disclosure.

3.908-9 Contract clause.

Contractor Employee Whistleblower Rights and Requirement to Inform Employees of Whistleblower Rights (Sept. 2013)

(a) This contract and employees working on this contract will be subject to the whistleblower rights and remedies in the pilot program on Contractor employee whistleblower protections established at 41 U.S.C. 4712 by section 828 of the National Defense Authorization Act for Fiscal Year 2013 (Pub. L. 112-239) and FAR 3.908.

(b) The Contractor shall inform its employees in writing, in the predominant language of the workforce, of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in section 3.908 of the Federal Acquisition Regulation.

(c) The Contractor shall insert the substance of this clause, including this paragraph (c), in all subcontracts over the simplified acquisition threshold.

PAYMENT INFORMATION

Automatic Drawdown (Direct/Advance Payments): Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Payment Management Services
P.O. Box 6021
Rockville, MD 20852
Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: <http://www.dpm.psc.gov/help/help.aspx?explorer.event=true>

Note: To obtain the contact information of PMS staff within respective Payment Branches refer to the links listed below:

- University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true
- Governmental and Tribal Payment
Branch: http://www.dpm.psc.gov/contacts/governmental_and_tribal.aspx?explorer.event=true
- Cross Servicing Payment
Branch: http://www.dpm.psc.gov/contacts/cross_servicing.aspx?explorer.event=true
- International Payment Branch: Bhavin Patel (301) 492-4918 Email: Bhavin.patel@psc.hhs.gov

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

U.S. Department of Health and Human Services
Division of Payment Management
7700 Wisconsin Avenue, Suite 920
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form. The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account:

Payment Management System Subaccount: Effective October 1, 2013, a new HHS policy on subaccounts requires the CDC setup payment subaccounts within the Payment Management System (PMS) for all grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the PMS, herein identified as the " P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the PMS.

All award funds must be tracked and reported separately. Funds must be used in support of approved activities in the FOA and the approved application.

The grant document number and subaccount title (below) must be known in order to draw down funds from this P Account.

Grant Document Number: 004258PS14
Subaccount Title: PS131306STDSURSSUN14

Acceptance of the Terms of an Award: By drawing or otherwise obtaining funds from the grant Payment Management Services, the grantee acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer within thirty (30) days of receipt of this award notice.

Certification Statement: By drawing down funds, the grantee certifies that proper financial management controls and accounting systems, to include personnel policies and procedures, have been established to adequately administer Federal awards and funds drawn down. Recipients must comply with all terms and conditions outlined in their NoA, including grant policy terms and conditions contained in applicable HHS Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grants administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

CDC ROLES AND RESPONSIBILITIES

Roles and Responsibilities: Grants Management Specialists/Officers (GMO/GMS) and Program/Project Officers (PO) work together to award and manage CDC grants and cooperative agreements. From the pre-planning stage to closeout of an award, grants management and program staff have specific roles and responsibilities for each phase of the grant cycle. The GMS/GMO is responsible for the business management and administrative functions. The PO is responsible for the programmatic, scientific, and/or technical aspects. The purpose of this factsheet is to distinguish between the roles and responsibilities of the GMO/GMS and the PO to provide a description of their respective duties.

Grants Management Officer: The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards including:

- Determining the appropriate award instrument, i.e.; grant or cooperative agreement
- Determining if an application meets the requirements of the FOA
- Ensuring objective reviews are conducted in an above-the-board manner and according to guidelines set forth in grants policy
- Ensuring grantee compliance with applicable laws, regulations, and policies
- Negotiating awards, including budgets
- Responding to grantee inquiries regarding the business and administrative aspects of an award
- Providing grantees with guidance on the closeout process and administering the closeout of grants
- Receiving and processing reports and prior approval requests such as changes in funding, carryover, budget redirection, or changes to the terms and conditions of an award
- Maintaining the official grant file and program book

The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.

GMO Contact: See Staff Contacts below for the assigned GMO

Grants Management Specialist: The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards. Many of the functions described above are performed by the GMS on behalf of the GMO.

GMS Contact: See Staff Contacts below for the assigned GMS

Program/Project Officer: The PO is the federal official responsible for the programmatic, scientific, and/or technical aspects of grants and cooperative agreements including:

- The development of programs and FOAs to meet the CDC's mission
- Providing technical assistance to applicants in developing their applications e.g. explanation of programmatic requirements, regulations, evaluation criteria, and guidance to applicants on possible linkages with other resources
- Providing technical assistance to grantees in the performance of their project
- Post-award monitoring of grantee performance such as review of progress reports, review of prior approval requests, conducting site visits, and other activities complementary to those of the GMO/GMS

Programmatic Contact:

Mark Stenger, Project Officer
Centers for Disease Control
Division of HIV/AIDS, (NCHHSTP)
1600 Clifton Road
MS-E63
Telephone: 404-639-6136
Email: zpl4@cdc.gov

Office of Grants Services Contact:

Constance Jarvis
Grants Management Officer
Office of Grants Services (OGS)
Office of Financial Resources (OFR)
Centers for Disease Control and Prevention (CDC)
Telephone: ABQ3@CDC.GOV 770-488-5859 office | 770-488-8350 Fax

Grant Application Package

Opportunity Title:	STD Surveillance Network (SSuN)
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.977
CFDA Description:	Preventive Health Services Sexually Transmitted Disease
Opportunity Number:	CDC-RFA-PS13-130604CONT16
Competition ID:	NCHHSTP-NR-C
Opportunity Open Date:	01/28/2016
Opportunity Close Date:	04/15/2016
Agency Contact:	Centers for Disease Control and Prevention (CDC) Office of Grant Services (OGS) Technical Information Management Section (TIMS) E-mail: ogstims@cdc.gov Phone: 770-488-2700

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Select Forms to Complete

Mandatory

[Application for Federal Domestic Assistance-Short Organizational](#)

[Project Narrative Attachment Form](#)

[Budget Narrative Attachment Form](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

Optional

[Other Attachments Form](#)

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here. If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational	
* 1. NAME OF FEDERAL AGENCY: Centers for Disease Control and Prevention	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.977	
CFDA TITLE: Preventive Health Services Sexually Transmitted Diseases Control Grants	
* 3. DATE RECEIVED: Completed Upon Submission to Grants.gov	SYSTEM USE ONLY
* 4. FUNDING OPPORTUNITY NUMBER: CDC-RFA-PS13-130604CONT16	
* TITLE: STD Surveillance Network (SSuN)	
5. APPLICANT INFORMATION	
* a. Legal Name: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - 5H25PS004258-03	
b. Address:	
* Street1: 101 GROVE STREET, ROOM 308	Street2:
* City: SAN FRANCISCO	County/Parish:
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102-4505
c. Web Address: http://	
* d. Type of Applicant: Select Applicant Type Code(s): C: City or Township Government Type of Applicant: Type of Applicant: * Other (specify):	* e. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417 * f. Organizational DUNS: 1037173360000 * g. Congressional District of Applicant: 12TH
6. PROJECT INFORMATION	
* a. Project Title: San Francisco STD Surveillance Network (SSuN) Project, Part A and Chlamydia Surveillance Enhanced Activity	
* b. Project Description: SSuN-Part A uses staff expertise in STD surveillance & epidemiology to enhance the understanding of STD trends& determinants, improving the ability to monitor health outcomes & develop effective interventions to reduce morbidity.The Project team represents internationally recognized experts in surveillance, epidemiology, clinical care,&health informatics, implementing:1)population-based enhanced STD surveillance for reported gonorrhoea;2) facility-based collection, management, processing&analysis of line-listed encounter-based patient data from San Francisco City Clinic(the only municipal STD clinic in the city)&4 SFDPH-supported Title Xfamily planning clinics;3)estimates of female screening coverage from patients seen at SFCC& the Title Xclinics;4)integrated analyses involving matches with other communicable disease case registries;&5)analysis&dissemination of integrated analyses. SSuN-Chlamydia includes enhanced surveillance & piloting partner services for young females with chlamydia.	
c. Proposed Project: * Start Date: 09/30/2013	* End Date: 09/29/2018

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

Prefix: <input type="text"/>	* First Name: Susan <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Philip <input type="text"/>	Suffix: <input type="text"/>	
* Title: Director, Disease Prevention and Control <input type="text"/>	* Email: susan.philip@sfdph.org <input type="text"/>	
* Telephone Number: 415-355-2007 <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: 1360 Mission Street, Suite 401 <input type="text"/>	Street2: <input type="text"/>	
* City: San Francisco <input type="text"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip/Postal Code: 94103-2628 <input type="text"/>	

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

<input type="checkbox"/> Same as Project Director (skip to Item 9):		
Prefix: <input type="text"/>	* First Name: Lorna <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Garrido <input type="text"/>	Suffix: <input type="text"/>	
* Title: Deputy Director, OPS, Finance&Grants Mgmt <input type="text"/>	* Email: lorna.garrido@sfdph.org <input type="text"/>	
* Telephone Number: 415-554-2859 <input type="text"/>	Fax Number: <input type="text"/>	
* Street1: 101 Grove street, Room 204C <input type="text"/>	Street2: <input type="text"/>	
* City: San Francisco <input type="text"/>	County/Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip/Postal Code: 94102-4505 <input type="text"/>	

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

** I Agree

** The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE

Prefix: <input type="text"/>	* First Name: <input type="text" value="Barbara"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Garcia"/>	Suffix: <input type="text"/>	
* Title: <input type="text" value="Director of Health"/>	* Email: <input type="text" value="barbara.garcia@sfdph.org"/>	
* Telephone Number: <input type="text" value="415-554-2526"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: <input type="text" value="Completed by Grants.gov upon submission."/>	* Date Signed: <input type="text" value="Completed by Grants.gov upon submission."/>	

Project Narrative File(s)

* Mandatory Project Narrative File Filename: 2016-2017 San Francisco SSuN Continuation

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

Attached at least one Optional Project Narrative File?

Budget Narrative File(s)

* Mandatory Budget Narrative Filename: 2016-2017 San Francisco SSUN Continuation

Add Mandatory Budget Narrative

Delete Mandatory Budget Narrative

View Mandatory Budget Narrative

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

Attached at least one Optional Budget Narrative?:

Funding Opportunity Number PS13-130604CONT2016
Centers for Disease Control and Prevention
STD Prevention Program National Communication
FY 2016

Response to Technical Review
September 30, 2016 – September 29, 2017

Award #: 1H25PS004258

Name of Grantee: San Francisco Department of Public Health

Technical Review: Awardees must submit a revised budget reflecting the bottom-line funding amount. The awardee must provide additional detail on the hiring process and anticipated timeline for filling positions listed as vacant/TBD and provide budget revisions projecting the actual budget amount for the FTE adjusted by the anticipated vacant period.

Response: Revised budget and justification for \$225,000 funding amount was provided. Additional information on the recruitment process and the adjusted funding level of the vacant 2802 were included in the revised budget and justification.

Technical Review: Provide a detailed plan for improving the completion rate for population component investigations (patient & provider). Completion rate of equal to or exceeding 50% for sampled cases is the target for SSuN.

Response: In our latest quality assurance report for the population component (September report, sent in October), we were informed that our interview success rate has been ~49% over the last six months. We continue to strive to increase that completion rate. We recently added an indicator of the quality of listed phone numbers for selected cases to the assignment details that our interviewer receives. This information reduces the time she spends calling bad phone numbers to locate cases. Our interviewer's ability to make calls during some evenings and weekends explains in large part the higher completion rate we are achieving than in previous cycles. We otherwise continue to improve the process as much as we can to improve the completion rate.

Technical Review: Provide a specific plan to increase their sample by 50% as a requirement population component expansion funding (increasing sample of just in-jurisdiction cases is sufficient).

Response: Based on the rate of completion seen earlier this year, we know our current interviewer is capable of completing a greater number of interviews using a higher sampling rate. To supplement the current interviewer, we will be bringing on a 2nd interviewer from the team that does outreach with youth. We have worked with this team in the past to conduct SSuN interviews. After the new interviewer is trained, we will be monitoring their combined completion rate after increasing the sampling rate to ensure ongoing quality and consistency.



DATE: March 22, 2016

TO: Grants Managers
Colleen Chawla
Valerie Inouye

FROM: *Nelly Lee*
Nelly Lee
Finance Manager

RE: FY 16-17 Indirect Cost Rate (Less MAA Participants)

Effective immediately, the Indirect Cost rate for Population Health & Prevention - Public Health Division is 25.00% of salaries, wages, and fringe benefits. This rate was based on FY 2013-14 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use the maximum capped percentage as instructed per California Department of Public Health (CDPH) on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 25.00%.

cc: Christine Siador
Lorna Garrido
Stephanie Cushing
Susan Philip
Joshua Nossiter

A reduced indirect cost rate of 1% of total modified direct costs is approved for use in the STD Surveillance Network (SSuN) Project for the period from 9/30/16-9/29/17:

Anne Okubo

Anne Okubo, Deputy Financial Officer
San Francisco Department of Public Health

4/12/16

Date



KAREN SMITH, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

January 29, 2016

Greg Wagner
Department of Public Health CFO
San Francisco, City and County of
101 Grove Street
San Francisco, CA 94102

Dear Greg Wagner:

Thank you for submitting your Indirect Cost Rate (ICR) documentation to the California Department of Public Health (CDPH). CDPH is excited to have a standardized process that allows each Local Health Department (LHD) to use the negotiated ICR for all contracts, except those otherwise designated by state or federal statute, with CDPH.

For Fiscal Year (FY) 2016-2017, CDPH has accepted the documentation you have provided and, on a one-year basis, will approve your ICR proposal as follows:

25.0% calculated based on Salaries, Wages and Fringe Benefits

Please note, the rate you provided was approved up to the maximum allowed by CDPH policy (up to 25% cap rate for ICR calculated based on Salaries, Wages and Fringe Benefits and up to 15% cap for ICR calculated based on Allowable Total Direct Costs).

We look forward to working with you to document your approved ICR in CDPH contracts with a start date of July 1, 2016 or later.

Thank you,

Jaana H. Brown, FMB-Accounting Section Chief
California Department of Public Health

City and County of San Francisco

Department of Public Health



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

October 27, 2016

Constance Jarvis
Grants Management Officer
Office of Grants Services
Office of Financial Resources
Center for Disease Control and Prevention

Re: Response to Technical Review and Budget Revision Requirement - San Francisco STD
Surveillance Network Project - Grant No. 5 NH25PS004258-04-00

Dear Ms. Jarvis:

Attached are the San Francisco Department of Public Health's response to the technical review and budget revision requirements for Grant # 5 NH25PS004258-04-00. Please note the work plan remains unchanged. The following documents are included with this submission:

- San Francisco Response to Technical Review
- San Francisco Revised Budget with Narrative Justification
- San Francisco Revised Standard Form 424A
- San Francisco Indirect Cost Rate Agreement – 1% of total modified direct cost

If you have any questions regarding this submission, please feel free to contact Lorna Garrido at lorna.garrido@sfdph.org or (628) 206-7617.

Sincerely,

Handwritten signature of Susan Philip.

Susan Philip, MD, MPH
Project Director

Handwritten signature of Lorna Garrido.

Lorna Garrido, MPS
Grants Administrator

City and County of San Francisco

Department of Public Health



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health *[Signature]*

DATE: March 13, 2017

SUBJECT: Grant Accept and Expend

GRANT TITLE: San Francisco STD Surveillance Network (SSuN) Project-
\$225,000

Attached please find the original and 2 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

Print Form

Introduction Form

By a Member of the Board of Supervisors or the Mayor

2017 MAY -9 PM 4: 16

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. Reactivate File No. []
- 10. 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 Imperative Form.

Sponsor(s):

Sheehy

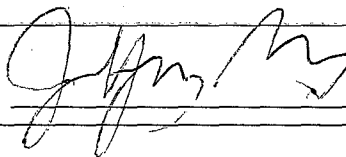
Subject:

Accept and Expend: San Francisco STD Surveillance Network

The text is listed below or attached:

See attached.

Signature of Sponsoring Supervisor:



For Clerk's Use Only:

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Public Health Foundation Enterprises, Inc. (PHFE)	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.	
(1) See attached list of Board of Directors (2) <i>Blayne Cutler, Chief Executive Officer</i> <i>Brian Gieseler, Chief Financial Officer/Chief Operating Officer Interim</i> (3) <i>n/a</i> (4) <i>none</i> (5) <i>n/a</i>	
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746-3505	
Date that contract was approved:	Amount of contracts: \$35,474
Describe the nature of the contract that was approved: PHFE will act as a fiscal agent for the purpose of hiring culturally appropriate staff to perform SSuN GC interviews and collection of data of high risk populations in San Francisco.	
Comments: PHFE is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves: San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

Public Health Foundation Enterprise

PHFE Board of Directors

<p>Officers: Erik D. Ramanathan, Chair Delvecchio Finley, Vice Chair Tamara Joseph, Secretary Robert R. Jenks, Treasurer Blayne Cutler, Ph.D., M.D, CEO</p>	<p>Members: Amy Kircher Edward Yip Jean C. O'Connor Jeffrey Benson Santosh Vetticaden Scott Filer Susan De Santi</p>
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