



Recipient Information

1. Recipient Name

San Francisco Department of Public Health
101 GROVE ST
SAN FRANCISCO, CA 94102-4505
[NO DATA]

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1946000417A8

4. Employer Identification Number (EIN)

946000417

5. Data Universal Numbering System (DUNS)

103717336

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Dr. Alison Hughes
Program Director/Principal Investigator
alison.hughes@sfdph.org
415-437-6269

8. Authorized Official

Dr. Susan Philip
Acting Health Officer, City and County of San Francisco
susan.philip@sfdph.org
6282067638

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Rhonda Burton
bgr2@cdc.gov
770-488-2757

10. Program Official Contact Information

Dr. Rodel DESAMU-THORPE
Epidemiologist
Ksz2@cdc.gov
404.718.1397

Federal Award Information

11. Award Number

6 NU62PS924599-02-03

12. Unique Federal Award Identification Number (FAIN)

NU62PS924599

13. Statutory Authority

This Program is authorized under section 318 of the Public Health Service Act (42 U.S.C. Section 247c, as amended)

14. Federal Award Project Title

Medical Monitoring Project (MMP)

15. Assistance Listing Number

93.944

16. Assistance Listing Program Title

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

17. Award Action Type

Supplement

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	06/01/2021	- End Date	05/31/2022
20. Total Amount of Federal Funds Obligated by this Action	\$45,739.00		
20a. Direct Cost Amount	\$36,850.00		
20b. Indirect Cost Amount	\$8,889.00		
21. Authorized Carryover	\$0.00		
22. Offset	\$0.00		
23. Total Amount of Federal Funds Obligated this budget period	\$536,568.00		
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00		
25. Total Federal and Non-Federal Approved this Budget Period	\$582,307.00		
26. Project Period Start Date	06/01/2020	- End Date	05/31/2025
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	Not Available		

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Portia Brewer
Grants Management Officer

30. Remarks

Supplemental funding awarded in the amount of 45,739.



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Payment Account Number and Type	
1946000417A8	
Employer Identification Number (EIN) Data	
946000417	
Universal Numbering System (DUNS)	
103717336	
Recipient's Unique Entity Identifier	
Not Available	
31. Assistance Type	
Cooperative Agreement	
32. Type of Award	
Other	

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$41,017.00
b. Fringe Benefits	\$18,457.00
c. Total Personnel Costs	\$59,474.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$2,600.00
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$509,979.00
j. TOTAL DIRECT COSTS	\$572,053.00
k. INDIRECT COSTS	\$10,254.00
l. TOTAL APPROVED BUDGET	\$582,307.00
m. Federal Share	\$582,307.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes					
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
0-9391195	20NU62PS924599	PS	41.51	\$0.00	75-20-0950
1-9391195	20NU62PS924599	PS	41.51	\$45,739.00	75-21-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924599-02-03

FAIN# NU62PS924599

Federal Award Date: 08/25/2021

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

6 NU62PS924599-02-03

1. Terms and Conditions

Notice of Funding Opportunity (NOFO): PS20-2005
Award Number: NU62PS924599-02-03
Award Type: Cooperative Agreement

ADDITIONAL TERMS AND CONDITIONS

PURPOSE: This revised Notice of Award is to provide Supplemental Funding for the Medical Monitoring Projects (MMP) in the amount of \$45,739. Previously, \$536,568 had been awarded, making the current total available award amount \$582,307 for the budget period which is 06/30/2021 through 05/31/2022.

The activities have been reviewed and found to be appropriate and consistent with program objectives.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

GMS Contact:

Rhonda Burton, Grants Management Specialist
Centers for Disease Control and Prevention
Branch 1-Office of Infectious Disease
2939 Flowers Road MSTV-2
Atlanta, GA 30341
Telephone: 770-488-1381
Email: RBurton@cdc.gov

PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE