



Recipient Information

1. Recipient Name

CITY & COUNTY OF SAN FRANCISCO
101 GROVE ST
Population Health Division
SAN FRANCISCO, CA 94102-4505
[NO DATA]

2. Congressional District of Recipient
12

3. Payment System Identifier (ID)
1946000417A1

4. Employer Identification Number (EIN)
946000417

5. Data Universal Numbering System (DUNS)
103717336

6. Recipient's Unique Entity Identifier (UEI)
DCTNHRGU1K75

7. Project Director or Principal Investigator

Mr. Willi McFarland
Director, Center for Public Health Research
Willi.McFarland@sfdph.org
415-554-9093

8. Authorized Official

Mr. Sajid Shaikh
Business Officer
sajid.shaikh@sfdph.org
415-255-3512

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Jennifer Gilbert
Grants Management Specialist
ubh1@cdc.gov
404-639-5399

10. Program Official Contact Information

Janet Burnett
jyn6@cdc.gov
404-639-5200

Federal Award Information

11. Award Number

6 NU62PS924778-02-01

12. Unique Federal Award Identification Number (FAIN)

NU62PS924778

13. Statutory Authority

Section 318(c) of the Public Health Service Act [42 U.S.C. Section 247c(c)], as amended.

14. Federal Award Project Title

National HIV Behavioral Surveillance (NHBS) - San Francisco

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

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date	01/01/2023	- End Date	12/31/2023
20. Total Amount of Federal Funds Obligated by this Action			\$0.00
20a. Direct Cost Amount			\$0.00
20b. Indirect Cost Amount			\$0.00
21. Authorized Carryover			\$0.00
22. Offset			\$0.00
23. Total Amount of Federal Funds Obligated this budget period			\$454,056.00
24. Total Approved Cost Sharing or Matching, where applicable			\$0.00
25. Total Federal and Non-Federal Approved this Budget Period			\$454,056.00
26. Period of Performance Start Date	01/01/2022	- End Date	12/31/2026
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance			\$1,423,299.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Edna Green
Grants Management Officer

30. Remarks

Budget Revision - Approved



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Recipient Name CITY & COUNTY OF SAN FRANCISCO 101 GROVE ST Population Health Division SAN FRANCISCO, CA 94102-4505 [NO DATA]
Congressional District of Recipient 12
Payment Account Number and Type 1946000417A1
Employer Identification Number (EIN) Data 946000417
Universal Numbering System (DUNS) 103717336
Recipient's Unique Entity Identifier (UEI) DCTNHRGU1K75
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 b. Fringe Benefits c. Total Personnel Costs d. Equipment e. Supplies f. Travel g. Construction h. Other i. Contractual	\$20,370.00 \$9,370.00 \$29,740.00 \$0.00 \$0.00 \$0.00 \$0.00 \$2,500.00 \$416,788.00
j. TOTAL DIRECT COSTS	\$449,028.00
k. INDIRECT COSTS	\$5,028.00
l. TOTAL APPROVED BUDGET	\$454,056.00
m. Federal Share	\$454,056.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9391193	22NU62PS924778	PS	41.51	93.944	\$0.00	75-22-0950
2-9390J3H	22NU62PS924778	PS	41.51	93.944	\$0.00	75-22-0950
2-9390KC1	22NU62PS924778	PS	41.51	93.944	\$0.00	75-22-0120
3-9391193	22NU62PS924778	PS	41.51	93.944	\$0.00	75-23-0950



DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924778-02-01

FAIN# NU62PS924778

Federal Award Date: 02/20/2023

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

CITY & COUNTY OF SAN FRANCISCO

6 NU62PS924778-02-01

1. Terms and Conditions - Revised Budget

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

REVISED BUDGET: The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated January 31, 2023. Funds have been distributed as indicated in the approved budget of this Notice of Award.

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

All 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.

PLEASE REFERENCE YOUR AWARD NUMBER ON ALL CORRESPONDENCE