

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: **Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV infected men who have sex with men**

2. Department: **San Francisco Department of Public Health
Population Health Division
Bridge HIV**

3. Contact Person: **Susan Buchbinder** Telephone: **415-437-7479**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$144,230**
(Year 1 April 12, 2019 - March 31, 2020: \$99,636
Year 2 April 01, 2020 - March 31, 2021: \$44,594)

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

7a. Grant Source Agency: **National Institutes of Health (NIH)**
b. Grant Pass-Through Agency (if applicable): **The Regents of the University of California, San Francisco**

8. Proposed Grant Project Summary:
Dr. Buchbinder is the senior PrEP lead on the study and Dr Cohen is the Site Principal Investigator for the City Clinic site. Dr Cohen will oversee planning and implementation of the DoxyPrep study at SF City Clinic and supervise recruitment and retention. Dr, Buchbinder and Dr Cohen will contribute to the scientific conduct of the study, including input into the analysis plan, DSMB plan, manuscript preparation and dissemination of results.

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

Approved year one project: Start-Date: **04/12/2019** End-Date: **03/31/2020**
Approved year two project: Start-Date: **04/01/2020** End-Date: **03/31/2021**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **No**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?

d. Is this likely to be a one-time or ongoing request for contracting out? **N.A.**

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

b1. If yes, how much? **\$15,453** b2. How was the amount calculated? **12% of Direct Cost**

c1. If no, why are indirect costs not included?

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:

The grant does not require an ASO amendment and partially reimburses the department for one existing position: one Sr. Physician Specialist (Job Class 2232) at 0.10 FTE and one Manager VIII at .05 FTE (Job Code 0943) for 12 months for the period from April 1, 2020 through March 31, 2021.

**We respectfully request approval to accept and expend these funds retroactive to April 1, 2020
The Department received the amended subaward agreement on July 9, 2020.**

Award: CTR00001532

Dept ID: 162646

Project ID: 10035546

Authority ID: 10001

Activity ID: 0001

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

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

- | | | |
|------------------------------------------------------|-----------------------------------------------------|------------------------------------------------------------|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

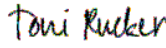
Toni Rucker, PhD

(Name)

DPH ADA Coordinator

(Title)

Date Reviewed: 11/10/2020 | 4:52 PM PST

DocuSigned by:

 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

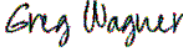
Dr. Grant Colfax

(Name)

Director of Health

(Title)

Date Reviewed: 11/17/2020 | 10:51 AM PST

DocuSigned by:

 (Signature Required)

Greg wagner, COO for