File No. 100398

Committee Item No. 1
Board Item No. 12

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Sub-Committee BUDGET AND FINANCE **Date:** April 14, 2010

Board of Supervisors Meeting **Date** 4/20/10

Cmte	Board	
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☒	☒	Resolution
☐	☐	Ordinance
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OTHER (Use back side if additional space is needed)

☐	☐	
☐	☐	
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☐	☐	
☐	☐	

Completed by: Andrea S. Ausberry **Date** Friday, April 09, 2010
Completed by: Andrea Ausberry **Date** April 15, 2010

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

FILE NO. 100398 RESOLUTION NO. _____

[Accept and Expend Grant - AIDS Office Space Renovation -$9,508,907 - ARRA Award.]

Resolution authorizing the San Francisco Department of Public Health to accept and expend retroactively a grant from the National Institutes of Health in the amount of $9,508,907 to fund the AIDS Office Space Renovation for the period March 4, 2010 through March 3, 2015.

WHEREAS, DPH was awarded a grant from the NIH in the amount of $9,508,907 for a project entitled "AIDS Office Space Renovation;" for the period of March 4, 2010 through March 3, 2015; and,

WHEREAS, This award is issued under the American Recovery and Reinvestment Act (ARRA) of 2009; and,

WHEREAS, The purpose of this grant is to allow SFDPH to increase their capacity to recruit, enroll, and retain large, diverse study participants and to provide critical data on new HIV/AIDS cases to investigators worldwide; and,

WHEREAS, The grant does not require an ASO amendment and reimburses DPH for one existing position: Senior Administrative Analyst (Job Class #1823) at 1.00 FTE, for the period of March 4, 2010 through March 3, 2015; and,

WHEREAS, The funding through this grant will be contracted out in the amount of $5,207,559, though the contractor has not yet been identified and will be put out to bid through SFDPH; and,

WHEREAS, DPH is seeking retroactive approval because DPH did not receive the award until March 4, 2010; and,

WHEREAS, The budget does not include a provision for indirect costs because indirect costs are not allowed by the funding agency; now therefore, be it

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

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

FURTHER RESOLVED, That the Controller is directed to designate the positions funded under this agreement as a "G" or grant-funded position which would terminate when the agreement expires; and, be it

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

RECOMMENDED:

Mitchell Katz, M.D.
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

City and County of San Francisco

Department of Public Health

Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.
Director of Health

DATE: March 12, 2010

SUBJECT: Accept and Expend Resolution

GRANT TITLE: AIDS Office Space Renovation

Attached please find the original and 4 copies of each of the following:

☒ Proposed grant resolution, original signed by Department, Health Commission

☒ Grant information form, including disability checklist

☒ Grant budget and justification

☒ Award letter

☒ Grant application

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Grace Alderson Phone: 554-2655

Interoffice Mail Address: Dept. of Public Health, 101 Grove St., Room 330

Certified copy required Yes ☐ No ☒

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

Grant Information Form
(Effective January 2000)

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: AIDS Office Space Renovation Grant

2. Department: Department of Public Health
AIDS Office
HIV Research Section

3. Contact Person: Martin Soto Telephone: 554-4249
4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: $9,508,907

6a. Matching Funds Required: No
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):

8. Proposed Grant Project Summary:

The San Francisco Office of AIDS Renovation (SOAR) Project will allow three of the leading US based HIV prevention research units within the San Francisco Department of Public Health (SFDPH) to increase their capacity to recruit, enroll and retain large, diverse populations of study participants efficiently and effectively, and to provide critical data on new HIV/AIDS cases to investigators worldwide. The SOAR project will fund the expansion and renovation of 17,417 sq ft of space.

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

Start-Date: March 04, 2010 End-Date: March 03, 2015

10. Number of new positions created and funded: None. The grant does not require an ASO amendment and partially reimburses the department for one existing position

1.00 FTE Senior Administrative Analyst, (Job Class# 1823) at 1.00 FTE

11. If new positions are created, explain the disposition of employees once the grant ends? N/A

12a. Amount budgeted for contractual services: $5,207,559

b. Will contractual services be put out to bid? Yes
c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes

d. Is this likely to be a one-time or ongoing request for contracting out? One-Time

13a. Does the budget include indirect costs? [}Yes [X] No
b1. If yes, how much? b2. How was the amount calculated?
c. If no, why are indirect costs not included? N/A
[X] Not allowed by granting agency [ ] To maximize use of grant funds on direct services
[ ] Other (please explain):

14. Any other significant grant requirements or comments:
DPH respectfully requests for approval to accept and expend these funds retroactive to March 4, 2010 because the Department received the grant award on March 4, 2010.

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

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

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

16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

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

Date Reviewed: 3/12/10

Department Approval: _____
Mitchell Katz, M.D. Director of Public Health

San Francisco Department of Public Health (SFDPH)
AIDS Office
HIV Research Section

SFDPH AIDS Renovation Project (SOAR)

BUDGET JUSTIFICATION
(March 4, 2010 – March 3, 2015)

A. PERSONNEL
B. MANDATORY FRINGE

1.	1.00	1823 – Sr. Admin Analyst	
		Mandatory Fringe Benefits (@ 30%)	$447,762

Sr Admin Analyst will develop and administer the annual budget, provide on going financial/fiscal and economic analysis, assist with planning and reporting, conduct the grant monitoring and administration, develop complex contracting systems and administration of complex contractual agreements, develop and evaluate important administrative/management systems policy and procedures.

Total Salaries	$313,434
Total Fringe	$134,328
TOTAL PERSONNEL:	**$447,762**
C. TRAVEL	**$0**
D. EQUIPMENT	**$437,540**
E. SUPPLIES	**$0**
F. CONTRACTUAL	
Construction	**$5,207,559**
G. OTHER	**$3,416,046**
Relocation Expenses and Payments	
Architectural & Engineering Fees & Other	
Project Inspection Fees	
Site Work	
Demolition and Removal	
Miscellaneous/Contingencies	
TOTAL BUDGET	**$9,508,907**

RESEARCH FACILITIES CONSTRUCTION
Department of Health and Human Services
National Institutes of Health
NATIONAL CENTER FOR RESEARCH RESOURCES

Issue Date: 03/04/2010

THIS AWARD IS ISSUED UNDER THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 AND IS SUBJECT TO SPECIAL HHS TERMS AND CONDITIONS AS REFERENCED IN SECTION III

Grant Number: 1C06RR030434-01

Principal Investigator(s):
Barbara Garcia, MA

Project Title: The San Francisco Department of Public Health Office of AIDS Renovation (SOAR)Pr

Mr. Shaikh, Sajid
Sr. Admin Analyst
1380 Howard Street, 4th Floor
Suite 440
San Francisco, CA 94103

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 03/04/2010 – 03/03/2015
Project Period: 03/04/2010 – 03/03/2015

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of $9,508,907 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 42 USC 287 42 CFR 52b and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release or other document that cites results from NIH grant-supported research must include an acknowledgment of NIH grant support and disclaimer such as "The project described was supported by Award Number C06RR030434 from the National Center For Research Resources. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Center For Research Resources or the National Institutes of Health."

Award recipients are required to comply with the NIH Public Access Policy. This includes submission to PubMed Central (PMC), upon acceptance for publication, an electronic version of a final peer-reviewed, manuscript resulting from research supported in whole or in part, with direct costs from National Institutes of Health. 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. For additional information, please visit http://publicaccess.nih.gov/.

Award recipients must promote objectivity in research by establishing standards to ensure that the design, conduct and reporting of research funded under NIH-funded awards are not biased by a conflicting financial interest of an Investigator. Investigator is defined as the Principal Investigator and any other person who is responsible for the design, conduct, or reporting of NIH-funded research or proposed research, including the Investigator's spouse and dependent children. Awardees must have a written administrative process to identify and manage financial conflict of interest and must inform Investigators of the conflict of interest policy and of the Investigators' responsibilities. Prior to expenditure of these awarded funds, the Awardee must report to the NIH Awarding Component the existence of a conflicting interest and within 60 days of any new conflicting interests identified after the initial report. Awardees must comply with these and all other aspects of 42 CFR Part 50, Subpart F. These requirements also apply to subgrantees, contractors,

or collaborators engaged by the Awardee under this award. The NIH website http://grants.nih.gov/grants/policy/coi/index.htm provides additional information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Vicki Maurer
Grants Management Officer
NATIONAL CENTER FOR RESEARCH RESOURCES

Additional information follows

SECTION I – AWARD DATA – 1C06RR030434-01

Award Calculation (U.S. Dollars)

Federal Direct Costs	$9,508,907
Construction and Related Costs (Approved Budget)	$9,508,907
Federal Share	$9,508,907
TOTAL FEDERAL AWARD AMOUNT	$9,508,907
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$9,508,907

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	$9,508,907	$9,508,907

Fiscal Information:

CFDA Number:	93.702
EIN:	1946000417A8
Document Number:	CRR030434Z
Fiscal Year:	2010

IC	*CAN*	*2010*
RR	8485787	$9,508,907

NIH Administrative Data:
PCC: CON / OC: 4161 / Processed: MAURERV 02/25/2010

SECTION II – PAYMENT/HOTLINE INFORMATION – 1C06RR030434-01

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm

SECTION III – TERMS AND CONDITIONS – 1C06RR030434-01

This award is based on the application submitted to, and as approved by, NIH 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 and program regulation cited in this Notice of Award.
b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
d. The NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at 'http://grants.nih.gov/grants/policy/awardconditions.htm' for certain references cited above.)

ARRA TERM OF AWARD: This award is subject to the HHS-Approved Standard Terms and Conditions for the American Recovery and Reinvestment Act of 2009. Approved text for NIH awards can be found at http://grants.nih.gov/grants/policy/NIH_HHS_ARRA_Award_Terms.pdf. Recipients should pay particular attention to the special quarterly reporting requirements required by Section 1512 of the Recovery Act as specified in Term #2.

Carry over of an unobligated balance into the next budget period requires Grants Management Officer prior approval.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: http://publicaccess.nih.gov/.

This award represents the final year of the competitive segment for this grant. Therefore, see the NIH Grants Policy Statement (12/1/2003 version) for closeout requirements at: http://grants.nih.gov/grants/policy/nihgps_2003/NIHGPS_Part8.htm#_Toc54600151.

A final Financial Status Report (FSR) (SF 269) must be submitted through the eRA Commons (Commons) within 90 days of the expiration date; see NIH Guide Notice NOT-OD-07-078 for additional information on this electronic submission requirement. The final FSR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FSR and the Payment Management System's (PMS) Federal Cash Transaction Report (SF-272).

Furthermore, unless an application for competitive renewal is submitted, additional grant closeout documents consisting of a Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) and a final progress report must also be submitted within 90 days of the expiration date.

NIH also strongly encourages electronic submission of the final progress report and the final invention statement through the Closeout feature in the Commons. If the final progress report and final invention statement are not submitted electronically, copies of the HHS 568 form may be downloaded at: http://grants.nih.gov/grants/forms.htm.

Submissions of the final progress report and HHS 568 may be e-mailed as PDF attachments to the NIH Central Closeout Center at: deascentralized@od.nih.gov

Paper submissions of the final progress report and the HHS 568 may be faxed to the NIH Central Closeout Center at 301-480-2304 or mailed to the NIH Central Closeout Center at the following address:

NIH/OD/OER/DEAS
Central Closeout Center
6705 Rockledge Drive, Room 2207
Bethesda, MD 20892-7987 (for regular or U.S. Postal Service Express mail)
Bethesda, MD 20817 (for other courier/express mail delivery only)

The final progress report should include, at a minimum, a summary of progress toward the achievement of the originally stated aims, a list of significant results (positive and/or negative), a list of publications and the grant number. If human subjects were included in the research, the final progress report should also address the following:

- Report on the inclusion of gender and minority study subjects (using the gender and minority Inclusion Enrollment Form as provided in the PHS 2590 and available at http://grants.nih.gov/grants/forms.htm).
- Where appropriate, indicate whether children were involved in the study or how the study was relevant for conditions affecting children (see "Public Policy Requirements and Objectives-Requirements for Inclusiveness in Research Design-Inclusion of Children as Subjects in Clinical Research" in the PHS 398 at URL http://grants.nih.gov/grants/policy/nihgps_2003/NIHGPS_Part5.htm#_Toc54600090)
- Describe any data, research materials (such as cell lines, DNA probes, animal models), protocols, software, or other information resulting from the research that is available to be shared with other investigators and how it may be accessed.

Note, if this is the final year of a competitive segment due to the transfer of the grant to another institution, then not all the requirements stated above are applicable. Specifically a Final Progress Report is not required. However, a final FSR is required and should be submitted electronically as noted above. In addition, if not already submitted, the Final Invention Statement is required and should be sent directly the assigned Grants Management Specialist.

Treatment of Program Income:
Other (See Remarks)

SECTION IV – RR Special Terms and Conditions – 1C06RR030434-01

1. This grant is awarded based on the application submitted in response to the program announcement RFA-RR-09-008, Recovery Act Limited Competition: Extramural Research Facilities Improvement Program (C06).

2. All funds except allowable design costs are RESTRICTED and may not be used without the written prior approval of the NCRR Grants Management Office. Funds will be released through the issuance of a revised Notice of Award as negotiated milestones are met or required approvals are obtained.

3. This award is issued for a 5 year project period which ends on March 3, 2015. If a no cost extension is necessary, you may only request an extension through June 30, 2015. If the extension is approved, all funds MUST be expended by June 30, 2015 and be fully disbursed on the Federal Cash Transaction Report for the quarter ending on June 30, 2015 or the expenditures will not be allowable charges to this grant. Any extension of the budget and/or project period end dates beyond June 30, 2015 WILL NOT be permitted.

4. The space created and/or renovated under this award must be used in support of the NCRR approved biomedical research activities for which it was constructed for 10 years after beneficial occupancy unless otherwise approved by the National Center for Research Resources

5. The NCRR-funded space will include research and research support areas as follows:

Summary of Research Space	Area (n.s.f)	Total Cost	NCRR Cost
17,417	17,417	$9,508,907	$9,508,907

6. Due to the nature of this project, NIH requires that the awardee follow the National Environmental Policy Act (NEPA requirements). The preparation of an Environmental Impact Statement and/or Environmental Analysis is the responsibility of the awardee; However, NIH is responsible for the complete review, recommendation, and approval of the process and reports. The NCRR will assist the awardee in carrying out the required procedures. The awardee is also required to publicly disclose the project in the newspaper or other publicly available medium and to describe its environmental impact.

7. The total eligible design, construction, fixed equipment costs, and Final Cost Allocation Ratio shall be in accordance with the Final Design Documents as determined from the lowest acceptable competitive construction bid(s); and approved by the NCRR. The grantee shall identify the costs of the grant-supported areas to the satisfaction of NCRR staff. All contingency costs incurred after the award of the grant, the beginning of construction work, and that exceed two percent of the eligible project costs shall be borne by the grantee.

8. Design documents MUST meet all the requirements (without exception), outlined in the latest version of the NIH Design Requirement Manual (DRM) (available at http://orf.od.nih.gov/). The Grantee shall inform their design team prior to start of the design process that the design document submittals will be reviewed by NIH based on the DRM. The provisions of this manual are not intended to prohibit the use of alternative systems, methods, or devices that are not specifically outlined in the document, provided that the proposed alternative design is at least equivalent or superior to the requirements in this manual with regard to such items as quality, strength, durability, effectiveness, fire resistance, health and safety, etc., and is approved during the design review process.

During the course of programming and design development, it may become necessary for Project Officers and A/E to request variances from the established minimum standards. These variances may be necessary to accommodate existing building constraints or site conditions, required technology, or the Program of Requirements. Variance forms can be found in NIH DRM.

NCRR will use a Web Portal to receive, distribute, and track design document submittals and reviewer comments. The grantee will receive a user name and password for the web portal from NCRR/NIH review team to upload the design documents for review and approval. During the design phase of the project, all design documents (such as design drawings, cost estimates and specifications, review comments, review comment responses) shall be uploaded to the Web Portal that will be used by both NCRR and the grantee to expedite the review process and tracking the design related activities and status.

9. The design phase of the project must be initiated immediately following return of the signed Terms and Conditions. The grantee must complete the three design phases leading to the development of the construction documents (CD) no later than 14 months following the issue date of the notice of grant award (NoA). Grantees should allow four to six weeks for the review of each design submission. All design documents must be approved by the NCRR and the following approval schedule must be followed:

Schematic Design (35% complete): 4 months following the release of the NoA
Design Development (65% complete): 8 months following the release of the NoA
Construction Document (100% complete): 14 months following the release of the NoA

10. Contracts and other binding arrangements for the construction or renovation of the grant-supported space must be effective no later than 6 months from the date of NCRR?s approval of the final Construction Document. The grantee shall notify NCRR of the selection of the contractor and the date of construction commencement. The estimated date of completion of the proposed construction project is March 3, 2015.

11. In accordance with 45 CFR Part 74.37, the grantee must record a Notice of Federal Interest at the time construction begins. A copy of the Notice must be sent to the Grants Management Specialist identified below within 10 days of filing the Notice.

12. An annual progress report is required for this award. You will receive detailed instructions on how to submit that report closer to the date when it is due.

13. NCRR reserves the right to conduct site visits at any time to oversee the project status.

14. An authorized organizational representative of the awardee must notify the Grants Management Specialist identified below immediately upon completion of the construction project or beneficial occupancy, whichever comes first, to initiate the closeout procedures applicable to this award.

15. Immediately upon completion of the project or beneficial occupancy, whichever comes first, the grantee must purchase an insurance policy which protects the property against partial or total physical destruction. The policy must cover the full appraised value of the property (not just the Federal portion thereof), using state-certified appraisers. The insurance policy is to be maintained for the entire 10-year usage period. A waiver to the requirement may be considered by NCRR if the grantee can show it is effectively self- insured against the risks involved.

16. Program income will be subject to the deductive alternative during the period of grant support. Proceeds from the sale or lease of grant-supported property shall be handled in accordance with the requirements of the Property Standards, as specified in 42 CFR 52b.9 and 45 CFR 74.32 or 45 CFR 92.31.

17. The NCRR will initiate recovery actions as specified in 42 CFR 52b.9 in the event these requirements are not fulfilled by the recipient institution.

18. Records for real property shall be retained for three (3) years after final disposition of the property or until the end of the period of Federal interest whichever comes earlier.

19. Wage Rate Requirements under Section 1606 of the American Recovery and Reinvestment Act of 2009

a) Section 1606 of the Recovery Act requires that all laborers and mechanics employed by contractors and subcontractors on projects funded directly by or assisted in whole or in part by and through the Federal Government pursuant to the Recovery Act shall be paid wages at rates not less than those prevailing on projects of a character similar in the locality as determined by the Secretary of Labor in accordance with subchapter IV of chapter 31 of title 40, United States Code. Pursuant to Reorganization Plan No. 14 and the Copeland Act, 40 U.S.C. 3145, the Department of Labor has issued regulations at 29 CFR Parts 1, 3, and 5 to implement the Davis-Bacon and related Acts. Regulations in 29 CFR 5.5 instruct agencies concerning application of the standard Davis-Bacon contract clauses set forth in that section. Federal agencies providing grants, cooperative agreements, and loans under the Recovery Act shall ensure that the standard Davis-Bacon contract clauses found in 29 CFR 5.5(a) are incorporated in any resultant covered contracts that are in excess of $2,000 for construction, alteration or repair (including painting and decorating).

(b) For additional guidance on the wage rate requirements of section 1606, contact your awarding agency. Recipients of grants, cooperative agreements and loans should direct their initial inquiries concerning the application of Davis-Bacon requirements to a particular federally assisted project to the Federal agency funding the project. The Secretary of Labor retains final coverage authority under Reorganization Plan Number 14.

20. If this award is for construction, alteration, maintenance, or repair of a public building or public work that DOES NOT involve iron, steel, and/or manufactured goods covered under international agreements then the following Term applies.

As provided by 2 CFR 176.140, when awarding Recovery Act funds for construction, alteration, maintenance, or repair of a public building or public work that does not involve iron, steel, and/or manufactured goods covered under international agreements, the agency shall use the following award term:

REQUIRED USE OF AMERICAN IRON, STEEL, AND MANUFACTURED GOODS?SECTION 1605 OF THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009

(a) Definitions. As used in this award term and condition?
?Manufactured good? means a good brought to the construction site for incorporation into the building or work that has been--

(1) Processed into a specific form and shape; or

(2) Combined with other raw material to create a material that has different properties than the properties of the individual raw materials.

"Public building? and "public work" means a public building of, and a public work of, a governmental entity (the United States; the District of Columbia; commonwealths, territories, and minor outlying islands of the United States; State and local governments; and multi-State, regional, or interstate entities which have governmental functions). These buildings and works may include, without limitation, bridges, dams, plants, highways, parkways, streets, subways, tunnels, sewers, mains, power lines, pumping stations, heavy generators, railways, airports, terminals, docks, piers, wharves, ways, lighthouses, buoys, jetties, breakwaters, levees, and canals, and the construction, alteration, maintenance, or repair of such buildings and works.

?Steel? means an alloy that includes at least 50 percent iron, between .02 and 2 percent carbon, and may include other elements.

(b) Domestic preference.

(1) This award term and condition implements Section 1605 of the American Recovery and Reinvestment Act of 2009 (Recovery Act)(Pub. L. 111-5), by requiring that all iron, steel, and manufactured goods used in the project are produced in the United States except as provided in paragraph (b)(3) and (b)(4) of this term and condition.

(2) This requirement does not apply to the material listed by the Federal Government as follows:

_____

[Award official to list applicable excepted materials or indicate ?none?]

(3) The award official may add other iron, steel, and/or manufactured goods to the list in paragraph (b)(2) of this term and condition if the Federal government determines that?

(i) The cost of the domestic iron, steel, and/or manufactured goods would be unreasonable. The cost of domestic iron, steel, or manufactured goods used in the project is unreasonable when the cumulative cost of such material will increase the cost of the overall project by more than 25 percent;
(ii) The iron, steel, and/or manufactured good is not produced, or manufactured in the United States in sufficient and reasonably available quantities and of a satisfactory quality; or
(iii) The application of the restriction of section 1605 of the Recovery Act would be inconsistent with the public interest.

(c) Request for determination of inapplicability of Section 1605 of the Recovery Act.

(1)(i) Any recipient request to use foreign iron, steel, and/or manufactured goods in accordance with paragraph (b)(3) of this term and condition shall include adequate information for Federal Government evaluation of the request, including?
(A) A description of the foreign and domestic iron, steel, and/or manufactured goods;
(B) Unit of measure;
(C) Quantity;
(D) Cost;
(E) Time of delivery or availability;
(F) Location of the project;
(G) Name and address of the proposed supplier; and
(H) A detailed justification of the reason for use of foreign iron, steel, and/or manufactured goods cited in accordance with paragraph (b)(3) of this term and condition.
(ii) A request based on unreasonable cost shall include a reasonable survey of the market and a completed cost comparison table in the format in paragraph (d) of this term and condition.
(iii) The cost of iron, steel, and/or manufactured goods material shall include all delivery costs to the construction site and any applicable duty.
(iv) Any recipient request for a determination submitted after Recovery Act funds have been obligated for a project for construction, alteration, maintenance, or repair shall explain why the recipient could not reasonably foresee the need for such determination and could not have requested the determination before the funds were obligated. If the recipient does not submit a satisfactory explanation, the award official need not make a determination.

(2) If the Federal government determines after funds have been obligated for a project for construction, alteration, maintenance, or repair that an exception to section 1605 of the Recovery Act applies, the award official will amend the award to allow use of the foreign iron, steel, and/or relevant manufactured goods. When the basis for the exception is nonavailability or public interest, the amended award shall reflect adjustment of the award amount, redistribution of budgeted funds, and/or other actions taken to cover costs associated with acquiring or using the foreign iron, steel, and/or relevant manufactured goods. When the basis for the exception is the unreasonable cost of the domestic iron, steel, or manufactured goods, the award official shall adjust the award amount or redistribute budgeted funds by at least the differential established in 2 CFR 176.110(a).

(3) Unless the Federal Government determines that an exception to section 1605 of the Recovery Act applies, use of foreign iron, steel, and/or manufactured goods is noncompliant with section 1605 of the American Recovery and Reinvestment Act.

(d) Data. To permit evaluation of requests under paragraph (b) of this term and condition based on unreasonable cost, the Recipient shall include the following information and any applicable supporting data based on the survey of suppliers:

FOREIGN AND DOMESTIC ITEMS COST COMPARISON

Description	Unit of Measure	Quantity	Cost (Dollars)*
Item 1:			
Foreign steel, iron, or manufactured good	_____	_____	_____
Domestic steel, iron, or manufactured good			
Item 2:			
Foreign steel, iron, or manufactured good			
Domestic steel, iron, or manufactured good			

[List name, address, telephone number, email address, and contact for suppliers surveyed. Attach copy of response; if oral, attach summary.]
[Include other applicable supporting information.]
[* Include all delivery costs to the construction site.]
****

21. If this award is for construction, alteration, maintenance, or repair of a public building or public work that INVOLVES iron, steel, and/or manufactured goods materials covered under international agreements then the following Term applies.
As provided by 2 CFR 176.160, when awarding Recovery Act funds for construction, alteration, maintenance, or repair of a public building or public work that involves iron, steel, and/or manufactured goods materials covered under international agreements, the agency shall use the following award term:

(a) Definitions. As used in this award term and condition?

?Designated country? --

(1) A World Trade Organization Government Procurement Agreement country (Aruba, Austria, Belgium, Bulgaria, Canada, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hong Kong, Hungary, Iceland, Ireland, Israel, Italy, Japan, Korea (Republic of), Latvia, Liechtenstein, Lithuania, Luxembourg, Malta, Netherlands, Norway, Poland, Portugal, Romania, Singapore, Slovak Republic, Slovenia, Spain, Sweden, Switzerland, and United Kingdom;

(2) A Free Trade Agreement (FTA) country (Australia, Bahrain, Canada, Chile, Costa Rica, Dominican Republic, El Salvador, Guatemala, Honduras, Israel, Mexico, Morocco, Nicaragua, Oman, Peru, or Singapore); or

(3) A United States-European Communities Exchange of Letters (May 15, 1995) country: Austria, Belgium, Bulgaria, Cyprus, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Hungary, Ireland, Italy, Latvia, Lithuania, Luxembourg, Malta, Netherlands, Poland, Portugal, Romania, Slovak Republic, Slovenia, Spain, Sweden, and United Kingdom.
?Designated country iron, steel, and/or manufactured goods? --

(1) Is wholly the growth, product, or manufacture of a designated country; or
(2) In the case of a manufactured good that consist in whole or in part of materials from another country, has been substantially transformed in a designated country into a new and different manufactured good distinct from the materials from which it was transformed.

"Domestic iron, steel, and/or manufactured good" --

(1) Is wholly the growth, product, or manufacture of the United States; or
(2) In the case of a manufactured good that consists in whole or in part of materials from another country, has been substantially transformed in the United States into a new and different manufactured good distinct from the materials from which it was transformed. There is no requirement with regard to the origin of components or subcomponents in manufactured goods or products, as long as the manufacture of the goods occurs in the United States.
?Foreign iron, steel, and/or manufactured good" means iron, steel and/or manufactured good that is not domestic or designated country iron, steel, and/or manufactured good.

?Manufactured good? means a good brought to the construction site for incorporation into the building or work that has been--

(1) Processed into a specific form and shape; or
(2) Combined with other raw material to create a material that has different properties than the properties of the individual raw materials.

?Public building? and "public work" means a public building of, and a public work of, a governmental entity (the United States; the District of Columbia; commonwealths, territories, and minor outlying islands of the United States; State and local governments; and multi-State, regional, or interstate entities which have governmental functions). These buildings and works may include, without limitation, bridges, dams, plants, highways, parkways, streets, subways, tunnels, sewers, mains, power lines, pumping stations, heavy generators, railways, airports, terminals, docks, piers, wharves, ways, lighthouses, buoys, jetties, breakwaters, levees, and canals, and the construction, alteration, maintenance, or repair of such buildings and works.

?Steel? means an alloy that includes at least 50 percent iron, between .02 and 2 percent carbon, and may include other elements.

(b) Iron, steel, and manufactured goods.

(1) This award term and condition implements
(i) Section 1605(a) of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5) (Recovery Act), by requiring that all iron, steel, and manufactured goods used in the project are produced in the United States; and
(ii) Section 1605(d), which requires application of the Buy American requirement in a manner consistent with U.S. obligations under international agreements. The restrictions of section 1605 of the Recovery Act do not apply to designated country iron, steel, and/or manufactured goods. The Buy American requirement in section 1605 shall not be applied where the iron, steel or manufactured goods used in the project are from a Party to an international agreement that

obligates the recipient to treat the goods and services of that Party the same as domestic goods and services. This obligation shall only apply to projects with an estimated value of $7,443,000 or more.

(2) The recipient shall use only domestic or designated country iron, steel, and manufactured goods in performing the work funded in whole or part with this award, except as provided in paragraphs (b)(3) and (b)(4) of this term and condition.

(3) The requirement in paragraph (b)(2) of this term and condition does not apply to the iron, steel, and manufactured goods listed by the Federal Government as follows:

_____

[Award official to list applicable excepted materials or indicate ?none?]

(4) The award official may add other iron, steel, and manufactured goods to the list in paragraph (b) (3) of this award term and condition if the Federal government determines that?

(i) The cost of domestic iron, steel, and/or manufactured goods would be unreasonable. The cost of domestic iron, steel, and/or manufactured goods used in the project is unreasonable when the cumulative cost of such material will increase the overall cost of the project by more than 25 percent;
(ii) The iron, steel, and/or manufactured goods is not produced, or manufactured in the United States in sufficient and reasonably available commercial quantities of a satisfactory quality; or
(iii) The application of the restriction of section 1605 of the Recovery Act would be inconsistent with the public interest.

(c) Request for determination of inapplicability of section 1605 of the Recovery Act or the Buy American Act.
(1)(i) Any recipient request to use foreign iron, steel, and/or manufactured goods in accordance with paragraph(b)(4) of this term and condition shall include adequate information for Federal Government evaluation of the request, including?

(A) A description of the foreign and domestic iron, steel, and/or manufactured goods;
(B) Unit of measure;
(C) Quantity;
(D) Cost;
(E) Time of delivery or availability;
(F) Location of the project;
(G) Name and address of the proposed supplier; and
(H) A detailed justification of the reason for use of foreign iron, steel, and/or manufactured goods cited in accordance with paragraph (b)(4) of this term and condition.
(ii) A request based on unreasonable cost shall include a reasonable survey of the market and a completed cost comparison table in the format in paragraph (d) of this term and condition.
(iii) The cost of iron, steel, or manufactured goods shall include all delivery costs to the construction site and any applicable duty.
(iv) Any recipient request for a determination submitted after Recovery Act funds have been obligated for a project for construction, alteration, maintenance, or repair shall explain why the recipient could not reasonably foresee the need for such determination and could not have requested the determination before the funds were obligated. If the recipient does not submit a satisfactory explanation, the award official need not make a determination.

(2) If the Federal government determines after funds have been obligated for a project for construction, alteration, maintenance, or repair that an exception to section 1605 of the Recovery Act applies, the award official will amend the award to allow use of the foreign iron, steel, and/or relevant manufactured goods. When the basis for the exception is nonavailability or public interest, the amended award shall reflect adjustment of the award amount, redistribution of budgeted funds, and/or other appropriate actions taken to cover costs associated with acquiring or using the foreign iron, steel, and/or relevant manufactured goods.. When the basis for the exception is the unreasonable cost of the domestic iron, steel, or manufactured goods, the award official shall adjust the award amount or redistribute budgeted funds, as appropriate, by at least the differential established in 2 CFR 176.110(a).

(3) Unless the Federal Government determines that an exception to the section 1605 of the Recovery Act applies, use of foreign iron, steel, and/or manufactured goods other than designated country iron, steel, and/or manufactured goods is noncompliant with the applicable Act.

(d) Data. To permit evaluation of requests under paragraph (b) of this term and condition based on unreasonable cost, the applicant shall include the following information and any applicable supporting data based on the survey of suppliers:

FOREIGN AND DOMESTIC ITEMS COST COMPARISON

Description	Unit of Measure	Quantity	Cost (Dollars)*
Item 1:			
Foreign steel, iron, or manufactured good	_____	_____	_____
Domestic steel, iron, or manufactured good	_____	_____	_____
Item 2:	_____	_____	_____
Foreign steel, iron, or manufactured good	_____	_____	_____
Domestic steel, iron, or manufactured good			

[List name, address, telephone number, email address, and contact for suppliers surveyed. Attach copy of response; if oral, attach summary.]
[Include other applicable supporting information.]
[* Include all delivery costs to the construction site.]

22. Written acknowledgement of receipt of this award is required. An authorized business official of the grantee institution should sign the "Acceptance of Grant Award" below. The document with an original signature must be returned to:

DHHS/NIH/NCRR Office of Grants Management
6701 Democracy Boulevard
Room 1045 - MSC 4874
Bethesda, MD 20892-4874

ACCEPTANCE OF GRANT AWARD

This award and all the terms and conditions to which it is subject are hereby accepted:

Authorized Organizational Representative (typed name):

Signature: 

Title: Deputy Director of Health, Director of Community Pgrs

Date: 03/09/10

In addition to the Principal Investigator, the following individuals are named as key personnel:

Mark Primeau

Written prior approval is required if any of the individual(s) named above withdraws from the project entirely, is absent from the project during any continuous period of 3 months or more, or reduces time devoted to the project by 25 percent or more from the level that was approved at the time of award.

If the grantee plans to issue a press release concerning the outcome of NCRR grant-supported research, it should notify the NCRR Office of Communications at 301-435-0888 in advance to allow for coordination.

SECTION V - CONTACTS:

The NCRR WWW home page is at http://www.ncrr.nih.gov/

STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

Grants Management Specialist: Claudette Grubelich
Email: grubelic@mail.nih.gov **Phone:** (301)435-0835 **Fax:** (301) 480-3777

Program Official: Padma Maruvada
Email: maruvadp@mail.nih.gov **Phone:** 301.435.0784 **Fax:** 301.480.3770

SPREADSHEET SUMMARY
GRANT NUMBER: 1C06RR030434-01

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	*Year 1*
TOTAL FEDERAL DC	$9,508,907
TOTAL FEDERAL F&A	$0
TOTAL COST	$9,508,907

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	**State Application Identifier**

1. * TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☒ Changed/Corrected Application

4. Federal Identifier GRANT10378519

5. APPLICANT INFORMATION *** Organizational DUNS:** 103717336

* Legal Name: San Francisco Department of Public Health

Department: | Division:

* Street1: 1380 Howard Street, 5th Floor

Street2:

* City: San Francisco | County:

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 94103

Person to be contacted on matters involving this application

Prefix: Mr. | * First Name: Sajid | Middle Name:

* Last Name: Shaikh | Suffix:

* Phone Number: 415-255-3512 | Fax Number: 415-503-4710

Email: sajid.shaikh@sfdph.org

6. * EMPLOYER IDENTIFICATION *(EIN) or (TIN):* 94-6000417

7. * TYPE OF APPLICANT: B: County Government

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☒ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ E. Other (specify):

* Is this application being submitted to other agencies? Yes ☐ No ☒ What other Agencies?

9. * NAME OF FEDERAL AGENCY: National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.702

TITLE: NCRR Recovery Act Construction Support

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

The San Francisco Department of Public Health Office of AIDS Renovation (SOAR) Project

12. * AREAS AFFECTED BY PROJECT *(cities, counties, states, etc.)*

San Francisco

13. PROPOSED PROJECT:

* Start Date: 04/01/2010 | * Ending Date: 03/31/2015

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: CA-005 | b. * Project: CA-005

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: | * First Name: Barbara | Middle Name:

* Last Name: Garcia | Suffix: MA

Position/Title: Deputy Director of Health, Dir of Comm Prgs

* Organization Name: San Francisco Department of Public Health

Department: Department of Public Health | Division: Public Health Programs

* Street1: 1380 Howard, 5th Floor

Street2:

* City: San Francisco | County: San Francisco

* State: CA: California | Province:

* Country: USA: UNITED STATES | * ZIP / Postal Code: 94103

* Phone Number: 415-255-3525 | Fax Number: 415-252-3005

* Email: barbara.garcia@sfdph.org

OMB Number: 4040-0001
Expiration Date: 04/30/2008

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	9,721,995.00
b. * Total Federal & Non-Federal Funds	9,721,995.00
c. * Estimated Program Income	0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES ☐ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE:

b. NO ☒ PROGRAM IS NOT COVERED BY E.O. 12372; OR

☐ PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. 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 18, 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.*

19. Authorized Representative

Prefix: * First Name: Barbara Middle Name:

* Last Name: Garcia Suffix: MA

* Position/Title: Director of Community Programs

* Organization: San Francisco Department of Public Health

Department: Division:

* Street1: 1380 Howard Street, 5th Floor

Street2:

* City: San Francisco County: San Francisco

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 94103

* Phone Number: 415-255-3525 Fax Number: 415-252-3005

* Email: barbara.garcia@sfdph.org

*** Signature of Authorized Representative**: Sajid Shaikh

*** Date Signed**: 07/17/2009

20. Pre-application Add Attachment | Delete Attachment | View Attachment

21. Attach an additional list of Project Congressional Districts if needed.

Add Attachment | Delete Attachment | View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

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RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? ☐ Yes ☒ No

1.a If YES to Human Subjects

Is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date:

Exemption Number: ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? ☐ Yes ☒ No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? ☐ Yes ☒ No

4.a. * Does this project have an actual or potential impact on the environment? ☐ Yes ☒ No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? ☐ Yes ☐ No

4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? ☐ Yes ☒ No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract SummaryAbstract.pdf | Add Attachment | Delete Attachment | View Attachment

7. * Project Narrative ProjectNarrative.pdf | Add Attachment | Delete Attachment | View Attachment

8. Bibliography & References Cited Bibliography&ReferencesCited.pdf | Add Attachment | Delete Attachment | View Attachment

9. Facilities & Other Resources FacilitiesandOtherResources.pdf | Add Attachment | Delete Attachment | View Attachment

10. Equipment FixedEquipmentTable.pdf | Add Attachment | Delete Attachment | View Attachment

11. Other Attachments Add Attachments | Delete Attachments | View Attachments ☒

OMB Number: 4040-0001
Expiration Date: 04/30/2008

Summary/Abstract

The San Francisco Office of AIDS Renovation (SOAR) Project will allow three of the leading US-based HIV prevention research units within the San Francisco Department of Public Health (SFDPH) to increase their capacity to recruit, enroll and retain large, diverse populations of study participants efficiently and effectively, and to provide critical data on new HIV/AIDS cases to investigators worldwide. These three units are central components to NIH- and CDC-funded HIV prevention and epidemiology studies, with a current awarded research portfolio of $46 million, and $10 million in grant applications just approved or under review. These three research units are currently housed in multiple suites of the City-owned, historic building at 25 Van Ness Avenue, conveniently located along multiple public transportation routes for study participants coming from many parts of the Bay Area. However, the existing facility is not currently configured to 1) meet capacity needs for participant enrollment; 2) ensure maximal security for storage of research records; 3) encourage interaction within and among research units; 4) provide space for training students and fellows; 5) offer adequate conference room space to accommodate investigator and community meetings; 6) or provide on-site facilities for research laboratory, pharmacy, and videoconferencing. The SOAR Project seeks to address each of these deficiencies through expansion and renovation of 17,417 square feet of space while increasing the energy-efficiency of each of the research units. We propose three coordinated phases of renovation to research suites on four floors that will be led by a team with more than 27 years of experience improving over $1 billion worth of capital projects. The SOAR Project will create or maintain more than 100 American jobs and have a substantial impact on the Department's current and future biomedical and behavioral HIV/AIDS research and training initiatives.

1. Specific Aims

The **San Francisco Office of AIDS Renovation (SOAR) Project** will allow three of the leading US-based HIV prevention research units, each based in the San Francisco Department of Public Health (SFDPH), to increase their capacity to recruit, enroll, and retain large, diverse populations of study participants efficiently and effectively, and to provide critical data on new HIV/AIDS cases to investigators worldwide. These three units are central components to NIH- and CDC-funded HIV prevention and epidemiology studies, with a current awarded research portfolio of $46 million, and $10 million in grant applications just approved or under review. These three research units are currently housed in multiple suites of the City-owned building at 25 Van Ness Avenue, conveniently located along multiple public transportation routes for study participants coming from many parts of the Bay Area. However, the existing facility is not currently configured to meet capacity needs for participant enrollment, maximal security for confidential HIV/AIDS record-keeping, interaction within and among research units, space for training students and fellows, meeting rooms to accommodate investigator and community meetings, or on-site facilities for research laboratory, pharmacy, and videoconferencing. The SOAR Project seeks to **address each of these deficiencies** through expansion and renovation of space within this building, while **increasing the energy-efficiency** of each of the research units.

This renovation project is necessary for these research units to increase the speed, efficiency, and effectiveness of HIV-related research. Although the SFDPH does not have resources to undertake the needed renovations, they will provide support for this project through in-kind contribution of staff time and support of infrastructure for the research units. The project is also anticipated to create or maintain **more than 100 American jobs directly**, through hiring staff to work on this project. The SOAR Project will also create or maintain **countless additional jobs** through purchase of materials and services in support of this project.

The Specific Aims of the SOAR Project are:

1. **Phase 1**: To acquire and renovate 8,347 square feet on the 1st floor of 25 Van Ness Avenue to create a contiguous HIV Research Section, with increased space to accommodate a larger number of participant visits and office space for an increased number of staff. Building of on-site peripheral blood mononuclear cell (PBMC) processing will increase the capacity and hours during which participant visits can occur.
2. **Phase 2A**: To renovate 2,045 square feet on the 5th floor to build an additional phlebotomy room, research exam rooms, an investigational pharmacy, a specimen processing/HIV rapid testing room, a room with multiple stations for computer-administered interviews, and a room to house trainees.
   Phase 2B: To acquire and renovate 2,453 square feet of space on the 6th floor of 25 Van Ness to create secure storage and use of HIV/AIDS surveillance documents, house HIV Epidemiology staff, and create a new conference room for combined use by research staff.
   Phase 2C: To renovate 1,789 square feet by combining two existing conference rooms on the 3rd floor of 25 Van Ness into a single large room to hold larger research meetings with investigators and community members.
3. **Phase 3A**: To renovate 2,201 square feet on the 6th floor not well-suited for office space into a communal lunch room, kitchen, storage, and showers and changing rooms for staff who bicycle to work.
   Phase 3B: To convert 582 square feet of conference room space available only to HIV Epidemiology staff into a shared conference room with videoconferencing equipment to reduce the need for investigators to travel to meetings.

To address these Specific Aims, the following **equipment** will be requested as part of the SOAR Project:

- **Investigational Pharmacy**: two commercial grade refrigerators, two -20° C freezers, two ultralow -70° C freezers (all temperature monitored and alarmed for out of range measurements) and one class II bio-safety cabinet
- **Clinical and PBMC Processing Laboratory**: One class II bio-safety cabinet, one -20° C freezer, one ultralow -70° C freezer, one tabletop centrifuge, one automated cell counter, one liquid nitrogen cryo-storage unit
- **Safety and Security Measures**: Integrated access security measures with clinical room alarms for staff safety, and to ensure restricted access to the pharmacy, laboratory, and HIV/AIDS surveillance records
- **Communications and Data Storage**: Voice over Internet Protocol (VOIP) phone system; videoconferencing; network server and components; ethernet switching equipment; and ceiling mounted LCD projection systems.
- **Back-up Generator**: 50kW standby diesel generator with controls

2. Background

The **SFDPH AIDS Office**, founded in 1982 to address the dramatic rise in HIV cases early in the epidemic, has grown into a **world-renowned leader in HIV research**. With over 25 currently active grants totaling over $46 million and a research staff that has expanded to 80 individuals, the AIDS Office conducts innovative, groundbreaking studies that will have the biggest impact on reducing HIV infections and improving HIV care among diverse populations globally. Research in these units focus on some of the highest priority research needs within NIAID, NIDA, and NIMH including HIV vaccine trials, treatment of methamphetamine abuse, adherence measurement, and combined HIV prevention modalities. Originating as two coordinated research units focused on identifying people with AIDS and their risk factors for acquiring the disease, the AIDS Office has matured into three independent and collaborative grant-funded research units, as described below:

The HIV Research Section, led by Dr. Susan Buchbinder, is a leading site in the NIH-funded HIV Vaccine Trials Network, NIH-funded HIV Prevention Trials Network, 2 clinical trials groups of HIV pre-exposure prophylaxis, and other investigator-initiated research. Research Section investigators are global leaders in HIV vaccine and prevention science, HIV epidemiology, methods for measurement of adherence, combination HIV prevention strategies, and innovative research training methods.

The HIV Epidemiology Section, led by Drs. Scheer and McFarland, is a leading unit nationally to evaluate the incidence and prevalence of persons with HIV/AIDS. Epidemiology Section investigators are global leaders in research on seroepidemiology and clinical outcomes, respondent-driven sampling, risk behavior assessment, community strategies for decreasing risk practices, sampling hard to reach populations, and training international delegations on surveillance, sampling, and interview techniques.

The HIV Prevention Section, led by Dr. Grant Colfax, is a leading site in the NIDA-funded Clinical Trials Network. Prevention Section research investigators are global leaders in pharmacologic and behavioral interventions to reduce HIV risk among methamphetamine users, novel HIV testing and partner notification strategies, and the community-level impact of antiretroviral therapy to reduce HIV transmission, and HIV program evaluation.

For 20 years, the SFDPH AIDS Office has been located in the city center at 25 Van Ness Avenue (25 VN), an 8-story former Masonic building built in 1911. While this city-owned building is optimally located for study participant visits and community engagement activities, the space available at 25 VN has been limited, especially as the three research units have expanded under the successful leadership of their Directors. The current space configuration has constrained the capacity and efficiency of the units conducting clinical and epidemiologic research. First, there are an **insufficient number of clinical exam, interview, and counseling rooms** for conducting observational and interventional clinical trials, limiting the number of participants who can be enrolled in trials. Second, a lack of an **on-site pharmacy and laboratory with advanced processing capabilities** has led to significant limitations on the volume of visits, hours participants can be seen, and has resulted in considerable participant and staff burden as well as cost due to transport required to off-site facilities to address these needs. Third, the current space is not optimally configured for **secure storage and use of HIV/AIDS surveillance records** that are critical for research tracking trends in HIV/AIDS cases and are used by investigators locally and nationally. There is also **inadequate office space to expand the number of staff,** for staff to be **co-located** within research teams and near clinical exam and counseling rooms, and for **trainees** to take advantage of mentorship provided by investigators in all three units. There is also **no large meeting space** on-site to accommodate monthly community program meetings that are required to provide input into the research programs, nor to accommodate teams of investigators to meet and discuss collaborative research projects.

This building RFA offers a unique opportunity for these collaborative HIV research groups to expand and renovate space to accommodate their growing research portfolio. Housed in a health department **without access to additional resources for renovation** available at institutions with endowments, this academic research group is a critical member of many of the leading HIV prevention and surveillance research groups in the country, and often supplies the **largest number of study participants and study endpoints** in multi-site observational and interventional trials. The SOAR Project will address the deficiencies above to allow hiring of additional staff and expansion of research capacity.

These three AIDS Office research units are led by **Ms. Barbara Garcia, Director of Community Programs at the SFDPH,** who will be the PI of the SOAR project. Ms. Garcia has provided strong leadership across numerous programs at SFDPH, has considerable experience in overseeing building projects, and will provide strong institutional support for the successful and timely implementation of this grant.

3. Improvement Plans

The San Francisco AIDS Office houses 3 research units.
The following are the current and pending grants for these units:

Table 1: Current Grant Funding Sources

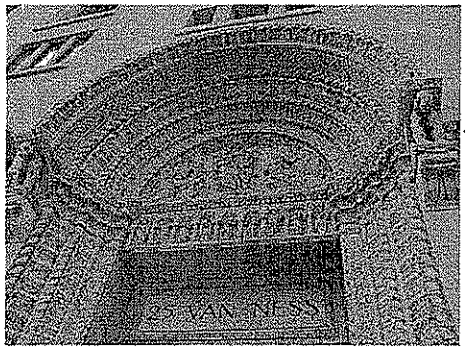
Grant Title	Principal Investigator	Grant Number	Funding Source	Current Period Start Date	Current Period End Date	Current Period Annual Budget	Project Start Date	Project End Date	Total Project Budget
Research									
Hair as a Biomarker of Tenofovir Prophylactic Exposure	Albert Y. Liu, MD MPH	1R21MH085598-01	NIH/NIMH	3/19/2009	2/28/2010	$ 138,870	3/19/2009	2/28/2011	$ 320,082.00
HVTN Leadership Award	Jonathan D. Fuchs, MD MPH	00006560022 / 00006560027	Fred Hutchinson Cancer Research Center/NIAID	6/1/2007	8/31/2013	$ 118,578	8/1/2007	5/31/2013	$ 1,541,614.00
Octave Project	Jonathan D. Fuchs, MD MPH	GRT-001-07	Health Sciences E-Training Foundation	1/1/2009	12/31/2009	$ 15,403	1/1/2009	12/31/2009	$ 15,403.00
HIV Research Counseling and Testing Training Development	Jonathan D. Fuchs, MD MPH	00000	PPD Development, LP	8/1/2008	9/30/2009	$ 80,497	8/1/2007	9/30/2009	$ 159,477.00
Phase II Extended Safety Study of Tenofovir Disoproxil Fumarate (TDF) for Prevention of HIV among HIV-1 Negative Men	Susan P Buchbinder, MD	200-2003-03007	Centers for Disease Control and Prevention	9/30/2008	9/29/2009	$ 1,082,684	9/15/2003	9/30/2010	$ 5,819,068.00
San Francisco Vaccine and Prevention Unit (HVTN and HPTN Studies)	Susan P Buchbinder, MD	5U01AI069496-03	NIH/NIAID	1/1/2009	12/31/2009	$ 1,545,675	3/2/2007	12/31/2013	$ 4,994,173.00
HIV Vaccine Trials Network (HVTN) Protocol Implementation Funds	Susan P Buchbinder, MD	00006558015	Fred Hutchinson Cancer Research Center	6/1/2009	5/31/2010	$ 852,904	6/1/2007	5/31/2013	$ 2,085,016.00
San Francisco Vaccine and Prevention Unit Supplement: Summer Research Experiences for Students and Science Educators	Susan P Buchbinder, MD	3U01AI069496-03S1	NIH/NIAID	6/5/2009	9/30/2010	$ 73,048	6/5/2009	9/30/2010	$ 73,048.00
Prevention Umbrella for MSM in the Americas	Susan P Buchbinder, MD	1R01AI083060-01	NIH/NIAID	4/10/2009	3/31/2010	$ 745,211	4/10/2009	3/31/2013	$ 2,697,626.00
Leadership Group for a Global HIV Vaccine Clinical Trials Network	Susan P Buchbinder, MD	00006560021 / 00006560026	Fred Hutchinson Cancer Research Center/NIAID	6/1/2009	5/31/2010	$ 248,605	8/1/2000	5/31/2013	$ 3,250,000.00
PREPARE (IPrEx)	Susan P Buchbinder, MD	48162	Institute/NIH/Bill and Melinda Gates Foundation	2/1/2009	1/31/2010	$ 1,393,447	2/1/2008	6/30/2010	$ 2,100,280.00
Partner with members of San Francisco's African American communities to reduce the incidence of HIV/AIDS	Susan P Buchbinder, MD	62017	San Francisco Foundation	5/1/2008	4/30/2010	$ 28,000	5/1/2009	4/30/2010	$ 28,000.00
Key Messages & Brand Strategy Service Grant	Susan P Buchbinder, MD	00000	Taproot Foundation	6/1/2009	12/31/2009	$ 55,000	6/1/2009	5/31/2009	$ 55,000.00
Prevention									
Mirtazapine to Reduce Meth Use Among MSM	Grant Colfax MD	1-R01DA022155-03	NIH	6/1/2008	5/31/2010	$ 661,498	9/1/2006	5/31/2010	$1,078,008
Aripiprazole Treatment for Meth Using MSM	Grant Colfax MD	1-R01DA022190-03	NIH	8/1/2008	7/31/2009	$ 623,656	9/30/2006	7/31/2009	$843,156
Aripiprazole to Reduce Meth Use Among California Arizona Clinical Trials Network Node	Grant Colfax MD	1-R01DA023387-02	NIH/NIDA	2/1/2009	1/31/2010	$ 664,261	8/1/2008	1/31/2010	$1,050,128
Reducing Sexual Risk Among Episodic Substance Using MSM (Project ECHO)	Grant Colfax MD	2-U10DA015815-07	NIH/UCSF/PHFE	8/1/2008	8/31/2009	$ 256,299	9/1/2007	8/31/2010	$712,598
Do Differences in Community Viral Load Explain Disparities	Mougali Das-Douglas MD MPH	U-R6PS000684-02 ID08-PHFE-018	CDC California HIV/AIDS Research Program (CHRP)	9/30/2008 4/1/2009	9/29/2009 3/31/2010	$ 460,180 $ 113,358	9/30/2007 4/1/2009	9/29/2012 3/31/2011	$1,496,785 $226,716
Epidemiology									
NHBS	Henry Fisher Raymond, MPH	U62PS000961	CDC	1/1/2009	12/31/2009	$ 418,225.00	1/1/2008	12/31/2010	$ 1,254,675.00
Gates China MSM TA	Henry Fisher Raymond, MPH	6834	Gates Foundation	1/1/2009	12/31/2009	$ 95,000.00	1/1/2008	12/31/2009	$ 215,928.00
WHO MSM Targets	Henry Fisher Raymond, MPH	00000	WHO	6/15/2009	8/31/2009	$ 14,500.00	6/15/2009	8/31/2009	$ 14,500.00
Nigeria Triangulation	Henry Fisher Raymond, MPH	GHH-I-00-07-00029-00	UCSF/USAID/Constella Futures	4/1/2009	9/30/2009	$ 15,369.00	4/1/2009	9/30/2009	$ 15,369.00
HIV/AIDS State Surveillance	Ling Hsu, PhD	MOU SP07-3843, A02	State	7/1/2008	6/30/2009	$ 759,492	7/1/2007	6/30/2010	$ 2,291,577
Core Surveillance and HIV Incidence Surveillance	Ling Hsu, PhD	1U-62PS001000-02	CDC	1/1/2009	12/31/2009	$ 1,801,725	1/1/2008	12/31/2012	$ 6,816,980
REDS II	Sandy Schwarcz MD MPH	5RO1MH073425	UCSF/NIH	8/1/2008	8/31/2009	$ 63,822.00	8/1/2005	8/31/2010	$ 319,110.00
Medical Monitoring Project	Susan Scheer, Ph.D	1U-62PS001600-01	CDC	6/1/2009	5/31/2010	$ 401,770	6/1/2009	5/31/2014	$ 2,008,850
Changing HIV Transmission Behavior in HIV-Positive Men	Susan Scheer, Ph.D	5RO1MH073425	NIH/UCSF/CCSF	8/1/2008	8/31/2009	$ 60,012	8/1/2007	8/31/2009	$ 125,000
Rapid Test Algorithms for Diagnosis of HIV Infection and Improved Linkage to Care	Ted Dowling MPH	PS06-002	CDC	9/30/2008	9/29/2009	$ 242,550	9/30/2006	9/29/2009	$485,123
ITAPS	Willie McFarland MD MPH	R25MH064721	UCSF/NIH	1/1/2009	12/31/2009	$ 21,241.00	1/8/2002	7/31/2012	$ 212,410.00
UTAPS	Willie McFarland MD MPH	5 U62 PS922423	UCSF/CDC	4/1/2008	3/31/2010	$ 144,000.00	8/30/2002	3/31/2010	$ 1,008,000.00
CAPS International	Willie McFarland MD MPH	P 30 MH062246	UCSF/NIH	9/1/2008	8/31/2009	$ 24,788.00	9/24/2001	8/31/2011	$ 247,880.00
CAPS Development Core	Willie McFarland MD MPH	P 30 MH062246	UCSF/NIH	9/1/2008	8/31/2009	$ 48,091.00	9/24/2001	8/31/2011	$ 480,910.00
Assort	Willie McFarland MD MPH	RO1 MH077509	NIH	1/1/2009	12/31/2009	$ 452,174.00	1/1/2007	12/31/2010	$ 1,745,264.00
ITRIP	Willie McFarland MD MPH	RO1 MH086657	UCSF/NIH	9/1/2008	8/31/2009	$ 220,500.00	9/26/2007	8/31/2011	$ 679,909.00
WHO HIV Module	Willie McFarland MD MPH	APW/09/01164	WHO	6/1/2009	8/15/2009	$ 22,566.00	6/1/2009	8/15/2009	$ 22,566.00
					TOTAL	13,961,000			46,397,147

Table 2: Pending Grant Funding Sources

Grant Title	Principal Investigator	Grant Number	Funding Source	Initial Period Start Date	Initial Period End Date	Initial Period Annual Budget	Project Start Date	Project End Date	Total Project Budget
Research									
UCSF CTSI NCRR Workforce Development Administrative Supplement	Jonathan D Fuchs, MD MPH	Pending	CTSI-UCSF	9/1/2009	8/31/2010	$ 15,548.00	9/1/2009	8/31/2011	$ 30,176.00
NIMH Supplement through HANC for the HIV Research Counseling and Testing Curriculum: Adherence and Couples	Jonathan D Fuchs, MD MPH	Pending	NIH/NIMH	9/1/2009	8/31/2010	$ 34,354.00	9/1/2009	8/31/2010	$ 34,354.00
Online Collaborative Training for AIDS Vaccine Evaluation: A Neutralization Antibody Workshop for Early Stage Investigators	Jonathan D Fuchs, MD MPH	Pending	NIH/Office of AIDS Research	9/1/2009	10/31/2009	$ 30,000.00	9/1/2009	10/31/2009	$ 30,000.00
Online Collaborative Training to Support Good Participatory Practices in HIV Prevention Research	Jonathan D Fuchs, MD MPH	Pending	Melinda and Bill Gates Foundation	9/1/2009	8/31/2010	$ 351,524.00	9/1/2009	8/31/2012	$1,636,342.00
The Research Community Healthworker Pipeline Project (Challenge Grant)	Jonathan D Fuchs, MD MPH	Pending	NIH/NCMHD	10/1/2009	9/30/2010	$ 498,079.00	10/1/2009	9/30/2011	$ 991,960.00
San Francisco Vaccine and Prevention Unit (HVTN and HPTN Studies) CTU Supplement	Susan P Buchbinder, MD	Approved and Award Pending	NIH/NIAID	7/1/2009	6/30/2010	$ 389,227.00	7/1/2009	6/30/2011	$ 787,534.00
Community-Led HIV/AIDS Prevention Project	Susan P Buchbinder, MD	Pending	UCSF University Community Partnership Council 2009 Grants Program/Tides Foundation	9/1/2009	8/31/2010	$ 16,000.00	9/1/2009	8/31/2010	$ 32,000.00
Prevention Umbrella for MSM in the Americas Supplement	Susan P Buchbinder, MD	Pending	NIH/NIAID	7/1/2009	6/30/2010	$ 293,246.00	7/1/2009	6/30/2011	$ 401,057.00
San Francisco Vaccine and Prevention Unit (HPTN 061 Supplement)	Susan P Buchbinder, MD	Approved and Award Pending	NIH/NIAID	8/1/2009	7/31/2010	$ 926,697.00	8/1/2009	7/31/2011	$1,748,120.00
Prevention									
Aripiprazole Treatment for Meth Using MSM-Administrative Supplement	Grant Colfax, MD	Pending	NIDA	8/1/2009	7/31/2010	$ 107,936.00	9/1/2009	8/31/2011	$215,872
HIV Testing and Counseling in STD Clinics: an Adaptation of CTN 0032	Grant Colfax, MD	Pending	NIH	9/30/2009	9/29/2010	$1,444,662.68	9/30/2009	9/29/2011	$2,509,825
Screening Targeted Populations to Interrupt On-Going Chains of Transmission with Enhanced Partner Notification - The STOP Study	Grant Colfax, MD	Pending	CDC	9/30/2009	9/29/2010	$ 166,666.00	9/30/2009	9/29/2013	$1,699,998
Evaluating point-of-care testing for acute HIV infection	Grant Colfax, MD	Pending	California HIV/AIDS Research Program	7/1/2009	6/30/2010	$ 143,835.00	7/1/2009	6/30/2011	$287,265
Epidemiology									
Causes of Death in Three ARV Treatment Eras: Why Are HIV+ Persons Dying?	Susan Scheer, Ph.D; Willi McFarland, MD, MPH	Pending	NIH	7/1/2009	6/30/2010	$ 62,000.00	7/1/2009	6/30/2013	$ 376,597
					TOTAL	4,479,775			10,781,100

3. A. Significance and Need

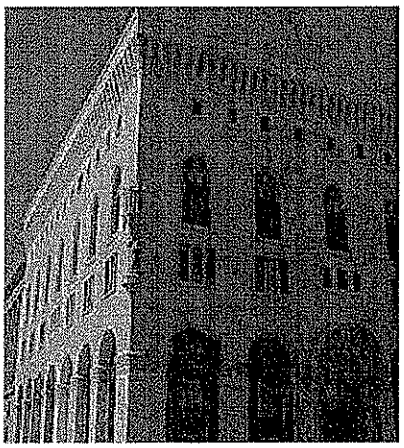
25 Van Ness Avenue: An Historic Building



The building at 25 Van Ness Avenue (25 VN) at Market Street is an 8-story, City-owned historic building within the Civic Center District of San Francisco. This former Masonic Temple of California was erected in 1911 by the renowned architect Walter Bliss and remains one of the great architectural treasures of San Francisco. The stately building exterior features an ornate 30-feet high arched entryway, set in a decorative sculptural relief, and massive multi-story high arched windows. Sculptures created by the New York Sculptor Adolph Weinman adorn the exterior and interior of the building, and interior wall spaces are decorated with mural paintings by Arthur Matthews. The grand lobby of this building features high vaulted ceilings, hanging lanterns, and iconography in its wainscoting. The building also features an 85-foot sky-lit dome that can be seen from multiple vantage points throughout San Francisco.

This 55,000-square-foot building at 25 Van Ness currently houses a number of city and county departments including the **San Francisco Department of Public Health (SFDPH) AIDS Office**; the Arts Commission; the New Conservatory Theatre; San Francisco Real Estate Division; Human Rights Division; and the Commission on the Status of Women. It is visited daily by hundreds of members of the public. This building is centrally located and is served by numerous local and regional bus and subway lines.

Expansion of the SFDPH AIDS Office



The **SFDPH AIDS Office** was formed in 1982, as the Health Department responded to the newly evolving AIDS epidemic, concentrated in San Francisco, Los Angeles, and New York. In addition to tracking new AIDS cases among San Francisco residents in a newly formed (HIV) Epidemiology Section, the SFDPH also formed an (HIV) Research Section to study the natural history of AIDS among 6704 gay and bisexual men participating in an earlier study of hepatitis B. The oldest study of sexually acquired HIV infection in the world, the San Francisco City Clinic Cohort Study[1-20] collected specimens that led to the first HIV antibody test licensed in the United States. Data from this study also defined risk factors for HIV acquisition, rates of HIV disease progression, and immunologic, virologic, and genetic factors responsible for long-term non-progression.

As the epidemic progressed, and the Epidemiology and Research Sections grew, the SFDPH AIDS Office re-located to the 25 VN Building in 1989, just months prior to the Loma Prieta earthquake. The building withstood the 7.1 magnitude earthquake without interruption in service. The AIDS Office originally occupied the 5th floor suites at 25 VN only. As the epidemic evolved, the Research and Epidemiology Sections expanded their research portfolios, conducting studies of HIV vaccine feasibility and vaccine trials,[21-38] behavioral risk for HIV infection and behavioral intervention trials,[39-46] rectal microbicide trials,[47-52] and pre-exposure prophylaxis trials.[53] In addition to contracting with local community-based organizations to provide HIV prevention services, the HIV Prevention Section developed a research subunit focused on evaluating interventions to treat drug use,[54, 55] and to evaluate different strategies for HIV testing and counseling.[56-60] These three Sections operate independently and work collaboratively, with complementary research portfolios. They share many resources, including clinical exam rooms, a specimen processing room, and conference rooms, and jointly fund some research positions to work across units. Investigators from the three sections meet together on a monthly basis to plan new studies, and provide joint input into existing studies and data analysis. The research units have been continually grant funded since the early 1980's and have continued to grow since that time. Overall, the SFDPH AIDS Office research units employ 80 staff members, including investigators, clinicians, counselors, and administrative staff.

As a result of expansion of all three Sections, the AIDS Office gradually occupied suites on the 3rd, 5th, 6th, and 7th floors. Staff members within Sections were divided into non-contiguous suites on separate floors because the existing configuration of suites could not accommodate all of the staff within units. Clinical exam

and counseling rooms and a specimen processing room was created for shared use by the three sections, but space has become inadequate to meet the volume of participants enrolled in an ever-expanding number of research studies led and conducted by investigators in the three Units.

We anticipate that our space and functional needs will continue to grow over the next several years, both through existing clinical trials networks and investigator-initiated research. The clinical trials networks to which we belong have a **robust portfolio of studies** anticipated in HIV vaccines, alternative pre-exposure prophylaxis regimens, drug treatment, microbicides, HIV testing and partner notification strategies, adherence measures, treatment as prevention, behavioral interventions, and seroepidemiology. The San Francisco sites are often the highest enrolling sites (and for efficacy trials, the sites with the highest HIV seroincidence) with the highest retention rates and therefore, their ability to enroll participants is of great importance to the clinical trial networks. Trials are likely to become increasingly complex and large in the future, as the success of new prevention modalities will become standard of care for control participants, requiring efficacy trials of newer strategies to be substantially larger. Dr. Buchbinder just began an R01-supported project that will lead to development of a large prevention efficacy trial in 4-years' time. If this trial moves forward, it will require that the Research Section recruit large numbers of participants into combined-modality prevention trials.

Thus, as the HIV Research, Epidemiology, and Prevention Sections are poised to begin an even greater number of studies requiring more staff, additional space to house staff and evaluate study participants, and additional functional capability (such as an on-site research pharmacy and PBMC processing laboratory), the physical plant offered by 25 VN is no longer adequate to support our requirements. This is the genesis of the San Francisco AIDS Office Renovation (SOAR) Project, a coordinated renovation of existing and new space to support the current and projected future research portfolio of these three HIV research units.

Deficiencies of SFDPH AIDS Office Space

Due to the rapid growth of the three research units of the AIDS Office in recent years, the existing facilities at 25 VN are no longer able to accommodate current research activities and prohibit further expansion. The following space limitations have been identified which pose a significant barrier to maximizing the speed, efficacy, and effectiveness of current and future HIV research efforts.

1. **Inadequate number of clinical exam, interview, and counseling rooms**: The three research units in the AIDS Office currently have 17 open protocols, including a broad array of observational studies and interventional clinical trials requiring over 11,000 study visits per year (see table 3). At the beginning of 2009, this amounted to approximately 35 study participant visits per day at the 25 VN site. However, based on the current and new prevention studies that are about to launch this summer, the units expect that visits will increase to 45 per day by the end of the calendar year. With only 7 exam/counseling rooms shared across the three research units currently, the AIDS Office will exceed its capacity to conduct these visits, especially during peak hours (morning and evening), resulting in prolonged wait times for study participants and potentially jeopardizing study retention. Also, there is currently no dedicated space for conducting Audio-Computer-Assisted Self Interviews (ACASI), a validated approach to accurately collect sensitive self-reported behavioral data used by many biomedical and behavioral studies. Under our current configuration, participants completing ACASI modules must occupy individual exam rooms while completing the questionnaires. This inefficient use of space disrupts participant flow and increases the duration of study visits. These space limitations

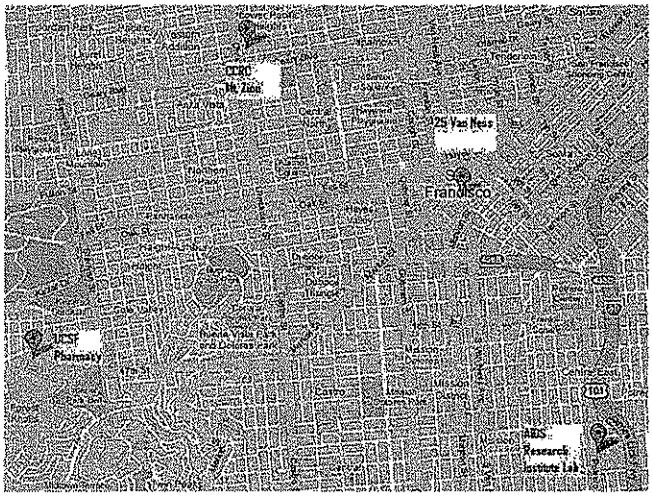
Table 3: Current demand for phlebotomy, exam/counseling rooms, and ACASI

Study	Section	# ppts	# visits/ year	# years	Need phlebotomy?	Need exam room?	Need ACASI?
PREPARE	HRS	140	1680	2.5	√	√	√
Vaccine – Phase I (all)	HRS	98	1135	2	√	√	√
Vaccine - Efficacy	HRS	257	1730	4	√	√	√
UNITY	HRS	402	828	2	√	√	√
STRAND	HRS	24	264	1	√	√	
Mirtazapine	HPS	60	1260	2	√	√	√
Aripiprazole	HPS	90	552	2.5	√	√	√
ECHO	HPS	326	592	4	√	√	√
IT MSM	HES	1000	808	1	√	√	√
ASSORT	HES	1200	556	4	√	√	
BM Testing	HES	300	300	0.7	√	√	
NHBS IDU 2	HES	500	500	0.5	√	√	
NHBS Het 2	HES	500	500	0.5	√	√	
TG Rapid	HES	300	300	0.5	√	√	
Med MP	HES	2000	400	5		√	
Total		7197	11405				

HRS=HIV Research HPS: HIV Prevention HES: HIV Epidemiology

severely limit the ability to take on new studies, and to enroll an even larger number of study volunteers in network-based trials.

2. **Lack of on-site pharmacy**: Although the SFDPH AIDS office conducts a number of biomedical intervention trials involving pharmacologic agents and experimental vaccines, there is **no on-site pharmacy** at 25 VN, requiring that participants and staff travel back and forth between facilities at UCSF (see map), or that study product be sent by courier between locations. This is neither energy-efficient, nor convenient for study volunteers or staff, and further limits the volume of visits, and the hours when study participants can be seen.



3. **Lack of on-site laboratory:** There is also **no on-site laboratory** for processing peripheral blood mononuclear cells, a critical component of all HIV vaccine trials, many HIV prevention trials, and several observational trials. This requires that blood be sent by courier to the UCSF Laboratory of Clinical Virology for processing and storage. Because the UCSF lab does not accept specimens after 3 pm, visit availability is limited for study visits requiring PBMC collection. In addition, unnecessary resources are used to shuttle specimens across town, and may have detrimental effects on specimen quality because of delays in processing.

4. **Suboptimal storage and use of HIV/AIDS Surveillance Records:** The HIV/AIDS case registry contains data that are critical for tracking trends in HIV/AIDS cases and are used by researchers within the AIDS Office as well as state-wide, nationally, and internationally. CDC requires that the HIV/AIDS case registry and workspaces for staff with access to surveillance information be housed in a locked, secured area. Currently, the registry is located on the 6th floor of 25 VN in a small area under the dome of the building. This area has room only for file cabinets and safes and two small desks, and the walls that contain the registry do not reach the ceiling. As such, the entire Epidemiology Section, regardless of whether they are using confidential data, must be located behind locked doors, impeding their access to the rest of the AIDS Office and hampering communication. In addition, the space under the dome is difficult to heat and cool; has distorted acoustics making it difficult for the 16 staff who work there to communicate; and has no capacity to add telephone or electrical outlets if needed.

Table 4: Location of AIDS Office research units

Unit	Suites	Floors
Research	110, 500, 710	1, 5, 7
Epidemiology	550, 610	5, 6
Prevention	500, 570, 650	5, 6

5. **Inefficient configuration of research staff**: Currently, staff within each of the 3 Research Units are spread across **multiple floors**, a configuration that is a significant barrier to daily operations and impedes efficient communication and collaboration. All clinical exam and counseling rooms, the phlebotomy room, and the specimen processing laboratory are all located in Suite 500, but there is inadequate space to house all three research units within this suite, and staff from each research unit with direct participant care responsibilities have their offices in different suites and different floors than the existing clinical exam, counseling, phlebotomy, and specimen processing rooms. The building also lacks large common spaces (conference rooms, lunchrooms) to promote intra- and inter-section discussions and collaborations among AIDS Office Staff.

6. **Lack of large community meeting space:** Community outreach and engagement are critical activities to successful HIV research. Currently, there is **no large meeting space** at 25 VN to accommodate monthly community program meetings that are required to provide input into the research programs, nor to accommodate teams of investigators that meet for several research grants recently awarded to AIDS Office investigators.

7. **Inadequate office space for staff and trainees:** The SFDPH AIDS Office is an internationally-recognized research facility and leader in a variety of areas including HIV vaccines, pre-exposure prophylaxis, novel HIV testing methods, and drug use interventions, and is a dynamic environment for new staff and trainees at different levels of training. Our investigators have served as mentors to students, fellows, and junior investigators who have spent time at our site collaborating on a wide range of research projects. Due to current space limitations at 25 VN, **opportunities to offer training and mentoring programs are significantly limited**. The HIV Research Section was recently awarded an NIH Stimulus Award to launch an internship program for college students, and many students from local colleges and universities inquire about the availability of internships. The single biggest barrier to expanding the current program of internships and training is inadequate space to house trainees. Trainees also have more limited opportunities to interact with each other, as there is no common space for trainees across sections.

8. **Insufficient space for secure research record storage:** Protecting the confidentiality of our study participants is a critical component to conducting ethical research and complying with local and federal regulations. Therefore, study binders containing participant data are stored in double-locked cabinets. Due to limitations in available storage space in the AIDS Office, cabinets have been placed in hallways and counseling rooms, **disrupting flow of staff and study participants**. The current configuration is also suboptimal for achieving maximal security of our research records.

9. **Negative environmental impact of building:** The heating and ventilation systems of the 25 VN building are dated and suboptimal, with a lack of temperature control in many offices, resulting in considerable energy waste to heat unused spaces and offices which are either too hot or cold for AIDS Office staff. The regulation of ambient temperature within an acceptable range is also important for the proper on-site storage of study drug at ambient temperature, and has been problematic during with outside temperature fluctuations in San Francisco. The 25 VN building also lacks ample bicycle storage space or on-site shower facilities for staff who bike to work. In the current fiscal environment, the SFDPH does not have the resources to undertake these environmental upgrades for these research units, and the units cannot use existing grant funding to undertake building improvements.

Proposed Facility Improvement for 25 VN: The SOAR Project

Through this unique and timely funding opportunity, the SOAR Project will expand, renovate, and reorganize the three Research Units of the SFDPH AIDS Office to maximize efficiency and functionality through green and sustainable design. This construction phase of this project will take place over 18 months and will consist of the following three phases:

Phase 1: Creating a Contiguous Space for the HIV Research Section (1st floor): The current first floor of 25 VN is composed of 5 divided suites. Suite 100 is currently being occupied by HIV Research Section staff from multiple research teams because of lack of space in Suites 500 and 710 of the building, splitting this Section's staff over 3 floors. Suites 120, 140, and 150 are currently unoccupied, and the tenants of Suite 130 will soon vacate these offices. **The SOAR project will conduct an extensive renovation of the 1st floor space to create a contiguous HIV Research Section Suite** with 6 clinical exam rooms, 6 offices for clinical staff (clinicians and designated counselors), a suite for administering Audio Computer-Assisted Self-Interview (ACASI) modules, a state-of-the-art clinical processing lab to allow on-site preservation of peripheral blood mononuclear cells (PBMCs), and 15 offices for research staff. In addition, a centralized waiting area and reception will be created, along with a secure space for research records, and a group conference room. The convenient street level access makes this an ideal location for the consolidation of the HIV Research Section. The high ceilings on this floor will provide ample room for mechanical ducts and piping, while the large arch windows will maximize natural lighting and energy conservation. A back-up generator will be installed to ensure that the pharmacy and laboratory have back-up power supply during power outages, to ensure the stability of specimen and product storage, and safety of staff working with potentially infectious participant specimens. A storage room will be converted into a bicycle room to encourage staff to bicycle to work.

Phase 2A: Modernizing Clinical Space to Increase Research Capacity (5th floor): On the 5th floor of 25 VN, Suite 500 currently houses all of the clinical research space shared by the three AIDS Office research units. This suite currently includes 1 phlebotomy room, 1 specimen processing room (without PBMC processing capability), and 7 exam rooms, but has insufficient space to accommodate the clinical needs of all three