

File No. 201137

Committee Item No. 2

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date October 21, 2020

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Youth Commission Report                      |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Introduction Form                            |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Linda Wong Date October 15, 2020

Completed by: Linda Wong Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - Health Resources and Services Administration -  
2 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B  
3 - \$1,000,000]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**  
5 **expend a grant in the amount of \$1,000,000 from the Health Resources and Services**  
6 **Administration for participation in a program, entitled “Ending the HIV Epidemic: A**  
7 **Plan for America - Ryan White HIV/AIDS Program Parts A and B,” for the period of**  
8 **March 1, 2020, through February 28, 2021.**

9  
10 WHEREAS, The Health Resources and Services Administration (HRSA) has agreed to  
11 fund the Department of Public Health (DPH) in the amount of \$1,000,000 for the period of  
12 March 1, 2020, to February 28, 2021; and

13 WHEREAS, The Ryan White Ending the HIV Epidemic (ETHE) grant is a new grant  
14 from HRSA; and

15 WHEREAS, The goals of the ETHE funding is to reduce new human immunodeficiency  
16 virus (HIV) infections to zero, to increase Viral Load Suppression, and to address and remove  
17 health disparities among communities; and

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

19 WHEREAS, A request for retroactive approval is being sought because DPH received  
20 the full award agreement on February 20, 2020, for a project start date of March 1, 2020; and

21 WHEREAS, The Department proposes to maximize use of available grant funds on  
22 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

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

25

1           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
2           expend a grant in the amount of \$1,000,000 from the HRSA; and, be it

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

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

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1 Recommended:

Approved: /s/\_\_\_\_\_

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Mayor

3 /s/\_\_\_\_\_

4 Dr. Grant Colfax

Approved: /s/\_\_\_\_\_

5 Director of Health

Controller

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**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

- 1. Grant Title: Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 2. Department: Department of Public Health  
HIV Health Service Section
- 3. Contact Person: Dean Goodwin Telephone: 628-206-7675
- 4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$1,000,000

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

7a. Grant Source Agency: Health Resources and Services Administration (HRSA)  
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary:

The Ryan White Ending the HIV Epidemic grant (ETHE) is a new grant from HRSA (Health Resources and Services Administration) the funder of our Ryan White HIV services grants. The major 57 Ryan White Parts A and B recipients were targeted this funding by HRSA. HIV Health Services submitted a comprehensive, competitive grant application for this funding last fall, applying for the maximum amount of funding \$4 Million and receiving \$1 Million - which was the largest amount awarded to other Part A areas in our Tier. The goals of the ETHE funding is very similar to that our local Getting to Zero campaign: to reduce new HIV infections to zero (the CDC funded portion of the ETHE grant addresses this) and to increase Viral Load Suppression and to address and remove health disparities among communities who may experience these. HIV Health Services focused our application and the allocated funding from our grant award to programs that would work to address health disparities and improve viral load suppression overall, but most particularly focusing on the following target populations living with HIV: transgender women (particularly transgender women of color), persons experiencing homelessness, persons who inject drugs, African-American clients, Latinx clients, and persons experiencing incarceration.

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

Start-Date: 03/01/2020 End-Date: 02/28/2021

10a. Amount budgeted for contractual services: \$1,000,000

- b. Will contractual services be put out to bid? No, existing services
- c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? N/A

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

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

b1. If yes, how much? \$0

b2. How was the amount calculated? N/A

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

Not allowed by granting agency  To maximize use of grant funds on direct services

Other (please explain): DPH indirect cost is based on total personnel cost. No personnel cost is being charged to project.

c2. If no indirect costs are included, what would have been the indirect costs? n/a

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to March 01, 2020. The Department received the letter of funding allocation on February 20, 2020. Delay was due to the award (\$1 million) amount being significantly less than application (\$4 million) amount. Section had to reprioritize on which programs to funds.

Proposal ID: CTR00001961

Version ID: V101

Department ID: 162644

Project ID: 10036694

Activity ID: 0001

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

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

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

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

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

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

Comments:

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

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 8/26/2020 | 4:38 PM PDT

DocuSigned by:  
Toni Rucker  
(Signature Required)


Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 8/26/2020 | 5:05 PM PDT

DocuSigned by:  
Greg Wagner  
(Signature Required)

<b>1. DATE ISSUED:</b> 02/20/2020		<b>2. PROGRAM CFDA:</b> 93.686		 <b>NOTICE OF AWARD</b> AUTHORIZATION (Legislation/Regulation) Public Health Service Act, Section 311(c) (42 USC 243(c)) and title XXVI (42 U.S.C. §§ 300ff-11 et seq.).																																																						
<b>3. SUPERSEDES AWARD NOTICE dated:</b> except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
<b>4a. AWARD NO.:</b> 1 UT8HA33951-01-00		<b>4b. GRANT NO.:</b> UT8HA33951	<b>5. FORMER GRANT NO.:</b>																																																							
<b>6. PROJECT PERIOD:</b> <b>FROM:</b> 03/01/2020 <b>THROUGH:</b> 02/28/2025																																																										
<b>7. BUDGET PERIOD:</b> <b>FROM:</b> 03/01/2020 <b>THROUGH:</b> 02/28/2021																																																										
<b>8. TITLE OF PROJECT (OR PROGRAM):</b> Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B																																																										
<b>9. GRANTEE NAME AND ADDRESS:</b> CITY & COUNTY OF SAN FRANCISCO 1380 Howard St Fl 4 San Francisco, CA 94103-2651 <b>DUNS NUMBER:</b> 103717336				<b>10. DIRECTOR:</b> (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Bill Blum CITY & COUNTY OF SAN FRANCISCO 1380 Howard Street, 4th Floor San Francisco, CA 94102-2638																																																						
<b>11. APPROVED BUDGET:</b> (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				<b>12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:</b>																																																						
<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Salaries and Wages :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. Equipment :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>f. Supplies :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>g. Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>i. Other :</td><td style="text-align: right;">\$1,000,000.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td style="text-align: right;">\$1,000,000.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&amp;W/TADC) :</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td style="text-align: right;">\$1,000,000.00</td></tr> <tr><td>    i. Less Non-Federal Share:</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Federal Share:</td><td style="text-align: right;">\$1,000,000.00</td></tr> </table>				a. Salaries and Wages :	\$0.00	b. Fringe Benefits :	\$0.00	c. Total Personnel Costs :	\$0.00	d. Consultant Costs :	\$0.00	e. Equipment :	\$0.00	f. Supplies :	\$0.00	g. Travel :	\$0.00	h. Construction/Alteration and Renovation :	\$0.00	i. Other :	\$1,000,000.00	j. Consortium/Contractual Costs :	\$0.00	k. Trainee Related Expenses :	\$0.00	l. Trainee Stipends :	\$0.00	m. Trainee Tuition and Fees :	\$0.00	n. Trainee Travel :	\$0.00	o. TOTAL DIRECT COSTS :	\$1,000,000.00	p. INDIRECT COSTS (Rate: % of S&W/TADC) :	\$0.00	q. TOTAL APPROVED BUDGET :	\$1,000,000.00	i. Less Non-Federal Share:	\$0.00	ii. Federal Share:	\$1,000,000.00	<table style="width:100%; border-collapse: collapse;"> <tr><td>a. Authorized Financial Assistance This Period</td><td style="text-align: right;"><b>\$1,000,000.00</b></td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td>    i. Additional Authority</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>    ii. Offset</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td style="text-align: right;">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td style="text-align: right;"><b>\$1,000,000.00</b></td></tr> </table>			a. Authorized Financial Assistance This Period	<b>\$1,000,000.00</b>	b. Less Unobligated Balance from Prior Budget Periods		i. Additional Authority	\$0.00	ii. Offset	\$0.00	c. Unawarded Balance of Current Year's Funds	\$0.00	d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00	e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	<b>\$1,000,000.00</b>
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				<b>13. RECOMMENDED FUTURE SUPPORT:</b> (Subject to the availability of funds and satisfactory progress of project)																																																						
				<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th style="width: 20%;">YEAR</th> <th style="width: 80%;">TOTAL COSTS</th> </tr> </thead> <tbody> <tr><td>02</td><td>\$1,000,000.00</td></tr> <tr><td>03</td><td>\$1,000,000.00</td></tr> <tr><td>04</td><td>\$1,000,000.00</td></tr> <tr><td>05</td><td>\$1,000,000.00</td></tr> </tbody> </table>			YEAR	TOTAL COSTS	02	\$1,000,000.00	03	\$1,000,000.00	04	\$1,000,000.00	05	\$1,000,000.00																																										
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<b>15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:</b> <b>A=Addition B=Deduction C=Cost Sharing or Matching D=Other</b> <span style="float: right;"><b>[A]</b></span> Estimated Program Income: \$0.00																																																										
<b>16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:</b> a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.																																																										
<b>REMARKS:</b> (Other Terms and Conditions Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No)																																																										
<i>Electronically signed by Brad Barney , Grants Management Officer on : 02/20/2020</i>																																																										
<b>17. OBJ. CLASS:</b> 41.15		<b>18. CRS-EIN:</b> 1946000417A8		<b>19. FUTURE RECOMMENDED FUNDING:</b> \$0.00																																																						
<b>FY-CAN</b>	<b>CFDA</b>	<b>DOCUMENT NO.</b>	<b>AMT. FIN. ASST.</b>	<b>AMT. DIR. ASST.</b>	<b>SUB PROGRAM CODE</b>	<b>SUB ACCOUNT CODE</b>																																																				
20 - 377EAGR	93.686	20UT8HA33951	\$1,000,000.00	\$0.00		20RWHAP-A-B																																																				



## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

## Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

### Grant Specific Condition(s)

**1. Due Date: Within 45 Days of Award Issue Date**

The recipient is required to submit a revised budget and work plan for Year One reflecting the amount of funding received for Year One within 45 days of the receipt of the Notice of Award.

### Grant Specific Term(s)

- As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation, as outlined in Appendix A to 2 CFR Part 170. You are required to submit this information to the FFATA Subaward Reporting System (FSRS) at <https://www.fsr.gov/> by the end of the month following the month in which you awarded any subaward. The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <https://www.hrsa.gov/grants/ffata.html>.
- The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pms.psc.gov/grant-recipients/access-newuser.html> and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
- All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
- Effective December 26, 2014, all references to OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR 200 as codified by HHS at 45 CFR 75.

### Program Specific Term(s)

- The recipient must assure HRSA/HAB that the developed items can be used by HRSA/HAB in accordance with 45 CFR 75.322(b). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
- Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years, recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.
- Unless otherwise specified, all Conditions, Program Terms and Reporting Requirements must be electronically submitted through the

HRSA Electronic Handbooks (EHBs).

4. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
5. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
6. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
7. Funding will be provided in the form of cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP recipients to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input. HRSA HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

As a cooperative agreement, HRSA programmatic involvement will include:

- Providing the expertise of HRSA HAB personnel and other relevant resources to support the efforts of the initiative activities;
- Facilitating partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts;
- Facilitating collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities;
- Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
- Approving uses of funds outside of existing allowable RWHAP costs and service categories;
- Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
- Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
- Reviewing and concurring with all information products prior to dissemination; and
- Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:

- Completing proposed initiative work plan activities within the five-year project period;
  - Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
  - Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;
  - Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
  - Coordinating the initiative activities with their existing RWHAP programs;
  - Collaborating with CDC funded organizations, health centers, and other local and state government agencies on implementing initiative activities;
  - Collaborating with the TAP and SCP on the development, implementation, coordination, and integration of initiative activities;
  - Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
  - Modifying activities as necessary to ensure relevant outcomes for the project; and
  - Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.

9. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
- In addition, funds may not be used for the following purposes:
- Cash payment to intended recipients of services.
  - Clinical research.
  - International travel.
  - Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
  - Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy.
  - Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication.
10. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Entities funded under HRSA-20-078 are 340B Program eligible entities. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at <https://protect2.fireeye.com/url?k=f6cc1a8e-aa99139d-f6cc2bb1-0cc47adb5650-c735f8b079c3ff70&u=http://www.hrsa.gov/opa>
11. All recipients who are providing services under EHE that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
12. The EHE initiative specifies criteria for the expenditure of program funds as follows:
- Recipient costs for grant administration may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards.
  - If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.
13. Any post-award changes in EHE grant allocations must be submitted to the Project Officer. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application.
14. EHE funds may not be used to make cash payments to intended clients of EHE-funded services. This prohibition includes cash incentives and cash intended as payment for EHE services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the EHE are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
15. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
16. You must submit an annual non-competing continuation progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This

- report has two parts. The first part demonstrates recipient progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project.
17. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the EHE program. For additional information, see 45 CFR § 75.307.
  18. Any recipients that collect rebates on ADAP medication purchases funded through EHE must adhere to outlined provisions in HRSA HAB PCN # 15-04: Utilization and Reporting of Pharmaceutical Rebates. See [https://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-04\\_pharmaceutical\\_rebates.pdf](https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf)
  19. Resumes/CV for key personnel supported by this cooperative agreement and not named in the FY 2020 application must be submitted to the HRSA Grants Management Office through the EHB Prior Approval Portal for review prior to appointment to the project. This requirement also includes all key personnel hired due to vacancy, resignation, termination or attrition subsequent to the issue date on the Notice of Award.
  20. For all action steps that require input from the HAB Project Officer and other HAB staff, you must allow for at least a three (3) week response time for information, approval, planning, or technical assistance. Work plan tables must be adjusted to include the minimum response time for all relevant activities.
  21. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
  22. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
  23. Funds may not be used by grantees or subcontractors for the purchase of vehicles without written approval from the Division of Grants Management Operations (DGMO).
  24. Submit, every two (2) years, to the lead State or MTA agency for the EHE initiative, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title.
  25. During each budget period, recipients must include in their program budget travel support for recipient staff members (one staff member must be the program director or a designated representative) to attend meetings/conferences identified by HRSA HAB as essential to EHE administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with *45 CFR Part 75.474* and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
  26. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.
  27. As a condition of accepting this award the recipient must comply with data requirements of the RSR and will mandate compliance by each of your subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All EHE core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [RSR Webpage](#) for additional information.
  28. If the recipient expends any of the Initiative award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds. Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the [ADR Webpage](#) for more information.
  29. As outlined in Notice of Funding Opportunity HRSA-20-078, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. HRSA expects that all new clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.
  30. As a condition of accepting this award the recipient must adhere to all program policies and guidance governing the EHE program

## Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. "This [project/publication/program/website] [is/was] supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$XX with xx percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS or the U.S. Government."  
Recipients are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA-supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted as a Prior Approval action via Electronic Handbooks (EHBs). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.  
In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or [PMSSupport@psc.hhs.gov](mailto:PMSSupport@psc.hhs.gov). For additional information please visit the Division of Payment Management Website at <https://pms.psc.gov/>.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: [Htips@os.dhhs.gov](mailto:Htips@os.dhhs.gov) or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free <https://harvester.census.gov/facweb/default.aspx/>.
9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful

access to, services. The obligations of recipients are explained on the OCR website at [HHS Limited English Proficiency \(LEP\)](#).

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to: <https://www.hrsa.gov/sites/default/files/hrsa/grants/manage/trafficking-in-persons.pdf>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Further Consolidated Appropriations Act, 2020, § 202, (P.L. 116-94), enacted December 20, 2019, restricts the amount of direct salary that may be paid to an individual under a HRSA grant or cooperative agreement to a rate no greater than Executive Level II of the Federal Executive Pay Scale. Effective January 2020, the Executive Level II salary level is \$197,300. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements. For individuals whose salary rates are in excess of Executive Level II, the non-federal entity may pay the excess from non-federal funds.
12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/civil-rights-for-individuals/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/civil-rights-for-individuals/special-topics/limited-english-proficiency/index.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.
13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov/SAM/>. It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees ([https://www.sam.gov/SAM/transcript/Quick\\_Guide\\_for\\_Grants\\_Registrations.pdf](https://www.sam.gov/SAM/transcript/Quick_Guide_for_Grants_Registrations.pdf)), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.
14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.
15. **§75.113 Mandatory disclosures.**  
Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at

the following address:

Department of Health and Human Services  
Health Resources and Services Administration  
Office of Federal Assistance Management  
Division of Grants Management Operations  
5600 Fishers Lane, Mailstop 10SWH-03  
Rockville, MD 20879

**AND**

U.S. Department of Health and Human Services  
Office of Inspector General  
Attn: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW, Cohen Building  
Room 5527  
Washington, DC 20201

Fax: (202)205-0604 (Include: "mandatory Grant Disclosures" in subject line) or Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to [www.sam.gov](http://www.sam.gov). Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

**Recipient integrity and performance matters.** If the total Federal share of the Federal award is more than \$500,000 over the period of performance, [Appendix XII to CFR Part 200](#) is applicable to this award.

## Reporting Requirement(s)

### 1. **Due Date: Within 90 Days of Project End Date**

Recipients must submit information relevant to program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences during the entire project period.

### 2. **Due Date: Quarter End Date after 90 Days of Budget End Date**

The grantee must submit a Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the grant project period ends. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

### 3. **Due Date: 07/31/2020**

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period.

### 4. **Due Date: 11/30/2020**

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period.

### 5. **Due Date: 03/31/2021**

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period.

**6. Due Date: 05/29/2020**

The recipient must submit an annual Initiative Allocation Report.

**7. Due Date: 05/31/2021**

The recipient must submit an annual Initiative Expenditure Report.

**8. Due Date: 07/31/2020**

Recipients must submit three progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**9. Due Date: 11/30/2020**

Recipients must submit three progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**10. Due Date: 03/31/2021**

Recipients must submit three progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

**11. Due Date: 03/29/2021**

Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and client level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

Name	Role	Email
Bill Blum	Point of Contact	bill.blum@sfdph.org
Bill Blum	Program Director	bill.blum@sfdph.org
Roxana Castellon	Authorizing Official	roxana.castellon@sfdph.org
Sajid Shaikh	Business Official	sajid.shaikh@sfdph.org

Note: NoA emailed to these address(es)

### Program Contact:

For assistance on programmatic issues, please contact Lennwood Green at:  
Rockville, MD, 20857-0001  
Email: [lgreen@hrsa.gov](mailto:lgreen@hrsa.gov)  
Phone: (301) 443-5431  
Fax: (301) 443-5431

### Division of Grants Management Operations:

For assistance on grant administration issues, please contact India Smith at:  
5600 Fishers Ln  
Rockville, MD, 20852-1750  
Email: [ISmith@hrsa.gov](mailto:ISmith@hrsa.gov)  
Phone: (301) 443-2096



San Francisco Department of Public Health (SFDPH)  
HRSA FY 2020 Ending the HIV Epidemic: A Plan for America (HRSA-20-078)  
BUDGET NARRATIVE  
MARCH 1, 2020 - FEBRUARY 28, 2021

**BUDGET JUSTIFICATION**

<b>A.</b>	<b>PERSONNEL</b>	<b>\$0</b>
<b>B.</b>	<b>MANDATORY FRINGE</b>	<b>\$0</b>
<b>C.</b>	<b>TRAVEL</b>	<b>\$0</b>
<b>D.</b>	<b>EQUIPMENT</b>	<b>\$0</b>
<b>E.</b>	<b>SUPPLIES</b>	<b>\$0</b>
<b>F.</b>	<b>CONTRACTUAL</b>	<b>\$1,000,000</b>
<b>G.</b>	<b>OTHER</b>	<b>\$0</b>
	<b>TOTAL DIRECT COSTS</b>	<b>\$1,000,000</b>
<b>H.</b>	<b>INDIRECT COSTS (25% of total salaries)</b>	<b>\$0</b>
	<b>TOTAL BUDGET:</b>	<b>\$1,000,000</b>

Contractor	Amount
San Francisco Community Health Center-API	\$362,323
UCSF Outpatient Mental Health	\$530,000
SFDPH Ward 86 Pop Up - MOU	\$107,677
Total	1,000,000

San Francisco Community Health Center to provide a mobile-based engagement program to focus on HIV+ Homeless persons to connect/ re-connect them with medical care and provide the medical case management, peer navigation and behavioral support group services to help clients successfully remain in engaged in care and reach and sustain viral load suppression while also addressing health disparities experienced by homeless persons living with HIV. Budget \$181,163

San Francisco Community Health Center to provide a medical case management and behavioral support for Trans Women, especially Trans Women of Color out of care or at risk of being out of care to help them remain engaged in care, reach viral load suppression and begin to address the many health disparities experienced by this significantly impacted population. Budget \$181,160

UCSF Alliance Health Project (AHP) to provide outpatient mental health services to persons living with HIV. We know that access to mental health services is essential to ensuring that clients who experience mental health challenges will remain engaged in primary care services and reach viral load suppression and be better able to address all aspects of their physical and mental health. Budget \$350,000

UCSF Alliance Health Program (AHP) to provide on-site outpatient mental health and mental health case management services for the HIV+ homeless clients accessing services at POP-UP at San Francisco General Hospital. Budget \$180,000

Ward 86 at San Francisco General Hospital to support the POP-UP clinic working with HIV+ Homeless. POP-UP (Positive-health Onsite Program for Unstably-housed Populations) is a primary care clinic combined with a multi-component set of interventions for HUH-PLWH with poor primary care visit adherence (<75% visit attendance rate), virologic non-suppression (viral load >200copies/ml). and high drop-in care utilization (>2 visits/year). Budget \$107,677

**San Francisco Department of Public Health (SFPDH)**  
**HRSA FY 2020 Ending the HIV Epidemic: A Plan for America (HRSA-20-078)**  
**BUDGET NARRATIVE**  
**MARCH 1, 2020 - FEBRUARY 28, 2021**

**A. SALARIES AND WAGES**

Position Title	Year 1 Annual Salary	Year 1 Monthly Salary	% Time on Grant	Yr. 1 # of Mos.	Total Year 1 Amount
<b>TOTAL</b>					\$ -

**B. FRINGE BENEFITS @ 41% =**

--

**C. CONTRACTUAL**

Project Contract / Agreement	Year 1 Amount
San Francisco Community Health Center/API	\$ 362,323
UCSF Outpatient Mental Health Services	\$ 530,000
SFPDH Ward86 Pop UP	\$ 107,677

<b>TOTAL</b>	<b>\$ 1,000,000</b>

<b>I. TOTAL DIRECT CHARGES</b>	<b>\$ 1,000,000</b>
<b>J. INDIRECT COSTS - None</b>	<b>\$ -</b>
<b>K. TOTAL PROJECT BUDGETS</b>	<b>\$ 1,000,000</b>



London N. Breed  
Mayor

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Dr. Grant Colfax  
Director of Health

**DATE:** 8/17/2020

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Accept and Expend Grant – Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B - \$1,000,000

Attached please find the original and 1 copy of each of the following:

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

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 201137

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
DEAN GOODWIN	628-206-7675
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> UCSF/ZSFG Department of Psychiatry / Division of Subst	<b>TELEPHONE NUMBER</b> (415) 206-8426
<b>STREET ADDRESS (including City, State and Zip Code)</b> UCSF/ AHP/ MCB Box 0884 San Francisco, CA 94143-0884	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 201137
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$530,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide HIV services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Oberndorf	WILLIAM	Other Principal Officer
2	Hammarskjold	PHILIP	Other Principal Officer
3	ACH	ANDREW	Board of Directors
4	BALLARD	ANDREW	Board of Directors
5	BRIGER	PETER	Board of Directors
6	CARTER	TODD	Board of Directors
7	COHEN	FRED	Board of Directors
8	CHEN	CONNIE	Board of Directors
9	DONOHUE	ROBIN R	Board of Directors
10	EMERY	DANA	Board of Directors
11	FISHER	WILLIAM S	Board of Directors
12	GANDHI	SAMEER	Board of Directors
13	GROSSMAN	BRIAN	Board of Directors
14	HAO	KENNETH	Board of Directors
15	HARTZ	JULIA	Board of Directors
16	KAWAJA	CARL	Board of Directors
17	KIMBALL	RICHARD	Board of Directors
18	MARCUS	GEORGE	Board of Directors
19	MCKNIGHT	AMY	Board of Directors



**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	MOMENT	JASON	Board of Directors
21	MORRIS	DIANE	Board of Directors
22	PRITZKER	LISA	Board of Directors
23	READ	STEVEN	Board of Directors
24	SCANGOS	GEORGE	Board of Directors
25	Soghikian	SHAHAN	Board of Directors
26	WEILL	JOAN	Board of Directors
27	WOEBER	ANDREW	Board of Directors
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List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>   <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 201137

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

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A Public Document

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#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
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DEAN GOODWIN	628-206-7675
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
DPH DEPARTMENT OF PUBLIC HEALTH	dean.goodwin@sfdph.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> San Francisco Community Health Center dba Asian & Paci	<b>TELEPHONE NUMBER</b> (415) 292-3400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 730 Polk St, 4th Floor, SF, CA, 94109	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 201137
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$362,323		
<b>NATURE OF THE CONTRACT (Please describe)</b> Provide HIV services		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	<b>THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM</b>
<input checked="" type="checkbox"/>	<b>A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES</b> Board of Supervisors
<input type="checkbox"/>	<b>THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS</b>

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	CHOI	MARIO	Other Principal Officer
2	PLUMLEY	BEN	Other Principal Officer
3	YOU	EMMY	Board of Directors
4	RABANAL	MICHAEL	Board of Directors
5	MARQUEZ-RODRIGUEZ	MELISA	Board of Directors
6	MCGOVERN	PATRICK	Board of Directors
7	RIVERA	ALEXANDER	Board of Directors
8	GOMEZ	CYNTHIA A	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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# Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor  inquiries"
- 5. City Attorney Request.
- 6. Call File No.  from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Subject:

The text is listed:

Signature of Sponsoring Supervisor:

For Clerk's Use Only



**From:** [Temprano, Tom \(BOS\)](#)  
**To:** [BOS Legislation, \(BOS\)](#)  
**Cc:** [Mandelman, Rafael \(BOS\)](#); [Kittler, Sophia \(MYR\)](#); [Wong, Greg \(DPH\)](#)  
**Subject:** Accept and Expend Grant - Retroactive - Health Resources and Services Administration -Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B - \$1,000,000  
**Date:** Tuesday, September 29, 2020 12:14:51 PM  
**Attachments:** [Ryan White MBO Approval.pdf](#)  
[Introduction FormRyanWhite1m.pdf](#)  
[DPH AE Ending the HIV Epidemic - \\$1,000,000.pdf](#)  
[DPHE A&E - Ending the HIV Epidemic.zip](#)  
[1066 Grant Resolution.doc](#)

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Hello,

Attached please find the necessary documents for Supervisor Mandelman's introduction of a resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$1,000,000 from the Health Resources and Services Administration for participation in a program, entitled "Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B," for the period of March 1, 2020, to February 28, 2021.

Supervisor Mandelman is the signatory on the Introduction Form and is CC'd here to confirm his approval.

Please confirm receipt of this email and let us know if any other documents need to be submitted via email.

Thank you.

**Tom Temprano 譚盼龍**

Legislative Aide

Office of Supervisor Rafael Mandelman

City Hall, 1 Dr. Carlton B. Goodlett Place, Room 284

San Francisco, California 94102

(415) 554-6987 | [tom.temprano@sfgov.org](mailto:tom.temprano@sfgov.org)

*Pronouns: he, him, his*