

File No. 210683

Committee Item No. 14

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date July 14, 2021

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
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| <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 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)

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Completed by: Linda Wong Date July 8, 2021

Completed by: Linda Wong Date _____

1 [Accept and Expend Grant - Retroactive - Health Resources and Services Administration -
2 Ending the Human Immunodeficiency Virus Epidemic: A Plan for America - Ryan White
3 HIV/AIDS Program Parts A and B - \$2,667,000]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant increase in the amount of \$1,667,000 for a total amount of \$2,667,000**
6 **from the Health Resources and Services Administration for participation in a program,**
7 **entitled “Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program**
8 **Parts A and B,” for the period of March 1, 2020, to February 28, 2022.**

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 \$2,667,000 for participation in a
12 program, entitled “Ending the Human Immunodeficiency Virus Epidemic: A Plan for America -
13 Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program
14 Parts A and B,” for the period of March 1, 2020, to February 28, 2022; and

15 WHEREAS, The goal of funding is to reduce new Human Immunodeficiency Virus
16 (HIV) infections to zero, increase viral load suppression, and to address and remove health
17 disparities among communities who may experience these; and

18 WHEREAS, Funding will focus on target populations living with HIV: transgender
19 women, persons experiencing homelessness, persons who inject drugs, African-American
20 clients, Latinx clients and persons experiencing incarceration; and

21 WHEREAS, A grant increase of \$1,667,000 from \$1,000,000 was approved for the
22 period of March 1, 2021, through February 28, 2022; and

23 WHEREAS, A request for retroactive approval is being sought because DPH received
24 the award letters on January 21, 2021, and March 10, 2021; and

25

1 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
2 therefore, be it

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

5 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
6 expend a grant in the amount of \$2,667,000 from the HRSA; and, be it

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

9 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
10 Agreement on behalf of the City; and, be it

11 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
12 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
13 Supervisors for inclusion in the official file.

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1 Recommended:
2
3 _____ /s/

Approved: _____ /s/
Mayor

4 Dr. Grant Colfax
5 Director of Health

Approved: _____ /s/
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: **\$2,667,000**
(Year 1 March 01, 2020 - February 28, 2021: \$1,000,000
Year 2 March 01, 2021 - February 28, 2022: \$1,667,000)

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Health Resource and Service Administration (HRSA)**

b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

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: **02/28/2022**

10a. Amount budgeted for contractual services: **\$2,466,519**

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)

c2. If no indirect costs are included, what would have been the indirect costs? **50,120 (25% of Personnel costs and Fringe benefits)**

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 letters of funding allocation on January 21, 2021, and on March 10, 2021.

This grant does not require an ASO amendment and reimburses the Department for three positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2593	Health Program Coordinator III	1.00	07/01/2021	02/28/2022
2	2587	Health Worker III	.50	07/01/2021	02/28/2022
3	2587	Health Worker Iii	.50	07/01/2021	02/28/2022

Fund ID: 11580

Dept. ID: 162644

Project Desc: HN HIV 2122 PD140 Ryan White Parts A & B

Project ID: 10036978

Authority ID: 10001

****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: 5/13/2021 | 3:59 PM PDT

DocuSigned by:
Toni Rucker
Ab2292F7331F44D
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5/14/2021 | 10:58 AM PDT

DocuSigned by:
Greg Wagner
202252472248
(Signature Required)

Greg wagner, COO for

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, 2021 - FEBRUARY 28, 2022

BUDGET JUSTIFICATION

A.	PERSONNEL	\$135,460
B.	MANDATORY FRINGE	\$65,021
C.	TRAVEL	\$0
D.	EQUIPMENT	\$0
E.	SUPPLIES	\$0
F.	CONTRACTUAL	\$1,466,519
G.	OTHER	\$0
	TOTAL DIRECT COSTS	\$1,667,000
H.	INDIRECT COSTS	\$0
	TOTAL BUDGET:	\$1,667,000

A. SALARIES AND WAGES**\$135,460****Salaries and Wages: City and County of San Francisco Personnel**

Position Title and Name	Annual	Time	Months	Amount Requested
2593 Health Program Coordinator III (HIV Health Services)- TBD	\$122,278	100%	8 months	\$81,519
2587 Health Worker III (Post Incarceration Navigator) - TBD	\$81,108	50%	8 months	\$26,971
2587 Health Worker III (Gender Health Navigator) - TBD	\$81,108	50%	8 months	\$26,971

Job Description: 2593 Health Program Coordinator III (HIV Health Services) - The Health Program Coordinator III will focus on the coordination, administration, evaluation and operation of health programs funded by HIV Health Services with federal funding provided by Health Resources & Services Administration (HRSA) Ryan White Part A (RWPA) Ending the HIV Epidemic (EHE) program.

EHE funding prioritizes innovative programs to work with communities impacted by health disparities to improve HIV related health outcomes including Viral Load Suppression. Important and essential job duties would include:

Coordinates the development planning, execution and evaluation of HIV related health services and programs and the of the work of the facilities, agencies and/or community groups with which they work; initiates plans and assignments, and reviews the regular and special work of assigned EHE staff; trains, instructs and evaluates members of staff as necessary, with a focus on the social work, case management and behavioral health services provided, including reviewing of case coordination provided by EHE programs to these staff; coordinates activities, develops and implements systems necessary for service delivery and grant deliverables: initiates policy and plans overall operations; assesses and recommends grant related goals and priorities; liaises with outside agencies and their departments/programs on program policies, maintenance of facilities, service delivery of related grant funded activities, and other related functions; researches, gathers data and prepares written reports, budget documents and data reports required by funder (HRSA) on the services provided by EHE funded programs, under direction of the HHS Assistant and in coordination with other HHS staff; oversees coordination of grant related training for contract staff various and evaluates its effectiveness; if assigned, represents the administration at high level meetings, conferences, and seminars; performs other HHS related work as required. (HRSA funding)

Job Description: 2587 Health Worker III (Post Incarceration Navigator) - This position will provide basic case management, referrals, and linkage to vital medical, behavioral health, and support services for people exiting jail. They will meet the client upon release and particular focus will be to provide services to people when they are released at night. Blended position (HRSA and CDC funding.)

Job Description: 2587 Health Worker III (Gender Health Navigator) - This position will work with people who are seeking gender-affirming surgery to support admission and retention in Gender Health programs. Blended position (HRSA and CDC funding)

B. FRINGE BENEFITS (48%)	\$65,021
C. CONSULTANT COSTS	\$0
D. EQUIPMENT	\$0
E. MATERIALS AND SUPPLIES	\$0
F. TRAVEL	\$0
G. OTHER	\$0
F. CONTRACTUAL	\$1,466,519

Contractor	Amount
San Francisco Community Health Center- API (HHOME & TransAccess)	\$362,323
SFDPH Ward 86 Pop Up - MOU	\$179,780
UCSF Outpatient Mental Health	\$225,000
San Francisco AIDS Foundation – Contingency Management	\$80,000
SFDPH Street Medicine	\$78,673
SFDPH LINCS – Navigation at TWUWC	\$132,900
Robert Whirry	\$20,000
TBD- African American Health Access Point	\$200,000
TBD	\$187,843
Total	\$1,466,519

San Francisco Community Health Center (HHOME) 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 (TransAccess) to provide 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

SFDPH Ward 86 POP-UP - MOU 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 \$179,780

UCSF Alliance Health Project (AHP) to provide outpatient mental health services to homeless persons living with HIV who are clients at Ward 86 POP-UP. We know that access to mental health services is essential to ensuring that homeless clients who experience mental health challenges will remain engaged in primary care services and be more likely to reach viral load suppression and better able to address all aspects of their physical and mental health. Budget \$225,000

San Francisco AIDS Foundation – Contingency Management will pilot mobile contingency management with people experiencing homelessness to decrease overdose cases. M-HAPS will also provide HIV/HCV/STI prevention and care services, integrated with behavioral health and housing referral and linkage services. Community-based organizations will provide low-threshold access to contingency management services to address meth use. Cellphones will be provided to clients to support retention in care, provide educational and support groups, and access to medical staff. Budget \$80,000

SFDPH Street Medicine Team Lead will provide direct services and panel management to homeless clients living with or at risk of HIV and will have a coordinating role between Street Medicine, EtE Steering Committee/implementation, and other homeless services. Budget \$78,673

SFDPH LINC (Navigation at TWUWC) – works to improve the health outcomes of HIV positive patients by facilitating access to medical care and health insurance coverage by providing assertive system navigation support, care coordination, and linkage to medical


and social services provided by primary care clinics, including Tom Waddell Urban Health Center (TWUHC), and community-based organizations. LINC'S navigation seeks to support and help patients address barriers standing in the way of HIV care and treatment. LINC'S Navigation specifically helps persons with known or longstanding HIV infections re-link and re-engage with medical care. LINC'S Navigators work closely with medical providers and community-based organizations to ensure that HIV patients are offered appropriate navigation services. \$132,900

Robert Whirry- HIV consultant and grant writer who will be assisting HIV Health Services with report generation, conducting provider meetings, assisting with community outreach activities, preparing presentation on SF HHS EHE program details for sharing with HRSA, local Community Planning Council, Health Commission, Board of Supervisors and as part of community outreach and listening sessions. \$20,000

TBD- African American Community program (perhaps at to be funded and developed CHEP Health Access Point) – Allocation of funding for supporting status neutral positions (supported with both HRSA and CHEP funding to serve HIV+ and HIV-at risk clients) serving African-American clients to help better connect them to services, and increase individual and community health outcomes. \$200,000

TBD – Expanding Clinic Access – supporting a community health clinic serving large volume of HIV+ clients to become open on Saturdays to better help clients who experiencing barriers to accessing health care better connect to HIV Care and access required blood draws for necessary lab tests. This funding would be support minimal number of essential staff, one Saturday every week. \$187,843

G.	OTHER	\$0
	TOTAL DIRECT COSTS:	\$1,667,000
H.	INDIRECT COSTS	\$0
	TOTAL BUDGET:	\$1,667,000

1. DATE ISSUED: 02/20/2020		2. PROGRAM CFDA: 93.686		 <p align="center">NOTICE OF AWARD 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.).</p>																																																						
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.																																																										
4a. AWARD NO.: 1 UT8HA33951-01-00		4b. GRANT NO.: UT8HA33951	5. FORMER GRANT NO.:																																																							
6. PROJECT PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2025																																																										
7. BUDGET PERIOD: FROM: 03/01/2020 THROUGH: 02/28/2021																																																										
8. TITLE OF PROJECT (OR PROGRAM): Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B																																																										
9. GRANTEE NAME AND ADDRESS: CITY & COUNTY OF SAN FRANCISCO 1380 Howard St Fl 4 San Francisco, CA 94103-2651 DUNS NUMBER: 103717336				10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR) Bill Blum CITY & COUNTY OF SAN FRANCISCO 1380 Howard Street, 4th Floor San Francisco, CA 94102-2638																																																						
11. APPROVED BUDGET: (Excludes Direct Assistance) <input checked="" type="checkbox"/> Grant Funds Only <input type="checkbox"/> Total project costs including grant funds and all other financial participation				12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:																																																						
<table border="0"> <tr><td>a. Salaries and Wages :</td><td>\$0.00</td></tr> <tr><td>b. Fringe Benefits :</td><td>\$0.00</td></tr> <tr><td>c. Total Personnel Costs :</td><td>\$0.00</td></tr> <tr><td>d. Consultant Costs :</td><td>\$0.00</td></tr> <tr><td>e. Equipment :</td><td>\$0.00</td></tr> <tr><td>f. Supplies :</td><td>\$0.00</td></tr> <tr><td>g. Travel :</td><td>\$0.00</td></tr> <tr><td>h. Construction/Alteration and Renovation :</td><td>\$0.00</td></tr> <tr><td>i. Other :</td><td>\$1,000,000.00</td></tr> <tr><td>j. Consortium/Contractual Costs :</td><td>\$0.00</td></tr> <tr><td>k. Trainee Related Expenses :</td><td>\$0.00</td></tr> <tr><td>l. Trainee Stipends :</td><td>\$0.00</td></tr> <tr><td>m. Trainee Tuition and Fees :</td><td>\$0.00</td></tr> <tr><td>n. Trainee Travel :</td><td>\$0.00</td></tr> <tr><td>o. TOTAL DIRECT COSTS :</td><td>\$1,000,000.00</td></tr> <tr><td>p. INDIRECT COSTS (Rate: % of S&W/TADC) :</td><td>\$0.00</td></tr> <tr><td>q. TOTAL APPROVED BUDGET :</td><td>\$1,000,000.00</td></tr> <tr><td> i. Less Non-Federal Share:</td><td>\$0.00</td></tr> <tr><td> ii. Federal Share:</td><td>\$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 border="0"> <tr><td>a. Authorized Financial Assistance This Period</td><td align="right">\$1,000,000.00</td></tr> <tr><td>b. Less Unobligated Balance from Prior Budget Periods</td><td></td></tr> <tr><td> i. Additional Authority</td><td align="right">\$0.00</td></tr> <tr><td> ii. Offset</td><td align="right">\$0.00</td></tr> <tr><td>c. Unawarded Balance of Current Year's Funds</td><td align="right">\$0.00</td></tr> <tr><td>d. Less Cumulative Prior Awards(s) This Budget Period</td><td align="right">\$0.00</td></tr> <tr><td>e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</td><td align="right">\$1,000,000.00</td></tr> </table>			a. Authorized Financial Assistance This Period	\$1,000,000.00	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	\$1,000,000.00
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13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)																																																										
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d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00																																																									
15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A] Estimated Program Income: \$0.00																																																										
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: 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.																																																										
REMARKS: (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>																																																										
17. OBJ. CLASS: 41.15		18. CRS-EIN: 1946000417A8		19. FUTURE RECOMMENDED FUNDING: \$0.00																																																						
FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE																																																				
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/WebEPSEExternal/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
 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 itemFor 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. 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 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), 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

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. 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
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
Phone: (301) 443-2096



Recipient Information

- 1. Recipient Name**
CITY & COUNTY OF SAN FRANCISCO
1380 Howard St Fl 4
San Francisco, CA 94103-2651
- 2. Congressional District of Recipient**
12
- 3. Payment System Identifier (ID)**
1946000417A8
- 4. Employer Identification Number (EIN)**
946000417
- 5. Data Universal Numbering System (DUNS)**
103717336
- 6. Recipient's Unique Entity Identifier**
- 7. Project Director or Principal Investigator**
Bill Blum
bill.blum@sfdph.org
(415)554-9105
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
India Smith
GRANTS MANAGEMENT SPECIALIST
Health Resources and Services Administration
ISmith@hrsa.gov
(301) 443-2096
- 10. Program Official Contact Information**
Jessica E Kreger
Health Resources and Services Administration
jkreger@hrsa.gov
(301) 443-5646

Federal Award Information

- 11. Award Number**
5 UT8HA33951-02-00
- 12. Unique Federal Award Identification Number (FAIN)**
UT833951
- 13. Statutory Authority**
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title**
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number**
93.686
- 16. Assistance Listing Program Title**
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type**
Noncompeting Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$240,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$240,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$240,000.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$1,240,000.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Karen Mayo on 01/21/2021

30. Remarks



Notice of Award
Award Number: 5 UT8HA33951-02-00
Federal Award Date: 01/21/2021

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

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:	\$240,000.00
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:	\$240,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$240,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$240,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$240,000.00
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 Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$240,000.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
03	\$1,000,000.00
04	\$1,000,000.00
05	\$1,000,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

38. 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:
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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 377EHGR	93.145	20UT8HA33951	\$240,000.00	\$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/WebEPSEExternal/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 Term(s)

1. The funds for this award are in a sub-account in the Payment Management System (PMS). 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. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' 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>. 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>.
2. At the time of this award creation, HRSA was operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2020 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2021 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
3. 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.
4. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All previously conveyed terms remain in effect. 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. Recipients 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>
5. 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.

Program Specific Term(s)

1. 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.
2. 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.
3. 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. 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 AmericanExpress, 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 giftcards, and therefore are also unallowable.
6. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
7. 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>.
8. 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
9. 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.
10. 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.
11. 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/>
12. 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.
13. 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.
14. 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.
15. 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.
16. 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.
17. 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

18. Resumes/CV for key personnel supported by this cooperative agreement and not named in the FY 2021 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.
19. 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.
20. 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.
21. If applicable, the recipients 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.
22. Funds may not be used by recipients or subcontractors for the purchase of vehicles without written approval from the Division of Grants Management Operations (DGMO).
23. 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.
24. During each budget period, recipients must include in their program budget travel support recipient staff members 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
25. 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.
26. 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.
27. 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.
28. 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. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access, should be directed to the Help Desk at PMSFFRSupport@psc.hhs.gov.

The FFR will be due 90, 120, or 150 days after the budget period end date. 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

2. Due Date: Within 90 Days of Project End Date

The recipient must submit a final report. The final report is due within 90 days after the project period ends. The final report collects 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; resolutions to barriers encountered and responses to summary questions regarding the recipient's overall experiences during the entire project period.

3. Due Date: 07/30/2021

Recipients must submit two progress reports in addition to the NCC progress report (the NCC is the Tri-Yearly Progress Report #2) 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

4. Due Date: 03/31/2022

Recipients must submit two progress reports in addition to the NCC progress report (NCC is the Tri-Yearly Progress Report #2) 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.

5. Due Date: 07/30/2021

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. Further information on additional data needed for this report will be available in the NOA.

6. Due Date: 11/30/2021

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. Further information on additional data needed for this report will be available in the NOA.

7. Due Date: 05/31/2022

The recipient must submit an annual Initiative Expenditure Report.

8. Due Date: 03/31/2022

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. Further information on additional data needed for this report will be available in the NOA.

9. Due Date: 03/28/2022

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
Dean Goodwin	Point of Contact	dean.goodwin@sfdph.org
Bill Blum	Program Director	bill.blum@sfdph.org
Sajid Shaikh	Business Official	sajid.shaikh@sfdph.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Department of Health and Human Services
 Health Resources and Services Administration

Notice of Award
 FAIN# UT833951
 Federal Award Date: 03/02/2021

Recipient Information

1. **Recipient Name**
 CITY & COUNTY OF SAN FRANCISCO
 1380 Howard St Fl 4
 San Francisco, CA 94103-2651
2. **Congressional District of Recipient**
 12
3. **Payment System Identifier (ID)**
 1946000417A8
4. **Employer Identification Number (EIN)**
 946000417
5. **Data Universal Numbering System (DUNS)**
 103717336
6. **Recipient's Unique Entity Identifier**
7. **Project Director or Principal Investigator**
 Bill Blum
 bill.blum@sfdph.org
 (415)554-9105
8. **Authorized Official**

Federal Award Information

11. **Award Number**
 6 UT8HA33951-02-01
12. **Unique Federal Award Identification Number (FAIN)**
 UT833951
13. **Statutory Authority**
 42 U.S.C. § 243(c); 300ff-11 et seq.
14. **Federal Award Project Title**
 Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
15. **Assistance Listing Number**
 93.686
16. **Assistance Listing Program Title**
 Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
17. **Award Action Type**
 Administrative
18. **Is the Award R&D?**
 No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2021 - End Date 02/28/2022	
20. Total Amount of Federal Funds Obligated by this Action	\$1,427,000.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$1,667,000.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$1,667,000.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$2,667,000.00

28. **Authorized Treatment of Program Income**
 Addition
29. **Grants Management Officer – Signature**
 Brad Barney on 03/02/2021

30. Remarks



Notice of Award
Award Number: 6 UT8HA33951-02-01
Federal Award Date: 03/02/2021

Health Resources and Services Administration

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

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:	\$1,667,000.00
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:	\$1,667,000.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$1,667,000.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$1,667,000.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$1,667,000.00
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 Award(s) This Budget Period	\$240,000.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,427,000.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
03	\$1,000,000.00
04	\$1,000,000.00
05	\$1,000,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

38. 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:

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.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
21 - 377EHGR	93.686	20UT8HA33951	\$1,427,000.00	\$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/WebEPSEExternal/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

Within 45 days of this notice, submit for approval a revised SF424A, line item budget, budget narrative justification, and work plan to reflect the activities supported by this award and the total funds awarded. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

Program Specific Term(s)

- This Notice of Award provides the balance of fiscal year 2021 (FY21) funding based on HRSA's FY21 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.
- 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.

Reporting Requirement(s)

1. Due Date: Within 90 Days of Budget Start Date

The recipient must submit an annual Initiative Allocation Report.

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

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Bill Blum	Program Director	bill.blum@sfdph.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 6/9/2021

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 - \$1,667,000

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 . www.sfethics.org

Received On:

File #: 210683

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

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

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dean Goodwin	415-505-4558
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH DEPARTMENT OF PUBLIC HEALTH	dean.goodwin@sfdph.org

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

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210683
DESCRIPTION OF AMOUNT OF CONTRACT \$362,323		
NATURE OF THE CONTRACT (Please describe) 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	CHOI	MARIO	Other Principal Officer
2	PLUMLEY	BEN	Other Principal Officer
3	YOU	EMMY	Board of Directors
4	Rabanañ	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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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
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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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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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</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 . www.sfethics.org

Received On:

File #: 210683

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

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A Public Document

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1. FILING INFORMATION

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2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Dean Goodwin	628-206-7675
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	dean.goodwin@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco AIDS Foundation	TELEPHONE NUMBER 415-487-3000
STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, Suite 400, San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210683
DESCRIPTION OF AMOUNT OF CONTRACT \$80,000		
NATURE OF THE CONTRACT (Please describe) San Francisco AIDS Foundation will pilot mobile contingency management with people experiencing homelessness.		

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	Marquis	Matthew	Other Principal Officer
2	Garcia	Ferd	Other Principal Officer
3	Borkon	Peter	Board of Directors
4	Brooke	Keri	Board of Directors
5	Brooks	Douglas	Board of Directors
6	Cowen	Christopher	Board of Directors
7	Damalas	Alex	Board of Directors
8	Duff	Frank	Board of Directors
9	Edwards	Kenneth	Board of Directors
10	Lazarre	Zoë Harris	Board of Directors
11	Hodges	Philip	Board of Directors
12	Huang	Steven	Board of Directors
13	Kinsley	Michael	Board of Directors
14	Livingston	Sean	Board of Directors
15	Mapps	Rosco	Board of Directors
16	Nungaray	Manny	Board of Directors
17	Pincow	James	Board of Directors
18	Reid	Katrina	Board of Directors
19	Silva	Fredo	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Vastardis	William	Board of Directors
21	Watson	Maureen	Board of Directors
22	walker	La Shon	Board of Directors
23	wong	Dora	Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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50			
<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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
---	---------------------------



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Received On:

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1. FILING INFORMATION

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AMENDMENT DESCRIPTION – Explain reason for amendment	

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OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

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

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
DEAN GOODWIN	415-505-4558
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH DEPARTMENT OF PUBLIC HEALTH	dean.goodwin@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR UCSF/ZSFG Department of Psychiatry / Division of Subst	TELEPHONE NUMBER (415) 476-7000
STREET ADDRESS (including City, State and Zip Code) UCSF/ AHP/ MCB Box 0884 San Francisco, CA 94143-0884	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 210683
DESCRIPTION OF AMOUNT OF CONTRACT \$225,000		
NATURE OF THE CONTRACT (Please describe) 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 E	Board of Directors
2	Hammarskjold	Philip	Board of Directors
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	Donohoe	Robin Richards	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

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
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
28	Laret	Mark R	CEO
29	Iyer	Raju	CFO
30	Tompkins	D. Andrew	Other Principal Officer
31	Edblad	Lois	Other Principal Officer
32			
33			
34			
35			
36			
37			
38			

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
39			
40			
41			
42			
43			
44			
45			
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47			
48			
49			
50			

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>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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From: [Peacock, Rebecca \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Kittler, Sophia \(MYR\)](#); [Buhse, Caroline \(MYR\)](#); [Wong, Greg \(DPH\)](#)
Subject: Mayor -- [Resolution] -- [Accept and Expend Grant - Retroactive - Health Resources and Services Administration - Ending the Human Immunodeficiency Virus Epidemic: A Plan for America - Ryan White Human Immunodeficiency Virus / Acquired Immunodeficiency Sy]
Date: Tuesday, June 8, 2021 4:55:19 PM
Attachments: [A&E_DPH_Ryan White Grant.zip](#)

Attached for introduction to the Board of Supervisors is a **resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase in the amount of \$1,667,000 for a total amount of \$2,667,000 from the Health Resources and Services Administration for participation in a program, entitled “Ending the HIV Epidemic: A Plan for America - Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program Parts A and B,” for the period of March 1, 2020, to February 28, 2022.**

Please let me know if you have any questions.

Rebecca Peacock ([they/them](#))
(415) 554-6982 | Rebecca.Peacock@sfgov.org
Office of Mayor London N. Breed
City & County of San Francisco