

File No. 101538

Committee Item No. 1  
Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND  
NEIGHBORHOOD SERVICES

Date 1/10/11

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget Analyst Report                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

#### OTHER

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Completed by: Gail Johnson

Date 1/6/11

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

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



1 [Accept and Expend Grant - Integrating HIV/Geriatric for People with HIV 50 and Older-  
2 \$402,596]

3 **Resolution authorizing the San Francisco Department of Public Health to accept and**  
4 **expend retroactively a grant in the amount of \$402,596 from the University of California**  
5 **San Francisco to participate in a program entitled "Integrating HIV and Geriatric for**  
6 **People Living with HIV 50 & Older" for the period of December 1, 2010 through**  
7 **November 30, 2011.**

8  
9 WHEREAS, UCSF is the recipient of a grant award from the State of California  
10 supporting the Integrating HIV and Geriatric for People Living with HIV 50 & Older; and,

11 WHEREAS, With a portion of these funds, UCSF has subcontracted with DPH in the  
12 amount of \$402,596 for the period of December 1, 2010 through November 30, 2011; and,

13 WHEREAS, The full project period of the grant starts on December 1, 2010 and ends  
14 on November 30, 2013, with years two and three subject to availability of funds and  
15 satisfactory progress of the project; and,

16 WHEREAS, DPH will subcontract with UCSF Public Health Project Ward 86; UCSF  
17 360 Positive Care Center; 360 Program ARIES Data Upload Modification Subcontract; and as  
18 yet to-be-determined entities in the total amount of \$382,124 for the period of December 1,  
19 2010 through November 30, 2011; and,

20 WHEREAS, As a condition of receiving the grant funds, UCSF requires the City to  
21 enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the  
22 Board of Supervisors in File No. 101538; which is hereby declared to be a part of  
23 this resolution as if set forth fully herein; and,

FILE NO.

RESOLUTION NO.

1 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH  
2 for one existing position, one Project Administrator (Job Class #0922) at .10 FTE, during the  
3 period from December 1, 2010 through November 30, 2011; and,

4 WHEREAS, A request for retroactive approval is being sought because DPH did not  
5 receive notification of the contract until November 2010 for a project start date of December 1,  
6 2010; and,

7 WHEREAS, The budget includes a provision for indirect costs in the amount of \$2,596;  
8 now, therefore, be it

9 RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively  
10 in the amount of \$402,596 from UCSF; and, be it

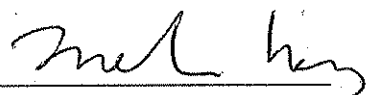
11 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
12 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,  
13 be it

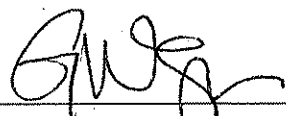
14 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
15 agreement on behalf of the City; and, be it


16 FURTHER RESOLVED, That the Controller is directed to designate all positions  
17 funded under this agreement as "G" or grant-funded positions which would terminate when  
18 the agreement expires.

19 RECOMMENDED:

APPROVED:

20  
21   
22 Mitchell Katz, M.D.  
23 Director of Health

24   
25 Office of the Mayor

  
Office of the Controller



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Mitchell H. Katz, M.D. *MK*  
Director of Health  
DATE: November 30, 2010  
SUBJECT: Grant Accept and Expend  
GRANT TITLE: Integrating HIV and Geriatric for People Living with HIV 50  
& Older - \$402,596

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

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Award Letter
- Agreement
- Other (Explain):

**Special Timeline Requirements:**

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

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health,  
1380 Howard St.

Certified copy required Yes

No

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

**Grant Information Form**  
(Effective March 2005)

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: Integrating HIV and Geriatric for People Living with HIV 50 & older
2. Department: Department of Public Health  
Community Program  
HIV Health Service Section
3. Contact Person: Bill Blum Telephone: 415-554-9000
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for:  
Year 1 \$ 402,596 \*  
Year 2 \$ 402,596  
Year 3 \$ 402,596  
Total for Project 1,207,788

\* DPH is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior years. DPH will include these years in the DPH budget.

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

- 7a. Grant Source Agency: State of California
- b. Grant Pass-Through Agency (if applicable): The Regents of the University of California

8. Proposed Grant Project Summary: To design, implement, and test at least two models of integrated HIV and aging care services designed to address the complex needs of person 50 years and older living with HIV in the context of the HIV specific patient-centered medical home model.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Approved Year One Project:                      Start-Date: 12/01/10                      End-Date: 11/30/11 \*\*  
Full Project Period:                                      Start-Date: 12/01/10                      End-Date: 11/30/13

\*\* DPH is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior years. DPH will include these years in the DPH budget.

- 10a. Amount budgeted for contractual services:  
Year 1: 382,124  
Year 2: 382,124  
Year 3: 382,124  
Total for Project 1,146,372

Identified subcontractors include University of California, San Francisco (UCSF) Public Health Project Ward 86: \$87,830; UCSF 360 Positive Care Center: \$87,830; 360 Program ARIES Data Upload Modification Subcontract (TBD): \$13,496; Project Director (TBD): \$61,880; Administrative Assistant (TBD): \$11,088; and Other Consultant Data Entry & Analysis (TBD): \$120,000.

- b. Will contractual services be put out to bid? No, sole source
- c. If so, will contract services help to further the goals of the department's MBE/WBE 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? Year 1 \$2,596, Year 2 \$2,596, Year 3 \$2,596  
b2. How was the amount calculated? 24.04% of salaries

- c. 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?

12. Any other significant grant requirements or comments:  
We respectfully request for approval to accept & expend these funds retroactive to 12/1/2010. The Department received the agreement in November 2010.

Grant Code-CHRP Grant #: HCAO33/11

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

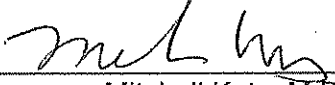
13. This Grant is intended for activities at (check all that apply):
- Existing Site(s)  Existing Structure(s)  Existing Program(s) or Service(s)
  - Rehabilitated Site(s)  Rehabilitated Structure(s)  New Program(s) or Service(s)
  - New Site(s)  New Structure(s)

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

Comments:

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

Date Reviewed: 12/1/10

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

**SAN FRANCISCO HIV HEALTH SERVICES  
CHRP PATIENT-CENTERED MEDICAL HOME DEMONSTRATION PROJECT  
THREE YEAR PROJECT BUDGET  
SEPTEMBER 1, 2010 - AUGUST 31, 2013**

**1. SALARIES AND WAGES**

<u>Position</u>	<u>YR 1 Request</u>	<u>YR 2 Request</u>	<u>YR 3 Request</u>	<u>Total Request</u>
1. Project Administrator	\$10,800	\$10,800	\$10,800	\$32,400
<b>FRINGE BENEFITS @ 32% of Salaries -</b>	<b>\$3,456</b>	<b>\$3,456</b>	<b>\$3,456</b>	<b>\$10,368</b>
<b>Total Personnel</b>	<b>\$14,256</b>	<b>\$14,256</b>	<b>\$14,256</b>	<b>\$42,768</b>

**2. CONSULTANT / CONTRACTUAL COSTS**

1. Contracted Project Director (TBD) - .35 FTE	\$61,880	\$61,880	\$61,880	\$185,640
2. Contracted Administrative Assistant (TBD) - .20 FTE	\$11,088	\$11,088	\$11,088	\$33,264
3. Positive Health Program Ward 86 Clinic Subcontract	87,830	94,578	94,578	276,986
4. 360: The Positive Care Center Subcontract	87,830	94,578	94,578	276,986
5. 360 Program ARIES Data Upload Modification Subcontract (TBD) -	13,496	0	0	13,496
<b>Total Consultant / Contractual</b>	<b>\$262,124</b>	<b>\$262,124</b>	<b>\$262,124</b>	<b>\$786,372</b>

**3. SUPPLIES & EXPENSES**

1. Office Supplies - Avg. \$75/Mo. x 12 Months =	\$900	\$900	\$900	\$2,700
2. Printing & Duplicating - \$50 Per Month x 12 Months =	600	600	600	1,800
3. Postage & Delivery - \$50 Per Month x 12 Months =	600	600	600	1,800
4. Phone & Internet Expenses - Avg. \$75 Per Month x 12 Months =	900	900	900	2,700
5. Local Mileage - Avg. 110 Mi./Mo. @ \$.47/Mi. x 12 Months =	620	620	620	1,860
<b>Total Supplies</b>	<b>\$3,620</b>	<b>\$3,620</b>	<b>\$3,620</b>	<b>\$10,860</b>

**4. OTHER CONSULTANT (DATA ENTRY & ANALYSIS)**

1. 30% of Direct Costs -	\$120,000	\$120,000	\$120,000	\$360,000
<b>Total Data Entry &amp; Analysis</b>	<b>\$120,000</b>	<b>\$120,000</b>	<b>\$120,000</b>	<b>\$360,000</b>

**5. TRAVEL**

None	\$0	\$0	\$0	\$0
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**SUBTOTAL, DIRECT COSTS** \$400,000 \$400,000 \$400,000 \$1,200,000

**INDIRECT COSTS @ 24.04% of Salaries (Excluding UCSF Subc** \$2,596 \$2,596 \$2,596 \$7,789

**TOTAL COSTS PER YEAR** \$402,596 \$402,596 \$402,596 \$1,207,789



SAN FRANCISCO HIV HEALTH SERVICES  
 CHRP PATIENT-CENTERED MEDICAL HOME DEMONSTRATION PROJECT  
 FIRST YEAR PROJECT BUDGET  
 SEPTEMBER 1, 2010 - AUGUST 31, 2011

**1. SALARIES AND WAGES**

<u>Position</u>	<u>Annual</u>	<u>Time</u>	<u>Mos.</u>	<u>Total Request</u>
1. Project Administrator (William Blum) -	\$108,000	0.10	12	\$10,800
2. Administrative Assistant (TBD) -	\$42,000	0.00	12	<u>0</u>
<b>Subtotal Personnel</b>				<b>\$10,800</b>
<b>FRINGE BENEFITS @ 32% of Salaries -</b>				<b><u>\$3,456</u></b>
<b>Total Personnel</b>				<b>\$14,256</b>

**2. CONSULTANT / CONTRACTUAL COSTS**

1. Contracted Project Director (TBD) -	\$72,968
2. Positive Health Program Ward 86 Clinic Subcontract	87,830
3. 360: The Positive Care Center Subcontract	87,830
4. 360 Program ARIES Data Upload Modification Subcontract (TBD) -	<u>13,496</u>
<b>Total Consultant / Contractual</b>	<b>\$262,124</b>

**3. SUPPLIES & EXPENSES**

1. Office Supplies - Avg. \$75/Mo. x 12 Months =	\$900
2. Printing & Duplicating - \$50 Per Month x 12 Months =	600
3. Postage & Delivery - \$50 Per Month x 12 Months =	600
4. Phone & Internet Expenses - Avg. \$75 Per Month x 12 Months =	900
5. Local Mileage - Avg. 110 Mi./Mo. @ \$.47/Mi. x 12 Months =	<u>620</u>
<b>Total Supplies</b>	<b>\$3,620</b>

**4. DATA ENTRY & ANALYSIS**

1. 30% of Direct Costs -	<u>\$120,000</u>
<b>Total Data Entry &amp; Analysis</b>	<b>\$120,000</b>

**5. TRAVEL**

None \$0

**SUBTOTAL, DIRECT COSTS** **\$400,000**

**INDIRECT COSTS @ 24.04% of Salaries (Excluding UCSF Subcontracts)**

**\$2,596**

**TOTAL COSTS PER YEAR**

**\$402,596**

**SAN FRANCISCO HIV HEALTH SERVICES  
 CHRP PATIENT-CENTERED MEDICAL HOME DEMONSTRATION PROJECT  
 SECOND YEAR PROJECT BUDGET  
 SEPTEMBER 1, 2011 - AUGUST 31, 2012**

**1. SALARIES AND WAGES**

<u>Position</u>	<u>Annual</u>	<u>Time</u>	<u>Mos.</u>	<u>Total Request</u>
1. Project Administrator (William Blum) -	\$108,000	0.10	12	\$10,800
2. Administrative Assistant (TBD) -	\$42,000	0.00	12	<u>0</u>
<b>Subtotal Personnel</b>				<b>\$10,800</b>
<b>FRINGE BENEFITS @ 32% of Salaries -</b>				<b><u>\$3,456</u></b>
<b>Total Personnel</b>				<b>\$14,256</b>

**2. CONSULTANT / CONTRACTUAL COSTS**

1. Contracted Project Director (TBD) -	\$72,968
2. Positive Health Program Ward 86 Clinic Subcontract	94,578
3. 360: The Positive Care Center Subcontract	<u>94,578</u>
<b>Total Consultant / Contractual</b>	<b>\$262,124</b>

**3. SUPPLIES & EXPENSES**

1. Office Supplies - Avg. \$75/Mo. x 12 Months =	\$900
2. Printing & Duplicating - \$50 Per Month x 12 Months =	600
3. Postage & Delivery - \$50 Per Month x 12 Months =	600
4. Phone & Internet Expenses - Avg. \$75 Per Month x 12 Months =	900
5. Local Mileage - Avg. 110 Mi./Mo. @ \$.47/Mi. x 12 Months =	<u>620</u>
<b>Total Supplies</b>	<b>\$3,620</b>

**4. DATA ENTRY & ANALYSIS**

1. 30% of Direct Costs -	<u>\$120,000</u>
<b>Total Data Entry &amp; Analysis</b>	<b>\$120,000</b>

**5. TRAVEL**

None	\$0
<b>SUBTOTAL, DIRECT COSTS</b>	<b>\$400,000</b>

**INDIRECT COSTS @ 24.04% of Salaries (Excluding UCSF Subcontracts)**

**\$2,596**

**TOTAL COSTS PER YEAR**

**\$402,596**

**SAN FRANCISCO HIV HEALTH SERVICES  
 CHR P PATIENT-CENTERED MEDICAL HOME DEMONSTRATION PROJECT  
 THIRD YEAR PROJECT BUDGET  
 SEPTEMBER 1, 2012 - AUGUST 31, 2013**

**1. SALARIES AND WAGES**

<u>Position</u>	<u>Annual</u>	<u>Time</u>	<u>Mos.</u>	<u>Total Request</u>
1. Project Administrator (William Blum) -	\$108,000	0.10	12	\$10,800
2. Administrative Assistant (TBD) -	\$42,000	0.00	12	<u>0</u>
<b>Subtotal Personnel</b>				<b>\$10,800</b>
<b>FRINGE BENEFITS @ 32% of Salaries -</b>				<b><u>\$3,456</u></b>
<b>Total Personnel</b>				<b>\$14,256</b>

**2. CONSULTANT / CONTRACTUAL COSTS**

1. Contracted Project Director (TBD) -	\$72,968
2. Positive Health Program Ward 86 Clinic Subcontract	94,578
3. 360: The Positive Care Center Subcontract	<u>94,578</u>
<b>Total Consultant / Contractual</b>	<b>\$262,124</b>

**3. SUPPLIES & EXPENSES**

1. Office Supplies - Avg. \$75/Mo. x 12 Months =	\$900
2. Printing & Duplicating - \$50 Per Month x 12 Months =	600
3. Postage & Delivery - \$50 Per Month x 12 Months =	600
4. Phone & Internet Expenses - Avg. \$75 Per Month x 12 Months =	900
5. Local Mileage - Avg. 110 Mi./Mo. @ \$.47/Mi. x 12 Months =	<u>620</u>
<b>Total Supplies</b>	<b>\$3,620</b>

**4. DATA ENTRY & ANALYSIS**

1. 30% of Direct Costs -	<u>\$120,000</u>
<b>Total Data Entry &amp; Analysis</b>	<b>\$120,000</b>

**5. TRAVEL**

None \$0

**SUBTOTAL, DIRECT COSTS \$400,000**

**INDIRECT COSTS @ 24.04% of Salaries (Excluding UCSF Subcontracts)**

**\$2,596**

**TOTAL COSTS PER YEAR**

**\$402,596**

San Francisco Department of Public Health (SFPDH)  
AIDS Office  
HIV Health Service Section

Integrating HIV and Geriatric for People Living with HIV 50 & over

BUDGET JUSTIFICATION  
(December 1, 2010- November 31, 2013)

A. PERSONNEL  
B. MANDATORY FRINGE

1. Project Administrator – William Blum  
\$9,000.00/Mo. x .10 FTE x 36 Months = \$32,400

The Project Administrator will be responsible for ensuring the overall quality of the intervention and promoting the adoption of the patient-centered medical home incorporated integrated HIV and geriatric care throughout the San Francisco HIV care system. The Administrator will negotiate and monitor project subcontracts, convene collaborative project meetings, and serve as liaison for the program within the San Francisco Department of Health Services.

FRINGE BENEFITS @ 32% \$10,368  
The fringe benefit rate includes payroll taxes, health insurance, worker's compensation, unemployment insurance, and a pension plan.

Total Salaries	\$32,400
Total Fringe	\$10,368
<b>TOTAL PERSONNEL:</b>	<b>\$42,768</b>

C. TRAVEL	\$0
D. EQUIPMENT	\$0
E. SUPPLIES	\$10,860

Office Supplies – Avg. \$75/Mo. x 36 Months = \$2,700  
 Printing & Duplicating – Avg. \$50/Mo. x 36 Months = \$1,800  
 Postage & Delivery - Avg. \$50/Mo. x 36 Months = \$1,800  
 Phone & Internet Expenses – Avg. \$75/Mo. x 36 Months = \$2,700  
 Local Mileage - Avg. 110 Mi./Mo. @ \$.4696/Mi. x 36 Months = \$1,860

The above line items support basic expenses needed to ensure smooth operation of the program at HIV Health Services. Office supplies include paper, printer ink, pens, and other materials. Local mileage supports travel by the Project Administrator and Administrator to project-related meetings and activities

F. CONTRACTUAL	\$1,146,372
----------------	-------------

Contracted Project Director - TBD  
 \$85/Hr. x 728 Total Hrs Per Year (.35 FTE) x 3 Years = \$185,640  
 The Project Director will be responsible for day-to-day oversight and coordination of the PCMH demonstration project. The Project Director will coordinate the work of the two demonstration sites, collect and report project-related data, and prepare and present project dissemination materials. The Director will remain in continual contact with Medical Directors at the two replication sites and will convene ongoing meetings of the Directors and the project's two multidisciplinary teams. The Project Director will be a highly skilled individual with outstanding

knowledge and experience in HIV programs, services, and evaluation methods and who possesses strong organizational, writing, communication, and planning skills.

Contracted Administrative Assistant - TBD

\$26.654/Hr. x 416 Total Hrs Per Year (.20 FTE) x 3 Years = \$33,264

The Administrative Assistant will provide administrative and logistical support to the program, including maintaining project files, arranging project meetings, and responding to consumer inquiries.

Consortium Member / Demonstration Site Subcontract # 1 –

Positive Health Program Ward 86 Clinic

Year 1 Contract Amount - \$87,830

Year 2 Contract Amount - \$94,578

Year 3 Contract Amount - \$94,578

Consortium Member / Demonstration Site Subcontract # 2 –

360: The Positive Care Center at UCSF

Year 1 Contract Amount - \$87,830

Year 2 Contract Amount - \$94,578

Year 3 Contract Amount - \$94,578

The two organizational subcontracts support project development, implementation, and capacity building activities at the staff's two proposed demonstration sites. Annual subcontract funding supports a team of multidisciplinary staff members at each site consisting of a Medical Director, Consulting Geriatric Specialist Physician(s), a Nurse, a Pharmacist, a Social Worker, and a Site Coordinators (see Consortium budget summary above). No project funds will support direct services to project clients.

360 Program ARIES Data Upload Modification Subcontract (TBD) -

Year 1 Only - \$13,496

The proposed subcontract supports information consulting technology services to create an add-on modification to the new Epic Care EHR system at the 360 Program that enables the system to automatically upload client-level data into the countywide ARIES data collection system. The consultant will work with 360 to prepare software modifications that enable selected patient fields – including fields related to patient demographics, health status, and service provision – to be automatically uploaded to ARIES when requested by 360 staff. The proposed contract amount is based on \$75 per hour x 175 total hours (\$13,125) plus \$369 in miscellaneous expenses.

DATA ENTRY AND ANALYSIS - \$360,000

As per demonstration program requirements, HIV Health Services has reserved 30% of annual direct program costs (exclusive of indirect costs) to support data entry and analysis activities using staff configurations to be determined. The three-year 30% allocation levels are as follows:

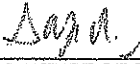
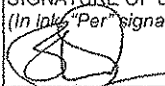
Year 1 - \$120,000

Year 2 - \$120,000

Year 3 - \$120,000

G.	OTHER	\$0
	TOTAL DIRECT COSTS	\$25,415
H.	INDIRECT COSTS (24.04% of Salaries)	\$7,789
	TOTAL BUDGET:	\$1,207,789



California HIV/AIDS Research Program PCMH Initiative <b>Grant Application</b>		Date Submitted: 4/30/2010 6:05:29 AM Proposal Type: If renewal, current grant: Resubmission? _____ Prior App: _____ RFA? _____ RFA Title: _____	
TITLE OF PROJECT ( <i>Titles exceeding 81 characters, including spaces and punctuation, will be truncated.</i> ) Integrating HIV and Geriatric Services for PLWH 50 & Older			
APPLICANT NAME Shaikh, Sajid		HIGHEST DEGREE(S) B.S.	
POSITION TITLE: Sr Admin Anlalyst ACADEMIC RANK: N/A DIVISION: AIDS Office - Health Service DEPARTMENT: Public Health Programs		APPLICANT'S CURRENT INSTITUTION San Francisco Department of Public Health (SFDPH) MAILING ADDRESS ( <i>Street, city, state, postal code, country</i> ) 1380 Howard Street, Suite 440 San Francisco CA 94103 United States	
E-MAIL ADDRESS: sajid.shaikh@sfdph.org Tel: 415-255-351 Fax: 415-503-4710			
PROGRAM ELIGIBILITY INFORMATION: ( <i>Responses to selected fields displayed below. For some grant programs this section may be blank.</i> )			
DATES OF PROPOSED PROJECT ( <i>MM/DD/YYYY</i> ) From 9/1/2010 Through 8/31/2013		PROPOSED BUDGET 1348011	
Name San Francisco Department of Public Health (SFDPH) Address 101 Grove Street, Room 308 San Francisco CA 94102 United States Tel: 415-554-2601 Fax: 415-554-9636 EIN 94-6000417 DUNS DUNS103717336		SIGNING OFFICIAL FOR Name Klausner, Dr. Jeffrey Title Director, STD Prevention & Control Address 1360 Mission Street, Suite 401 San Francisco 94103 United States Tel: 415-355-2007 Fax: 415-554-9636 E-MAIL ADDRESS jeff.klausner@sfdph.org	
HUMAN SUBJECTS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Human Subjects Assurance No. FWA00005876 IRB Status: _____ IRB Date: _____		VERTEBRATE ANIMALS <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Animal welfare assurance no. _____ IACUC Status: _____ IACUC Date: _____	
APPLICANT ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.		SIGNATURE OF APPLICANT ( <i>In ink. "Per" signature not acceptable.</i> ) 	
		DATE 6/30/10	
SIGNING OFFICIAL ASSURANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with the grantor's terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.		SIGNATURE OF SIGNING OFFICIAL ( <i>In ink. "Per" signature not acceptable.</i> ) 	
		DATE 7/7/10	
ADDITIONAL SIGNATURE ( <i>follow guidelines for required signatures</i> ): I certify that the statements herein are true, complete and accurate to the best of my knowledge.		DATE	
		ADDITIONAL SIGNATURE ( <i>follow guidelines for required signatures</i> ): I certify that the statements herein are true, complete and accurate to the best of my knowledge.	
		DATE	

Applicant: Shaikh, Sajid

Application Contacts

Role	*Fiscal Contact		Role	
Name	Levarado, Mr Tristan		Name	
Institution			Institution	
Title	Financial Systems Supervisor		Title	
Division	Fiscal		Division	
Dept	Department of Public Health		Dept	
Address	1380 Howard Street #425 San Francisco CA 94103 United States		Address	
Tel:	415-255-3455	Fax:	415-252-3047	
E-mail	tristan.levarado@sfdph.org		E-mail	
Role			Role	
Name			Name	
Institution			Institution	
Title			Title	
Division			Division	
Dept			Dept	
Address			Address	
Tel:		Fax:		
E-mail			E-mail	
Role			Role	
Name			Name	
Institution			Institution	
Title			Title	
Division			Division	
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Name			Name	
Institution			Institution	
Title			Title	
Division			Division	
Dept			Dept	
Address			Address	
Tel:		Fax:		
E-mail			E-mail	

## LAY ABSTRACT

APPLICANT NAME Shaikh, Sajid	DATE SUBMITTED 4/30/2010 6:05:29 AM
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i> Integrating HIV and Geriatric Services for PLWH 50 & Older	

This Abstract will become public information; therefore, do not include proprietary/confidential information.

The proposed demonstration program will operate through a Lead Institution / Consortium structure. The Lead Institution for the program is San Francisco HIV Health Services (HHS), an organizational unit of the San Francisco Department of Public Health (SFDPH). HHS will have responsibility for coordinating and overseeing the demonstration project, including preparing project reports and disseminating project findings. The project's two consortium members will also function as the project's two demonstration sites: 1) the UCSF Positive Health Program Ward 86 Clinic at San Francisco General Hospital and 2) 360: The Positive Care Center at the University of California San Francisco (UCSF) Parnassus campus. The two clinics are among the largest HIV medical providers in San Francisco and together serve over 1,000 persons with HIV age 50 and older. San Francisco HIV Health Services proposes to utilize PCMH funding to work in close collaboration with Ward 86 and the 360 Program to design, implement, and test at least two new models of integrated HIV and aging care services designed to address the complex needs of persons 50 years and older living with HIV/AIDS in the context of the HIV-specific patient-centered medical home. These models will incorporate expanded geriatric specialty elements and will produce new approaches for providing integrated HIV and geriatric care within the PCMH setting, including models that address the specific needs of persons 65 and older. The consortium will collaborate with project researchers to track appropriate indicators that measure the intervention's impact on factors such as patient health and wellness, medication adherence, retention in care, and satisfaction with services. The consortium will utilize project findings to produce and disseminate new best practices guidelines for HIV and aging care throughout California. The project will result in the development of an effective patient-centered medical home model specifically for older adults living with HIV.

## TECHNICAL ABSTRACT

APPLICANT NAME Shaikh, Sajid	DATE SUBMITTED 4/30/2010 6:05:29 AM
TITLE OF PROJECT <i>(Titles exceeding 81 characters, including spaces and punctuation, will be truncated.)</i> Integrating HIV and Geriatric Services for PLWH 50 & Older	

This Abstract will become public information; therefore, do not include proprietary/confidential information.

APPLICANT: Shaikh, Sajid

**PROPOSED BUDGET**

	Period 1	Period 2	Period 3	Period 4	Period 5
Proposed Start Date (mm/dd/yyyy)	Sep 01, 2010	Sep 01, 2011	Sep 01, 2012		
Proposed End Date (mm/dd/yyyy)	Aug 31, 2011	Aug 31, 2012	Aug 31, 2013		

**Personnel Direct Costs**

Salaries & Wages	19200	19200	19200		
Fringe Benefits	6144	6144	6144		
SubTotal: Salary & Fringe Benefit Costs	25344	25344	25344		

**Non - Personnel Direct Costs**

	0	0	0		
Consultant/Contract Costs	251036	250918	250918		
Supplies & Expenses	3620	3620	3620		
Data Entry and Analysis	120000	120000	120000		
	0	0	0		
Travel - Project Related	0	0	0		
Travel - Meetings and Conferences	0	0	0		
	0	0	0		
	0	0	0		
Sub Total: Other Direct Costs:	374656	374538	374538		
<b>TOTAL DIRECT COSTS</b>	<b>400000</b>	<b>399882</b>	<b>399882</b>		

**Indirect Costs (i.e. overhead costs, facilities and administrative costs)**

INDIRECT COSTS	51665	48291	48291		
<b>TOTAL COSTS</b>	<b>451665</b>	<b>448173</b>	<b>448173</b>		



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 04/30/2010 03:05 AM

To "sajid.shaikh@sfdph.org" <sajid.shaikh@sfdph.org>  
 cc  
 bcc

Subject Proposal to California HIV/AIDS Research Program has been Submitted

History: This message has been forwarded.

This is a confirmation email for the following:  
 Grant-maker: California HIV/AIDS Research Program  
 Program: PCMH Initiative

Status: Submitted  
 Status Date: 4/30/2010 6:05:29 AM  
 Application Tracking Number#: 2010CHRPC00PCMH000051918  
 Applicant: Sajid Shaikh  
 Institution: San Francisco Department of Public Health (SFDPH)

Proposal Title: Integrating HIV and Geriatric Services for PLWH 50 & Older

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Shaikh, Sajid

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Deadlines displayed in U.S. Eastern Time

Delete	Edit	Identifier	Title	Grant Maker	Program	Investigator	Status	Date (EST)
<a href="#">UnSubmit</a>	<a href="#">View</a>	183732	<i>Proposal:</i> Integrating HIV and Geriatric Services for PLWH 50 & Older <i>LO:</i> Integrating HIV and Geriatric Services for PLWH 50 & Older	California HIV/AIDS Research Program	PCMH Initiative	<i>Proposal:</i> Shaikh, Sajid <i>LO:</i> Shaikh, Sajid	<i>Proposal:</i> Submitted <i>LO:</i> Approved	<i>Proposal:</i> 4/30/2010 <i>LO:</i> 6:05:29 AM <i>LO:</i> 3/22/2010 7:49:04 PM

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California HIV/AIDS  
Research Program

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Proposal To: California HIV/AIDS Research Program *PCMH Initiative*  
Title (Applicant): *Integrating HIV and Geriatric Services for PLWH 50 & Older (Shaikh, Sajid)*

Title Page

Enter a title for your application, then press Save.  
Press Next to save any changes and go to the next proposal section.

\* Project Title  Do not exceed 60 characters, including spaces. Quotation marks not allowed.

\* Priority Topic  Urban County-Tier 1 Grant (Choose one)  
 Rural County-Tier II Grant

Title Page

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California HIV/AIDS Research Program

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Proposal To: California HIV/AIDS Research Program *PCMH Initiative*  
Title (Applicant): *Integrating HIV and Geriatric Services for PLWH 50 & Older (Shaikh, Sajid)*

Abstracts

Please provide a lay abstract below. 3,500 characters max, including spaces.  
Text only. No special characters or formatting. See instructions for details.

\* The proposed demonstration program will operate through a Lead Institution / Consortium structure. The Lead Institution for the program is San Francisco HIV Health Services (HHS), an organizational unit of the San Francisco Department of Public Health (SFDPH). HHS will have responsibility for coordinating and overseeing the demonstration project, including preparing project reports and disseminating project findings. The project's two consortium members will also function as the project's two demonstration sites: 1) the UCSF Positive Health Program Ward 86 Clinic at San Francisco General Hospital and 2) 360: The Positive Care Center at the University of California San Francisco (UCSF) Parnassus campus. The two clinics are among the largest HIV medical providers in San Francisco and together serve over 1,000 persons with HIV age 50 and older. San Francisco HIV Health Services proposes to utilize PCMH funding to work in close collaboration with Ward 86 and the 360 Program to design, implement, and test at least two new models of integrated HIV and aging care services designed to address the complex needs of persons 50 years and older living with HIV/AIDS in the context of the HIV-specific patient-centered medical home. These models will incorporate expanded geriatric specialty elements and will produce new approaches for providing integrated HIV and geriatric care within the PCMH setting, including models that address the specific needs of persons 65 and older. The consortium will collaborate with project researchers to track appropriate indicators that measure the intervention's impact on factors such as patient health and wellness, medication adherence, retention in care, and satisfaction with services. The consortium will utilize project findings to produce and disseminate new best practices guidelines for HIV and aging care throughout California. The project will result in the development of an effective patient-centered medical home model specifically for older adults living with HIV.

\* HIV  
Keyword

\* AIDS  
Keyword

\* Geriatrics  
Keyword

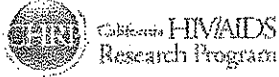
Keyword  
Keyword

Please provide at least three and up to five appropriate keywords in the spaces below (25 characters or less).

Please select research areas appropriate to the proposed project.

Selected Research Area(s)

- 10 Treatment for HIV and AIDS Related Diseases
- 14 Determinants of Health Care-Related Behavior
- 17 Health Services




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Shaikh, Sajid

Proposal To: California HIV/AIDS Research Program *PCMH Initiative*  
Title (Applicant): *Integrating HIV and Geriatric Services for PLWH 50 & Older (Shaikh, Sajid)*

<p><b>LOI Sections</b> Click here to view Letter Of Intent.</p> <p><b>Proposal Sections</b> Click name below to go to that section.</p> <p>1) Title Page 2) Applicant/PO 3) Institution &amp; Contacts 4) Key Personnel 5) Abstracts 6) Budget Summary 7) Upload Proposal Narrative &amp; Other Attachments 8) Print Face Page(s) When Application Complete</p> <p><b>Support Links</b> Grantmaker Website Program Guidelines Email to Program Admin</p> <p><b>Proposal Identifiers</b> LOI ID: 183733 Proposal ID: 183732 Tracking Number: 2010CHRP00PCMH000051918 Grantor ID: Unassigned</p>	<div style="text-align: right;">Close Window</div> <p>Enter proposed start and end dates for each Budget Period:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Period 1</th> <th>Period 2</th> <th>Period 3</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Proposed Start Date (mm/dd/yyyy)</td> <td>9/1/2010</td> <td>9/1/2011</td> <td>9/1/2012</td> <td>9/1/2010</td> </tr> <tr> <td>Proposed End Date (mm/dd/yyyy)</td> <td>8/31/2011</td> <td>8/31/2012</td> <td>8/31/2013</td> <td>8/31/2013</td> </tr> </tbody> </table> <p>Enter Salary &amp; Fringe Benefit Costs:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Salaries &amp; Wages</td> <td>\$19200</td> <td>\$19200</td> <td>\$19200</td> <td>\$57600</td> </tr> <tr> <td>Fringe Benefits</td> <td>\$6144</td> <td>\$6144</td> <td>\$6144</td> <td>\$18432</td> </tr> <tr> <td><b>SubTotal: Salary &amp; Fringe Benefit Costs</b></td> <td><b>\$25344</b></td> <td><b>\$25344</b></td> <td><b>\$25344</b></td> <td><b>\$76032</b></td> </tr> </tbody> </table> <p>Enter Other Direct Costs:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Consultant/Contract Costs</td> <td>\$251036</td> <td>\$250918</td> <td>\$250918</td> <td>\$752872</td> </tr> <tr> <td>Supplies &amp; Expenses</td> <td>\$3620</td> <td>\$3620</td> <td>\$3620</td> <td>\$10860</td> </tr> <tr> <td>Data Entry and Analysis</td> <td>\$120000</td> <td>\$120000</td> <td>\$120000</td> <td>\$360000</td> </tr> <tr> <td>Travel - Project Related</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td>Travel - Meetings and Conferences</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> <td>\$0</td> </tr> <tr> <td><b>Sub Total: Other Direct Costs:</b></td> <td><b>\$374656</b></td> <td><b>\$374538</b></td> <td><b>\$374538</b></td> <td><b>\$1123732</b></td> </tr> </tbody> </table> <p>Enter Indirect Costs:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>Indirect Costs</td> <td>\$51665</td> <td>\$48291</td> <td>\$48291</td> <td>\$148247</td> </tr> <tr> <td><b>Sub Total: Indirect Costs</b></td> <td><b>\$51665</b></td> <td><b>\$48291</b></td> <td><b>\$48291</b></td> <td><b>\$148247</b></td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tbody> <tr> <td><b>Total Costs:</b></td> <td><b>\$451665</b></td> <td><b>\$448173</b></td> <td><b>\$448173</b></td> <td><b>\$1348011</b></td> </tr> </tbody> </table> <div style="text-align: right;">Close Window</div>		Period 1	Period 2	Period 3	Total	Proposed Start Date (mm/dd/yyyy)	9/1/2010	9/1/2011	9/1/2012	9/1/2010	Proposed End Date (mm/dd/yyyy)	8/31/2011	8/31/2012	8/31/2013	8/31/2013	Salaries & Wages	\$19200	\$19200	\$19200	\$57600	Fringe Benefits	\$6144	\$6144	\$6144	\$18432	<b>SubTotal: Salary &amp; Fringe Benefit Costs</b>	<b>\$25344</b>	<b>\$25344</b>	<b>\$25344</b>	<b>\$76032</b>	Consultant/Contract Costs	\$251036	\$250918	\$250918	\$752872	Supplies & Expenses	\$3620	\$3620	\$3620	\$10860	Data Entry and Analysis	\$120000	\$120000	\$120000	\$360000	Travel - Project Related	\$0	\$0	\$0	\$0	Travel - Meetings and Conferences	\$0	\$0	\$0	\$0	<b>Sub Total: Other Direct Costs:</b>	<b>\$374656</b>	<b>\$374538</b>	<b>\$374538</b>	<b>\$1123732</b>	Indirect Costs	\$51665	\$48291	\$48291	\$148247	<b>Sub Total: Indirect Costs</b>	<b>\$51665</b>	<b>\$48291</b>	<b>\$48291</b>	<b>\$148247</b>	<b>Total Costs:</b>	<b>\$451665</b>	<b>\$448173</b>	<b>\$448173</b>	<b>\$1348011</b>
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LEAD INSTITUTION:	SF HIV Health Services	LEAD INSTITUTION CONTACT:	William S. Blum
-------------------	------------------------	---------------------------	-----------------

 <p>California HIV/AIDS Research Program</p>	<h2>PCMH Application</h2> <p><i>Detailed Budget</i> Combined For All Consortia Members</p>
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Please refer to the Application Guidelines/Instructions – *Directions for Completing Budget Template and Justification for Lead Institution/Consortium Applicants* – for instructions for completing this form.

For Urban County - Tier I Grants the maximum award for direct costs per year is \$400,000. For Rural County – Tier II Grants the maximum award for direct costs per year is \$100,000.

Begin the *Budget Justification* at the end of this form. Upload this form and the *Budget Justification* as a PDF.

BUDGET CATEGORY	FY 2010-2011 (Year 1)		FY 2011-2012 (Year 2)		FY 2012-2013 (Year 3)	
1. PERSONNEL	25,344		25,344		25,344	
2. CONSULTANT / CONTRACTUAL COSTS	251,036		250,918		250,918	
3. SUPPLIES and EXPENSES	3,620		3,620		3,620	
4. DATA ENTRY and ANALYSIS (30% of annual total Direct Costs) <sup>1</sup>	120,000 ↓		120,000 ↓		120,000 ↓	
5a. TRAVEL: Project-Related Collaborative Meetings	0		0		0	
5b. TRAVEL: Meetings and Conferences	0		0		0	
6. SUBTOTAL Direct Costs	400,000		399,882		399,882	
7. INDIRECT COSTS	51,665		48,291		48,291	
8. TOTAL COSTS PER YEAR ⇒	A	451,665	B	448,173	C	448,173
9. TOTAL DIRECT COSTS (cannot exceed \$1,200,000 for Urban County – Tier I Grants or cannot exceed \$300,000 for Rural County – Tier II Grants)						1,199,764
10. TOTAL INDIRECT COSTS						148,247
11 TOTAL COSTS FOR THE ENTIRE PERIOD OF SUPPORT (A + B + C or 9 + ,10) (Shown on Face Page)						1,348,011

Submit the budget for the Consortium as a combined budget using the form above. At the end of this document are instructions for completing the Budget Justification. Include all project personnel on the attached forms.

<sup>1</sup> For example, if your Total Direct Costs for the first budget year are \$300,000, then #5 Data Entry and Analysis would total \$90,000 of those Direct Costs

## CONSORTIUM FUNDING TABLE

Complete table below, listing PERCENTAGE of total direct costs per budget year for each consortia member.

CONSORTIUM MEMBER	FY 2010-2011 (Year 1)	FY 2011-2012 (Year 2)	FY 2012-2013 (Year 3)
Positive Health Program Ward 86 Clinic	25.1%	26.8%	26.8%
360: The Positive Care Center	23.3%	24.9%	24.9%

**YEAR 1 PERSONNEL BUDGET:** (Note: In Year 1, multidisciplinary team members at each site – with the exception of the Medical Directors – will begin in program month 2, but will work on a 10% or 5% basis thereafter. This explains the slightly lower salary costs for team members in year 1 versus years 2 and 3.)

PERSONNEL			% EFFORT ON PROJ	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	CONSORTIUM MEMBER	ROLE ON PROJECT		SALARY REQUESTED	FRINGE BENEFITS	TOTALS
C. Bradley Hare, MD	Ward 86 Clinic	Ward 86 Medical Dir.	10%	18,588	2,602	21,190
Malcolm John, MD	360 Program	360 Medical Director	10%	16,500	4,125	20,625
TBD	Ward 86 Clinic	Geriatric Physician	10%	16,042	4,652	20,694
TBD	360 Program	Geriatric Physician	10%	16,042	4,010	20,052
TBD	Ward 86 Clinic	Registered Nurse	10%	12,668	2,563	15,231
TBD	360 Program	Registered Nurse	10%	13,750	3,438	17,188
TBD	Ward 86 Clinic	Pharmacist	10%	12,081	3,503	15,584
TBD	360 Program	Pharmacist	5%	6,875	1,719	8,594
TBD	Ward 86 Clinic	Social Worker	10%	6,645	1,927	8,572
TBD	360 Program	Social Worker	10%	8,433	2,108	10,542
TBD	Ward 86 Clinic	Site Coordinator	10%	6,417	1,861	8,278
TBD	360 Program	Site Coordinator	10%	6,692	1,673	8,365
SUBTOTALS =				150,336	36,677	187,013

## YEAR 2 PERSONNEL BUDGET:

PERSONNEL			% EFFORT ON PROJ	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	CONSORTIUM MEMBER	ROLE ON PROJECT		SALARY REQUESTED	FRINGE BENEFITS	TOTALS
C. Bradley Hare, MD	Ward 86 Clinic	Ward 86 Medical Dir.	10%	18,588	2,602	21,190
Malcolm John, MD	360 Program	360 Medical Director	10%	16,500	4,125	20,625

TBD	Ward 86 Clinic	Geriatric Physician	10%	17,500	5,075	22,575	
TBD	360 Program	Geriatric Physician	10%	17,500	4,375	21,875	
TBD	Ward 86 Clinic	Registered Nurse	10%	13,819	2,796	16,615	
TBD	360 Program	Registered Nurse	10%	15,000	3,750	18,750	
TBD	Ward 86 Clinic	Pharmacist	10%	13,180	3,822	17,002	
TBD	360 Program	Pharmacist	5%	7,500	1,875	9,375	
TBD	Ward 86 Clinic	Social Worker	10%	7,249	2,102	9,351	
TBD	360 Program	Social Worker	10%	9,200	2,300	11,500	
TBD	Ward 86 Clinic	Site Coordinator	10%	7,000	2,030	9,030	
TBD	360 Program	Site Coordinator	10%	7,300	1,825	9,125	
				SUBTOTALS =>	150,336	36,677	187,013

**YEAR 3 PERSONNEL BUDGET:**

PERSONNEL			% EFFORT ON PROJ	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>			
NAME	CONSORTIUM MEMBER	ROLE ON PROJECT		SALARY REQUESTED	FRINGE BENEFITS	TOTALS	
C. Bradley Hare, MD	Ward 86 Clinic	Ward 86 Medical Dir.	10%	18,588	2,602	21,190	
Malcolm John, MD	360 Program	360 Medical Director	10%	16,500	4,125	20,625	
TBD	Ward 86 Clinic	Geriatric Physician	10%	17,500	5,075	22,575	
TBD	360 Program	Geriatric Physician	10%	17,500	4,375	21,875	
TBD	Ward 86 Clinic	Registered Nurse	10%	13,819	2,796	16,615	
TBD	360 Program	Registered Nurse	10%	15,000	3,750	18,750	
TBD	Ward 86 Clinic	Pharmacist	10%	13,180	3,822	17,002	
TBD	360 Program	Pharmacist	5%	7,500	1,875	9,375	
TBD	Ward 86 Clinic	Social Worker	10%	7,249	2,102	9,351	
TBD	360 Program	Social Worker	10%	9,200	2,300	11,500	
TBD	Ward 86 Clinic	Site Coordinator	10%	7,000	2,030	9,030	
TBD	360 Program	Site Coordinator	10%	7,300	1,825	9,125	
				SUBTOTALS =>	150,336	36,677	187,013

AGREEMENT NO. MH10-SFDPH-600  
between  
THE REGENTS OF THE UNIVERSITY OF CALIFORNIA  
CALIFORNIA HIV/AIDS RESEARCH PROGRAM  
and  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

THIS AGREEMENT is between The Regents of the University of California, (hereinafter called "The Regents") represented by the California HIV/AIDS Research Program (hereinafter called "CHRP"), and San Francisco Department of Public Health (hereinafter called the "Recipient"), a non-profit institution.

WITNESS THAT

WHEREAS, the State of California Legislature has requested The Regents of the University of California establish and administer a program supporting research on Acquired Immune Deficiency Syndrome (AIDS); and

WHEREAS, the State of California has appropriated funds to The Regents for the administration of the California HIV/AIDS Research Program; and

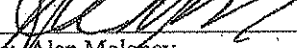
WHEREAS, The Regents, in keeping with the outcome of a scientific peer review process and the advice of an appropriately constituted Scientific Advisory Committee, has recommended Recipient's proposal for the conduct of CHRP research; and

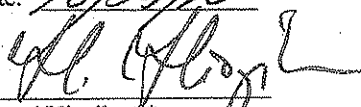
WHEREAS, acting on the recommendation of the Scientific Advisory Committee, The Regents have approved Recipient's proposal for conducting CHRP research,

NOW THEREFORE, the parties mutually agree to the conditions stated in Articles 1 through 20 in the pages to follow.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed by their duly authorized representatives.


THE REGENTS OF THE UNIVERSITY  
OF CALIFORNIA

By:   
Name: Alan Moloney  
Title: Director, Strategic Sourcing  
Date: 10/27/10

  
Haggai Hisgilov\*\*  
Executive Director, Strategic Sourcing

\*\*Second signature required only if amount exceeds \$250,000

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

By:   
Name: Barbara Garcia  
Title: Dir of Community Pgrs  
Date: 11/04/10

1. STATEMENT OF WORK

Recipient shall conduct CHRP research in accordance with its proposal entitled Integrating HIV and Geriatric Services for PLWH 50 & Older, which is incorporated herein by reference.

2. PERIOD OF PERFORMANCE

This Agreement shall be in effect from December 1, 2010 through November 30, 2013.

3. TECHNICAL DIRECTION

The performance of the work shall be under the direction of the Principal Investigator, Bill Blum. See the Special Research Programs Grant Administration Manual, which can be found at [http://www.californiaaidsresearch.org/grantees/gam\\_2007\\_2009.pdf](http://www.californiaaidsresearch.org/grantees/gam_2007_2009.pdf), for specific minimum percent effort and other requirements and actions requiring prior approval.

4. BUDGET AND EXPENDITURES

- A. The total amount of funds made available and reimbursable to Recipient under this Agreement for the period starting December 1, 2010 through November 30, 2011 shall not exceed \$402,596.
- B. Subject to the contingency stated below in subsection 4.F., an amount not to exceed \$402,596 and \$402,596 will be made available and reimbursable to Recipient under this Agreement for the second and third year of the project. An amendment to this Agreement **will not** be forthcoming, except as necessitated if sufficient funds for this project are not made available to The Regents.
- C. Expenditures shall be in accordance with the approved budgets, attached hereto as Exhibit A, and the rules and regulations detailed in the Special Research Programs Grant Administration Manual. Rebudgeting and carry forward actions must be consistent with the provisions described in the Special Research Programs Grant Administration Manual.
- D. In accordance with the Special Research Programs Grant Administration Manual, indirect costs are reimbursable for 25% of total direct costs, excluding equipment, or at the federally approved rate and base for Recipient institution (or other similarly established rate), whichever is less.
- E. It is not permissible to reallocate funds from direct costs to cover any increases to the indirect cost rates approved by CHRP at the outset of an award. Any savings generated by reductions in Recipient's institutional rates (in those cases where Recipient's rate is less than 25%), or by rebudgeting items from an overhead bearing category to a non-overhead bearing category, shall be returned to CHRP. Recipient shall annually provide to CHRP a copy of Recipient's current, federally approved indirect cost rate agreement (or appropriate documentation of an alternative rate if Recipient does not have a federal agreement).
- F. *It is mutually agreed upon the parties that this Agreement has been written before ascertaining the availability of congressional or legislative appropriations of funds for the mutual benefit of both parties, in order to avoid program or fiscal delays that would occur if this Agreement was signed after that determination was made.*

*This Agreement is viable and enforceable only if sufficient funds are made available to The Regents of the University of California for the purpose of this program. Funding is contingent upon approval of the State Budget by the Legislature and the Governor. Should sufficient funds not be made available, The Regents will notify Recipient and proceed with the cancellation of this Agreement or modification in scope and budget, as appropriate.*

5. FISCAL AND ADMINISTRATIVE STANDARDS

Allowable costs and administration shall be governed by standards as set forth in this Agreement, the Special Research Programs Grant Administration Manual found on the internet at [http://www.californiaaidsresearch.org/grantees/gam\\_2007\\_2009.pdf](http://www.californiaaidsresearch.org/grantees/gam_2007_2009.pdf), and Office of Management and Budget Circulars

Nos. A-21 or A-122 as applicable, and A-110, in that order of precedence. (Note: Although funds used to support this Agreement are *non-federal*, reference to the OMB Circulars is included here to take advantage of established institutional practices and procedures.)

6. PAYMENT AND INVOICING

Payment for 100% of the first year project period will be released after execution of this Agreement by both parties. Payment for 100% of the second year period will be released automatically at the beginning of the second year and 80% of the approved third year budget will be released automatically at the beginning of the third year. The remaining 20% will be paid after receipt of the final reports required by Articles 8 and 9. All payments are subject to clearance of the contingencies listed below.

*Payments are contingent upon:*

- Appropriation and availability of funds provided by the California State Legislature
- Execution of this Agreement by both parties. (Once, at initiation of this award.)
- Clearance of all administrative issues, including pre-award requirements for new awards, and acceptability of progress and fiscal reports
- Receipt of all required reports (Scientific Progress reports as described in Article 9 for continuing awards; Fiscal and Scientific Progress reports as described in Articles 8 and 9 for release of the final 20% of an expiring or terminating award.)

*Invoices are not required, and amendments to this Agreement for subsequent anticipated project periods will not be forthcoming. However, current Certificates of Insurance, as required by Article 13 must be submitted prior to payment.*

If sufficient funds are not appropriated for this program and Agreement, or if funding for any fiscal year is reduced or deleted, this Agreement shall either be cancelled pursuant to the applicable Agreement termination provisions or amended to reflect a reduction in funds.

7. ANIMAL/HUMAN SUBJECTS

CHRP is not requiring submission of approvals from an institutional review board (IRB) or an institutional animal care and use committee (IACUC) governing the conduct of research involving human and animal subjects as had been indicated in the application instructions. Acceptance of this award will serve as agreement by the recipient to conduct any research funded by this award involving human and animal subjects according to the standards of the appropriate review board or committee, including obtaining and renewing all required approvals for use of research subjects. No funds for work requiring IRB or IACUC approvals may be expended until such approvals have been granted by the institution or by a certified IRB, in cases where the institution does not have an internal IRB. Furthermore, during the course of the award period, expenditure of any CHRP funds pertaining to this award must cease if any required IRB or IACUC approval lapses until such time as the approval is extended or reinstated. Approvals or applications for approvals must be furnished to CHRP upon request. CHRP reserves the right to withdraw funding of this award if approvals for use of human and or animal research subjects are not obtained in a timely manner, causing unreasonable delay in the progress of the research; or if approvals cannot be obtained for whatever reason.

8. FINANCIAL ACCOUNTING, RECORDS, REPORTS

- A. Recipient shall maintain accounts, records and other evidence pertaining to costs incurred.
- B. This Agreement shall be subject to the examination and audit of The Regents and the Auditor General of the State of California from the start date to three years after receipt of all required reports. The examination and audit shall be confined to those matters connected with the performance of this Agreement, including, but not limited to, the cost of administering the Agreement.
- C. Recipient shall submit annual fiscal reports to CHRP, detailing its expenditures for the project within 90 days of each project year-end and within 90 days of expiration or termination of this Agreement. The format for the fiscal reports is described in the Special Research Programs Grant Administration Manual. (See the Special Research Programs Grant Administration Manual for revised due dates if a no cost time extension is requested and approved.)



9. SCIENTIFIC PROGRESS REPORT

If a continuing year is anticipated, the scientific progress report regarding the research supported hereunder shall be submitted to CHRP as a single electronic pdf (portable document format) file containing the scientific progress report sent by email to [chrp@ucop.edu](mailto:chrp@ucop.edu) 30 days prior to the end of each program year. The format for the progress report is described in the Special Research Programs Grant Administration Manual. Required forms are available from the CHRP web site (<http://www.californiaaidsresearch.org/grantees/>)

In the final year of this Agreement, the scientific report shall be submitted to CHRP either as two paper copies or as a single electronic pdf (portable document format) file sent by email to [chrp@ucop.edu](mailto:chrp@ucop.edu) within 60 days after expiration or termination of this Agreement, whichever occurs first. (See the Special Research Programs Grant Administration Manual for revised due dates if an extension is requested and approved.) Required forms are available from the CHRP web site (<http://www.californiaaidsresearch.org/grantees/>)

10. PUBLICATION/DISCLAIMER

Any publication resulting from the research supported by this Agreement must acknowledge such support. The wording to be used is "This research was supported by funds provided by The Regents of the University of California, California HIV/AIDS Research Program, Grant Number MH10-SFDPH-600. The opinions, findings, and conclusions herein are those of the author and not necessarily represent those of The Regents of the University of California." One reprint or electronic copy of a reprint, preferably as a pdf (portable document format) file of each publication shall be provided to the CHRP, [chrp@ucop.edu](mailto:chrp@ucop.edu), electronically.

11. TERMINATION

This Agreement may be terminated in whole or in part without cause by either party upon 30 days prior written notice to the other party. The Regents shall reimburse Recipient for noncancellable obligations, and allowable and proper budgeted costs incurred to date of termination. Balances owed to Recipient will be paid upon receipt and acceptance of all final reports. Recipient shall take all necessary measures to mitigate its costs and shall return to The Regents all unliquidated advance payments within 90 days of termination.

Notwithstanding the above, The Regents shall have the right to an immediate termination if Recipient becomes insolvent, makes an assignment for the benefit of creditors, files or has filed against it a petition in bankruptcy or seeks reorganization, has a receiver appointed or institutes any proceedings for liquidation or winding up.

12. AMENDMENTS

Requests for No Cost Time Extensions, Carry-Forwards, Rebudgeting, and changes in Key Personnel may be approved by the CHRP Program Official upon request by Recipient as described in the Special Research Programs Grant Administration Manual. All other amendments or modifications to this Agreement shall require execution on behalf of The Regents by the Executive Director of Strategic Sourcing, or his/her designee, and shall be by mutual consent of the parties in writing.

13. INSURANCE

The Recipient at its sole cost and expense, shall insure its activities in connection with this Agreement and obtain, keep in force and maintain insurance as follows:

A. Commercial Form General Liability Insurance (contractual liability included) with limits as follows:

(i)	Each Occurrence	\$1,000,000
(ii)	Products/Completed Operations Aggregate	\$3,000,000
(iii)	Personal and Advertising Injury	\$1,000,000
(iv)	General Aggregate	\$3,000,000

If the above insurance is written on a claims-made form, it shall continue for three (3) years following termination of this Agreement. The insurance shall have a retroactive date of placement prior to or coinciding with the effective date of this Agreement.

- B. Business Automobile Liability Insurance for owned, scheduled, non-owned, or hired automobiles with a combined single limit no less than one million (\$1,000,000) per occurrence if using automobiles in conducting research under this Agreement.
- C. Workers' Compensation as required under California State law.
- D. Professional Medical and Hospital Liability Insurance (contractual liability included) with limits of two million dollars (\$2,000,000) per occurrence and five million dollars (\$5,000,000) general aggregate.

If the above insurance is written on a claims-made form, it shall continue for three (3) years following termination of this Agreement. The insurance shall have a retroactive date of placement prior to or coinciding with the effective date of this Agreement.

Note: Professional Medical and Hospital Liability Insurance is required only when healthcare professionals and/or health care students are involved in patient care under this agreement.

- E. Commercial Blanket Bond with a limit not less than the amount of grant funds provided by this Agreement in Recipient's possession at any one time covering all employees of Recipient, including coverage to protect money and securities as found in a Comprehensive Crime Policy.
- F. Such other insurance in such amounts which from time to time may be reasonably required by the mutual consent of The Regents and the Recipient against other insurable risks relating to performance of the agreement.
- G. The coverages required under this Article shall not in any way limit the liability of the Recipient.

The coverage referred to under (A) and (B) of this Article shall name "The Regents of the University of California" as Additionally Insured. Such a provision, however, shall apply only in proportion to and to the extent of the negligent acts or omissions of Recipient, its officers, employees, and agents. A thirty (30)-day advance written notice (10 days for non-payment of premium) to The Regents of any modification, change or cancellation of any of the above insurance coverages is required. Upon the execution of this Agreement, Recipient shall furnish The Regents with Certificates of Insurance evidencing Recipient's insurance coverage and Additional Insured Endorsements demonstrating that The Regents are an additional insured on the applicable policies. Alternatively, should Recipient have more than one CHRP award from The Regents, one certificate for all CHRP awards, with the following language, will suffice: "This coverage is for all California HIV/AIDS Research Program agreements awarded to San Francisco Department of Public Health by The Regents of the University of California. The certificate holder is added as an additional insured as their interests may appear."

NOTE: Payment will be withheld until Certificate(s) of Insurance has been received by The Regents.

#### 14. INDEMNIFICATION

Recipient shall defend, indemnify, and hold The Regents, its officers, employees, and agents harmless from and against any all liability, loss, expense (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this Agreement but only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of Recipient, its officers, agents, or employees.

The Recipient covenants and warrants that the conduct of the research shall be in accord with all applicable federal and state regulations including those pertaining to the protection of human subjects, use of animal subjects, and handling of biohazard materials, and further covenants and warrants that approvals in these areas shall be secured from, and periodically reviewed by, a duly constituted institutional review committee for each relevant area.

15. PATENTS, COPYRIGHTS, AND RIGHTS IN DATA

- A. Confidentiality: Neither party shall furnish any information considered enabling and confidential or proprietary by it or by any third parties to the other party in connection with this Agreement, absent a subsequent and separate written agreement between the parties to the contrary.
- B. Patent Rights: All rights to any patentable inventions or discoveries conceived or reduced to practice in the performance of the work conducted under this Agreement shall belong to the Recipient.
- C. Copyrights: All rights in copyright works created by the Recipient in the performance of work under this Agreement are the property of the Recipient. To the extent that the Recipient shall have the legal right to do so, the Recipient grants The Regents a royalty-free, non-exclusive, nontransferable, irrevocable license to reproduce, prepare derivative works, and distribute copies of the deliverables specified in the Scope of Work for educational and non-commercial research purposes and to have or permit others to do so on its behalf.
- D. Upon request, Recipient shall provide The Regents with access to any data utilized in the performance of work under this Agreement.
- E. Tangible Research Results: Other discoveries made or reduced to practice under this Agreement which may not be protectable by patent or copyright, such as biological materials, plasmids, and cell lines, shall be the property of the Recipient and licensed in the public interest.
- F. Commercial Application and Reporting: The Recipient shall use reasonable efforts to achieve expeditious practical application of the patents, copyrights, and tangible research results developed in the course of the performance of work under this Agreement. Annual and final technical reports shall include a description on the commercial utilization of the research results or on the efforts at obtaining such utilization, including providing non-confidential, non-enabling information regarding any invention or discovery and patent applications filed or patents issued thereon.

16. AFFIRMATIVE ACTION/NON-DISCRIMINATION

Recipient agrees that when applicable, the following are incorporated herein as though set forth in full: the non-discrimination and affirmative action clauses contained in Executive Order 11246, as amended, relative to equal employment opportunity for all persons without regard to race, color, religion, sex or national origin, and the implementing rules and regulations contained in Title 41, part 60 of the Code of Federal Regulations, as amended; the non-discrimination and affirmative action clause contained in Section 503 of the Rehabilitation Act of 1973, as amended, relative to the employment and advancement in employment of qualified individual(s) with a disability without discrimination, and the implementing rules and regulations in Title 41, part 60-741 of the Code of Federal Regulations; the non-discrimination and affirmative action clause of the Vietnam Era Veterans Readjustment Assistance Act of 1974 relative to the employment and advancement in employment of qualified special disabled veterans, recently separated veterans, Vietnam era veterans, and veterans who served on active duty during in the U.S. military, ground, naval, or air services during a war or in a campaign or expedition for which a campaign badge has been authorized, and Armed Forces service medal veterans, without discrimination, and the implementing rules and regulations in Title 41, parts 60-250 and 60-300 of the Code of Federal Regulations; and the non-discrimination clause required by California Government Code Section 12990 relative to equal employment opportunity for all persons without regard to race, religious creed, color, national origin, ancestry, physical or mental disability, medical condition (cancer-related or genetic characteristics), marital status, sex, age, or sexual orientation, and the implementing rules and regulations of Title 2, Division 4, Chapter 5 of the California Code of Regulations.

17. TITLE TO PROPERTY

Equipment is defined as an article of tangible nonexpendable personal property that has a useful life of more than one year and an acquisition cost per unit that equals or exceeds \$5,000 or the capitalization threshold established by the organization, whichever is less. The Regents reserve the right to transfer title to equipment to The Regents or to a third party named by The Regents. The Regents shall notify the Recipient within 120 days from expiration of this Agreement of its intention to transfer title; otherwise title to equipment shall remain with the Recipient.

Expendable personal property will become property of the Recipient.

18. INDEPENDENT CONTRACTOR

Recipient and its employees, consultants, agents, or independent contractors will perform all services under this Agreement as independent contractors. Nothing in this Agreement will be deemed to create an employer-employee or principal-agent relationship between Regents and Recipient's employees, consultants, agents, or independent contractors. Recipient and its employees, consultants, agents and lower tier subawardees will not, by virtue of any services provided under this Agreement, be entitled to participate, as an employee or otherwise, in or under any employee benefit plan of Regents or any employment right or benefit available to or enjoyed by employees of Regents.

19. PROJECT PERSONNEL AND OTHER INFORMATION

THE REGENTS

Program and Fiscal Matters:

John Mortimer, Ph.D. (510) 587-6131  
California HIV/AIDS Research Program  
Office of Health Affairs  
Office of the President  
University of California  
300 Lakeside Drive, 6th Floor  
Oakland, CA 94612-3550

Contractual Matters:

Lourdes G. DeMattos, (510) 987-9850  
Contract and Grant Officer  
Research Administration Office  
University of California  
1111 Franklin St., 5th Floor  
Oakland, CA 94607-5200

RECIPIENT

Program Matters:

Name Bill Blum  
Title Chief Operating Office,  
Address 24 Van Ness Ave, 5th Fl  
SF, CA 94102  
Phone 415-554-9000

Fiscal Matters:

Name David Anabu  
Title Sr Systems Accountant  
Address 25 Van Ness Ave, 4th Fl  
SF, CA 94103  
Phone 415-355-3472

Contractual Matters:

Name Sajid Shaikh  
Title Sr Admin Analyst  
Address 1380 Howard, 4th Fl  
SF, CA 94103  
Phone 415-279-8833

Address to which checks should be mailed if different from above Fiscal Matters address:

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

PLEASE INSERT RECIPIENT'S FEDERAL IDENTIFICATION NO. 94-6000417

20. NOTICES

Whenever any notice, including changes to Recipient's legal name or contact information, is to be given under this Agreement by Recipient, it shall be in writing and provided to The Regents' contact for Program and Fiscal Matters and to The Regents' contact for Contractual Matters listed in Article 19, above.

**EXHIBIT A**  
University of California  
California HIV/AIDS Research Program

Award Notice

Principal Investigator: Bill Blum  
Institution: San Francisco Department of Public Health  
Project Title: Integrating HIV and Geriatric for PLWH 50 & Older

Award #: MH10-SFDPH-600

This award notice for period: December 1, 2010 - November 30, 2011

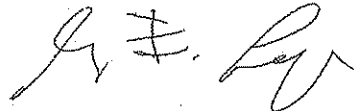
Approved Budget:

Personnel (Salaries, Wages, Benefits)	\$14,256
Consultant/Contract	382,124
Supplies and Expenses	3,620
Equipment	0
Travel - Annual Meeting	0
Travel - Project-Related	0
Travel - Scientific Meetings	0
Indirect Costs	2,596
<b>TOTAL:</b>	<b>\$402,596</b>

Anticipated award for FY 2011-2012 \$402,596; FY 2012-2013 \$402,596

1. Inform CHRP if you receive funds for related research from any other source.
2. Conduct research involving human and animal subjects according to the standards of the appropriate review board or committee (i.e. Institutional Review Board or Institutional Animal Care and Use Committee). No funds for work requiring IRB or IACUC approvals may be expended until such approvals have been obtained. Approvals or applications for approvals must be furnished to CHRP upon request.
3. Submission of Annual Progress and Fiscal Reports on or before the due date.
4. Management of the grant according to CHRP Policies and Procedures.

Refer to the U.C. Special Research Programs Grant Administration Manual online at [http://www.californiaaidsresearch.org/grantees/gam\\_2007\\_2009.pdf](http://www.californiaaidsresearch.org/grantees/gam_2007_2009.pdf) for specific policies governing the administration of this award. Reporting forms for Progress Reports and requests are available online at <http://www.californiaaidsresearch.org/grantees/index.html>. Pre-filled reporting forms for Fiscal Reports are sent by email 30 days prior to the due date. Direct any questions to the California HIV/AIDS Research Program Office, 300 Lakeside Drive, 6th Floor, Oakland, CA 94612-3550, Phone (510) 987-9855.



George Lemp  
Director, California HIV/AIDS Research Program