



1 [Accept and Expend Grant - Medical Monitoring Project - \$556,874]

2  
3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$556,874 from the Centers for Disease Control and**  
5 **Prevention to participate in a program entitled "Medical Monitoring Project" for the**  
6 **period of June 1, 2014, through May 31, 2015.**

7  
8 WHEREAS, The Centers for Disease Control and Prevention (CDC) has agreed to  
9 fund Department of Public Health (DPH) in the amount of \$556,874 for the period of June 1,  
10 2014, through May 31, 2015; and

11 WHEREAS, As a condition of receiving the grant funds, CDC requires the City to enter  
12 into an agreement (Agreement), a copy of which is on file with the Clerk of the Board of  
13 Supervisors in File No. 140686; which is hereby declared to be a part of this Resolution as if  
14 set forth fully herein; and

15 WHEREAS, The purpose of this project is to gather detailed information on HIV-  
16 infected patients receiving care in the United States; and

17 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
18 partially reimburses DPH for four existing positions, one Manager II (Job Class No. 0923) at  
19 .25 FTE, one Health Program Coordinator III (Job Class No. 2593) at .47 FTE, one Health  
20 Program Coordinator I (Job Class No. 2589) at .13 FTE and one IT Operations Support Admin  
21 II (Job Class No. 1092) for the period of June 1, 2014 through, May 31, 2015; and

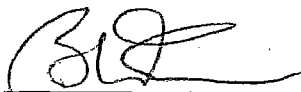
22 WHEREAS, The budget includes a provision for indirect costs in the amount of  
23 \$23,152; now, therefore, be it

1 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
2 in the amount of \$556,874 from CDC; and, be it

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

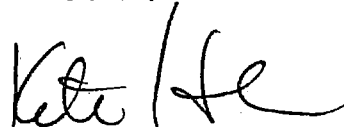

6 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
7 Agreement on behalf of the City.

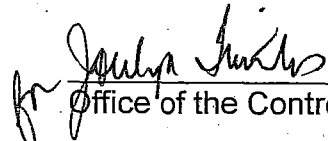

8  
9 RECOMMENDED:

10 

11  
12 Barbara A. Garcia, MPA  
13 Director of Health

APPROVED:

14   
15 for  Office of the Mayor

16   
17 for  Office of the Controller

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

**Grant Information Form**  
(Effective January 2000)

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

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

1. Grant Title: **Medical Monitoring Project (MMP)**
2. Department: **Department of Public Health  
Public Health Division (PHD)  
Applied Research, Community Health Epidemiology, & Surveillance (ARCHES)**

3. Contact Person: **Maree Kay Parisi** Telephone: **437-6253**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$556,874**

6a. Matching Funds Required: **No**

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**

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

8. Proposed Grant Project Summary:

**The Medical Monitoring Project (MMP) is a comprehensive population-based project to gather detailed information on HIV-infected patients receiving care in the United States. San Francisco has been selected as one of the study sites. Information collected through patient interview and medical chart abstraction will enable us to estimate resource needs for treatment and other services for people infected with HIV in San Francisco as well as nationally. Data from the project can document who is receiving care and provide population-based estimates of clinical characteristics for persons with HIV and AIDS in care. This information can then be used to improve access to care and prevention by supporting funding requests for the Ryan White CARE Act and by informing the HIV prevention community planning process.**

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

Budget period: Start-Date: **June 1, 2014**

End-Date: **May 31, 2015**

10a. Amount budgeted for contractual services: **\$399,243**

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? **\$23,152**

b2. How was the amount calculated? **26.21% of Salaries**

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?

12. Any other significant grant requirements or comments:

Grant Code: HCAO05/14

**\*\*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):

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 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:**


*for* Ron Weigelt

(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed: 5/23/14

  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed: 5/27/14

  
(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 AIDS Office - HIV Epidemiology Section  
 Medical Monitoring Project (MMP)  
 June 1, 2014 - May 31, 2015

Dept / Div: HPH-03  
 Fund Group: 2S/CHS/GNC  
 Index Code: HCHPDHIVSVGR  
 Grant Code: HCA005  
 Grant Detail: 1400

CATEGORY/LINE ITEM	Annual Salary	45% Annual Frin Ben	otal Annual al/Frin Be	% OF TIME	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
<b>A. PERSONNEL SEROEPIDEMIOLOGY</b>										
1. Manager II 0923 2 S. Scheer	122,642	55,189	177,831	25%	10,220	12	30,661	13,797	44,458	
2. Health Program Coordinator III 2593 5 MK. Parisi	88,195	22,049	110,243	47%	7,350	12	41,451	18,653	60,105	
3. Health Program Coordintor I 2589 Tony Buckman	76,960	19,240	96,200	13%	6,413	12	10,005	4,315	14,320	
4. IT Operations Support Admin II 1092 5 B. Van	66,014	29,706	95,720	10%	5,501	12	6,217	1,714	7,931	

1840

**TOTAL SALARY/FRINGE 353,811 126,184 479,994 88,333 38,480 126,813**

00101 SALARIES 88,333  
 00103 FRNG BN 38,480  
**SUB TOTAL 126,813**

**C. TRAVEL**  
 1. Local Travel (02301) 0  
 2. Out-of-Jurisdiction Travel(02101) 7,666  
**Sub Total TRAVEL 7,666**

**D. EQUIPMENT**  
 1. Computers (06061) 0  
**Sub Total EQUIPMENT 0**

**E. MATERIALS AND SUPPLIES**  
 1. Office supplies (04951) 0  
 2. Non-Inventoried Equipment 0  
**Sub Total SUPPLIES 0**

**F. CONTRACTUAL SERVICES (02789)**  
 1. PHFE 399,243  
 2. SFDPH-Public Health Laboratory 0  
**Sub Total CONTRACTS 399,243**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 AIDS Office - HIV Epidemiology Section  
 Medical Monitoring Project (MMP)  
 June 1, 2014 - May 31, 2015

Dept / Div: HPH-03  
 Fund Group: 2S/CHS/GNC  
 Index Code: HCHPDHIVSVGR  
 Grant Code: HCA005  
 Grant Detail: 1400

CATEGORY/LINE ITEM	Annual Salary	45% Annual Frin Ben	total Annual Sal/Frin Ben	% OF TIME	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
G. OTHER										
1. Rent support/mtg fac (03011)									0	
2. Telephone/Com (03241)									0	
3. Postage (03561)									0	
4. Delivery/Courier srvc (03521)									0	
5. Reproduction/Photocopy									0	
a. Photocopier leasing (03131)									0	
b. Photocopier maint (02931)									0	
c. Repro srvc (In House)(03551)									0	
6. Print/Slide srvc (Outside)(03552)									0	
7. Promotion/Advertis (03599)									0	
8. Stipend (02783)									0	
9. Staff training (02201)									0	
10. Other Prof. Svcs (02799)									0	
11. IRB fees (02799)									0	
Sub TOTAL OTHER									<u>0</u>	

TOTAL DIRECT COST

533,722

BUDGET SUMMARY

A. SALARIES	FTE =	88,333
B. MANDATORY FRINGE		38,480
C. TRAVEL		7,666
D. EQUIPMENT		0
E. MATERIALS AND SUPPLIES		0
F. CONTRACT / MOU		399,243
G. OTHER		0
DIRECT COSTS		533,722
H. INDIRECT COST (26.21% of total salaries)		23,152
TOTAL BUDGET		556,874
AWARD		556,874
SURPL/(DEFICFIT)		(0)

1841

**San Francisco Department of Public Health AIDS Office  
Applied Research, Community Health Epidemiology, & Surveillance  
"Medical Monitoring Project (MMP)"  
PS09-937, Grant #5U62PS001600-06  
Revised Budget Summary**

**June 1, 2014 - May 31, 2015**

A.	Salaries	\$88,333
B.	Mandatory Fringe	\$38,480
C.	Travel	\$7,666
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$399,243
G.	Other Expenses	\$0
	<b>TOTAL DIRECT COSTS</b>	<b>\$533,722</b>
H.	Indirect Costs (25.20% of Total Salaries)	\$23,152
	<b>TOTAL BUDGET</b>	<b>\$556,874</b>



**Revised Detail Line-Item Budget and Justification: 6/1/2014 – 5/31/2015**

- A. PERSONNEL**
- B. MANDATORY FRINGE**

Total Salaries	\$88,333
Mandatory Fringe @ 45%	\$38,480
<b>Total Personnel</b>	<b>\$126,813</b>

- 1. 0923 – Manager II: Susan Scheer  
HIV Epidemiology Section Director  
Annual Salary: \$122,642 x 0.25 FTE x 12 months = \$30,661

The Principal Investigator will be responsible for ensuring that all MMP protocols are followed and that the necessary security and confidentiality standards are met. She will serve as the project liaison to the SFDPH HIV/AIDS core and incidence surveillance programs and make sure that MMP is integrated, to extent possible, with core surveillance. She will disseminate the MMP findings to the San Francisco Care Council, HIV Prevention Planning Council and other interested parties. She will be responsible for the fiscal management of MMP and will assist the MMP project coordinator with hiring of staff.

- 2. 2593 - Health Program Coordinator III: Maree Kay Parisi  
Annual Salary: \$88,195 X 0.47 FTE x 12 months = \$41,451

Administrative and technical assistance will be provided by the HIV surveillance Program Director. She will serve as the MMP project coordinator. She will assist the MMP staff with contacting and establishing relationships with selected medical care providers. For example, drawing on her familiarity with medical care sites through core surveillance activities, she will assist MMP staff in gaining the facilities' willingness to participate in MMP, she will assist in gaining access to medical records for abstraction, and will be able to reassure MMP sites about security and confidentiality by relating it to the core surveillance guidelines. She will have direct supervision of four MMP staff members.

- 3. 0.10 1003 - IS Operator Senior: Belinda Van  
Annual Salary: \$66,014 x 0.10 FTE x12 months=\$6,216

Principal duties include entering patient and provider contact information into the access database, and the CDC database. Updating patient out come and status into local access data base and the CDC database.

- 4. 2589 – Health Program Coordinator I: Tony Buckman  
Annual Salary: \$76,960 x 0.13 FTE x12 months=\$10,005

The Health Program Coordinator will work with provider sites who have requested help with recruitment by obtaining phone numbers of patients, phoning patients on behalf of the medical providers to introduce and recruit patients into MMP. He will follow protocol on documenting outcomes of his recruitment efforts to MMP staff. He will also

follow up with provider sites that have not requested assistance with recruitment, and explain the assistance he can provide.

**C. TRAVEL** **\$7,666**

i. Out-of-Jurisdiction Travel \$7,666

To cover costs of domestic travel to CDC meetings for the principal investigator and project coordinator to attend the annual MMP meeting in Atlanta. Estimated costs are below.

Airfare (\$500 x 4 staff) =	\$2,000
Lodging (\$133/night x 3 nights x 4 staff) =	\$1,593
<u>Ground Transportation (\$60/person x 4 staff) =</u>	<u>\$ 240</u>
Total =	\$3,833
2trips =	\$7,666

**D. EQUIPMENT** **\$0**

**E. MATERIALS AND SUPPLIES** **\$0**

**F. CONTRACTUAL** **\$399,243**

**G. OTHER** **\$0**

TOTAL DIRECT EXPENSE: \$533,722

**H. INDIRECT COST (26.21% of Total Salaries)** **\$23,152**

**TOTAL BUDGET:** **\$556,874**



**SECTION I – AWARD DATA – 5U62PS001600-06**

**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$88,333
Fringe Benefits	\$39,372
Personnel Costs (Subtotal)	\$127,705
Travel Costs	\$7,666
Consortium/Contractual Cost	\$399,243

Federal Direct Costs	\$534,614
Federal F&A Costs	\$22,260
Approved Budget	\$556,874
Federal Share	\$556,874
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$556,874</b>

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$556,874**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

07 \$557,674

**Fiscal Information:**

CFDA Number: 93.944  
EIN: 1946000417A8  
Document Number: 001600PS14

IC	CAN	2014	2015
PS	921ZKDE		\$557,674
PS	9391195	\$556,874	

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD		CUMULATIVE TOTALS
6		\$556,874	\$556,874
7		\$557,674	\$557,674

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

**CDC Administrative Data:**

PCC: N / OC: 4151 / Processed: ERAAPPS 05/08/2014

**SECTION II – PAYMENT/HOTLINE INFORMATION – 5U62PS001600-06**

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

**SECTION III – TERMS AND CONDITIONS – 5U62PS001600-06**

This award is based on the application submitted to, and as approved by CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award has been assigned the Federal Award Identification Number (FAIN) U62PS001600. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

**Treatment of Program Income:**  
Additional Costs

---

**SECTION IV – PS Special Terms and Conditions – 5U62PS001600-06**

Funding Opportunity Announcement Number (FOA): PS09-937  
Award Number: **5U62PS001600-06**

**TERMS AND CONDITIONS OF THIS AWARD**

**NOTE 1. INCORPORATION:** Funding Opportunity Announcement Number PS09-937 titled, Medical Monitoring Project and the application dated 02/24/2014 are made a part of this Non-Research award by reference. The Department of Health and Human Services (HHS) grant recipients must comply with all terms and conditions outline in their NOA, including grants policy terms and conditions contained in applicable 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. The term grant is used throughout this notice and includes cooperative agreement.

**NOTE 2. APPROVED FUNDING:** Funding in the amount of \$380,857 is approved for the Year 06 budget period which is June 1, 2014 through May 31, 2015.

**NOTE 2a: APPROVED SUPPLEMENTAL FUNDING:** Funding in the amount of \$176,017 is approved for the CSBS supplemental activities as proposed in the 06 year continuation application dated 02/24/2014.

**NOTE 3:** Effective October 1, 2013, all DHHS OPDIVs must set up payment subaccounts within the Payment Management System (PMS) for all new grant awards. Funds awarded in support of approved activities have been obligated in a newly established subaccount in the DHHS Payment Management System (PMS), herein identified as the "P Account". A P Account is a subaccount created specifically for the purpose of tracking designated types of funding in the Payment Management System (PMS). To drawdown funds from this P Account, all CDC recipients are required to provide the PMS grant document number and applicable subaccount title to PMS to access their P account (s). The subaccount title and grant document number are provided below:

**Subaccount Title: PS09937MEDMONITPRO14**  
**Grant Document Number: 001600PS14**

All CDC funds must be separately tracked and reported. Funds may only be used in support of approved activities in the FOA and your application.

NOTE: Funds cannot be comingled with any other funds. Refer to the PAYMENT INFORMATION section for a detailed explanation on how to access funds in your PMS Account.

**NOTE 4. INDIRECT COSTS:** Indirect costs are approved based on the Indirect Cost Allocation

plan dated 03/28/2011, which calculates indirect costs using an adjusted rate of 25.20% of salaries.

**NOTE 5. TECHNICAL REVIEW RESPONSE REQUIREMENT:** The Technical Review of the continuation proposal is provided as part of this award. A response to the weaknesses/comments in the Technical Review must be submitted to the Project Officer noted in the CDC Contact at Note 35 of the award with a copy to the Grants Management Specialist by June 30, 2014.

**NOTE 6. RENT OR SPACE COSTS:** Recipients are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply and 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87). The recipient also has a responsibility to ensure sub-recipients expend funds in compliance with federal laws and regulations. Furthermore, it is the responsibility of the recipient to ensure rent is a legitimate direct cost line item which the recipient has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as direct cost, the recipient must provide a narrative justification which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist noted in Staff Contacts.

**NOTE 7. FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):** All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website:

[http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_cong\\_public\\_laws&docid=f:publ347.107.pdf](http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf)

**NOTE 8. FEDERAL REPORTING REQUIREMENTS:**

**CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS:** All applicant organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS number.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at [www.ccr.gov](http://www.ccr.gov).

If an award is granted, the grantee organization must notify potential sub-recipients that no

organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

**FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY (FFATA):**

**(X) FFATA DOES APPLY. THE GRANTEE MUST FOLLOW THIS SECTION**

Pursuant to A-133 (see Sec. \_\_\_\_205(h) and Sec. \_\_\_\_205(i)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-awardee merely consumes or utilizes the goods, the commodities are not in and of themselves considered sub-awards.

In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

**A. Reporting of first-tier subawards.**

**Applicability.** Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-5) for a subaward to an entity (see definitions in paragraph E. of this award term).

**Where and when to report.**

i. You must report each obligating action described in paragraph A.1. of this award term to <http://www.fsr.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).

**What to report.** You must report the information about each obligating action that the submission instructions posted at <http://www.fsr.gov> specify.

**B. Reporting Total Compensation of Recipient Executives.**

**Applicability and what to report.** You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

i. The total Federal funding authorized to date under this award is \$25,000 or more;

ii. In the preceding fiscal year, you received-

(a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/excomp.htm>).

**Where and when to report.** You must report executive total compensation described in paragraph A.1. of this award term:

- i. As part of your registration profile at <http://www.ccr.gov>.
- ii. By the end of the month following the month in which this award is made, and annually thereafter.

#### C. Reporting of Total Compensation of Subrecipient Executives.

Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if-

i. In the subrecipient's preceding fiscal year, the subrecipient received-

(a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

#### D. Exemptions

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

i. Subawards, and

ii. The total compensation of the five most highly compensated executives of any subrecipient.

#### E. Definitions. For purposes of this award term:

Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;

ii. A foreign public entity;

iii. A domestic or foreign nonprofit organization;

iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

Executive means officers, managing partners, or any other employees in management positions.

Subaward:

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.



ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. \_\_\_\_210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

Subrecipient means an entity that:

- i. Receives a subaward from you (the recipient) under this award; and
- ii. Is accountable to you for the use of the Federal funds provided by the subaward.

Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

#### **NON-DELINQUENCY on FEDERAL DEBT**

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act.

These requirements apply to all types of organizations and awards, including foreign grants

#### **NOTE 9. ANNUAL FEDERAL FINANCIAL REPORT (FFR):**

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of each calendar quarter of the budget period end date. The FFR for this budget period is due to the Grants Management Specialist by September 30, 2015. Reporting timeframe is June 1, 2014 through May 31, 2015.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

eRA Commons website: <http://era.nih.gov/>

If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of un-liquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing,

[http://www.whitehouse.gov/sites/default/files/omb/assets/grants\\_forms/SF-425.pdf](http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf)

#### **NOTE 10: PROGRESS/PERFORMANCE REPORTING:**

##### **INTERIM PROGRESS REPORT (IPR)**

The Interim Progress Report (IPR) will serve as the non-competing continuation application. The IPR reporting timeframe is June 1, 2014 through November 30, 2014. Official guidance will be provided at a later date.

The report must contain the following:

- Status/Progress of Current Budget Period Goals and Objectives
- Also include key organizational changes, key staff changes, and an implementation plan for each activity.
- Current Budget Period Financial Progress and amount of estimated unobligated balances
- New Budget Period Program Proposed Activity Objectives and timelines
- Ensure Objectives are specific, measurable, appropriate, realistic, and time-phased.
- Measures of Effectiveness.
- Additional requested information.
- Detailed Line-Item Budget and Justification.
- Use the SF424 forms: [http://www.whitehouse.gov/omb/grants/grants\\_forms.html](http://www.whitehouse.gov/omb/grants/grants_forms.html)
- For the Budget details and justification follow the Budget Guidelines at: <http://www.cdc.gov/od/pgo/funding/grantmain.htm>

##### **ii. PROGRESS REPORT:**

The Annual progress report will be due 90 days after the end of the budget period, August 2015 and should include the following elements. Reporting timeframe is June 1, 2014 through May 31, 2015.

- A comparison of actual accomplishments to the goal established for the period;
- The reasons for failure, if established goals were not met; and
- Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

iii. The final progress report is required no later than 90 days after the end of the project period (must cover the entire project period). All manuscripts published as a result of the work supported in part or whole by the cooperative agreement will be submitted with the progress reports.

NOTE: An original plus two copies of the reports must be mailed to the Grants Management Specialist by the due date noted. Ensure the Award and Funding Opportunity Announcement Program Announcement numbers shown above are on the reports.

**NOTE 11. AUDIT REQUIREMENT:**

An organization that expends \$500,000 or more in a fiscal year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133. The audit period is an organization's fiscal year. The audit must be completed along with a data collection form (SF-SAC), and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine (9) months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House Internet Data Entry System

Electronic Submission:

[https://harvester.census.gov/facides/\(S/0vkw1zaelyzjibnahocga5i0\)\)/account/login.aspx](https://harvester.census.gov/facides/(S/0vkw1zaelyzjibnahocga5i0))/account/login.aspx)

AND

Procurement & Grants Office, Risk Management & Compliance Activity

Electronic Copy to: [PGO.Audit.Resolution@cdc.gov](mailto:PGO.Audit.Resolution@cdc.gov)

After receipt of the audit report, the National External Audit Review Center will provide audit resolution instructions. CDC will resolve findings by issuing Final Determination Letters.

Audit requirements for Subrecipients: The grantee must ensure that the subrecipients receiving CDC funds also meet these requirements. The grantee must also ensure to take appropriate corrective action within six months after receipt of the subrecipient audit report in instances of non-compliance with applicable Federal law and regulations (2 CFR 200 Subpart F and HHS Grants Policy Statement). The grantee may consider whether subrecipient audits necessitate adjustment of the grantee's own accounting records. If a subrecipient is not required to have a program-specific audit, the grantee is still required to perform adequate monitoring of subrecipient activities. The grantee shall require each subrecipient to permit the independent auditor access to the subrecipient's records and financial statements. The grantee must include this requirement in all subrecipient contracts.

Note: The standards set forth in 2 CFR Part 200 Subpart F will apply to audits of fiscal years beginning on or after December 26, 2014.

**NOTE 12. ASSISTANCE AWARD CLOSEOUT REQUIREMENTS:** Award recipient shall submit within 90 days after the last day of the final budget period (August 29, 2016), the following final reports and other programmatic reports as required by the terms and conditions of the assistance award. Reporting timeframe is June 1, 2009 through May 31, 2016.

FINAL PROGRESS REPORT is due 90 days after the end of the project period. An original and two copies are required. At a minimum it should include the following:

- A statement of progress made toward the achievement of originally stated aims
- A description of results (positive or negative) considered significant
- A list of publications resulting from the project, with plans, if any, for further publication.

FINAL FEDERAL FINANCIAL REPORT (FFR, SF-425): The FFR should only include those funds authorized and actually expended during the timeframe covered by the report. The Final FFR, SF-425 is required and must be submitted through eRA Commons no later than 90 days after the end of the project period. This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Department of Health and Human Services' Payment Management System (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 2 CFR Parts 200.343 (Closeout), 225 and 230, the grantee must submit a letter requesting an extension that includes the justification for the delay and state the expected date the CDC Procurement and Grants Office will receive the reports. All required documents must be mailed to the business contact identified in Staff Contacts.

**EQUIPMENT INVENTORY REPORT:** An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. The grantee should also identify each item of equipment that it wishes to retain for continued use in accordance with 2 CFR Parts 200, 215.37 or 2 CFR Part 215.71. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter. CDC will notify the grantee if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

**FINAL INVENTION STATEMENT** is due 90 days after the end of the budget period. An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting <http://www.hhs.gov/forms/hhs568.pdf>. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

If the final reports (Final Federal Financial Report and Final Progress Report) cannot be submitted within 90 days after the end of the project period, you must submit a letter requesting an extension that includes the reason(s) for the delay and state the expected date which the Procurement and Grants Office will receive the reports. All required documents may be mailed to the Grants contact as provided below in Staff Contacts will receive the information.

**NOTE 13. SUBGRANT/SUBRECIPIENT AWARDS:** Seed Grants/Sub-Grants are not authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed funding as a procurement requirement per the organization's established procedures.

**NOTE 14. TRAVEL COST:** In accordance with Health and Human Services (HHS) Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

**NOTE 15. FOOD AND MEALS:** Costs associated with food or meals are allowable when consistent OMB Circulars and guidance, DHHS Federal regulations, Program Regulations, DHHS policies and guidance. In addition, costs must be proposed in accordance with recipients approved policies and a determination of reasonableness has been performed by the recipients. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

**NOTE 16. HIV PROGRAM REVIEW PANEL REQUIREMENT:** All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist.

**NOTE 17. PRIOR APPROVAL:** All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be submitted no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or

disallowance; 3) Redirection of funds; 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement; 7) Change in Key Personnel; 8) Extensions; or 9) Conferences or meetings that exceed cost threshold.

**NOTE 18. CORRESPONDENCE:** ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Edna M. Green, Grants Management Specialist  
Centers for Disease Control and Prevention (CDC)  
PGO, Infectious Disease Service Branch, Team 2  
2920 Brandywine Road, Mail Stop E-15  
Atlanta, GA 30341-4146  
Telephone: (770) 488-2858  
Fax: (770) 488-8240  
Email: egreen@cdc.gov

**NOTE 19. INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

**NOTE 20. PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example:

This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

**NOTE 21. CANCEL YEAR.** 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2009 funds will expire September 30, 2014. All FY 2009 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2014. After this date, corrections or cash requests will not be permitted.

**NOTE 22. CONFERENCE DISCLAIMER AND USE OF LOGOS:**

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement)

to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

**NOTE 23. EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed:  
[http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr92\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html)

**NOTE 24. PROGRAM INCOME:** Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative—Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on the FFR, as appropriate.

**NOTE 25. KEY PERSONNEL:** In accordance with 45 CFR 74.25(c)(2) & (3) CDC recipients shall obtain prior approvals from CDC for (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

**NOTE 26. TRAFFICKING IN PERSONS.** 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 terms and conditions, please review the following website:  
[http://www.cdc.gov/od/pgo/funding/grants/Award\\_Term\\_and\\_Condition\\_for\\_Trafficking\\_in\\_Persons.shtml](http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtml)

**NOTE 27. ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

**NOTE 28. LOBBYING RESTRICTIONS (June 2012):** Applicants should be aware that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, subrecipient, or agent acting for such recipient or subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government,

state legislature or local legislature or legislative body.

Restrictions on lobbying activities described above also specifically apply to lobbying related to any proposed, pending, or future Federal, state, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

This prohibition includes grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (hereinafter referred to collectively as "legislation and other orders"). Further prohibited grass roots lobbying communications by award recipients using federal funds could also encompass any effort to influence legislation through an attempt to affect the opinions of the general public or any segment of the population if the communications refer to specific legislation and/or other orders, directly express a view on such legislation or other orders, and encourage the audience to take action with respect to the matter.

In accordance with applicable law, direct lobbying communications by award recipients are also prohibited. Direct lobbying includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and which are directed to members, staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

Lobbying prohibitions also extend to include CDC/HHS grants and cooperative agreements that, in whole or in part, involve conferences. Federal funds cannot be used directly or indirectly to encourage participants in such conferences to impermissibly lobby.

However, these prohibitions are not intended to prohibit all interaction with the legislative or executive branches of governments, or to prohibit educational efforts pertaining to public health that are within the scope of the CDC award. For state, local, and other governmental grantees, certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are permissible. There are circumstances for such grantees, in the course of such a normal and recognized executive-legislative relationship, when it is permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, such communications cannot directly urge the decision makers to act with respect to specific legislation or expressly solicit members of the public to contact the decision makers to urge such action.

Many non-profit grantees, in order to retain their tax-exempt status, have long operated under settled definitions of "lobbying" and "influencing legislation." These definitions are a useful benchmark for all non-government grantees, regardless of tax status. Under these definitions, grantees are permitted to (1) prepare and disseminate certain nonpartisan analysis, study, or research reports; (2) engage in examinations and discussions of broad social, economic, and similar problems in reports and at conferences; and (3) provide technical advice or assistance upon a written request by a legislative body or committee.

Award recipients should also note that using CDC/HHS funds to develop and/or disseminate materials that exhibit all three of the following characteristics are prohibited: (1) refer to specific legislation or other order; (2) reflect a point of view on that legislation or other order; and (3) contain an overt call to action.

It remains permissible for CDC/HHS grantees to use CDC funds to engage in activities to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; foster coalition building and consensus on public health initiatives; provide leadership and training, and foster safe and healthful environments.

Note also that under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors and/or funded parties) are prohibited from using appropriated Federal funds to lobby in connection with the award, extension, continuation, renewal, amendment, or modification of the funding mechanism under which monetary assistance was received. In accordance with

applicable regulations. . . law, certain covered entities must give assurances that they will not engage in prohibited activities.

CDC cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law. Recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

Use of federal funds inconsistent with these lobbying restrictions could result in disallowance of the cost of the activity or action found not to be in compliance as well as potentially other enforcement actions as outlined in applicable grants regulations.

**NOTE 29. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA):**

Pursuant to the Standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA)(45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or received such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. Through this agreement, the ETR Associates, Inc. is acting under a grant of authority from CDC to carry out Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-Risk and/or Racial/Ethnic Minority Populations which is authorized by Section 301, 391 and 394A of PHS Act (42 USC 241 280 and 280b-3) . The CDC grants this authority to the ETR Associates, Inc. for purposes of this project. Further, CDC considers this to be Capacity Building Assistance (CBA) to Improve the Delivery and Effectiveness of Human Immunodeficiency Virus (HIV) Prevention Services for High-Risk and/or Racial/Ethnic Minority Populations for which disclosure of protected health information by covered entities is authorized by section 164.512(b)).

**NOTE 30 PAYMENT INFORMATION:**

Automatic Drawdown (Direct/Advance Payments):

**PAYMENT INFORMATION:** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM  
P.O. Box 6021  
Rockville, MD 20852

Phone Number: (877) 614-5533\_  
Email: PMSSupport@psc.gov  
Website: [http://www.dpm.psc.gov/grant\\_recipient/shortcuts/shortcuts.aspx?explorer.event=true](http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true)

Please Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:  
[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/univ\\_nonprofit.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true)

Governmental and Tribal Payment Branch:  
[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/gov\\_tribal.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true)

Cross Servicing Payment Branch:  
[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/cross\\_servicing.aspx](http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx)

International Payment Branch:  
Bhavin Patel (301) 443-9188\_



Note: Mr. Patel is the only staff person designated to handle all of CL international cooperative agreements.

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

US Department of Health and Human Services  
PSC/DFO/Division of Payment Management  
7700 Wisconsin Avenue - 10th Floor  
Bethesda, MD 20814

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**NOTE 31. ACCEPTANCE OF THE TERMS OF AN AWARD:** By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

**NOTE 32. CERTIFICATION STATEMENT:** By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

**NOTE 33. ADDITIONAL REQUIREMENTS:** The full text of the Additional Requirements that apply to this grant or cooperative agreement may be found on the CDC web site at: [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm).

#### **NOTE 34. FY 2012 ENACTED GENERAL PROVISIONS**

The following provisions apply to grants, cooperative agreements and loans funded by the Departments of Labor, Health and Human Services, and Education Appropriations Act, Fiscal Year 2012, Public Law 112-74, and Fiscal Year 2012 funds transferred under the Patient Protection and Affordable Care Act, PL 111-148.

#### General Provisions Title II

##### Section 203 – Cap on Salaries (Div. H, Title II, Sec. 203):

None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II.

\*\*\* Note 1: The salary rate limitation does not restrict the salary that an organization may pay an individual working under an HHS contract or order; it merely limits the portion of that salary that may be paid with Federal funds.

\*\*\* Note 2: Senior Executive Level II salary can be found at the Office of Personnel Management web site: <http://www.opm.gov/oca/12tables/indexSES.asp>

##### Section 217 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

##### Section 220 - Prevention Fund Reporting Requirements

(a) The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111-148.

(b) With respect to funds provided for fiscal year 2012, the Secretary shall include on the website

established under subsection (a) at a minimum the following information:

- (1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, the planned uses of the funds, to be posted not later than the day after the transfer is made.
- (2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.
- (3) Identification of each grant, cooperative agreement, or contract with a value of \$25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.
- (4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.
- (5) Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more, summarizing the activities undertaken and identifying any sub-grants or subcontracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

#### Responsibilities for Informing Sub-recipients:

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF fund purposes, and amount of PPHF funds.

Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2012 PPHF funds. When a recipient awards 2012 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.

#### Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of \$25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

#### General Provisions, Title V

#### Section 503 - Proper Use of Appropriations - Publicity and Propaganda [LOBBYING] FY2012 Enacted

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video

presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of a State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

#### Section 253 - Needle Exchange

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any regulations or limitations in any applicable appropriations acts.

**NOTE 35: GENERAL TERM AND CONDITION:** All grantees are expected to recognize any same-sex marriage legally entered into in a U.S. jurisdiction that recognizes their marriage, including one of the 50 states, the District of Columbia, or a U.S. territory, or in a foreign country so long as that marriage would also be recognized by a U.S. jurisdiction. This applies regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. However, this does not apply to registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. Accordingly, recipients must review and revise, as needed, as policies and procedures which interpret or apply Federal statutory or regulatory reference to such terms as "marriage," "spouse," "family," "household member," or similar references to familial relationship to reflect inclusion of same-sex spouses and marriages. Any similar familial terminology references in HHS statutes, regulations, or policy transmittal will be interpreted to include same-sex spouses and marriages legally entered into as described herein.

#### **NOTE 36. CDC CONTACTS:**

Edna M. Green, Grants Management Specialist  
Centers for Disease Control and Prevention  
PGO, Infectious Disease Service Branch, Team 2  
2920 Brandywine Road, Mail Stop E-15  
Atlanta, Georgia 30341-4146  
Telephone: (770) 488-2858  
Fax: (770) 488-8240  
Email: [egreen@cdc.gov](mailto:egreen@cdc.gov)

#### Programmatic and Technical Contact

Christine Morrison, Project Officer  
Centers for Disease Control and Prevention  
Division of HIV/AIDS Prevention  
Corporate Building 8, Room 4009, MS-E-46  
Atlanta, Georgia 30329-1902

Telephone: (404) 639 2  
Fax: (404) 639-8640  
Email: ggi8@cdc.gov

**CSBS:**

Stan Wei, Project Officer  
Centers for Disease Control and Prevention  
Division of HIV/AIDS Prevention  
Corporate Building 8, Room 4036, MS-E-46  
Atlanta, Georgia 30329-1902  
Telephone: 404-647-4746  
Fax: (404) 639-8640  
Email: SWei1@cdc.gov

**STAFF CONTACTS**

**Grants Management Specialist:** Edna M Green  
Centers for Disease Control and Prevention  
OD/OCOO/PGO/AABA  
1600 Clifton Road; MailStop: K-70  
Atlanta, GA 30333  
Email: egreen@cdc.gov Phone: 770-488-2743 Fax: 770-488-2777

**Grants Management Officer:** Shirley Wynn  
Centers for Disease Control and Prevention  
Procurement and Grants Office  
Koger Center, Colgate Building  
2920 Brandywine Road, Mailstop K75  
Atlanta, GA 30341  
Email: zbx6@cdc.gov Phone: 770-488-1515 Fax: 770.488.2688

**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 5U62PS001600-06

**INSTITUTION:** SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	Year 6	Year 7
Salaries and Wages	\$88,333	
Fringe Benefits	\$39,372	
Personnel Costs (Subtotal)	\$127,705	
Travel Costs	\$7,666	
Other Costs		\$534,065
Consortium/Contractual Cost	\$399,243	
TOTAL FEDERAL DC	\$534,614	\$534,065
TOTAL FEDERAL F&A	\$22,260	\$23,609
TOTAL COST	\$556,874	\$557,674

**MMP Interim Progress Report  
Technical Review Form**

**Date:** March 10, 2014

**Grantee Name:** San Francisco Department of Public Health AIDS Office Applied Research, Community Health Epidemiology and Surveillance

**Program Announcement Number:** 09-937

**Project Name:** Medical Monitoring Project

**Amount Requested:** \$380,857

**Amount Recommended / Funded:** \$380,857

**Name of Reviewer (print):** Christine L. Mattson

**Signature:** Christine L. Mattson

**Date:** 3/17/14

**Team Leader Signature:** [Signature]

**Date:** 3/19/14

**Compliance with Content Guidelines? (Y/N):**

**Date:** 3

**Summary of Current Budget Period Objectives and Activities:** Describe the current status by indicating the grantee's *Strengths* and *Weaknesses*

**Summary of New Budget Period Program Proposed Objectives and Activities:** Describe the proposed project by indicating the interim progress report's *Strengths* and *Weaknesses*

**Strengths of the Application:** (please use bullets)

- The application clearly outlines accomplishments from June 1, 2013 to November 30, 2014
- All objectives support the original intent of the program announcement and include benchmarks where appropriate
- The status of each objective was provided
- Objectives with an ongoing status are progressing well – no concerns were identified
- The applicant has made tremendous strides in project implementation and data collection activities during this budget period
- Two objectives had measurable benchmarks during the reporting period; one objective had 3 sub-objectives
  - Overall, 2 of 4 benchmarks were met
    - First interview within 3 weeks of sample receipt and the number of completed interview benchmarks were met
    - Appropriate justification was provided for the benchmarks that were not met
- The application clearly proposes new budget period objectives and activities from June 1, 2014 to May 31, 2015
- All proposed objectives support the original intent of the program announcement and include benchmarks where appropriate, including an objective to discuss HIV data security and confidentiality guidelines
- The goals and objectives in the narrative line up with the funds requested in the budget
- The grantee has requested adequate funds to successfully perform the project

**Weaknesses of the Application:** (please use bullets)

- No weaknesses have been identified

**Budget Issues:** Describe any budget concerns (yours or grantees) that may affect the study or program plan)

I have no budget concerns.

**Recommendation:** Provide recommendations for improving the objectives, methodology, activities, and other aspects of the study or program

The objectives, methodology and activities are well thought out and clearly written; I have no recommendations.

**MMP CSBS Interim Progress Report  
Technical Review Form**

**Date:** 3/11/14

**Grantee Name:** San Francisco Department of Public Health, AIDS Office, Applied Research, Community Health Epidemiology, & Surveillance

**Program Announcement Number:** 09-937

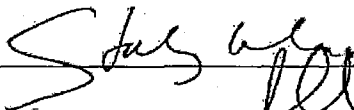
**Project Name:** Medical Monitoring Project – Case Surveillance Based Sampling Pilot

**Amount Requested:** \$176,816

**Amount Recommended / Funded:** \$176,018

**Name of Reviewer (print):** Stanley Wei

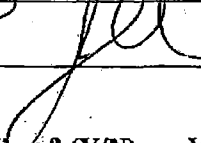
**Signature:** \_\_\_\_\_



**Date:** \_\_\_\_\_

3/17/14

**Team Leader Signature:** \_\_\_\_\_



**Date:** \_\_\_\_\_

3/14/14

**Compliance with Content Guidelines? (Y/N):** Yes

**Date:** \_\_\_\_\_

**Summary of Current Budget Period Objectives and Activities:**

**Strengths:** They have a committed and experienced team and have been successful in resolving project challenges.

**Weaknesses:** Staff constraints and an increased MMP workload hampered medical record data collection; this issue has since been resolved.

**Summary of New Budget Period Program Proposed Objectives and Activities:** Describe the proposed project by indicating the interim progress report's *Strengths* and *Weaknesses*

**Strengths of the Application:** (please use bullets)

- The objectives are aligned with the budget and with CDC benchmarks.
- The applicant provides clear objectives and activities designed to further the objective.
- SFO staff are experienced and capable of carrying out and overseeing project objectives.
- Staff have been stable.
- The application defines clear research objectives.
- A clear timeline of activities for the new budget period is given.

**Weaknesses of the Application:** None noted.

**Budget Issues:** None noted.

**Recommendation:** Provide recommendations for improving the objectives, methodology, activities, and other aspects of the study or program

- Objective 1 – The CSBS sample will be drawn at CDC for the 2014 cycle, so this objective is no longer applicable to the project.





Principal Investigator/Program Director (Last, First, Middle): Dr. McFarland, Willi

**BUDGET JUSTIFICATION PAGE  
MODULAR RESEARCH GRANT APPLICATION**

**Consortium**

Approximately \$95,000 Total Cost Per Year (9% F&A; \$95,532 in Year 1 and \$95,993 in Year 2)

Consortium with Public Health Foundation Enterprises, Inc.  Domestic  Foreign

PHFE will provide the staffing for formative assessment and survey data collection. They have demonstrated expertise in this area and have an established relationship with the AIDS Office

Erin Wilson, Co-PI, (effort = 1.44 Cal Mos) will be responsible for guiding and overseeing formative assessment activities. Dr. Wilson will also assist in supervising the interview team in coordination with Mr. Raymond. She will also participate closely in the analysis and dissemination of study results.

TBD, Project Coordinator, (effort = 6 Cal Mos) will be responsible for organizing logistical support for the project overall and the field team during field activities. In addition, this position will assist in conducting formative assessment activities with Dr. Wilson.

TBD, 2 Research Assistants, (effort – 3 Cal Mos) will be responsible for approaching study participants, determining eligibility and conducting surveys using handheld computers.

TBD, Intern, (effort 3 Cal Mos) will assist study staff with compile study formative data and will assist with sampling the study population.

**BUDGET JUSTIFICATION PAGE  
MODULAR RESEARCH GRANT APPLICATION**

	Initial Period 01/01/13-12/31/13	2nd 01/01/14-12/31/14	3rd	4 <sup>th</sup>	5 <sup>th</sup>	Sum Total (For Entire Project Period)
DC less Consortium F&A	125,000	150,000				275,000
Consortium F&A	7,229	8,350				15,579
<b>Total Direct Costs</b>	132,229	158,350				<b>\$ 290,579</b>
<b>Total Indirect Cost</b>	8,598	8,639				<b>\$ 17,237</b>
<b>Total Direct &amp; Indirect Cost</b>	140,827	166,989				<b>\$ 307,816</b>

**Personnel**

Willi McFarland, M.D., Principal Investigator (effort = 1.2 Cal Mos) will be primary responsibility for planning, developing, directing and evaluating all scientific aspects of the study. He is the primary liaison with the NIH. He develops survey protocols, policies, procedures and instruments

Henry Fisher Raymond, Co-Investigator (effort = .60 Cal Mos) will have the primary responsibility of assisting in the development of survey protocols, policies, procedures and instruments; selects and trains staff; supervises the conduct of focus groups and directs the community assessment process. He directly supervises the field team. In the field, he is responsible for insuring the quality of survey data, and policies concerning staff security, and confidentiality of data and participants

Yea-Hung Chen, Co-Investigator (effort = 1.2 Cal Mos), will supervise data entry and data management. He will also be primarily responsible for analysis of study results.



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Barbara A. Garcia, MPA *BA*  
Director of Health  
DATE: May 27, 2014  
SUBJECT: Grant Accept and Expend  
GRANT TITLE: Medical Monitoring Project - \$556,874

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: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

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

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No

OFFICE OF THE MAYOR  
SAN FRANCISCO



RECEIVED  
OFFICE SUPERVISORS  
SAN FRANCISCO  
JUN 19 PM 3:27

EDWIN M. LEE  
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: *EM* Mayor Edwin M. Lee *OK*  
RE: Accept and Expend Grant – Medical Monitoring Project - \$556,874  
DATE: June 10, 2014

---

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$556,874 from Centers for Disease Control and Prevention to participate in a program entitled Medical Monitoring Project for the period of June 1, 2014, through May 31, 2015.

I request that this item be calendared in Budget and Finance on June 19<sup>th</sup>.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors
<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Public Health Foundation Enterprises, Inc. (PHFE)</b>	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board – see Attachment 1 2) Nancy Kindelan, President/CEO, 3) N/A 4) N/A	
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746-3505	
Date that contract was approved:	Amount of contract: \$399,243
Describe the nature of the contract that was approved: PHFE will provide the staffing for data management and data dissemination; and field activities: including medical record abstraction and patient interview..	
Comments: PHFE is a 501 ( c ) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
- Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.Legislation@sfgov.org

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed

<b>Public Health Foundation Enterprise</b>	
<b>Board of Directors</b>	
<b>Officers</b>	<b>Members</b>
Bruce Y. Lai, Chair	Bob Jenks
Erik D. Ramanathan, Vice Chair	Delvecchio Finley
Teri A. Burley, Secretary	Edward Yip
Karen L. Angel, Treasurer	Jean C. O Connor
Michael Asher, immediate Past Chair	Patrick M. Libbey
Nancy Kindelan, CEO	Peter D. Jacobson
	Scott Filer
	Susan De Santi
	Tamara Joseph