

APPLICATION FOR FEDERAL ASSISTANCE  
**SF 424 (R&R)**

<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input checked="" type="checkbox"/> Changed/Corrected Application		<b>3. DATE RECEIVED BY STATE</b> State Application Identifier
<b>2. DATE SUBMITTED</b> Applicant Identifier		<b>4. a. Federal Identifier</b> HD071765
<b>5. APPLICANT INFORMATION</b> * Legal Name: San Francisco Department of Public Health Department: AIDS Office Division: HIV Epidemiology * Street1: 25 Van Ness Avenue, Suite 500 Street2: * City: San Francisco County / Parish: * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 94102-6056 * Organizational DUNS: 1037173360000		<b>b. Agency Routing Identifier</b>
Person to be contacted on matters involving this application Prefix: Dr. * First Name: Henry Middle Name: Fisher * Last Name: Raymond Suffix: * Phone Number: 415-554-9093 Fax Number: 415-431-0353 Email: hfisher.raymond@sfdph.org		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 94-6000417		
<b>7. * TYPE OF APPLICANT:</b> B: County Government Other (Specify): Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged		
<b>8. * TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Resubmission <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision <input type="checkbox"/> E. Other (specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?:		
<b>9. * NAME OF FEDERAL AGENCY:</b> National Institutes of Health		<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE:
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> A probability-based survey of HIV risk among transmen using a novel sampling method		
<b>12. PROPOSED PROJECT:</b> * Start Date: 01/01/2013 * Ending Date: 12/31/2014		<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT</b> CA-008
<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: Dr. * First Name: Willi Middle Name: * Last Name: McFarland Suffix: Position/Title: Director of HIV Epidemiology * Organization Name: San Francisco Department of Public Health Department: AIDS Office Division: HIV Epidemiology * Street1: 25 Van Ness Avenue, Suite 500 Street2: * City: San Francisco County / Parish: * State: CA: California Province: * Country: USA: UNITED STATES * ZIP / Postal Code: 94102-6056 * Phone Number: 415-554-9016 Fax Number: 415-431-0353 * Email: willi_mcfarland@hotmail.com		

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input type="text" value="308,412.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text" value="308,412.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

17. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances \* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

\* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**18. SFLLL or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

<p><b>* Signature of Authorized Representative</b></p> <p><input type="text" value="Jessica Huang"/></p>	<p><b>* Date Signed</b></p> <p><input type="text" value="08/31/2012"/></p>
--	--

**20. Pre-application**

## 424 R&R and PHS-398 Specific Table Of Contents

	Page Numbers
SF 424 R&R Face Page-----	1
Table of Contents-----	3
Performance Sites-----	4
Research & Related Other Project Information-----	5
Project Summary/Abstract (Description)-----	6
Public Health Relevance Statement (Narrative attachment)-----	7
Other Attachments-----	8
Summary 20aug12-----	8
Research & Related Senior/Key Person-----	9
Biographical Sketches for each listed Senior/Key Person-----	12
PHS 398 Specific Cover Page Supplement-----	26
PHS 398 Specific Modular Budget-----	28
Personnel Justification-----	30
Consortium Justification-----	31
Additional Narrative Justification-----	32
PHS 398 Specific Research Plan-----	33
Introduction-----	34
Specific Aims-----	35
Research Strategy-----	36
Human Subjects Sections-----	42
Protection of Human Subjects-----	42
Women & Minorities-----	43
Planned Enrollment Table-----	44
Children-----	45
Bibliography & References Cited-----	46
PHS 398 Checklist-----	50

### Project/Performance Site Location(s)

**Project/Performance Site Primary Location**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Project/Performance Site Location 1**  I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:  \* Project/ Performance Site Congressional District:

**Additional Location(s)**

### RESEARCH & RELATED Other Project Information

1. \* Are Human Subjects Involved?  Yes  No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations?  Yes  No

If yes, check appropriate exemption number.  1  2  3  4  5  6

If no, is the IRB review Pending?  Yes  No

IRB Approval Date:

Human Subject Assurance Number:

2. \* Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number

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

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

4.b. If yes, please explain:

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

4.d. If yes, please explain:

5. \* Is the research performance site designated, or eligible to be designated, as a historic place?  Yes  No

5.a. If yes, please explain:

6. \* Does this project involve activities outside of the United States or partnerships with international collaborators?  Yes  No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. \* Project Summary/Abstract

8. \* Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

---

**LAY SUMMARY**

This study seeks to address two pressing scientific needs: 1) to improve ways to sample and recruit hard-to-reach minority populations for inclusion in research and 2) to fill a gap in our knowledge of the health problems faced by female-to-male transgender persons (transmen). Minority populations unduly suffer from many diseases and mental health conditions; sexual minorities bear a particularly heavy burden of the HIV epidemic. We are seeing warning signs that transmen may be an overlooked minority population at high risk for HIV, with documented AIDS and STD cases, sex partners who are gay men and male-to-female transgender persons (transwomen) and low condom use. Transmen also appear to face discrimination and have high levels of drug and alcohol use, depression and suicide. However, reliable data are lacking to guide prevention and care programs. This exploratory study will develop and test a novel strategy to sample and recruit transmen for a survey of HIV prevalence and health risks, beginning with outreach to public places where transmen are found followed by referral of their peers. Although this study focuses on transmen, our research will invent and validate a new sampling method applicable to diverse populations affected by HIV and other health issues worldwide.

---

## PROJECT NARRATIVE

Transmen may be at high risk for HIV infection yet there is an extreme paucity of accurate data from representative samples. The primary significance of this proposed R21 is that it will develop and apply a new sampling method to obtain more representative health data on transmen. Our strategy is to assess the theoretical assumptions underlying venue-outreach and peer-referral sampling methods and combine their advantages in the field. We anticipate findings of this exploratory study will be immediately applicable to advocate for HIV prevention resources, develop appropriate new interventions and guide future research on this marginalized population. Our study also stands to enhance the inclusion and representation of other minority populations in research and provide more rigorous data from groups experiencing diverse health disparities.

---

## SUMMARY

We propose to implement an epidemiological survey of HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a novel sampling method that draws on the theoretical underpinnings and practical advantages of venue-outreach and peer-referral approaches. Minority populations disproportionately suffer from multiple diseases and health conditions. The HIV epidemic has severely affected sexual and gender minorities, particularly men who have sex with men (MSM) and male-to-female transgender persons (transwomen). Meanwhile, there are warning signs that transmen may be an overlooked population at high risk for HIV, including documented HIV/AIDS cases, high STI and HIV infection rates among clinic patients, sexual networks that overlap MSM and transwomen, high levels of risk behavior in programmatic data and severe marginalization. However, representative data needed to design appropriate prevention and care programs for transmen are lacking. Current state-of-the-art methods to sample hidden populations, such as time-location sampling (TLS) and respondent-driven sampling (RDS), meet theoretical and practical challenges in producing probability-based samples of LGBTI people and other populations at risk for HIV in diverse contexts. These limitations may be exacerbated for transmen. For example, there may be too few venues or too diffuse attendance at venues for TLS; peer network sizes may be too small for sustaining long-chains of referrals needed for RDS. Our study will conduct formative research to assess which theoretical assumptions underlying TLS and RDS can be met for transmen and develop a hybrid of these methods to create a new sampling method. We will then apply the new strategy to obtain the most inclusive and representative sample of transmen possible to measure HIV prevalence and related risk behaviors. The proposed hybrid method we call "starfish sampling" (i.e., multiple randomized seeds with short randomized peer-referrals) will capitalize on the strengths of ethnographic mapping of venues in TLS combined with the efficiency of peer referral in RDS. In addition to HIV prevalence and related risk behaviors, our study will obtain data on demographic characteristics and salient health issues facing transmen and estimate their numbers in San Francisco. Although we propose the development and testing of this new sampling method among transmen, we believe our approach will be applicable to other LGBTI and minority populations disproportionately affected by HIV and health and social disparities worldwide.



## PHS 398 Cover Page Supplement

### 4. Human Embryonic Stem Cells

\* Does the proposed project involve human embryonic stem cells?  No  Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

**Cell Line(s):**  Specific stem cell line cannot be referenced at this time. One from the registry will be used.


## PHS 398 Modular Budget

OMB Number: 0925-0001

Budget Period: 1				
Start Date: <input type="text" value="01/01/2013"/>		End Date: <input type="text" value="12/31/2013"/>		
<b>A. Direct Costs</b>				Funds Requested (\$)
Direct Cost less Consortium F&A				<input type="text" value="125,000.00"/>
Consortium F&A				<input type="text" value="8,598.00"/>
Total Direct Costs				<input type="text" value="133,598.00"/>
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	<input type="text" value="SFDPH Indirect Cost-Total Salaries"/>	<input type="text" value="26.21"/>	<input type="text" value="27,583.00"/>	<input type="text" value="7,229.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="U.S. Department of transp, Office of Inspector General&lt;br/&gt;Attn: National Single Audit Coordinator&lt;br/&gt;10 South Howard Street&lt;br/&gt;Baltimore, MD 21201&lt;br/&gt;No indirect cost rate negotiated"/>		
Indirect Cost Rate Agreement Date <input type="text"/>			Total Indirect Costs	<input type="text" value="7,229.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>				Funds Requested (\$) <input type="text" value="140,827.00"/>

Budget Period: 2				
Start Date: <input type="text" value="01/01/2014"/>		End Date: <input type="text" value="12/31/2014"/>		
<b>A. Direct Costs</b>				Funds Requested (\$)
Direct Cost less Consortium F&A				<input type="text" value="150,000.00"/>
Consortium F&A				<input type="text" value="8,639.00"/>
Total Direct Costs				<input type="text" value="158,639.00"/>
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	<input type="text" value="SFDPH Indirect Cost-Total Salaries"/>	<input type="text" value="26.21"/>	<input type="text" value="31,857.00"/>	<input type="text" value="8,350.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="U.S. Department of transp, Office of Inspector General&lt;br/&gt;Attn: National Single Audit Coordinator&lt;br/&gt;10 South Howard Street&lt;br/&gt;Baltimore, MD 21201&lt;br/&gt;No indirect cost rate negotiated"/>		
Indirect Cost Rate Agreement Date <input type="text"/>			Total Indirect Costs	<input type="text" value="8,350.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>				Funds Requested (\$) <input type="text" value="166,989.00"/>

## PHS 398 Modular Budget

### Cumulative Budget Information

#### 1. Total Costs, Entire Project Period

Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	275,000.00
Section A, Total Consortium F&A for Entire Project Period	\$	17,237.00
Section A, Total Direct Costs for Entire Project Period	\$	292,237.00
Section B, Total Indirect Costs for Entire Project Period	\$	15,579.00
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	307,816.00

#### 2. Budget Justifications

?	Personnel Justification	1245-Personnel Modular Research	Add Attachment	Delete Attachment	View Attachment
?	Consortium Justification	1246-Consortium Modular Research	Add Attachment	Delete Attachment	View Attachment
?	Additional Narrative Justification	1247-Indirect Cost Memo.pdf	Add Attachment	Delete Attachment	View Attachment

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

<b>BUDGET JUSTIFICATION PAGE MODULAR RESEARCH GRANT APPLICATION</b>						
	<b>Initial Period 01/01/13-12/31/13</b>	<b>2nd 01/01/14-12/31/14</b>	<b>3rd</b>	<b>4<sup>th</sup></b>	<b>5<sup>th</sup></b>	<b>Sum Total (For Entire Project Period)</b>
<b>DC less Consortium F&amp;A</b>	125,000	150,000				275,000
<b>Consortium F&amp;A</b>	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.

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. {x} 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.

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH  
POPULATION HEALTH AND PREVENTION



DATE: December 1, 2011  
  
TO: Grants Unit  
Colleen Chawla  
Valerie Inouye  
  
FROM: *Nelly Lee*  
Nelly Lee  
Finance Manager  
  
RE: FY 11-12 Indirect Cost Rate

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 26.21% of salaries. This rate was based on FY 2010-11 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use 26.21% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 26.21%.

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

	<u>Amount</u>
Mental Health	7,020,078
Substance Abuse	739,580
Primary Care	4,762,926
Health at Home	368,946
Jail Health	1,645,836
LHH	3,487,643
SFGH	14,156,720

Attachments

- cc:
- Anne Okubo
  - Barbara Garcia
  - Marcellina Ogbu
  - Tomas Aragon
  - Michelle Ruggels
  - James Alexander
  - ChiaYu Ma

## PHS 398 Research Plan

### 1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

\*Type of Application:

New  Resubmission  Renewal  Continuation  Revision

### 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application (for RESUBMISSION or REVISION only)	1238-INTRODUCTION TO APPLIC	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	1239-SPECIFIC AIMS_20Aug12.p	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	1240-STRATEGY_20Aug12.pdf	Add Attachment	Delete Attachment	View Attachment
4. Inclusion Enrollment Report		Add Attachment	Delete Attachment	View Attachment
5. Progress Report Publication List		Add Attachment	Delete Attachment	View Attachment

#### Human Subjects Sections

6. Protection of Human Subjects	1248-HUMAN SUBJECTS_20Aug12	Add Attachment	Delete Attachment	View Attachment
7. Inclusion of Women and Minorities	1249-Women and minorities.p	Add Attachment	Delete Attachment	View Attachment
8. Targeted/Planned Enrollment Table	1250-Planned Enrollment Tab	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Children	1251-Children.pdf	Add Attachment	Delete Attachment	View Attachment

#### Other Research Plan Sections

10. Vertebrate Animals		Add Attachment	Delete Attachment	View Attachment
11. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
12. Multiple PD/PI Leadership Plan		Add Attachment	Delete Attachment	View Attachment
13. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
14. Letters of Support		Add Attachment	Delete Attachment	View Attachment
15. Resource Sharing Plan(s)		Add Attachment	Delete Attachment	View Attachment

16. Appendix [Add Attachments](#) [Remove Attachments](#) [View Attachments](#)