

File No. 1010 19

Committee Item No. _____
Board Item No. 42

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date August 3, 2010

Cmte Board

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

OTHER

(Use back side if additional space is needed)

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

Completed by: Annette Lonich Date July 29, 2010

Completed by: _____ Date _____

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

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or Meeting Date

BY _____
A/c

2010 JUL 27 PM 2:11

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO

I hereby submit the following item for introduction:

- _____ 1. For reference to Committee:
An ordinance, resolution, motion, or charter amendment.
- X 2. Request for next printed agenda without reference to Committee
- _____ 3. Request for Committee hearing on a subject matter.
- _____ 4. Request for letter beginning "Supervisor _____ inquires..."
- _____ 5. City Attorney request.
- _____ 6. Call file from Committee.
- _____ 7. Budget Analyst request (attach written motion).

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

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

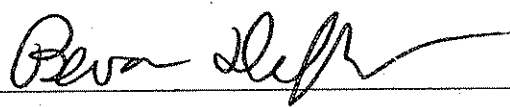
Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Bevan Duffy

SUBJECT: Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expend retroactively a grant in the amount of \$47,022 from the Public Health Foundation Enterprises, Inc. (PHFE), to participate in a program entitled "OCTAVE—Capacity Building Workshop Series;" for the period of July, 2010 through December 31, 2011.

The text is listed below or attached:

Signature of Sponsoring Supervisor: _____



For Clerk's Use Only:

101019

1 [Accept and Expend Grant - OCTAVE Capacity Building Workshop Series - \$47,022]

2
3 **Resolution authorizing the San Francisco Department of Public Health (DPH) to accept**
4 **and expend retroactively a grant in the amount of \$47,022 from the Public Health**
5 **Foundation Enterprises, Inc. (PHFE), to participate in a program entitled "OCTAVE--**
6 **Capacity Building Workshop Series" for the period of July 1, 2010, through December**
7 **31, 2011.**

8
9 WHEREAS, PHFE is the recipient of a grant award from the Global HIV Vaccine
10 Enterprise, for a program titled, OCTAVE-Capacity Building Workshop Series; and,

11 WHEREAS, Through this grant, PHFE has agreed to fund DPH through a subcontract
12 agreement in the amount of \$47,022, for the period of July 1, 2010 through December 31,
13 2011; and,

14 WHEREAS, As a condition of receiving the grant funds, PHFE requires the City to
15 enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the
16 Board of Supervisors in File No. 101019; which is hereby declared to be a part of this
17 resolution as if set forth fully herein; and,

18 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH
19 for one existing position, Senior Physician (Job Class 2232) at .10 FTE, for the period of July
20 1, 2010 through December 31, 2011; and,

21 WHEREAS, A request for retroactive approval is being sought because DPH did not
22 receive notification of the award until July 7, 2010 for a project start date of July 1, 2010; and,

23 WHEREAS, The budget includes provision for indirect costs in the amount of \$6,602;
24 now, therefore, be it

1 RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively
2 in the amount of \$47,022 from PHFE; 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 Controller is directed to designate the positions
7 funded under this agreement as a "G" or grant-funded position which would terminate when
8 the agreement expires; and, be it

9 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
10 agreement on behalf of the City.

11

12 RECOMMENDED:

APPROVED:

13

14

Mitchell Katz, M.D.
Director of Health

Office of the Mayor

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Office of the Controller

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Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D. *MH*
Director of Health
DATE: July 20, 2010
SUBJECT: Grant Accept & Expend
GRANT TITLE: OCTAVE-Capacity Building Workshop Series- \$47,022

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
- Grant budget and justification
- Agreement (1)

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: DPH, Community Programs, 1380 Howard St., 4th Floor

Certified copy required Yes

No

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: "OCTAVE – Capacity Building Workshop Series
2. Department: Department of Public Health
AIDS Office
HIV Prevention Section
3. Contact Person: Martin Soto Telephone: 415-503-2158

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$47,022

6a. Matching Funds Required: None

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

7a. Grant Source Agency: The Global HIV Vaccine Enterprise

b. Grant Pass-Through Agency (if applicable): Public Health Foundation Enterprises, Inc. (PHFE)

8. Proposed Grant Project Summary:

The purpose of this subcontract is to serve as the primary liaison with the Enterprise for this Project and with the co-Chair oversee the Training Advisory Committee to provide oversight to this capacity building training effort. He will work with workshop leaders, the HSeT Foundation, and the Enterprise to ensure the successful completion and evaluation of the proposed workshops.

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

Start-Date: July 1, 2010

End-Date: December 31, 2011

10. Number of new positions created and funded: None

11. If new positions are created, explain the disposition of employees once the grant ends? Not applicable

12a. Amount budgeted for contractual services: None

b. Will contractual services be put out to bid? N/A

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A

d. Is this likely to be a one-time (OTF) or ongoing request for contracting out? N/A

13a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? \$6,602

b2. How was the amount calculated? 24.04% of total salaries.

c. If no, why are indirect costs not included? N/A

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

14. Any other significant grant requirements or comments: We respectfully request for approval to accept and expend these funds retroactive to July 1, 2010. The Department received the subcontract agreement on July 7, 2010.

****Disability Access Checklist****

15. 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)

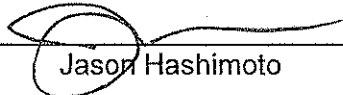
New Site(s)

New Structure(s)

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

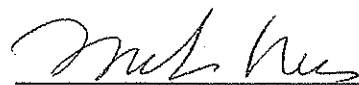
Comments:

Departmental or Mayor's Office of Disability Reviewer:


Jason Hashimoto

Date Reviewed: 7/20/10

Department Approval:



Mitchell Katz, M.D.

Director of Public Health

c												
Dept / Div:	HPH-03	AIDS Office - HIV Research Section										
Fund Group:	2S/CHS/GNC	HIV AIDS Office - Research Section										
Index Code:	HCHPDHIVSVGR	OCTAVE -- Capacity Building Workshop Series										
Grant Code:	1000	07/01/2010-12/31/2011										
Grant Detail:	1000	Monthly Expenditure and Projection Report										
CATEGORY/LINE ITEM	Annual Salary	27% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	% FTE	Comments
A. PERSONNEL												
1. Senior Physician Specialist	183,092	48,519	231,611	10%	0.10	15,258	18	21,464	7,278	34,742		
2232 5 J. Fuchs												
2. Senior Physician Specialist	0	0	0	10%	0.10	0	0	0	0	0		
2232 5 J. Fuchs												
4. COLA (4%)	0	0	0	0%	0.00	0	0	0	678	678		
5. STEP Increases (5%)	0	0	0	0%	0.00	0	0	0	0	0		
TOTAL SALARYFRINGE												
	183,092	48,519	231,611		0.20			21,464	7,956	35,421		
B. SALARIES												
00101 SALARIES								21,464		21,464		
00103 FRNG BN										7,956		
SUB TOTAL										35,420		
C. TRAVEL												
1. Local Travel (02301)												
2. Out-of-Jurisdiction Travel (02101)												
Sub Total TRAVEL												
D. EQUIPMENT												
1. Computer (06061)												
Sub Total EQUIPMENT												
E. MATERIALS AND SUPPLIES												
1. Office supplies (04951)												
2. Non-inventoried equipmt (04921)												
3. Clinical supplies (04431)												
4. Laboratory supplies (04431)												
Sub Total SUPPLIES												
F. CONTRACTUAL SERVICES (02789)												
1. PHFE												
Sub Total CONTRACTS												

Dept./Div.	Index Code	Grant Code	Grant Detail	Annual Salary	Annual Frin Ben	27% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Monthly Mth	Salary Budget	Frin Ben Budget	Total Budget	% FTE	Comments
HPH-03	2S/CHS/GNC	1000														
AIDS Office - HIV Research Section																
HIV AIDS Office - Research Section																
OCTAVE - Capacity Building Workshop Series																
07/01/2010-12/31/2011																
Monthly Expenditure and Projection Report																
CATEGORIES/LINE ITEM				Annual Salary	Annual Frin Ben	27% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Monthly Mth	Salary Budget	Frin Ben Budget	Total Budget	% FTE	Comments
G. OTHER																
1. Rent																
2. Photocopier maint (02931)														5,000	0	
3. Repro. svc (in House)(03551)														0	0	
4. Print/Slide svc (Outside)(03552)														0	0	
5. Promotion and advertising(03599)														0	0	
6. Client Stipends (02783)														0	0	
Sub TOTAL OTHER							5,000							5,000		
TOTAL DIRECT COST							40,420								40,420	
BUDGET SUMMARY																
A. SALARIES														27,484		
B. MANDATORY FRINGE														7,936		
C. TRAVEL														0		
D. EQUIPMENT														0		
E. MATERIALS AND SUPPLIES														0		
F. CONTRACT / MOU														0		
G. OTHER														5,000		
DIRECT COSTS							40,420							40,420		
H. INDIRECT COST (24.04% of salaries)							6,602							6,602		
TOTAL BUDGET							47,022							47,022		
AWARD							47,022							47,022		
SURPL/(DEFICIT)							(0)							(0)		

San Francisco Department of Public Health (SFDPH)

AIDS Office HIV Research Section

OCTAVE – Capacity Building Workshop Series Budget Justification

07/01/10-12/31/11

A. PERSONNEL & MANDATORY FRINGE

1. 0.10 FTE 2232 – Senior Physician Specialist: Dr. Fuchs
Annual Salary \$183,092 x 0.10 FTE for 10 months = \$27,464
Mandatory Fringe Benefits (@ 26.5%) = \$7278 \$34,742

2.. COLA/STEP increases:

The salary expenditures are based on the rates per job classification and per Labor Union Agreements. \$678

TOTAL PERSONNEL: \$35,420

B. TRAVEL \$0

C. EQUIPMENT \$0

D. MATERIALS AND SUPPLIES \$0

E. CONTRACTUAL \$0

F. OTHER - Rent \$5,000

G. INDIRECT COSTS (24.04% of Salaries) \$6,602

TOTAL BUDGET: \$47,022



PUBLIC HEALTH™
FOUNDATION ENTERPRISES
A 501 (c)3 Nonprofit Corporation

12801 Crossroads Parkway South, Suite 200 ■ City of Industry, CA 91746 ■ 800.201.7320 Fax 562.699.8856 ■ www.phfe.org

SUBCONTRACT AGREEMENT BETWEEN
PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.
AND
THE CITY AND COUNTY OF SAN FRANCISCO

This Subcontract Agreement is made and entered into on the subscribed date by PUBLIC HEALTH FOUNDATION ENTERPRISES, INC., hereinafter referred to as "PHFE" or "Contractor") with its principal office located at 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746, and THE CITY AND COUNTY OF SAN FRANCISCO, with its principal office located at 1380 Howard Street, San Francisco, CA 94103, hereinafter be referred to as "Subcontractor".

1. RECITALS

PHFE is the prime recipient of funds for the Capacity Building Workshop Series funded by the Global HIV Vaccine Enterprise (Grant number 013) that requires the assistance of Subcontractor.

2. TERM OF SUBCONTRACT

This subcontract shall begin July 1, 2010 and end December 31, 2011.

3. COMPLIANCE – TERMS AND CONDITIONS

Subcontractor is responsible for contracted services as they pertain to the requirements outlined under original granting agency. Subcontractor agrees to comply with all relevant state and federal statutes and regulations if any, in performing its obligations under this contract. The Subcontractor shall incorporate all terms and conditions of this Agreement in all lower tier subcontracts (if applicable).

4. SCOPE OF SERVICES

Subcontractor shall use its best efforts to provide the services set forth in Exhibit B, a copy of which is attached and made a part hereof by reference. Subcontractor shall perform its duties and obligations under this subcontract as an independent contractor and for no purpose shall any of its officers, directors, members, employees, Subcontractors or agents be considered an employee or joint venture of PHFE.

5. PAYMENT FOR SERVICES

A. The maximum amount payable shall not exceed **\$47,022**. See Exhibit C for detailed budget.

- B. Allowability of costs, costs incurred must be within the original contract performance period or covered by pre-contract cost provisions.
- C. Subcontractor's Fiscal Year; Invoices shall be prepared in such a manner that costs claimed can be identified with the contractor's fiscal year.
- D. Designated Billing Office Name and Address Where Invoices Sent

PHFE/San Francisco Department of Public Health
25 Van Ness, Suite 500
San Francisco, CA 94102
ATTN: Martin Soto

6. BILLING OF COSTS:

- A. Cost reimbursement basis, no accruals, costs of a prior billing period, but not previously billed; or costs incurred during the contract period and claimed after the contract period has expired, the amount and month(s) in which such costs were incurred shall be cited. Expenses incurred after contract term date, are unallowable. Subcontractor shall submit its final invoice no later than **30** days after the date of expiration of the term or termination of this subcontract.

7. INVOICING PROCESS

- A. Invoices shall be submitted not more frequently than monthly, in arrears, upon submission of an invoice approved by PHFE, unless otherwise authorized by the contracting officer. All invoices and written correspondence shall refer to PHFE Project Number **2338.001 Capacity Building Workshop Series**. **No invoices will be paid until a fully executed agreement has been completed.**

8. INVOICE SUBMISSION REQUIREMENTS:

- A. Documentation: Invoices shall be submitted in a format acceptable to PHFE with supporting documentation which shall be either detailed General Ledger showing where booked expenses are allocated, or copies of expense receipts.
- B. Time period covered by the invoice, current period expenditures, cumulative expenditures to date, remaining balance due for each line item in Exhibit C (Project Budget).
- C. Direct Labor -- Include salaries and wages paid for in direct performance of the contract.
- D. Fringe Benefits -- List any fringe benefits applicable to direct labor and billed as a direct cost paid for in direct performance of the contract. Fringe benefits included in indirect costs should not be identified.
- E. Equipment, Materials and Supplies -- Include equipment, materials and supplies utilized and paid for in direct performance of the contract.
- F. Consultant Fees -- List fees paid to consultants identifying consultant by name or category as set forth in the contractor's agreement.

G. Original signature of authorized representative.

9. BUDGET MODIFICATION

The parties may modify the Project Budget (Exhibit C) only with the prior written approval of PHFE but no such modification shall increase the maximum amount payable.

10. INCORPORATION BY REFERENCE

The terms and conditions of the grant program legislation and regulations under which the prime grant award was made, the prime grant Notice of Grant Award including all its special terms and conditions, 45 CFR Part 74, and the Public Health Service Grants Policy Statement are made a part hereof by reference. A copy can be obtained from PHFE upon request.

11. TERMINATION

This subcontract may be terminated as follows: (i) either party may terminate this agreement upon 30 days written notice to the other party, (ii) PHFE may terminate, effective on the date that the Subcontractor receives written notice, if the prime terminates in whole or relevant part, or if the Subcontractor violates or breaches this subcontract. PHFE shall allow full credit of the subcontractor for any reasonable non-cancelable obligations properly incurred by the subcontractor prior to termination. On the effective date of termination, work shall stop and the Subcontractor shall cancel as many outstanding obligations as possible and not incur any more obligations.

12. HIPAA COMPLIANCE

The purpose of this provision is to ensure compliance with HIPAA, where applicable and to set forth the duties and responsibilities of the various parties. The parties hereby agree that the terms used, but not otherwise defined, in this agreement shall have the same meaning as those terms in the Standards for Privacy of Individually Identifiable Health Information, 45 Code of Federal Regulations (CFR), Parts 160 and 164, otherwise known as the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, as it may exist now or be hereafter amended.

It is understood by both parties that SUBCONTRACTOR is or may be considered a Covered Entity, as defined by HIPAA, and is or may be responsible for complying with said regulations for purposes of safeguarding any Protected Health Information (PHI) generated by SUBCONTRACTOR for its own purposes. SUBCONTRACTOR acknowledges that PHFE as the sponsoring or fiscal agent does not have the responsibility for such compliance and that such responsibility rests solely with the SUBCONTRACTOR. SUBCONTRACTOR warrants that it is and will remain in full compliance with all HIPAA regulations, where applicable.

It is understood by both parties that the Privacy Rule does not pre-empt any State and/or Federal laws, rules or regulations that impose more stringent requirements with respect to confidentiality of client information.

SUBCONTRACTOR/ INDEMNITOR agrees to indemnify, defend, and hold PHFE/Indemnitee free and harmless from all claims, demands, losses, costs, expenses, obligations, liabilities, damages, recoveries, and deficiencies, including interest, penalties, attorneys' fees, and costs, that PHFE/Indemnitee may incur as a result of a

