

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

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

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

1. Grant Title: **IGHS International Training Program**
2. Department: **Department of Public Health
Center of Public Health Research**
3. Contact Person: **Willi McFarland** Telephone: **415-437-6251**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$112,210**
(Year 1: September 1, 2016 - August 31, 2017: \$27,365
Year 2: September 1, 2017 - August 31, 2018: \$27,646
Year 3: September 1, 2018 - August 31, 2019: \$28,030
Year 4: July 1, 2020 - June 30, 2021: \$29,169)
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **The Regents of the University of California, San Francisco**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

Dr. McFarland serves as a member of our core teaching faculty and primary mentor to trainees in the Mentoring Skills Training Program, the Scientific Manuscript Writing Program, and the Grant Writing Program. He coordinates training and technical assistance activities for scholars from all regions from which our ITAPS scholars come, including sub-Saharan Africa, Eastern Europe, Latin America, Southeast and Central Asia. Areas of focus include prevention intervention research, HIV/AIDS/STI surveillance, and prevention program monitoring and evaluation. He assists in the preparation of abstracts and presentations for international and regional AIDS conferences, in the writing of scientific manuscripts, provides report-backs from scientific conferences, and gives regional updates on HIV/AIDS in low- and middle-income countries. Additionally, he helps to plan and implement in-country scientific writing workshops initiated by our ITAPS mentors-in-training at their home institutions and/or regions.

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

Approved year one project:	Start-Date: 09/01/2016	End-Date: 08/31/2017
Approved year two project:	Start-Date: 09/01/2017	End-Date: 08/31/2018
Approved year three project:	Start-Date: 09/01/2018	End-Date: 08/31/2019

Approved year four project: Start-Date: **07/01/2020** End-Date: **06/30/2021**

10a. Amount budgeted for contractual services: **N/A**

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 Local Business Enterprise (LBE) requirements? **N.A.**

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

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$12,022**

b2. How was the amount calculated? **12% of total indirect costs**

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? **N.A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 01, 2016. The Department received the amended subaward agreement on January 04, 2021.

This grant does not require an ASO amendment and partially reimburses the Department for one position: one Supervising Physician Specialist (Job Class #2233) at 0.10 FTE during the period of July 01, 2020 through June 30, 2021.

**Award: CTR00002230
Department ID: 162646
Project Description: HD HIV IV14 2021 Mandel
Project ID: 10037085
Activity ID: 0001**

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 3/24/2021 | 5:05 PM PDT

DocuSigned by:
Toni Rucker
784292F7339F44D
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 3/26/2021 | 10:53 AM PDT

DocuSigned by:
Greg Wagner
20225472248F
(Signature Required)