

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: **San Francisco STD Surveillance Network (SSuN) Project**
2. Department: **Department of Public Health, Population Health Division, Disease Prevention and Control Branch**

3. Contact Person: **Susan Philip, MD, MPH** Telephone: **(628) 206-7638**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$900,000 in the 5-year project period (Year 1 – 09/30/2013-09/29/2014 \$150,000; Year 2 – 09/30/2014-09/29/2015 \$150,000; Year 3 – 09/30/2015-09/29/2016 \$150,000; Year 4 – 09/30/2016-09/29/2017 **\$225,000**; Year 5 – 09/30/2017-09/29/2018) \$225,000

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **Department of Health and Human Services, Centers for Disease Control and Prevention**

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

8. Proposed Grant Project Summary: **The Year 4 period of the SSuN project continues its on-going use of staff expertise in STD surveillance & epidemiology to enhance the understanding of STD trends & determinants, improving the ability to monitor health outcomes & develop effective interventions to reduce morbidity. The Project team represents internationally recognized experts in surveillance, epidemiology, clinical care, & health informatics, implementing: 1) population-based enhanced STD surveillance for reported gonorrhea; 2) facility-based collection, management, processing & analysis of line-listed encounter-based patient data from San Francisco City Clinic (the only municipal STD clinic in the city) & 4 SFDPH-supported Title X family planning clinics; 3) estimates of female screening coverage from patients seen at SFCC & the Title X clinics; 4) integrated analyses involving matches with other communicable disease case registries; and 5) analysis & dissemination of integrated analyses. SSuN-Chlamydia includes enhanced surveillance & piloting partner services for young females with chlamydia.**

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

Full 5-Year Project Period	Start Date: 09/30/2013	End Date: 09/29/2018
Prior Year Project Periods 1-3	Start Date: 09/20/2013	End Date: 09/29/2016
Current Year Project Period 4	Start Date: 09/30/2016	End Date: 09/29/2017
Next Year Project Period 5	Start Date: 09/30/2017	End Date: 09/29/2018

10a. Amount budgeted for contractual services: **\$35,474 in Year 4**
\$70,948 in the 5-year project period

b. Will contractual services be put out to bid? **No**

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? **Ongoing**

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

b1. If yes, how much? **\$1,485 in Year 4; \$8,207 in the 5-year project period**

b2. How was the amount calculated? **1% of total modified costs comprise of direct costs excluding equipment and contractual expenses**

c1. 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):

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 the Year 4 funds retroactive to September 30, 2016. The Department received the approval of our revised Year 4 budget on January 31, 2017.

The final award approved for HCDC01/1700 for Year 4 budget period from September 30, 2016 to September 29, 2017 is \$225,000 as compared to the FY2016-17 AAO budget of \$150,000. An increase of \$75,000 was approved for a total of \$225,000.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCDC01/1700

****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:


Toni Rucker, PhD

(Name)

Chief Cultural Competency and Workforce Development Officer, DPH ADA Coordinator

(Title)

Date Reviewed: 3-13-17


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

FA

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed:

3/17/17



(Signature Required)