File No. 130025 Committee Item No. 1
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** 01/30/2013

Board of Supervisors Meeting **Date** _____

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OTHER **(Use back side if additional space is needed)**

☐	☐	_____
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Completed by: Victor Young **Date** January 25, 2013
Completed by: Victor Young **Date** _____

FILE NO. 130025 RESOLUTION NO.

[Accept and Expend Grant - Active, Enhanced Surveillance for Viral Hepatitis - $519,945]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of $519,945 from Centers for Disease Control and Prevention to participate in a program entitled "Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California" for the period of November 1, 2012, through October 31, 2013.

WHEREAS, The Centers for Disease Control and Prevention (CDC) has agreed to fund Department of Public Health (DPH) in the amount of $519,945 for the period of November 1, 2012, through October 31, 2013; and

WHEREAS, The full project period of the grant starts on November 1, 2012 and ends on October 31, 2015, with years two and three subject to availability of funds and satisfactory progress of the project; and

WHEREAS, As a condition of receiving the grant funds, CDC requires the City to enter into an agreement (Agreement), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 130025; which is hereby declared to be a part of this Resolution as if set forth fully herein; and

WHEREAS, The purpose of this project is to conduct active, enhanced surveillance throughout San Francisco for viral hepatitis; and

WHEREAS, DPH will subcontract with Public Health Foundation Enterprises, Inc. in the total amount of $234,524; for the period of November 1, 2012 through, October 31, 2013; and

WHEREAS, The full project period of the subcontract starts on November 1, 2012 and ends on October 31, 2015, with years two and three subject to availability of funds and satisfactory progress of the project; and

WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially reimburses DPH for two existing positions, one Manager I (Job Class No. 0922) at .90 FTE and one Epidemiologist I (Job Class No. 2802) at 1.0 FTE for the period of November 1, 2012 through, October 31, 2013; and

WHEREAS, A request for retroactive approval is being sought because DPH did not receive notification of the award until November 5, 2012, for a project start date of November 1, 2012; and

WHEREAS, The budget includes a provision for indirect costs in the amount of $44,150; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $519,945 from CDC; and

RESOLVED, That DPH is hereby authorized to enter retroactively into a subcontract agreement in the amount of $234,524 with Public Health Foundation Enterprises, Inc. for services under the program entitled Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California; for the period of November 1, 2012 through, October 31, 2013; and, be it

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

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

RECOMMENDED:

Barbara A. Garcia, MPA
Director of Health

APPROVED:

Office of the Mayor

for Office of the Controller

City and County of San Francisco

Department of Public Health

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**
Director of Health

DATE: **November 29, 2012**

SUBJECT: **Grant Accept and Expend**

GRANT TITLE: **Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California- $519,945**

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

☒ 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 ☒

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: **Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California**

2. Department: **Department of Public Health, Communicable Disease Control & Prevention Section**

3. Contact Person: **Melissa Sanchez, PhD, MA** Telephone: **(415) 554-2743**

4. Grant Approval Status (check one):

   [✓] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$1,559,835 for the 3-year project period**
   $519,945 Year 1*
   $519,945 Year 2
   $519,945 Year 3
   ***DPH is seeking accept & expend approval for Year 1 only. All funding for future years will be based on satisfactory programmatic progress and the availability of funds. DPH will include Year 2 and Year 3 funding in the DPH budget process.**

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

8. Proposed Grant Project Summary:
The San Francisco Department of Public Health (SFDPH) aims to conduct active, enhanced surveillance throughout San Francisco (SF) for viral hepatitis and collection of more extensive and complete information than is possible through the passive reporting system that is currently used by the states. Asian/Pacific Islanders in SF are disproportionately affected by chronic HBV (34% of the population and 87% of reported cases) and African Americans in SF are disproportionately affected by HCV (6% of the population and 35% of reported cases). We propose to fully implement Public Health Information Network (PHIN) compliant Health Level 7 (HL7) messages for reporting viral hepatitis surveillance data; to build and maintain a de-duplicated database of viral hepatitis data by event code; to promptly inform CDC of suspected clusters or outbreaks of viral hepatitis; to implement surveillance for viral hepatitis using the current CDC technical guidance for reporting, investigating, and establishing and maintaining quality assurance; to submit viral hepatitis surveillance data to CDC weekly in accordance with MMWR notification standards; to review viral hepatitis surveillance data reports supplied by CDC quarterly and annually and to confirm or correct data through the NNDSS or other systems developed or tailored to support this system, as appropriate; to analyze and interpret local viral hepatitis surveillance data, and summarize, and disseminate key findings including via CDC's viral hepatitis surveillance report; to develop and sustain relationships with state/local viral hepatitis prevention coordinators and programs to ensure surveillance activities address current and

emerging prevention programmatic goals and objectives; to provide technical assistance and consultation to staff at state and local health departments to facilitate understanding and use of viral hepatitis surveillance data to target prevention activities; to document and share with CDC/DVH lessons learned and best practices for automating collection of electronic data from laboratory and clinical care record systems; to collaborate with CDC to develop and implement methodologies, including protocols, guidelines, standards, and instruments for conducting surveillance of acute and chronic viral hepatitis; to provide a report that details the security and confidentiality of the viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines; to identify and implement activities and processes to enhance and improve viral hepatitis surveillance, including surveillance case registry matching, projects to categorize cases for which no risk can be identified, and monitor performance measures of hepatitis testing, care, and treatment; and to report on requested outcome monitoring data. The SFDPH's successful collaborations and external support from labs and SF clinicians over the past seven years of the viral hepatitis surveillance project; well-established evaluation plan and performance measures; and experienced viral hepatitis staff will serve as the foundation for all proposed viral hepatitis surveillance activities throughout this project period.

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

Approved Year 1 Project Period: **Start-Date: 11/01/12 End-Date: 10/31/13**
Full Project Period: **Start-Date: 11/01/12 End-Date: 10/31/15**

10a. Amount budgeted for contractual services: **$234,524 in Year 1**
$703,572 in the 3-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?

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

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

b1. If yes, how much? **$44,150 in Year I**
$132,450 in the 3-year project period

b2. How was the amount calculated? **26.21% of total 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:
We respectfully request for approval to accept and expend these funds retroactive to November 1, 2012. The Department received a copy of the notice of award on November 5, 2012. Per the Notice of Award, funding in the amount of $259,971 is approved for the Year 01 budget period, which is November 1, 2012 through October 31, 2013. This funding amount represents 50% of the total anticipated annual budget of $519,945, which is subject to rescission depending upon the congressional appropriations, since CDC is operation under a continuing resolution for the federal government fiscal year 2013.

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCDC21/13**

****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:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 11/30/12

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director Of Health
(Title)

Date Reviewed: 11/30/12

(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
Budget Summary
For Years 1-3 (November 1, 2012 to October 31, 2015)

	Year 1 Budget	Year 2 Budget	Year 3 Budget	TOTAL BUDGET
A. Personnel	$168,449	$168,449	$168,449	$505,347
B. Fringe Benefits	$68,666	$68,666	$68,666	$205,998
C. Travel	$2,160	$2,160	$2,160	$6,480
D. Equipment	$0	$0	$0	$0
E. Supplies	$1,996	$1,996	$1,996	$5,988
F. Contractual	$234,524	$234,524	$234,524	$703,572
G. Other	$0	$0	$0	$0
Total Direct Costs	**$475,795**	**$475,795**	**$475,795**	**$1,427,385**
H. Indirect Costs	$44,150	$44,150	$44,150	$132,450
TOTAL BUDGET	**$519,945**	**$519,945**	**$519,945**	**$1,559,835**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

A. Personnel **$168,449**

0922 Manager I, Principal Investigator/Project Director: Melissa Sanchez
Annual Salary $111,020 x 0.90 FTE for 12 months **$99,809**

- Coordinates overall project and work of Data, Enhanced Surveillance, and Disease Control Teams to assure that grant deliverables are met.
- Directly supervises Hepatitis Team Project Coordinator, Epidemiologist II, and Epidemiologist I.
- Prepares grant progress reports and proposals; primary liaison with CDC Project Officer. Responsible authority for ensuring necessary reports/documentation are submitted to CDC.
- Oversees IS development to assure products are delivered on time.
- Facilitates collaborations with other SFDPH programs and external partners.
- Works directly with the budget analyst to develop and track project budget proposals and budget revisions. Monitors grant funds spent.
- Provides scientific guidance for statistical sampling, survey design, analyses, surveillance evaluation, protocol and data collection instrument development.
- Directs preparation of and reviews reports, evaluations, manuscripts and presentations.
- Updates state and local viral hepatitis prevention coordinators/programs regarding current SF viral hepatitis surveillance activities and data to ensure that SFDPH is addressing all current prevention goals and objectives.
- Chairs the Chronic Viral Hepatitis Registry Advisory Panel.

2802 Epidemiologist I: Wendy Inouye
Annual Salary $68,640 x 1.00 FTE for 12 months **$68,640**

- Registry maintenance - Directs maintenance, de-duplication, data quality checks for registry; establishes protocols to be followed by RA I and RA III.
- Surveillance reporting - Transforms data into various CDC-required formats for reporting of both acute and chronic hepatitis cases (both core and enhanced surveillance variables) and secure electronic transfer of data for reporting to CDC and CDPH. Reports data to CDC and collaborates with CDC to improve data quality.
- Designs and implements two registry matches. Analyzes, interprets, summarizes in report form, and disseminates findings.

- Informs CDC of suspected clusters or outbreaks of viral hepatitis via telephone and/or email within 24 hours of determining that two or more viral hepatitis cases meet the CDC outbreak/cluster definition. This notification will include submission of a preliminary report.
- Reviews viral hepatitis surveillance data reports supplied by the CDC quarterly and annually and provide feedback to the CDC within a 2-week time frame.
- Reviews SF viral hepatitis surveillance data on a quarterly basis in order to monitor trends.
- Laboratory reporting projects – Determines if there are labs not reporting HCV cases to SFDPH and develops collaborations with these labs. Oversees HCV lab testing practices survey and incorporates results into reporting/case classification algorithms.
- Collaborates with Hepatitis Project Coordinator to analyze, interpret, summarize, and disseminate data in an epidemiology profile of 2012 Chronic HBV and HCV cases.

2589 Health Program Coordinator II: Diane Portnoy
Salary in kind 0.05 FTE for 12 months

- Trains research assistant staff to conduct acute hepatitis B investigations.
- Oversees and conducts investigations of acute hepatitis A and C cases performed by Disease Control Team staff (contributed effort) and assures data entry.
- Provides user requirements for acute hepatitis information system module and tests product.
- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance data.

1823 Budget Analyst: Lorna Garrido
Salary in kind 0.05 FTE for 12 months

- Develops and tracks project budget proposals and budget revisions. Monitors grant funds spent.
- Assists with creation of staff positions according to City and County of San Francisco procedures.
- Creates financial reports for grant proposals and renewals.
- Serves as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE).

1054 Information Systems Business Analyst- Principal: Jackvin Ng
Salary in kind 0.20 FTE for 10 months

- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance. Assists in module configuration, testing, and implementation for submitting batched viral hepatitis surveillance data according to PHIN standards.
- Develops acute hepatitis surveillance modules in SFDPH's viral hepatitis registry database system to facilitate the import, storage, processing, and reporting to CDC of new data related to the 2012-13 scope of work. Reviews business and functional requirements, conducts programming, tests system, and revises system in response to user feedback.

2803 Epidemiologist II: Sara Ehlers
Salary in kind 0.10 FTE for 10 months

- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance. Assists in module configuration, testing, and implementation for submitting batched viral hepatitis surveillance data according to PHIN standards.
- Produces an annual summary of all acute HAV, HBV, and HCV surveillance data in the SFDPH's, "Annual Report of Communicable Diseases in San Francisco".
- Assists in producing a comprehensive report, documenting ELR projects, including lessons learned and best practices from these projects.

2230 Physician Specialist, Clinical Advisor: David Stier
Salary in kind 0.05 FTE for 12 months

- Clinician outreach—writes project summaries and updates to be disseminated to San Francisco clinicians.
- Reviews drafts of all viral hepatitis reports, evaluations, manuscripts and presentations

B. Fringe Benefits **$68,666**

Mandatory fringe benefits are calculated at an average rate between 39% and 42% of salaries and wages as required for each position.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

C. Travel **$2,160**

In State Travel $360 –Cost to attend state and local health department meetings and trainings ($10.00/month x 12 months x 3 FTE).

Out-of-Jurisdiction Travel $1,800 – Funds for 1 person to attend a CDC-Hepatitis Surveillance meeting.

D. Equipment **$0**

E. Supplies **$1,996**

Office supplies $2,000 – Cost for general office supplies ($26.19/month x 12 months x 6.35 FTEs stationed at SFDPH).

F. Contractual **$234,524**

Name of Contractor: Public Health Foundation Enterprises (PHFE)
Method of Selection: Request For Qualifications (RFQ) 7-2011
Period of Performance: 11/01/2012 – 10/31/2013
Scope of work

a. Service category: Fiscal Intermediary
    i. Award amount: $234,524
    ii. Subcontractors: None.
b. Services provided: Fiscal intermediary services to the SFDPH HPS.
c. PHFE pays for four staff members that support the goals and objectives of the project.

Method of Accountability: Quarterly Reports/Regular Meetings

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

PHFE Budget Summary

A) Personnel	$163,272
B) Fringe Benefits	$50,614
C) Travel	$774
D) Equipment	$0
E) Supplies	$0
F) Contractual	$0
G) Other	$500
Total Direct Costs	**$215,160**
H) Indirect Costs (9% of Total Direct Costs)	$19,364
TOTAL PHFE BUDGET	**$234,524**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

PHFE Budget Justification

A) Personnel **$163,272**

1.00 FTE Hepatitis Team Project Coordinator: Amy Nishimura
Annual Salary $71,773 x 0.8125 FTE for 12 months **$58,316**

- Registry development to support expanded surveillance activities-- defines registry information system requirements to capture and report data from new source: acute hepatitis investigations. Directs and/or participates in system testing to ensure proper functioning.
- Leads development and implementation of enhanced surveillance activities.
- Develops/works with the CDC on all enhanced surveillance provider faxes and patient/caregiver questionnaires and protocols for follow up.
- Supervises and trains RAs to conduct all case follow-up activities. Analyzes response rates.
- Acute hepatitis surveillance – Supervises and trains RA staff to conduct acute hepatitis B investigations and will coordinate with Disease Control Team (contributed efforts) on acute hepatitis A and C investigations to ensure data are entered.
- Surveillance report—Serves as lead. Analyzes, interprets, summarizes and disseminates data in an epidemiology profile of 2012 chronic HBV and HCV cases.
- Reviews viral hepatitis surveillance data reports supplied by the CDC quarterly and annually and provides feedback to the CDC within a 2-week time frame throughout the entire project period.
- Reviews SF viral hepatitis surveillance data on a quarterly basis in order to monitor trends on a timely basis.
- Assists in producing a comprehensive report, documenting ELR projects, including lessons learned and best practices from these projects.
- Produces and provides a report detailing the security and confidentiality policies of viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines and oversees revisions and subsequent implementation.
- Leads monitoring performance measures of hepatitis testing, care, and treatment by overseeing additional follow-up through chart review on all chronic HBV and HCV infection cases and completes report.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

1.00 FTE Hepatitis Team Research Assistant III: Martina Li
Annual Salary $47,583 x 0.8125 FTE for 12 months $38,661

- Assists in development of all enhanced surveillance provider faxes and patient/caregiver questionnaires and protocols for follow up.
- Assists in producing a report detailing the security and confidentiality policies of viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines and assists in overseeing revisions and subsequent implementation
- Tests new database modules.
- Conducts follow up of viral hepatitis cases by clinician fax survey, patient/caregiver interview, and chart review; enters data.
- Conducts acute HBV investigations; enters data.
- Assists with data cleaning and editing.
- Imports electronic files of laboratory tests into ICOMS.
- Serves as lead in compiling and sending patient information mailings.

1.00 FTE Hepatitis Team Research Assistant I: Rachel Arrington
Annual Salary $44,506 x 0.8125 FTE for 12 months $36,161

- Triages all hepatitis reports to the appropriate person, including reports that indicate a possible acute HAV, HBV, HCV case requiring immediate attention and reports of pregnant women requiring follow-up by the perinatal coordinator.
- Tests new database modules.
- Enters hepatitis laboratory tests reported into registry.
- Conducts follow up of viral hepatitis cases by clinician fax survey, patient/caregiver interview, and chart review; enters data.
- Assists with data cleaning and editing.
- Imports electronic files of laboratory tests into ICOMS.
- Compiles and sends patient information mailings.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

1.00 FTE Hepatitis Team Research Assistant I: Karen Luk
Annual Salary $44,506 x 0.8125 FTE for 10 months **$30,134**

- Triages all hepatitis reports to the appropriate person, including reports that indicate a possible acute HAV, HBV, HCV case requiring immediate attention and reports of pregnant women requiring follow-up by the perinatal coordinator.
- Tests new database modules.
- Enters hepatitis laboratory tests reported into registry.
- Conducts follow up of viral hepatitis cases by clinician fax survey, patient/caregiver interview, and chart review; enters data.
- Conducts acute HBV investigations; enters data.
- Assists with data cleaning and editing.
- Imports electronic files of laboratory tests into ICOMS.

B) Fringe Benefits **$50,614**
Mandatory fringe benefits for PHFE employees calculated at 31% of total salaries.

C) Travel **$774**
In-State Travel - Cost for RAs to travel to attend state and local health department meetings and local trainings ($21.50/month x 12 mo x 3 FTE).

D) Equipment **$0**

E) Supplies **$0**

F) Contractual **$0**

G) Other **$500**
Data use/access fees incurred in order to access registries to complete matches.

Total Direct Costs **$215,160**

H) Indirect Costs **$19,364**
Indirect cost rates for PHFE are calculated at 9% of total direct costs.

Total PHFE Budget **$234,524**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 1 (November 1, 2012 to October 31, 2013)

G. Other	**$0**
TOTAL DIRECT COSTS	**$475,795**
H. INDIRECT COSTS	**$44,150**
Indirect costs are calculated at 26.21% of total DPH salaries.	
TOTAL BUDGET FOR YEAR 1	**$519,945**

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 2 (November 1, 2013 to October 31, 2014)

I. Personnel **$168,449**

0922 Manager I, Principal Investigator/Project Director: Melissa Sanchez
Annual Salary $111,020 x 0.90 FTE for 12 months **$99,809**

- Coordinates overall project and work of Data, Enhanced Surveillance, and Disease Control Teams to assure that grant deliverables are met.
- Directly supervises Hepatitis Team Project Coordinator, Epidemiologist II, and Epidemiologist I.
- Prepares grant progress reports and proposals; primary liaison with CDC Project Officer. Responsible authority for ensuring necessary reports/documentation are submitted to CDC.
- Oversees IS development to assure products are delivered on time.
- Facilitates collaborations with other SFDPH programs and external partners.
- Works directly with the budget analyst to develop and track project budget proposals and budget revisions. Monitors grant funds spent.
- Provides scientific guidance for statistical sampling, survey design, analyses, surveillance evaluation, protocol and data collection instrument development.
- Directs preparation of and reviews reports, evaluations, manuscripts and presentations.
- Updates state and local viral hepatitis prevention coordinators/programs regarding current SF viral hepatitis surveillance activities and data to ensure that SFDPH is addressing all current prevention goals and objectives.
- Chairs the Chronic Viral Hepatitis Registry Advisory Panel.

2802 Epidemiologist I: Wendy Inouye
Annual Salary $68,640 x 1.00 FTE for 12 months **$68,640**

- Registry maintenance - Directs maintenance, de-duplication, data quality checks for registry; establishes protocols to be followed by RA I and RA III.
- Surveillance reporting - Transforms data into various CDC-required formats for reporting of both acute and chronic hepatitis cases (both core and enhanced surveillance variables) and secure electronic transfer of data for reporting to CDC and CDPH. Reports data to CDC and collaborates with CDC to improve data quality.
- Designs and implements two registry matches. Analyzes, interprets, summarizes in report form, and disseminates findings.

- Informs CDC of suspected clusters or outbreaks of viral hepatitis via telephone and/or email within 24 hours of determining that two or more viral hepatitis cases meet the CDC outbreak/cluster definition. This notification will include submission of a preliminary report.
- Reviews viral hepatitis surveillance data reports supplied by the CDC quarterly and annually and provide feedback to the CDC within a 2-week time frame.
- Reviews SF viral hepatitis surveillance data on a quarterly basis in order to monitor trends.
- Laboratory reporting projects – Determines if there are labs not reporting HCV cases to SFDPH and develops collaborations with these labs. Oversees HCV lab testing practices survey and incorporates results into reporting/case classification algorithms.
- Collaborates with Hepatitis Project Coordinator to analyze, interpret, summarize, and disseminate data in an epidemiology profile of 2012 Chronic HBV and HCV cases.

2589 Health Program Coordinator II: Diane Portnoy
Salary in kind 0.05 FTE for 12 months

- Trains research assistant staff to conduct acute hepatitis B investigations.
- Oversees and conducts investigations of acute hepatitis A and C cases performed by Disease Control Team staff (contributed effort) and assures data entry.
- Provides user requirements for acute hepatitis information system module and tests product.
- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance data.

1823 Budget Analyst: Lorna Garrido
Salary in kind 0.05 FTE for 12 months

- Develops and tracks project budget proposals and budget revisions. Monitors grant funds spent.
- Assists with creation of staff positions according to City and County of San Francisco procedures.
- Creates financial reports for grant proposals and renewals.
- Serves as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE).

1054 Information Systems Business Analyst- Principal: Jackvin Ng
Salary in kind 0.20 FTE for 10 months

- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance. Assists in module configuration, testing, and implementation for submitting batched viral hepatitis surveillance data according to PHIN standards.
- Develops acute hepatitis surveillance modules in SFDPH's viral hepatitis registry database system to facilitate the import, storage, processing, and reporting to CDC of new data related to the 2012-13 scope of work. Reviews business and functional requirements, conducts programming, tests system, and revises system in response to user feedback.

2803 Epidemiologist II: Sara Ehlers
Salary in kind 0.10 FTE for 10 months

- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance. Assists in module configuration, testing, and implementation for submitting batched viral hepatitis surveillance data according to PHIN standards.
- Produces an annual summary of all acute HAV, HBV, and HCV surveillance data in the SFDPH's, "Annual Report of Communicable Diseases in San Francisco".
- Assists in producing a comprehensive report, documenting ELR projects, including lessons learned and best practices from these projects.

2230 Physician Specialist, Clinical Advisor: David Stier
Salary in kind 0.05 FTE for 12 months

- Clinician outreach—writes project summaries and updates to be disseminated to San Francisco clinicians.
- Reviews drafts of all viral hepatitis reports, evaluations, manuscripts and presentations

J. Fringe Benefits **$68,666**

Mandatory fringe benefits are calculated at an average rate between 39% and 42% of salaries and wages as required for each position.

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ACTIVE, ENHANCED SURVEILLANCE FOR VIRAL HEPATITIS
BUDGET AND JUSTIFICATION
For Year 2 (November 1, 2013 to October 31, 2014)

K. Travel **$2,160**

In State Travel $360 –Cost to attend state and local health department meetings and trainings ($10.00/month x 12 months x 3 FTE).

Out-of-Jurisdiction Travel $1,800 – Funds for 1 person to attend a CDC-Hepatitis Surveillance meeting.

L. Equipment **$0**

M. Supplies **$1,996**

Office supplies $2,000 – Cost for general office supplies ($26.19/month x 12 months x 6.35 FTEs stationed at SFDPH).

N. Contractual **$234,524**

Name of Contractor: Public Health Foundation Enterprises (PHFE)
Method of Selection: Request For Qualifications (RFQ) 7-2011
Period of Performance: 11/01/2013 – 10/31/2014
Scope of work

d. Service category: Fiscal Intermediary
    i. Award amount: $234,524
    ii. Subcontractors: None.
e. Services provided: Fiscal intermediary services to the SFDPH HPS.
f. PHFE pays for four staff members that support the goals and objectives of the project.

Method of Accountability: Quarterly Reports/Regular Meetings

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PHFE Budget Summary

I) Personnel	$163,272
J) Fringe Benefits	$50,614
K) Travel	$774
L) Equipment	$0
M) Supplies	$0
N) Contractual	$0
O) Other	$500
Total Direct Costs	**$215,160**
P) Indirect Costs (9% of Total Direct Costs)	$19,364
TOTAL PHFE BUDGET	**$234,524**

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PHFE Budget Justification

I) Personnel **$163,272**

1.00 FTE Hepatitis Team Project Coordinator: Amy Nishimura
Annual Salary $71,773 x 0.8125 FTE for 12 months **$58,316**

- Registry development to support expanded surveillance activities-- defines registry information system requirements to capture and report data from new source: acute hepatitis investigations. Directs and/or participates in system testing to ensure proper functioning.
- Leads development and implementation of enhanced surveillance activities.
- Develops/works with the CDC on all enhanced surveillance provider faxes and patient/caregiver questionnaires and protocols for follow up.
- Supervises and trains RAs to conduct all case follow-up activities. Analyzes response rates.
- Acute hepatitis surveillance – Supervises and trains RA staff to conduct acute hepatitis B investigations and will coordinate with Disease Control Team (contributed efforts) on acute hepatitis A and C investigations to ensure data are entered.
- Surveillance report—Serves as lead. Analyzes, interprets, summarizes and disseminates data in an epidemiology profile of 2012 chronic HBV and HCV cases.
- Reviews viral hepatitis surveillance data reports supplied by the CDC quarterly and annually and provides feedback to the CDC within a 2-week time frame throughout the entire project period.
- Reviews SF viral hepatitis surveillance data on a quarterly basis in order to monitor trends on a timely basis.
- Assists in producing a comprehensive report, documenting ELR projects, including lessons learned and best practices from these projects.
- Produces and provides a report detailing the security and confidentiality policies of viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines and oversees revisions and subsequent implementation.
- Leads monitoring performance measures of hepatitis testing, care, and treatment by overseeing additional follow-up through chart review on all chronic HBV and HCV infection cases and completes report.

1.00 FTE Hepatitis Team Research Assistant III: Martina Li
Annual Salary $47,583 x 0.8125 FTE for 12 months **$38,661**

- Assists in development of all enhanced surveillance provider faxes and patient/caregiver questionnaires and protocols for follow up.
- Assists in producing a report detailing the security and confidentiality policies of viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines and assists in overseeing revisions and subsequent implementation
- Tests new database modules.
- Conducts follow up of viral hepatitis cases by clinician fax survey, patient/caregiver interview, and chart review; enters data.
- Conducts acute HBV investigations; enters data.
- Assists with data cleaning and editing.
- Imports electronic files of laboratory tests into ICOMS.
- Serves as lead in compiling and sending patient information mailings.

1.00 FTE Hepatitis Team Research Assistant I: Rachel Arrington
Annual Salary $44,506 x 0.8125 FTE for 12 months **$36,161**

- Triages all hepatitis reports to the appropriate person, including reports that indicate a possible acute HAV, HBV, HCV case requiring immediate attention and reports of pregnant women requiring follow-up by the perinatal coordinator.
- Tests new database modules.
- Enters hepatitis laboratory tests reported into registry.
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Annual Salary $44,506 x 0.8125 FTE for 10 months **$30,134**

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J) Fringe Benefits **$50,614**
Mandatory fringe benefits for PHFE employees calculated at 31% of total salaries.

K) Travel **$774**
In-State Travel - Cost for RAs to travel to attend state and local health department meetings and local trainings ($21.50/month x 12 mo x 3 FTE).

L) Equipment **$0**

M) Supplies **$0**

N) Contractual **$0**

O) Other **$500**
Data use/access fees incurred in order to access registries to complete matches.

Total Direct Costs **$215,160**

P) Indirect Costs **$19,364**
Indirect cost rates for PHFE are calculated at 9% of total direct costs.

Total PHFE Budget **$234,524**

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O. Other	**$0**
TOTAL DIRECT COSTS	**$475,795**
P. INDIRECT COSTS	**$44,150**
Indirect costs are calculated at 26.21% of total DPH salaries.	
TOTAL BUDGET FOR YEAR 2	**$519,945**

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Q. Personnel **$168,449**

0922 Manager I, Principal Investigator/Project Director: Melissa Sanchez
Annual Salary $111,020 x 0.90 FTE for 12 months **$99,809**

- Coordinates overall project and work of Data, Enhanced Surveillance, and Disease Control Teams to assure that grant deliverables are met.
- Directly supervises Hepatitis Team Project Coordinator, Epidemiologist II, and Epidemiologist I.
- Prepares grant progress reports and proposals; primary liaison with CDC Project Officer. Responsible authority for ensuring necessary reports/documentation are submitted to CDC.
- Oversees IS development to assure products are delivered on time.
- Facilitates collaborations with other SFDPH programs and external partners.
- Works directly with the budget analyst to develop and track project budget proposals and budget revisions. Monitors grant funds spent.
- Provides scientific guidance for statistical sampling, survey design, analyses, surveillance evaluation, protocol and data collection instrument development.
- Directs preparation of and reviews reports, evaluations, manuscripts and presentations.
- Updates state and local viral hepatitis prevention coordinators/programs regarding current SF viral hepatitis surveillance activities and data to ensure that SFDPH is addressing all current prevention goals and objectives.
- Chairs the Chronic Viral Hepatitis Registry Advisory Panel.

2802 Epidemiologist I: Wendy Inouye
Annual Salary $68,640 x 1.00 FTE for 12 months **$68,640**

- Registry maintenance - Directs maintenance, de-duplication, data quality checks for registry; establishes protocols to be followed by RA I and RA III.
- Surveillance reporting - Transforms data into various CDC-required formats for reporting of both acute and chronic hepatitis cases (both core and enhanced surveillance variables) and secure electronic transfer of data for reporting to CDC and CDPH. Reports data to CDC and collaborates with CDC to improve data quality.
- Designs and implements two registry matches. Analyzes, interprets, summarizes in report form, and disseminates findings.

- Informs CDC of suspected clusters or outbreaks of viral hepatitis via telephone and/or email within 24 hours of determining that two or more viral hepatitis cases meet the CDC outbreak/cluster definition. This notification will include submission of a preliminary report.
- Reviews viral hepatitis surveillance data reports supplied by the CDC quarterly and annually and provide feedback to the CDC within a 2-week time frame.
- Reviews SF viral hepatitis surveillance data on a quarterly basis in order to monitor trends.
- Laboratory reporting projects – Determines if there are labs not reporting HCV cases to SFDPH and develops collaborations with these labs. Oversees HCV lab testing practices survey and incorporates results into reporting/case classification algorithms.
- Collaborates with Hepatitis Project Coordinator to analyze, interpret, summarize, and disseminate data in an epidemiology profile of 2012 Chronic HBV and HCV cases.

2589 Health Program Coordinator II: Diane Portnoy
Salary in kind 0.05 FTE for 12 months

- Trains research assistant staff to conduct acute hepatitis B investigations.
- Oversees and conducts investigations of acute hepatitis A and C cases performed by Disease Control Team staff (contributed effort) and assures data entry.
- Provides user requirements for acute hepatitis information system module and tests product.
- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance data.

1823 Budget Analyst: Lorna Garrido
Salary in kind 0.05 FTE for 12 months

- Develops and tracks project budget proposals and budget revisions. Monitors grant funds spent.
- Assists with creation of staff positions according to City and County of San Francisco procedures.
- Creates financial reports for grant proposals and renewals.
- Serves as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE).

1054 Information Systems Business Analyst- Principal: Jackvin Ng
Salary in kind 0.20 FTE for 10 months

- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance. Assists in module configuration, testing, and implementation for submitting batched viral hepatitis surveillance data according to PHIN standards.
- Develops acute hepatitis surveillance modules in SFDPH's viral hepatitis registry database system to facilitate the import, storage, processing, and reporting to CDC of new data related to the 2012-13 scope of work. Reviews business and functional requirements, conducts programming, tests system, and revises system in response to user feedback.

2803 Epidemiologist II: Sara Ehlers
Salary in kind 0.10 FTE for 10 months

- Assists in defining business requirements for full implementation of PHIN compliant HL7 messages for reporting viral hepatitis surveillance. Assists in module configuration, testing, and implementation for submitting batched viral hepatitis surveillance data according to PHIN standards.
- Produces an annual summary of all acute HAV, HBV, and HCV surveillance data in the SFDPH's, "Annual Report of Communicable Diseases in San Francisco".
- Assists in producing a comprehensive report, documenting ELR projects, including lessons learned and best practices from these projects.

2230 Physician Specialist, Clinical Advisor: David Stier
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- Clinician outreach—writes project summaries and updates to be disseminated to San Francisco clinicians.
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T. Equipment **$0**

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Scope of work

g. Service category: Fiscal Intermediary
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PHFE Budget Summary

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R) Fringe Benefits	$50,614
S) Travel	$774
T) Equipment	$0
U) Supplies	$0
V) Contractual	$0
W) Other	$500
Total Direct Costs	**$215,160**
X) Indirect Costs (9% of Total Direct Costs)	$19,364
TOTAL PHFE BUDGET	**$234,524**

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U) Supplies **$0**

V) Contractual **$0**

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W. Other	**$0**
TOTAL DIRECT COSTS	**$475,795**
X. INDIRECT COSTS Indirect costs are calculated at 26.21% of total DPH salaries.	**$44,150**
TOTAL BUDGET FOR YEAR 3	**$519,945**

Project Abstract Summary

Project Summary

In this proposal, "Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California", the San Francisco Department of Public Health (SFDPH) aims to conduct active, enhanced surveillance throughout the City and County of San Francisco (SF) for viral hepatitis and collection of more extensive and complete information than is possible through the passive reporting system that is currently used by the states to report cases of nationally notifiable diseases, including viral hepatitis. SF includes a total population of 805,235 residents, with Asian/Pacific Islanders disproportionately affected by chronic HBV (34% of the population and 87% of reported cases) and African Americans disproportionately affected by HCV (6% of the population and 35% of reported cases). We propose to fully implement Public Health Information Network (PHIN) compliant Health Level 7 (HL7) messages for reporting viral hepatitis surveillance data; to build and maintain a de-duplicated database of viral hepatitis data by event code; to conduct follow-up on all acute cases of viral hepatitis to collect a standard set of information on exposures and behaviors that increase risk of acquiring hepatitis, history of vaccination and other prevention and care services, and contacts of cases recommended to receive preventive services; to promptly inform CDC of suspected clusters or outbreaks of viral hepatitis; to implement surveillance for viral hepatitis using the current CDC technical guidance for reporting, investigating, and establishing and maintaining quality assurance; to submit viral hepatitis surveillance data to CDC weekly in accordance with MMWR notification standards; to review viral hepatitis surveillance data reports supplied by CDC quarterly and annually and to confirm or correct data through the NNDSS or other systems developed or tailored to support this system, as appropriate; to analyze and interpret local viral hepatitis surveillance data, and summarize, and disseminate key findings including via CDC's viral hepatitis surveillance report; to develop and sustain relationships with state/local viral hepatitis prevention coordinators and programs to ensure surveillance activities address current and emerging prevention programmatic goals and objectives; to provide technical assistance and consultation to staff at state and local health departments to facilitate understanding and use of viral hepatitis surveillance data to target prevention activities; to document and share with CDC/DVH lessons learned and best practices for automating collection of electronic data from laboratory and clinical care record systems, particularly for cases of chronic HBV and HCV; to collaborate with CDC to develop and implement methodologies, including protocols, guidelines, standards, and instruments for conducting surveillance of acute and chronic viral hepatitis; to participate in CDC sponsored training opportunities, conference calls, conferences, and workshops that foster data collection, analyses, interpretation, and use of surveillance data and underlying methodologies; to provide a report that details the security and confidentiality of the viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines; to identify and implement activities and processes to enhance and improve viral hepatitis surveillance, including surveillance case registry matching, projects to categorize cases for which no risk can be identified, and monitor performance measures of hepatitis testing, care, and treatment; and to report on requested outcome monitoring data. The SFDPH's successful collaborations and external support from labs and SF clinicians over the past seven years of the viral hepatitis surveillance project; well-established evaluation plan and performance measures; and experienced viral hepatitis staff will serve as the foundation for all proposed viral hepatitis surveillance activities throughout this project period.

Estimated number of people to be served as a result of the award of this grant.

805235

CDC- RFA-PS13-1303, Category B – Viral Hepatitis Surveillance

Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California

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List of Attached Application Appendices:

- Curricula vitae/resumes
- Organizational chart
- Letters of support
- Laws/regulations/rules mandating reporting of viral
- Relevant excerpts from state plans for viral hepatitis prevention
- Copies of viral hepatitis report forms currently in use
- Budget and budget justification
- Indirect Cost, Certification, Assurance

Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California
PROJECT NARRATIVE

Background and Need

Encompassing 49.2 square miles, San Francisco has a total population of 805,235, making it the most densely populated city in California and the thirteenth most populous city in the U.S. San Francisco also has the highest rate of liver cancer in the U.S. In 2010, the San Francisco Department of Public Health (SFDPH) received over 5,000 positive hepatitis B virus (HBV) laboratory reports on 3,630 individuals. Of the 62.5% of cases for whom race was known, 87.9% of cases were Asian/Pacific Islander (A/PI). A/PIs in San Francisco are disproportionately affected by HBV, comprising 34% of the city's population, but representing an estimated 88% of reported cases. In 2010, SFDPH also received over 4,900 positive hepatitis C virus (HCV) laboratory reports on 3,101 individuals. Of the 63.9% of persons for whom race was known, 53.7% were White and 32.9% were African American. African Americans in San Francisco are disproportionately affected by HCV, comprising over 6% of the city's population, but an estimated 33% of reported cases.

SFDPH stores reported information in the Integrated Case and Outbreak Management System (ICOMS), a home-grown, relational database which integrates viral hepatitis data with communicable disease control data. The database is person-based and allows case management, as well as the collection and analysis of longitudinal data. Faxed and mailed positive hepatitis reports are hand-entered, while electronic files received from three large medical centers are electronically imported into ICOMS. A chronic hepatitis module also resides within ICOMS and allows data entry of data collected from enhanced surveillance activities. Chronic hepatitis data stored within ICOMS is reported monthly to the California Department of Public Health (CDPH) and Centers for Disease Control and Prevention (CDC) entities, and has been used to produce annual SFDPH chronic hepatitis surveillance reports and for registry matches.

Laboratorians, clinicians and other mandated reporters report positive HAV, HBV and HCV results to the SFDPH in compliance with Title 17, California Code of Regulations, Sections 2500 and 2505. The majority of HAV, HBV and HCV laboratory reports come from laboratories. The data SFDPH receives from mandated reporters represent core surveillance for viral hepatitis and includes basic demographic information (name, sex, age, address) and test results. Further information, such as detailed demographics (race, ethnicity, birthplace) and risk factors for infection, is unavailable through routine public health reporting and presents a gap in the current surveillance system. Through CDC funding in recent years, the SFDPH has been able to conduct multiple enhanced surveillance activities on HBV and HCV cases to acquire this information and close this gap.

SFDPH enhanced surveillance activities have included collecting patient data through faxing a clinician data collection form; interviewing a random sample of HBV and HCV cases; and completing chart reviews of randomly sampled HCV cases. These activities have not only improved the completeness of demographic data, but have also provided the SFDPH with the opportunity to identify risk factors, reasons for testing, and treatment status. In addition, telephone interviews have been crucial in offering education and counseling to cases about viral hepatitis and recommended practices to prevent infecting others. Furthermore, the SFDPH can use core viral hepatitis surveillance data to identify trends in testing and to study clinician practices and to guide clinician outreach. With more robust demographic and risk factor data, the SFDPH can further identify special populations, such as A/PIs, African Americans, "baby-boomers," and people who inject drugs, for targeted outreach activities such as educational or

screening campaigns. Additional proposed activities will allow the SFDPH to follow-up on newly reported HCV cases under 21 years old, pediatric chronic HBV cases, and those over 50 years old with acute HBV and HCV infections.

Operational Plan

To fully meet the project objectives, the SFDPH's viral hepatitis surveillance activities from November 1, 2012 through October 31, 2013 will include the following:

1. Fully implement Public Health Information Network (PHIN) compliant Health Level 7 (HL7) messages for reporting viral hepatitis surveillance data using current CDC/CSTE case definitions and case report forms or by reporting sources. During 2012, the SFDPH, as a CDC-funded Program Collaboration and Service Integration (PCSI) site, has been planning a comprehensive integration of its Population Health and Prevention Programs. Integration of surveillance information systems for viral hepatitis, HIV, sexually transmitted infections, tuberculosis, and other acute communicable diseases has been identified by the SFDPH leadership as a key component for successful program integration and is on a fast track for completion. In 2/2012, CDC's NCHHSTP Informatics Office conducted an informatics analysis of SFDPH's communicable disease surveillance programs and is currently assisting us to identify potential commercial off the shelf solutions that could meet our high-level requirements. The SFDPH programs are further defining their business requirements; selection and procurement of a solution is planned for 12/2012, with implementation to occur on an accelerated schedule in 2013. Any selected solution must be fully PHIN compliant. Thus, SFDPH will be able to fully implement PHIN compliant HL7 messages for reporting viral hepatitis surveillance data using current CDC/CSTE case definitions when system implementation is completed. As viral hepatitis surveillance will be the first module to be configured, tested, and implemented, SFDPH will be able to submit batched viral hepatitis surveillance data according to PHIN standards by 8/2013. Prior to that time, SFDPH will submit its surveillance data to CDC according to agreed-upon specifications, as it has done since 2009, as an Emerging Infections Program (EIP) site for viral hepatitis surveillance.

2. Build and maintain a de-duplicated database of viral hepatitis data by event code (acute HAV, acute HBV, acute HCV, chronic HBV, past or present HCV, and perinatal HBV). As a CDC-funded EIP site for viral hepatitis surveillance, the SFDPH successfully built a de-duplicated database of all reported SF viral hepatitis data by event code in 2005 and has continued to maintain this de-duplicated database to date. For this project year and throughout the project period, lab test results for all markers will continue to be received electronically from 3 large labs weekly, and paper-reported results will continue to be manually entered into the SFDPH ICOMS and de-duplicated, when necessary, daily. Electronically imported files will be de-duplicated weekly with the existing automated algorithm, and questionable matches will be manually reviewed and handled per protocol.

3. Conduct follow-up on all acute cases of viral hepatitis to collect a standard set of information. Follow-up is required on both "chronic" hepatitis C among young persons under 21 years old, that may indicate injection drug use, and "acute" HBV and HCV cases in those over 50 years old, that may indicate transmission in health care and extended care facilities. Follow-up activities include contact with patients, physicians, and/or caregivers to obtain information on exposures and behaviors that increase risk of acquiring hepatitis, history of vaccination and other prevention and care services, and contacts of cases recommended to receive preventive services. Beginning in 11/2012, SFDPH will conduct

follow-up on all cases who meet the CDC/CSTE case definitions for acute viral hepatitis. All reports of anti-HAV IgM, anti-HBcIgM, and acute HCV will be investigated to determine case status, including acute HBV and HCV cases in those over 50 years old. SFDPH's goal is to ensure that case status is determined for >80% of reports. Acute viral hepatitis follow-up data collection forms are currently established for this activity. Beginning in 1/2013, follow-up will also be conducted on young persons under 21 years old, newly reported with a positive marker for HCV. Follow-up data collection forms for these HCV cases under 21 years old will be developed by 12/2012. Follow-up activities will include provider fax-back or interview, and if clinical information indicates that the patient has symptoms and signs consistent with acute hepatitis or the patient is under 21 years old and has lab markers consistent with past or present HCV infection, the patient and/or caregiver will be interviewed. Contacts to cases of acute HAV will be offered IG prophylaxis, if indicated, and HAV vaccination, if susceptible. Contacts to cases of acute HBV will be offered HBV vaccination, if susceptible. SFDPH will collect a standard set of information based on CDC guidelines and case report forms, including information on risk factors for acquiring viral hepatitis, history of vaccination, reasons for testing, and other prevention and care services. SFDPH's goal is to ensure that key risk factor data is collected for >80% of cases. This will be a constant, ongoing activity throughout the project period.

4. Promptly inform CDC of suspected clusters or outbreaks of viral hepatitis via telephone and/or email. Beginning in 11/2012 and throughout the project period, the SFDPH will inform CDC of suspected clusters or outbreaks of viral hepatitis via telephone and/or email within 24 hours of determining that two or more viral hepatitis cases meet the CDC outbreak/cluster definition. This notification will include submission of a preliminary report which includes onset dates, symptoms, testing, location affected, recommendations made, additional case findings, and defined outbreak/cluster period. SFDPH currently notifies and dispatches a preliminary report to the CDPH of all suspected clusters/outbreaks within 24 hours of determination.

5. Implement surveillance for viral hepatitis using, as minimal standards, the current CDC technical guidance entitled "Guidelines for Viral Hepatitis Surveillance and Case Management" for reporting, investigating, and establishing and maintaining quality assurance. The SFDPH will continue to maintain laboratory reporting for markers of acute HAV, HBV, and HCV and chronic HBV and HCV infection. Lab test results for all markers will be either received electronically or through paper reports which will be manually entered into ICOMS, which manages data on acute hepatitis, chronic hepatitis, and other reportable communicable diseases. This will be a constant, ongoing activity throughout the project period. Beginning in 11/2012, the SFDPH will follow up on reports of laboratory markers of acute HAV and HBV infection using the most current CSTE/CDC case definitions to determine case status. All reports of anti-HAV IgM and anti-HBcIgM will be investigated by the SFDPH to determine case status. SFDPH's goal is to ensure that case status is determined for >80% of reports throughout the project period. This will be a constant, ongoing activity throughout the project period. All laboratory reports of chronic HBV and markers of HCV infection received on a person will continue to be evaluated with an automated algorithm by the SFDPH to determine if they meet the current CSTE/CDC case definitions for chronic HBV and HCV infection, past or present. This will be a constant, ongoing activity throughout the project period. In addition, the SFDPH will continue to maintain collaboration and communication with all clinical laboratories testing specimens from the population under surveillance throughout this project period. SFDPH

will continue to determine if there are labs not reporting HCV cases to SFDPH, and, if so, develop collaborations with these labs, including all labs utilized by San Francisco Jail Health Services. In addition, SFDPH will continue to follow up with labs that report HCV cases to identify any updates or changes in testing and reporting practices related to anti-HCV signal to cut-off ratio on an annual basis, with the next follow-up to be completed by 1/2013.

6. Submit viral hepatitis surveillance data to CDC weekly in accordance with Morbidity and Mortality Weekly Report (MMWR) notification standards. Beginning in 2009, the SFDPH has been submitting cumulative data monthly on all confirmed cases of chronic HBV and HCV infection in SF to the CDC via FTP and NETSS according to data dictionaries provided by the CDC. Beginning in 11/2012, and throughout the project period, the SFDPH will report core variables (e.g., age, sex, race, county, and report date) for chronic HBV and past or present HCV from San Francisco to the CDC via sFTP and NETSS weekly in accordance with MMWR notification standards. By 8/2013, the SFDPH will be able to submit this batched viral hepatitis surveillance data weekly according to PHIN standards. Beginning in 11/2012, the SFDPH will work with an IS/IT developer to develop acute hepatitis modules in ICOMS to capture data from acute hepatitis case investigations and to enable weekly reporting to the CDC. Acute hepatitis module alpha testing will begin 1/2013. Module completion and weekly reporting to CDC via FTP in accordance with MMWR notification standards will begin in 4/2013 and will be retrospective to include all project period reported cases. Core data (e.g., age, sex, race, county, and report date) on acute cases from San Francisco are currently submitted to CDC by the CDPH through NETSS. This will be a constant, ongoing activity throughout the project period. SFDPH will recode extended acute hepatitis records to the NETSS format but reporting to NETSS must be done by CDPH. By 8/2013, the SFDPH will be able to submit this batched acute viral hepatitis surveillance data weekly according to PHIN standards.

7. Review viral hepatitis surveillance data reports supplied by CDC quarterly and annually. Confirm or correct data through the NNDSS or other systems developed or tailored to support this system, as appropriate. The SFDPH will review viral hepatitis surveillance data reports supplied by the CDC quarterly and annually and provide feedback to the CDC within a 2-week time frame throughout the entire project period. The SFDPH will confirm or correct SF surveillance data (e.g., correcting out of range values) through the NNDSS or other systems developed or tailored to support this system.

8. Analyze and interpret local viral hepatitis surveillance data, and summarize, and disseminate key findings including via CDC's viral hepatitis surveillance report. CDC viral hepatitis surveillance funding enabled the SFDPH to move from annual review of SF viral hepatitis surveillance data to quarterly review beginning in 2011. Throughout this entire project period, the SFDPH will continue to review SF viral hepatitis surveillance data on a quarterly basis in order to monitor trends on a timely basis. In addition, the SFDPH will analyze, interpret, and summarize all viral hepatitis surveillance data on an annual basis and produce and disseminate the results in report form to local, state, and federal stakeholders/prevention programs/partners/health departments to assist in informing and targeting prevention activities. For this first project year, the SFDPH will produce an annual report on chronic HBV and HCV infection surveillance data (both core and enhanced data) in 10/2013 and an annual report on all acute HAV, HBV, and HCV surveillance data in the SFDPH's, "Annual Report of Communicable Diseases in San Francisco", which will be completed in 2/2013.

9. Develop and sustain relationships with state/local viral hepatitis prevention coordinators and programs to ensure surveillance activities address current and emerging

prevention programmatic goals and objectives. The SFDPH Viral Hepatitis Surveillance Team has an established relationship with the CDPH Adult Viral Hepatitis Prevention Coordinator, and has developed relationships with SFDPH prevention programs and local community groups (SF Hepatitis C Task Force, SF Hep B Free, SF Hep B Quality Improvement Collaborative). Throughout this project period, the SFDPH Viral Hepatitis Surveillance Project Director will meet bi-monthly with the SF Hep B Quality Improvement Collaborative, monthly with SF Hep B Free, and on a constant, ongoing basis with members of the SF Hepatitis C Task Force. At all of these meetings, the Project Director will provide updates on all current surveillance activities, present surveillance data findings and evaluation results, and ensure that current surveillance activities are addressing the respective group's prevention goals and objectives. Throughout this project period the SFDPH will continue to develop relationships with other state and/or local viral hepatitis prevention coordinators funded through the CDC Viral Hepatitis Prevention and Surveillance RFA on a constant, ongoing basis (e.g., phone calls, emails, formal meetings). SFDPH will update these coordinators/programs regarding current SF viral hepatitis surveillance activities and data to ensure that they are addressing all current prevention goals and objectives.

10. Provide technical assistance and consultation to staff at state and local health departments to facilitate understanding and use of viral hepatitis surveillance data to target prevention activities. Throughout this project period, the SFDPH will provide technical assistance and consultation on viral hepatitis surveillance data and activities to state and local health department staff through all CDC-coordinated conference calls and meetings, through dissemination of all published surveillance reports and evaluations of viral hepatitis surveillance data, and through phone call and email consultations. SFDPH will continue to report viral hepatitis surveillance data to the CDPH on a monthly basis throughout the project period, and will provide guidance and technical assistance on CDPH surveillance activities and data, as needed. All published surveillance reports, evaluations and manuscripts of SFDPH viral hepatitis surveillance data will be distributed to other, funded Viral Hepatitis Prevention and Surveillance sites and posted on the SFDPH website on the day of publication throughout the project period.

11. Document and share with CDC/DVH lessons learned and best practices for automating collection of electronic data from laboratory and clinical care record systems, particularly for cases of chronic HBV and HCV. Previous CDC funding for viral hepatitis surveillance has enabled the SFDPH to develop, implement, and maintain successful electronic laboratory reporting (ELR) with SF General Hospital (SFGH), UCSF Medical Center, and Sutter Health, who contribute over 50% of the positive viral hepatitis test results that are reported to SFDPH on an annual basis. The SFDPH receives approximately 5,000 positive HBV lab reports and 5,000 positive HCV lab reports a year. By 4/2013, the SFDPH will produce a comprehensive report, documenting these successful ELR projects, including lessons learned and best practices from these 3 projects. This report will be utilized by the SFDPH for future ELR projects implemented during the project period and shared with CDC/DVH and its collaborators. The SFDPH anticipates additional ELR projects in conjunction with planned PCSI activities throughout this project period.

12. Collaborate with CDC to develop and implement methodologies, including protocols, guidelines, standards, and instruments for conducting surveillance of acute and chronic viral hepatitis. These collaborations encompasses follow-up of a representative sample of chronic HBV and past or present HCV reports to obtain standard data (e.g., laboratory testing, stage of disease, ongoing transmissions risks, and access to prevention,

care, and treatment services). Documentation of methodologies should be submitted to CDC prior to implementation. Throughout this project period, the SFDPH will collaborate with the CDC to develop and implement methodologies (protocols, guidelines, standards, and instruments) for conducting surveillance of viral hepatitis. Pending CDC review and approval in 11/2012 of protocols/instruments already developed by the SFDPH, follow-up will begin in 11/2012 and will be conducted on a 25% random sample of the persons newly reported to SFDPH between 11/2012-10/2013 with markers of HCV that meet CDC criteria for laboratory confirmation of HCV infection, past or present. Follow-up on the selected case-patients will be conducted using two highly effective methods which SFDPH has been implementing throughout 2012: (1) a short case investigation form will be faxed to the clinician who ordered the HCV test; and (2) a brief patient interview will be conducted. Data collected from these two methods will include patient demographic and contact information and HCV risk factors; elevated ALT information and reason for ordering the HCV test (from clinician only); HBV and HAV vaccination status; and treatment status. Pending CDC methodology review and approval in 11/2012 of protocols/an instrument already developed by the SFDPH, follow-up will begin in 11/2012 and will be conducted on 25% of persons reported to SFDPH between 11/2012-10/2013 with markers of chronic HBV and who newly meet CDC's case definition for confirmed chronic HBV infection by faxing a short case investigation form to the clinician who ordered the HBV test to collect patient demographic and contact information and HBV risk factors; reason for ordering the HBV test; HAV vaccination status; and treatment status. All newly reported confirmed chronic HBV cases and HCV cases that meet CDC criteria for laboratory confirmation of HCV infection, past or present, including patients who receive follow-up, will be provided with written patient education materials if SFDPH has complete address information. In addition, pending CDC methodology review and approval, follow-up will be conducted on all pediatric cases newly reported to SFDPH between 11/2012-10/2013 who meet CDC's case definition for confirmed chronic HBV infection. Brief parent/guardian and provider interviews will be conducted for HBV pediatric cases between the ages of two to 18 years. Provider and parent/guardian interviews will focus on potential risk factors for their infection, including non-vaccination. Parent/guardian will be provided with education about transmission and preventing infection of close contacts.

13. Participate in CDC sponsored training opportunities, conference calls, conferences, and workshops that foster data collection, analyses, interpretation, and use of surveillance data and underlying methodologies. Throughout the entire project period, the SFDPH will participate in all CDC invited/sponsored training opportunities, conference calls, conferences, and workshops that foster data collection, analyses, interpretation, and use of surveillance data and underlying methodologies.

14. Provide a report that details the security and confidentiality of the viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines. These should include: who has access to the hard-copy and electronic patient-level data; a description of the physical location where patient-level data are stored; a description of the security measures for data stored on local area networks (LANs) or other electronic storage systems; and policies and procedures for accessing the data. Current SFDPH security and confidentiality policies are already consistent with the majority of CDC NCHHSTP guidelines. SFDPH will produce and provide a report detailing the security and confidentiality policies of viral hepatitis surveillance data that is consistent with the most recent CDC NCHHSTP guidelines in 1/2013. Any SFDPH protocols and policies not consistent with CDC

NCHHSTP guidelines will be addressed and revised beginning in 1/2013 in order to be consistent with CDC NCHHSTP guidelines. SFDPH revisions and implementation will be complete by 6/2013 and maintained throughout the entire project period. Currently, all SFDPH staff have password protected desktop workstations, and all users are identified by network accounts and a password. All data are stored securely on SFDPH Management Information Services (MIS) servers which are backed up nightly and maintained by the MIS division, which maintains SFDPH network security, servers, data back-up, and secure data transport. Viral hepatitis surveillance data is entered and stored into a secure, password-protected, computerized database accessible only by project staff who are specifically trained to collect and maintain the confidentiality of patient data and follow SFDPH confidentiality protocols. Hard-copy, patient-level data are stored in locked cabinets in locked offices manned by project staff.

15. Identify and implement activities and processes to enhance and improve viral hepatitis surveillance, including but not limited to, surveillance case registry (e.g., HIV, cancer) matching, follow-up on cases of public health importance, collection of laboratory specimens for additional testing, projects to categorize cases for which no risk can be identified, monitor performance measures of hepatitis testing, care, and treatment, and provide data to case registries supported by state and local prevention programs. Throughout the entire project period, the SFDPH will identify and implement activities and processes to enhance and improve viral hepatitis surveillance. In the first project year, the SFDPH will design, implement, analyze, and summarize in report form, two registry matches utilizing two of the following four registries (selection of the data sources to be determined based on the quality and accessibility of the data sources): (1) SFDPH Sexually Transmitted Diseases Registry (MOU/approvals by 12/2012; begin match and analysis 1/2013); (2) SFDPH HIV Surveillance Registry (MOU/approvals by 12/2012; begin match and analysis 1/2013); (3) California Death Registry (MOU/approvals by 12/2012; begin match and analysis 1/2013); (4) Northern California Cancer Registry (MOU/approvals 12/2012; begin match and analysis 1/2013). The SFDPH will complete a brief report for the two registry matches by 10/2013, evaluating the usefulness of these data sources to either supplement or approximate data contained in the chronic hepatitis registry. The STD and HIV registry match reports would also include a descriptive summary to better understand the epidemiology of the SF co-infected population. Also, the SFDPH will do additional follow-up on all HBV and HCV cases (newly reported to SFDPH between 11/2012-10/2013) from the 25% random sample who reported no risks for their infection. In collaboration with the CDC, the SFDPH will develop protocols and instruments for this additional patient follow-up by 12/2012, with patient interviews to begin 1/2013. In addition, the SFDPH will monitor performance measures of hepatitis testing, care, and treatment by doing additional follow-up through chart review on all chronic HBV and HCV infection cases (newly reported to SFDPH between 11/2012-10/2013) from the 25% random sample who receive their care at SFGH (a large institution with electronic records with medical record use agreements already in place). In collaboration with the CDC, the SFDPH will develop protocols and instruments for this additional patient follow-up by 12/2012, with chart reviews to begin 1/2013. The SFDPH will complete a report of the summary results in 10/2013.

16. Report on requested outcome monitoring data. Templates and guidance on outcome monitoring will be provided to funded jurisdictions. Examples of data to be collected and submitted to CDC include, but are not limited to, products of recipient activities 2, 4, 6, 7, 11, 12, and 14. Throughout the project period, the SFDPH will collaborate with CDC and other funded sites to generate templates and guidance on sharing and reporting

viral hepatitis surveillance outcome monitoring data. SFDPH will produce and share reports on surveillance data and activities including, but not limited to, developing and maintaining a de-duplicated viral hepatitis database; investigating viral hepatitis clusters or outbreaks; submitting viral hepatitis surveillance data to MMWR; reviewing CDC quarterly and annual viral hepatitis surveillance data reports; lessons learned and best practices for implementing successful ELR projects; conducting core and enhanced surveillance of acute and chronic hepatitis; and SFDPH's consistency with CDC NCHHSTP security and confidentiality guidelines.

Evaluation Plan/Performance Measures

SFDPH stores reported information in ICOMS, a person-based, longitudinal database which integrates viral hepatitis data with communicable disease control data. Faxed and mailed positive hepatitis reports are hand-entered, while electronic files received from three of SF's largest clinical labs are electronically imported into ICOMS. Throughout 2012, SFDPH has maintained this database, using standardized protocols to enter positive hepatitis tests reported to SFDPH, as well as hepatitis data collected through enhanced surveillance. Hepatitis project staff perform weekly imports of electronic lab reports (ELR) using an electronic database import (EDI) interface. ELR importation protocols include both manual and automated quality control checks and patient de-duplication by project staff and the EDI interface. In addition, a 10% random sample of manually entered hepatitis lab report data and all hepatitis enhanced surveillance data have been audited by project staff weekly throughout 2012 for accuracy and completeness. Audits showed both data entry accuracy and data entry completeness was >99%. Furthermore, review of quarterly and annual reports has additionally enabled staff to monitor data collection and reporting systems. Additionally, all hepatitis laboratory reports received on a person are evaluated monthly using an automated algorithm to determine if they meet the current CDC/CSTE case definitions for chronic HBV and past or present HCV infection. SFDPH plans to continue to follow these protocols and procedures to monitor the performance of data collection and reporting systems throughout the project period. Monthly reporting of core and enhanced data for chronic HBV and HCV infection from San Francisco to CDC NCHHSTP via sFTP has been ongoing throughout 2012. In 2012, all data have been consistently reported to CDC, NETSS and CDPH within 5 working days of the first day of the month and according to the respective data dictionaries provided by CDC. SFDPH plans to continue reporting hepatitis data as requested by CDC, and in accordance with CDC guidance and standards throughout the project period. Throughout 2012, SFDPH has continued to maintain close collaborations and communications with all labs likely to test specimens and report hepatitis results from the SF population. For all labs who reported >1% of the total number of HCVAb tests to SFDPH in 2011, an annual survey was conducted in early 2012 to ensure that testing and reporting practices of HCVAb were compatible with CDC/CSTE recommendations. To evaluate completeness of lab reporting, the SFDPH has compared and will continue to compare the list of labs reporting all mandated lab reportable communicable diseases (e.g., Shigella, Bordatella pertussis) to the list of labs that report positive hepatitis markers to confirm that they are equivalent. To evaluate completeness of enhanced surveillance data, the SFDPH has done a monthly review of provider and patient response and completion rates and will continue to do so monthly throughout the project period.

ICOMS rules and protocols for person-matching and de-duplication use the case's last name, first name, date of birth, gender, and Social Security Number (SSN) for de-duplication of cases during both manual data entry and ELR importation. De-duplication of paper-reported

laboratory results and records occurs daily during manual data entry by project staff. Data entry staff search the database for the case before entering a laboratory report. If the case exists, the laboratory report is added to the existing case's record. Project staff import electronically reported data on a weekly basis. Through the EDI interface, electronically imported files are de-duplicated as they are imported using an automated algorithm based on established person-matching rules. Questionable matches from electronic imports are manually reviewed by project staff, who may then confirm or veto any matches according to data entry person-matching rules. For annual and as needed global de-duplication of ICOMS, SFDPH uses a tool called The Link King (www.Link-King.com), a SAS program that uses probabilistic and deterministic record linkage algorithms for record matching and de-duplication. Variables used for Link-King de-duplication include last name, first name, gender, SSN, race, ethnicity, and date of birth. Soundex, NYSIIS, approximate string match, and/or double metaphone of first and last name, transposed first and last names, and rare names are also considered for matching. Similar criteria are used for birthdates. De-duplication efforts are constant and ongoing and SFDPH plans to continue these multiple de-duplication methods throughout the project period.

The SFDPH has had a number of successful collaborations and has received extensive external support over the past seven years of the viral hepatitis surveillance project. Effective collaborations with laboratories have enabled the SFDPH to develop, implement, and maintain successful ELR with SFGH, UCSF Medical Center, and Sutter Health (see appendices for lab letters of support). In addition, all labs reporting SF HCV cases have supported SFDPH's efforts by participating in annual surveys regarding their current testing and reporting practices. Support from SF clinicians through completion of faxed data collection forms for chronic HBV and HCV has been invaluable to the success of SFDPH's enhanced surveillance. In addition, SFGH has granted project staff electronic access to their online medical records for chart reviews. Successful registry match collaborations with the SFDPH's Vital Records and HIV Surveillance Section have further enhanced the chronic hepatitis registry and resulted in a report describing the epidemiology of the SF co-infected population, providing viral hepatitis and HIV screening, prevention, and treatment programs with useful information for targeting and prioritizing their activities. Since 2006, the SFDPH has received valuable guidance from an Advisory Panel comprised of clinicians and researchers who serve the SF viral hepatitis community. The Panel has provided guidance on clinician practices, data collection and analysis, and reviewed SFDPH summary reports. Other successful collaborations include those with the PCSI effort in SF; the SF Hepatitis C Task Force, an advocacy group for chronically infected HCV cases in SF; and SF Hep B Free, a campaign promoting HBV screening and vaccination, targeting providers and the SF A/PI community.

Staffing and Management

SFDPH STAFF: Melissa Sanchez, PhD, Principal Investigator/Project Director (90% FTE, $9,252/mth). Dr. Sanchez has served as Project Director for over 3 years and will continue to coordinate project activities to ensure CDC grant deliverables are met; directly supervise Project Coordinator, Epidemiologist II and Epidemiologist I; provide scientific guidance for sampling, survey design, analyses, surveillance evaluation, and protocol and data collection instrument development; direct preparation of and review evaluations, manuscripts, reports, and presentations; prepare grant progress reports/proposals/budgets; serve as liaison with CDC Project Officer; and facilitate external collaborations. **Wendy Inouye, MPH, Epidemiologist I (100% FTE, $5,720/mth)**. Ms. Inouye has served as the Project's

Epidemiologist I since 2011 and will continue to serve as lead for registry maintenance (de-duplication, data quality checks, protocol development); surveillance reporting to CDC; and design, implement, analyze, and summarize two registry matches. Ms. Inouye will also analyze and summarize chronic HBV and HCV data for the 2012 Annual Report; inform CDC of suspected hepatitis clusters/outbreaks; review CDC and SFDPH surveillance reports and data quarterly and annually. **Diane Portnoy, MPH, Health Program Coordinator II (5% FTE contributed).** Ms. Portnoy has served as SFDPH Disease Control Team (DCT) Leader since 1990 and will oversee acute HAV and HCV investigations by DCT staff; train RA staff to conduct acute HBV investigations; provide user requirements for and test acute hepatitis IS module and assist in defining business requirements for implementation of PHIN compliant HL7 messages for reporting. **Lorna Garrido, Budget Analyst (5% FTE contributed).** Ms. Garrido has served as the Project's Budget Analyst since 2005 and will continue to develop budget proposals; monitor grant funds; create grant proposal financial reports; and serve as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE). **Jackvin Ng, Information Systems Business Analyst, Principal (20% FTE for 10 mths contributed).** Mr. Ng has served on the Project since 2005 and will assist in defining the business requirements for full implementation of PHIN compliant HL7 messages for reporting and assist in module configuration, testing, and implementation; develop acute hepatitis surveillance modules to facilitate import, storage, and reporting to CDC. Mr. Ng will review business and functional requirements, program, test, and revise system. **Sara Ehlers, Epidemiologist II (10% FTE for 10 mths contributed).** Ms. Ehlers will assist in defining the business requirements for full implementation of PHIN compliant HL7 messages for reporting and assist in module configuration, testing, and implementation; and assist in producing a comprehensive report, documenting ELR projects (lessons learned, best practices). **David Stier, MD, Clinical Advisor (5% FTE contributed).** Dr. Stier has served as the Project's Clinical Advisor since 2005 and will assist with clinical outreach, write project summaries for SF clinicians; and review presentations, reports, and manuscripts. **PHFE STAFF: Amy Nishimura, MPH, Project Coordinator (100% FTE, $5,981/mth).** Ms. Nishimura has served as Project Coordinator since 2006 and will continue to lead development and implementation of enhanced surveillance activities, including survey and protocol development; will define registry information system (IS) requirements to capture and report data from acute hepatitis investigations, including IS testing; train and supervise RAs to conduct all case follow-up activities; analyze response rates; lead in analysis and summarization of the 2012 chronic HBV and HCV Annual Report; produce a report detailing the security and confidentiality policies of hepatitis surveillance data and oversee revisions and subsequent implementation to ensure consistent with CDC guidelines; and monitor and report on performance measures of hepatitis testing, care, and treatment. **Martina Li, Research Assistant III (100% FTE, $3,965/mth), Rachel Arrington, Research Assistant I (100% FTE, $3,709/mth), and Karen Luk, Research Assistant I (100% FTE, $3,709/mth)** have served as Project Research Assistants since 2007, 2009, and 2008, respectively, and will conduct follow-up of viral hepatitis cases by clinician fax survey, patient/caregiver interview, chart review, and enter/clean data; test new database modules; import electronic files of lab tests into ICOMS; enter hepatitis lab tests reported into the Registry; compile and send patient information mailings. Ms. Li will also assist in the development of all enhanced surveillance instruments and protocols and assist in producing a report detailing the security and confidentiality policies of viral hepatitis surveillance data. All of the above staff will be based at the SFDPH.

Notice of Award

COOPERATIVE AGREEMENTS **Issue Date:** 10/31/2012

Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Grant Number: 1U51PS004060-01

Principal Investigator(s):
Melissa Sanchez, PHD

Project Title: Active, Enhanced Surveillance for Viral Hepatitis in San Francisco, California

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ATTN: FINANCIAL OFFICER
101 GROVE STREET, SUITE 204
SAN FRANCISCO, CA 941024505

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 11/01/2012 – 10/31/2013
Project Period: 11/01/2012 – 10/31/2015

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of $259,971 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of PHS Act,Sec 1706,42USC 300u-5,as amended;Sec 2(d),PL 98-551 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Merlin J. Williams

Merlin Williams
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1U51PS004060-01

Award Calculation (U.S. Dollars)

Salaries and Wages	$84,224
Fringe Benefits	$34,333
Personnel Costs (Subtotal)	$118,557
Supplies	$998
Travel Costs	$1,080
Consortium/Contractual Cost	$117,262
Federal Direct Costs	$237,897
Federal F&A Costs	$22,074
Approved Budget	$259,971
Federal Share	$259,971
TOTAL FEDERAL AWARD AMOUNT	$259,971
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$259,971

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

02 $519,945
03 $519,945

Fiscal Information:

CFDA Number: 93.270
EIN: 1946000417A8
Document Number: UPS004060A

IC	*CAN*	*2013*	*2014*	*2015*
PS	939ZRPQ	$259,971	$519,945	$519,945

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
1	$259,971	$259,971
2	$519,945	$519,945
3	$519,945	$519,945

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

CDC Administrative Data:
PCC: N / **OC**: 4141 / **Processed**: ERAAPPS 10/31/2012

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U51PS004060-01

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 hhstips@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 – 1U51PS004060-01

CDC NOA Division: SSS - NCSD 2009 10:19:45 | Generated on: 10/31/2012 [illegible]

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.

Treatment of Program Income:
Additional Costs

SECTION IV – PS Special Terms and Conditions – 1U51PS004060-01

Funding Opportunity Announcement (FOA) Number: PS13-1303
Award Number: U51PS004060-01

TERMS AND CONDITIONS OF THIS AWARD

NOTE 1. INCORPORATION: The application dated 08/13/2012, in response to Funding Opportunity Announcement Number: CDC-RFA-PS13-1303 entitled, Viral Hepatitis - Prevention and Surveillance, as amended, is made a part of this Non-Research award by reference.

NOTE 2. APPROVED FUNDING: Funding in the amount of $259,971.00 is approved for the Year 01 budget period, which is November 1, 2012 through October 31, 2013. This funding amount represents 50% of the total anticipated annual budget of $519,945.00, which is subject to rescission depending upon the congressional appropriations, since CDC is operatiing under a continuing resolution for the federal government fiscal year 2013 . The $259,971.00 consists of the Prevention part 1 category: $00.00, the surveillance category: $259,971.00, and the Prevention part 2 TA: $00.00.

All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

NOTE 3. BUDGET REQUIREMENT: By December 3, 2012, the grantee must submit a revised budget with narrative justification and work plan. 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 must submit a letter explaining the reason and state the date by which the Grants Management Officer noted in Section IV. Staff Contacts will receive the information.

NOTE 4. INDIRECT COSTS: Indirect costs are approved based on a certified Cost Allocation Plan dated December 1, 2011, which calculates indirect costs at 26.21 of direct salries and wages costs.

NOTE 5. 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 Section IV. Staff Contacts.

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NOTE 6. 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

NOTE 7. 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.

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.

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):

Place an "X" below to indicate whether or not the FFATA requirement applies to this award:

(X) FFATA DOES APPLY. THE GRANTEE MUST FOLLOW THIS SECTION
( ) FFATA DOES NOT APPLY - THE GRANTEE MAY SKIP THIS SECTION

Pursuant to A-133 (see section___.205(h) and section___.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.
1. 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).

2. Where and when to report.

i. You must report each obligating action described in paragraph A.1. of this award term to http://www.fsrs.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).

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

B. Reporting Total Compensation of Recipient Executives.

1. 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/execomp.htm).

2. 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.

1. 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).

2. 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:
1. 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.

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

3. 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.

4. 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.

5. 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.

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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

ANNUAL FEDERAL FINANCIAL REPORT (FFR)(SF 425):

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 budget period. The FFR for this budget period is due to the Grants Management Specialist by January 31, 2014. Reporting timeframe is November 1, 2012 through October 31, 2013.

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

PROGRESS/PERFORMANCE REPORTING:

INTERIM PROGRESS REPORT (IPR)

The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is November 1, 2012-April 31, 2013. A due date and specific IPR 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
* For the Budget details and justification follow the Budget Guidelines at: http://www.cdc.gov/od/pgo/funding/grantmain.htm

ANNUAL PROGRESS REPORT (APR)

Due 90 days following the end of the budget period, November 1, 2012 through October 31, 2013. Report should include:

* 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.

The Final Progress Report is required no later than 90 days after the end of the 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.

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

NOTE 8. SUMMARY STATEMENT RESPONSE REQUIREMENT: The objective review summary comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist as noted in the CDC Contact section of this Notice of Award, not later than December 3, 2012. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

NOTE 9. AUDIT REQUIREMENT: An organization that expends $500,000 or more in a 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, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor?s report(s), or nine months after the end of the audit period.

The audit report must be sent to:
Federal Audit Clearing House
Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)

ATTN: Audit Resolution, Mail Stop E-14
2920 Brandywine Road
Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed $500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

NOTE 10. 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 11. 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 12. 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 13. 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. (Refer to Funding Opportunity Announcement (FOA) and insert program specific requirement)

Note 14. 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 by July 31, 2013 or 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, or 8) Liquidation Extensions.

NOTE 15. 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.

Kang Lee, Grants Management Specialist
Centers for Disease Control, PGO, Branch 1

2920 Brandywine Road, Mail Stop E-15
Atlanta, GA 30341-4146
Telephone: (770) 488-2853
Fax: (770) 488-2868
Email: kil8@cdc.gov

NOTE 16. 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 17. 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 2005 funds will expire September 30, 2010. All FY 2005 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2010. After this date, corrections or cash requests will not be permitted.

NOTE 18. 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 19. 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:

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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

NOTE 20. 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 21. 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 22. 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.shtm

NOTE 23. 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 24. 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 and 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 25. 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 [Insert recipient Name] is acting under a grant of authority from CDC to carry out [Insert: Name of project/activity] which is authorized by [Insert: Statutory authority from Public Health Service Act, Comprehensive Environmental Response, Compensation, and Liability Act, or other legislation (this information should be provided by the awarding program)]. The CDC grants this authority to [Insert: partner name] for purposes of this project. Further, CDC considers this to be [Insert: type of public health activity, i.e. disease/injury reporting, vital events, surveillance, investigations, intervention, registry] for which disclosure of protected health information by covered entities is authorized by section 164.512(b)).

NOTE 26. 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.

a.) 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

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

Governmental and Tribal Payment Branch:
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

International Payment Branch:
Bhavin Patel (301) 443-9188
Note: Mr. Patel is the only staff person designated to handle all of CDC?s international cooperative agreements.

b.) 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 27. 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 as set forth here and in the Funding Opportunity Announcement Number CDC-RFA-PS13-1303 entitled, Viral Hepatitis - Prevention and Surveillance and is obligated to perform in accordance with the terms and conditions of the award. If the recipient cannot accept the terms and conditions, the recipient should notify the Grants Management Officer.

NOTE 28. 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 29. 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.

SALARY CAP LIMITATIONS:
Timeframe of Award: FY 12 awards issued on or before December 22, 2011, that have had no FY 12 funds obligated since December 23
Salary Cap: Executive Level I ($199,700)
Program Action: None for current year. May adjust salary levels for future years to ensure no funds are awarded for salaries over the limit
Grantee Action: None for current year. Apply salary limit as specified in continuation guidance in future years. Carryover request may reflect salary limitations in affect at the time of award.

Timeframe of Award: FY 12 awards issued on or after December 23, 2011
Salary Cap: Executive Level II (179,700)
Program Action: Adjust salary levels for current and future years to ensure no funds are awarded for salaries over the limit
Grantee Action: Adjust salary levels for current and future years and re-budget funds freed as a result of the lower limit.

Timeframe of Award: Awards in previous fiscal years
Salary Cap: As specified in original award
Program Action: None
Grantee Action: None

Section 218 - 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:
(a) 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.
(b) 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 appropriate 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 an 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 of 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.
General Provisions, Title IV

Department of Agriculture's FY 2012 Title IV, Section 738 - Funding Prohibition - Restricts dealings with corporations with recent felonies
None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 738 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

Department of Agriculture's FY 2012 Title IV, Section 739 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability
None of the funds made available by the Department of Agriculture?s FY 2012 Title IV, Section 739 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 433 - Funding Prohibition - Restricts dealings with corporations with recent felonies
None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 433 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 434 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability
None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 434 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

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 30. CDC CONTACTS :

Business and Grants Policy Contact

Kang Lee, Grants Management Specialist
Centers for Disease Control, PGO, Branch 1
2920 Brandywine Road, Mail Stop E-15

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Atlanta, GA 30341-4146
Telephone: (770) 488-2853
Fax: (770) 488-8240
Email: kil8@cdc.gov

Programmatic and Technical Contact for Surveillance project:

Ruth Jiles, Project Officer
Epidemiology and Surveillance Branch
Division of Viral Hepatitis, NCHHSTP
Centers for Disease Control and Prevention
12 Corporate BLVD, MS G-37
Atlanta, GA 30329-1902
Telephone: (404) 718-8557
Fax: (404) 718-8585
Email: RJiles@cdc.gov

STAFF CONTACTS
Grants Management Specialist: Kang W Lee
Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Email: klee@cdc.gov **Phone**: (770) 488-2853 **Fax**: 770-488-2868

Grants Management Officer: Merlin Williams
Center for Disease Control and Prevention (CDC)
Procurment and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Email: mqw6@cdc.gov **Phone**: (770) 488-2851 **Fax**: (770) 488-2868

SPREADSHEET SUMMARY
GRANT NUMBER: 1U51PS004060-01

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	*Year 1*	*Year 2*	*Year 3*
Salaries and Wages	$84,224	$168,447	$168,447
Fringe Benefits	$34,333	$68,665	$68,665
Personnel Costs (Subtotal)	$118,557	$237,112	$237,112
Supplies	$998	$2,000	$2,000
Travel Costs	$1,080	$2,160	$2,160
Consortium/Contractual Cost	$117,262	$234,523	$234,523
TOTAL FEDERAL DC	$237,897	$475,795	$475,795
TOTAL FEDERAL F&A	$22,074	$44,150	$44,150
TOTAL COST	$259,971	$519,945	$519,945

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File No.130025

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

City Elective Officer Information *(Please print clearly.)*	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information *(Please print clearly.)*	
Name of contractor: Public Health Foundation Enterprises, Inc.	
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. (1) See attached BOD Affiliation List (2) Mark Bertler, Chief Executive Officer; Susan Vacko, Director of Operations (3) & (4) & (5): n/a	
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746	
Date that contract was approved:	Amount of contract: $234,524
Describe the nature of the contract that was approved: PHFE will serve as the fiscal intermediary for staff members who will support the goals/objectives of the Active, Enhanced Surveillance for Viral Hepatitis project. The Project Coordinator will lead the development and implementation of enhanced surveillance activities; train and supervise research assistants to conduct all case follow-up activities; analyze response rates; lead the analysis and summarization of the 2012 chronic hepatitis annual report; produce a report detailing the security and confidentiality policies of hepatitis surveillance data and oversee revision and subsequent implementation to ensure consistent with CDC guidelines; and monitor and report on performance measures of hepatitis testing, care, and treatment. In addition, Project Research Assistants will conduct follow-up of viral hepatitis cases by clinician fax survey, patient/caregiver interview, chart review, and enter/clean data; test new database modules; import electronic files of lab tests into ICOMS; enter hepatitis lab tests reported into the Registry; compile and send patient information mailings.	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☑ 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

Filer Information *(Please print clearly.)*	
Name of filer: Angela Calvillo, Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Board.of.Supervisors@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

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

Board of Directors

Term for 2012-2013

Bruce Y. Lai, Chair - Vice President, Market Solutions, ePals, Inc.

Erik D. Ramanathan, Vice Chair - Executive Director, Program on the Legal Profession, Harvard Law School

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Teri A. Burley, Secretary – Executive Director, Core Project Services, Kaiser Permanente

Michael S. Ascher, MD, FACP, Immediate Past Chair – Visiting Researcher, Department of Medicine and Epidemiology, UC Davis

Mark J. Bertler, CAE, Chief Executive Officer - Public Health Foundation Enterprises, Inc.
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Gerald D. Jensen, President and Chief Executive Officer - Siskin Children's Institute.

Patrick M. Libbey, Consultant - Eld Inlet Associates, former Executive Director of the National Association of County and City Health Officials (NACCHO)

Renata Schiavo, PhD., Founding President and Chief Executive Officer - Health Equity Initiative

Edward Yip- President, Three5Eight Consulting