

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: **Enhancing PrEP in Community Setting (EPIC)**

2. Department: **Bridge HIV**

3. Contact Person: **Martin Soto** Telephone: **437-7407**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$118,761**

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

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

7a. Grant Source Agency: **National Institute of Health (NIH)**

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

8. Proposed Grant Project Summary:

Dr. Buchbinder will participate actively in data collection instrument development, data analyses and manuscript writing and provide senior level mentorship to Dr Liu as a new investigator applicant. Dr. Fuchs will work with Dr. Liu (PI) to oversee the creation of study plans for EPIC and draft study related materials including data collection forms. Dr. Fuchs will lead efforts to adapt the SMS telephone support intervention for use at the STD clinic, create standard of care counseling protocols and develop training manuals for EPIC staff. Dr. Fuchs will also assume a lead role in data analyses and manuscript development and be responsible for preparation of Project progress reports.

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

Start-Date: **07/01/2014**

End-Date: **06/30/2015**

10a. Amount budgeted for contractual services: **\$0**

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?

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

b1. If yes, how much? **\$17,439**

b2. How was the amount calculated? **24.02% of 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 July 1, 2014. The Department received the letter of funding allocation on October 24, 2014.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCAO49/14

****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:

Ron Weigelt

(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed:

January 13, 2015

Barlene C. Daem

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed:

1/15/15

Barlene C. Daem

(Signature Required)