

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: **AMBER SOW - SFDPH**
2. Department: **San Francisco Department of Public Health
Population Health Division
Bridge HIV**
3. Contact Person: **Albert Liu** Telephone: **415-437-7408**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$113,581 in the 5-year project period
(Year 1 = \$32,451; Year 2 = \$32,451; Year 3 = \$32,451; Year 4 = \$8,114; Year 5 = \$8,114)**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **National Institute of Allergy and Infectious Diseases (NIAID)**
b. Grant Pass-Through Agency (if applicable): **Research Triangle Institute (RTI) International**
8. Proposed Grant Project Summary:

The scope of this work is to conduct iterative socio-behavioral research with target end-user populations in the United States. The site (SFDPH) will first elicit the perspectives of pre-exposure prophylaxis experienced and naïve users, followed by survey assessment of high-risk populations for HIV through a web-based DCE. The SFDPH will focus its sociobehavioral efforts on predominantly minority, sexually active, cis-men who have sex with men (MSM) as well as transgender women (TGW). Salient attributes and preferences of the implant by the end-users will inform the early stage development and therefore support successful uptake by the eventual users.

Dr. Albert Lui, M.D. is the Clinical Research Director at Bridge HIV in the San Francisco Department of Public Health (SFDPH). He will lead work to evaluate preferred user characteristics of the AMBER implant in San Francisco and the East Bay. He will serve as the Medical Advisor for the duration of the program.

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

Approved Year One Project Year 1: Start-Date: 12/15/2020	End-Date: 07/31/2021
Full project Period: Start-Date: 12/15/2020	End-Date: 07/31/2025

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? **N.A.**

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

b1. If yes, how much? **\$22,716**

b2. How was the amount calculated? **25% of total salaries & benefits**

c1. If no, why are indirect costs not included?

- Not allowed by granting agency To maximize use of grant funds on direct services
- Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N.A.**

12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment and partially reimburses the department for one existing positions: one Sr. Physician Specialist (Job Class 2232) at 0.10 FTE for 12 months for the period from December 15, 2020 through June 30, 2021.

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Sr. Physician Specialist	0.10	12/15/2020	07/31/2021
2	2232	Sr. Physician Specialist	0.10	08/01/2021	07/31/2022
3	2232	Sr. Physician Specialist	0.10	08/01/2022	07/31/2023
4	2232	Sr. Physician Specialist	0.10	08/01/2023	07/31/2024
5	2232	Sr. Physician Specialist	0.10	08/01/2024	07/31/2025

We respectfully request for approval to accept and expend these funds retroactive to December 15, 2020. The Department received the letter of funding allocation on February 05, 2021.

Department ID: 162646
 Proposal ID: CTR00002343
 Project Description: HD HIV PD155 2021 AMBER SOW
 Project ID: 10037452
 Activity ID: 0001

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

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

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

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

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

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

Comments:

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

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 3/10/2021 | 12:24 PM PST

DocuSigned by:
Toni Rucker
AD4292F537F41D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 3/11/2021 | 4:00 PM PST

DocuSigned by:
Greg Wagner
20577247528487...
(Signature Required)

Greg wagner, COO for