

File Number: 170955
(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: **PrEP-T: Advancing PrEP Delivery in the Transgender Community**

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: **\$144,996**
Yr 1 \$71,456; Yr 2 \$73,540

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

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

7a. Grant Source Agency: **The Regents of the University of California, Office of the President (UCOP)**

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

8. Proposed Grant Project Summary:

Dr. Albert Liu serve as the PI of the study and will have responsibility for achieving the specific aims of the study, for maintaining the proposed study schedule, ensuring quality control over all aspects of the study, protecting participant safety and confidentiality, and data analysis and publication of results.

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

Approved Year Two Project: Start-Date: 04/01/2016 End-Date: 03/31/2018
Full Project Period: Start-Date: 04/01/2016 End-Date: 03/31/2020

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? **\$20,865**

b2. How was the amount calculated? **24.03% 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:

The Department of Public Health (DPH) is requesting a retroactive approval to April 1, 2016. This is Year 2 of a Year 4 grant cycle. In Year 1, an accept and expend was not needed since grant was under 100K. Without an accept and expend, grant was not added to the AAO budget. Since there is no AAO budget, we are requesting for Board approval to have the authority to accept and expend the grant funds in Yr2.

**PS Fund ID: 11580
PS Dept ID: 162646
PS Project ID: 10029404
PS Activity ID: 002
PS Authority ID: 10001**

****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: August 8 2017 
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 8/9/17 
(Signature Required)