

File No. 1010 21

Committee Item No. \_\_\_\_\_  
Board Item No. 44

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date August 3, 2010

**Cmte Board**

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/> | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

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

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Annette Lonich Date July 29, 2010

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.

**INTRODUCTION FORM**  
By a member of the Board of Supervisors or the Mayor

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2010 JUL 27 PM 2:11  
BY \_\_\_\_\_  
AK  
Time Stamp or Meeting Date

I hereby submit the following item for introduction:

- \_\_\_\_\_ 1. For reference to Committee:  
An ordinance, resolution, motion, or charter amendment.
- X 2. Request for next printed agenda without reference to Committee
- \_\_\_\_\_ 3. Request for Committee hearing on a subject matter.
- \_\_\_\_\_ 4. Request for letter beginning "Supervisor \_\_\_\_\_ inquires..."
- \_\_\_\_\_ 5. City Attorney request.
- \_\_\_\_\_ 6. Call file from Committee.
- \_\_\_\_\_ 7. Budget Analyst request (attach written motion).

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

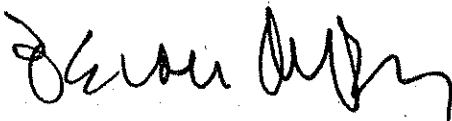
- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Bevan Dufty

**SUBJECT:** Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expend retroactively a grant in the amount of \$30, 965 from the United Nations Childrens Fund to support a project that will further understanding of the prevention of mother-to-child transmission of HIV; for the period of June 18, 2010 through October 1, 2010.

The text is listed below or attached:



Signature of Sponsoring Supervisor: \_\_\_\_\_

**For Clerk's Use Only:**

1 [Accept & Expend Grant - Special Work Assignment UNICEF - \$30,965]

2  
3 **Resolution authorizing the San Francisco Department of Public Health (DPH) to accept**  
4 **and expend retroactively a grant in the amount of \$30,965 from the United Nations**  
5 **Childrens Fund to support a project that will further understanding of the prevention of**  
6 **mother-to-child transmission of HIV; for the period of June 18, 2010 through October 1,**  
7 **2010.**

8  
9 WHEREAS, DPH – HIV Epidemiology Section has received a grant award in the  
10 amount of \$30,965 from the United Nations Childrens Fund to support a special project that  
11 will further understanding of the prevention of mother-to-child transmission of HIV; and,

12 WHEREAS, The project shall commence on June 18, 2010 and shall expire upon  
13 satisfactory completion of the services described in the agreement, but not later than October  
14 1, 2010; and,

15 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH  
16 for two existing positions, one Senior Physician Specialist (Job Class #2232) at 1.00 FTE for  
17 10 days, and one Epidemiologist II (Job Class #2803) at 1.00 FTE for forty days, for the grant  
18 period; and,

19 WHEREAS, As a condition of receiving the grant funds, United Nations Childrens Fund  
20 requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with  
21 the Clerk of the Board of Supervisors in File No. 101021; which is hereby declared to be a  
22 part of this resolution as if set forth fully herein; and,

23 WHEREAS, A request for retroactive approval is being sought because the DPH did  
24 not receive the Agreement until July 2, 2010; and,

1 WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
2 \$1,173; now, therefore, be it

3 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the  
4 amount of \$30,965 from United Nations Childrens Fund; and, be it

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

8 FURTHER RESOLVED, That the Controller is directed to designate the positions  
9 funded under this agreement as a "G" or grant-funded position which would terminate when  
10 the agreement expires; and, be it

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

13

14 RECOMMENDED:

APPROVED:

15

16 \_\_\_\_\_  
17 Mitchell Katz, M.D.  
18 Director of Health

\_\_\_\_\_

Office of the Mayor

19

20

\_\_\_\_\_

Office of the Controller

21

22

23

24

25



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D. *MH*  
Director of Health

DATE: July 9, 2010

SUBJECT: Grant Accept & Expend

GRANT TITLE: Special Work Assignment UNICEF - \$30,965

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
- Grant budget and justification
- Grant Application – DPH did not apply for this grant.
- Agreement (1)

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: DPH Community Programs, 1380 Howard St., 4<sup>th</sup> Floor

Certified copy required Yes

No

File Number: \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective January 2000)

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: Special work assignment UNICEF
2. Department: Department of Public Health  
AIDS Office  
HIV Epidemiology Section
3. Contact Person: Henry Fisher Raymond Telephone: 554-9093
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$30,965
- 6a. Matching Funds Required: No  
b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: United Nations Children's Fund  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: Analysis and scientific writing for triangulation of data from population-based surveys, surveillance, programs, key informants, and the scientific literature to understand progress in the prevention of mother-to-child-transmission of HIV.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: June 18, 2010 End-Date: October 1, 2010
10. Number of new positions created and funded: None
11. If new positions are created, explain the disposition of employees once the grant ends? N/A
- 12a. Amount budgeted for contractual services: N/A  
b. Will contractual services be put out to bid? N/A  
c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A  
d. Is this likely to be a one-time or ongoing request for contracting out? N/A
- 13a. Does the budget include indirect costs?  Yes  No  
b1. If yes, how much? \$1,173 b2. How was the amount calculated? 5% of total salaries  
c. If no, why are indirect costs not included? N/A  
 Not allowed by granting agency  To maximize use of grant funds on direct services  
 Other (please explain):

14. Any other significant grant requirements or comments: DPH respectfully requests for approval to accept and expend these funds retroactive to June 18, 2010 because the Department received the contract on July 2, 2010.

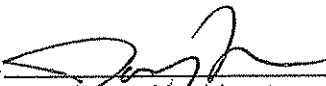
**\*\*Disability Access Checklist\*\***

15. 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 checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer:   
Jason Hashimoto

Date Reviewed: 7/26/10

Department Approval:   
Mitchell Katz, M.D. Director of Public Health

AIDS Office - HIV/AIDS Statistic and Epidemiology Section  
 UNICEF Triangulation  
 June 18, 2010 - October 1, 2010

Dept / Div: HPH-03  
 Fund Group: 2S/CHS/GNC  
 Index Code: HCHPDHIVSVGR  
 Grant Code:  
 Grant Detail:

CATEGORY/LINE ITEM	Annual Salary	27.00% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
A. PERSONNEL											
1. Senior Physician Specialist 2232 5 W McFarland	183,092	49,435	232,527	100.00%	1.00	15,258	0.50	7,629	2,060	9,689	10 days during this project period
2. Epidemiologist II 2803 5 T Kellogg	94,978	25,644	120,622	100.00%	1.00	7,915	2.00	15,830	4,274	20,104	40 days during this project period
3 COLA 4%	0	0	0	0%	0.00	0	0	0	0	0	
4 STEP Increases 5%	0	0	0	0%	0.00	0	0	0	0	0	

TOTAL SALARY/FRINGE	278,070	75,079	353,149		2.00			23,459	6,334	29,792	
00101 SALARIES								23,459			
00103 FRNG BN								6,334			
SUB TOTAL								<u>29,792</u>			

TOTAL DIRECT COST

29,792



Dept / Div: HPH-03  
 Fund Group: 2S/CHS/GNC  
 Index Code: HCHPDHIVSVGR  
 Grant Code:  
 Grant Detail:

CATEGORY/LINE ITEM	Annual Salary	27.00% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
--------------------	---------------	------------------------	---------------------------	-----------	----------	--------------	-----	---------------	-----------------	--------------	----------

BUDGET SUMMARY

A. SALARIES					FTE = 2.00					23,459	
B. MANDATORY FRINGE										6,334	
C. TRAVEL										0	
D. EQUIPMENT										0	
E. MATERIALS AND SUPPLIES										0	
F. CONTRACT / MOU										0	
G. OTHER										0	
DIRECT COSTS										29,792	
H. INDIRECT COST (5% of salaries)										1,173	
TOTAL BUDGET										30,965	
AWARD										0	
SURPL/(DEFICIT)										(30,965)	

San Francisco Department of Public Health (SFDPH)  
AIDS Office  
HIV/AIDS Statistics & Epidemiology Section

**Special Assignment UNICEF**

**BUDGET JUSTIFICATION**  
June 18, 2010 – October 1, 2010

<b>A.</b>	<b>PERSONNEL</b>		
<b>B.</b>	<b>MANDATORY FRINGE</b>		
1.	1.0 2232 – Sr. Physician Specialist: W. McFarland		
	Salary (10 days)	\$7,629	
	Mandatory Fringe Benefits (@ 27.0%) = \$2,060		\$9,689
	Dr. McFarland will provide oversight, formulation of hypotheses, triangulation, and manuscript preparation.		
2.	1.0 2803 – Epidemiologist II: T. Kellogg		
	Salary (40 days)	\$15,830	
	Mandatory Fringe Benefits (@ 27.0%) = \$4,274		\$20,104
	Mr. Kellogg will provide data analysis, triangulation, GIS, and manuscript preparation.		
	Total Personnel:		\$29,792
	Total Salaries		\$23,459
	Total Fringe		\$6,334
	<b>TOTAL PERSONNEL:</b>		<b>\$29,792</b>
<b>C.</b>	<b>TRAVEL</b>		<b>\$0</b>
<b>D.</b>	<b>EQUIPMENT</b>		<b>\$0</b>
<b>E.</b>	<b>SUPPLIES</b>		<b>\$0</b>
<b>F.</b>	<b>CONTRACTUAL</b>		<b>\$0</b>
<b>G.</b>	<b>OTHER</b>		<b>\$0</b>
	<b>TOTAL DIRECT COSTS</b>		<b>\$29,792</b>
<b>H.</b>	<b>INDIRECT COSTS (5% of salaries)</b>		<b>\$1,173</b>
	<b>TOTAL BUDGET:</b>		<b>\$30,965</b>

## Institutional/Corporate Contract

CONTRACT NO	AMENDMENT NO	CONTRACTOR	ISSUING OFFICE	
		G18304	UNICEF NY/ Programme Division/ HIV and AIDS Section	
Agreement entered into between UNICEF and: San Francisco Department of Public Health <i>(Hereinafter referred to as "The Contractor")</i>		NAME San Francisco Department of Public Health	CONTACT PERSON Diana Cheung	
CURRENCY USD	ADDRESS 25 Van Ness Ave, 5 <sup>th</sup> floor, San Francisco, CA 94102 EMAIL <a href="mailto:Diana.cheung@sfdph.org">Diana.cheung@sfdph.org</a>	TELEPHONE NO. 415 255 3702	FAX NO. 415 503-4710	
ALLOTMENT ACCOUNT CODE: 070652/206/31/SI090123				
<i>This agreement shall commence on 18 June 2010 and shall expire upon satisfactory completion of the services described below but not later than 1 October 2010, unless sooner terminated under the terms of the agreement.</i>				

## UNITED NATIONS CHILDREN'S FUND (UNICEF)

Enters into an institutional contract with

San Francisco Department of Public Health  
25 Van Ness Ave, 5<sup>th</sup> floor, San Francisco, CA 94102

**Telephone:** 415-255-3702

**Fax:** 415 503-4710

**for the provision of the following services**

The Contractor is to refine analysis of PMTCT DHS/MICS data, with triangulation of various other data (indicated in proposal). Global analysis will be supplemented by in-depth case studies.

**as stipulated in the attached document**

THIS CONTRACT IS SUBJECT TO THE TERMS AND CONDITIONS HEREIN

