

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: **PrEP Blueprint: Evaluating implementation of a PrEP Choice Blueprint on PrEP Uptake and Persistence**
2. Department: **Department of Public Health
Bridge HIV**
3. Contact Person: **Hyman Scott** Telephone: **(628) 217-7483**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$148,843**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **National Institutes of Health**
b. Grant Pass-Through Agency (if applicable): **Heluna Health**
8. Proposed Grant Project Summary:

The goal of this project is to assemble and evaluate a Pre-Exposure Prophylaxis (PrEP) Blueprint to better engage clinics in human immunodeficiency virus (HIV) PrEP delivery to populations most in need of this highly effective HIV prevention intervention. The Department of Public Health is assembling and testing this blueprint in 2 clinics – a community sexual health clinic in San Francisco, California, and a university-based infectious disease clinic in Birmingham, Alabama, to ensure that the PrEP Blueprint will be able to be used widely throughout different clinical sites in the United States. We will assemble the PrEP Blueprint with input from potential clients from these clinics, clinic staff, and community stakeholders.

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

Start-Date: **04/01/2026**

End-Date: **11/30/2026**

- 10a. Amount budgeted for contractual services: **\$0**
 - 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 Local Business Enterprise (LBE) requirements? **N.A.**
 - 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? **\$28,459**

b2. How was the amount calculated? **23.64% of Direct Costs**

c1. 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):

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, does not create net new positions, and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.20	04/01/2026	11/30/2026
2	2233	Supervising Physician Specialist	0.10	04/01/2026	11/30/2026
3	2232	Senior Physician Specialist	0.10	04/01/2026	11/30/2026

We respectfully request for approval to accept and expend these funds retroactive to April 1, 2026. The Department received the agreement on April 27, 2026. The AL # for this grant is 93.242.

Project Description: HD HIV PD238-27 PrEP Blueprint

Project ID: 10043543

Proposal ID: CTR00005386

Fund ID: 11580

Version ID: V101

Authority ID: 10001

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: 5/22/2026 | 2:37 PM PDT

Signed by:

 9A000BBF0D5245C
 (Signature Required)

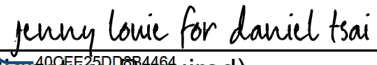
Aman Lail, CAO, Ambulatory Services Division
for Toni Rucker

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 5/27/2026 | 2:34 PM PDT

Signed by:

 40CFE25DD08B4464
 (Signature Required)