

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

**Grant Ordinance Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors ordinances authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **PS20-2010: Integrated HIV Programs for Health Departments to Support Ending the HIV Epidemic in the United States**
2. Department: **San Francisco Department of Public Health  
Community Health Equity & Promotion Department**
3. Contact Person: **Hanna Hjord** Telephone: **628.217.6316**
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$2,740,288**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**  
b. Grant Pass-Through Agency (if applicable): **N.A.**
8. Proposed Grant Project Summary:

**As a result of hard-fought accomplishments in prevention, care, and treatment services informed by a robust HIV surveillance system, there is increasing optimism that San Francisco (SF) will be the first city in the United States to achieve its goal to ‘Get to Zero’: zero new HIV infections; zero HIV deaths; and zero HIV stigma. SF has implemented a data-driven high impact prevention (HIP) strategy over the last decade, and HIV surveillance data has shown significant reductions in new HIV diagnoses and increasing linkage to care and number of people living with HIV who are virally suppressed. While SF’s progress is encouraging, some communities experience significant and persistent disparities in HIV-associated indicators.**

**Most new infections continue to occur among gay men and other men who have sex with men (G/MSM); however, disparities persist among Black/African Americans, Latinos/Latinas/Latinx, trans women, people experiencing homelessness (PEH), and people who use/inject drugs (PWU/ID). Many of these populations also experience high rates of other STIs and hepatitis C (HCV). The interconnectedness of HIV/HCV/STIs and the related social determinants of health demand coordinated strategies and more fully integrated systems and programs. SF has a rich network of services and efforts that must be maintained; yet shifts in policies and approaches are needed to realize the goals of getting to zero for HIV, ending HCV, and turning the curve on STIs. SF will take bold new steps to improve focus and responsiveness to the specific needs of communities of color and PEH, while maintaining existing focus on high prevalence populations.**

The fundamental innovation of SF's Component A proposal is the deep alignment of HIV/HCV/STI prevention and care, using a racial and social equity lens, and integrating systems and programs that are person-centered, not disease-centered. SFDPH will (1) address overlapping vulnerabilities, health disparities, and inequities and (2) use a community- and person-centered approach, integrated strategies, status-neutral services, and disruptive innovation to increase access to treatment and prevention, address the root causes, and to keep up with changing times. Services will focus on Black/African American communities, Latinos/Latinas/Latinx, trans women, PEH, and PWU/ID. SF proposes to reduce new HIV infections by 75% by 2025 and by 90% by 2030.

SF's Component C proposal describes SFCC Project Expand and Elevate (ExEI). Building on successes and lessons learned from prior and ongoing efforts, Project ExEI will enhance and expand integration of STI and HIV prevention care services by: 1) Strengthening SFCC's infrastructure for billing, more timely identification of HIV status and care needs for people living with HIV (PLWH), and addressing service gaps; 2) Increasing capacity through the expansion of express visits; 3) Increasing PrEP uptake among populations disproportionately affected by HIV and improving PrEP retention with enhanced outreach and case management; 4) Improving retention in HIV care by scaling up access to same-day anti-retroviral treatment for PLWH who are not in care and implementation of routine viral load testing for PLWH; and 5) Reducing HIV disparities by increasing the proportion of patients seen at SFCC who are most vulnerable to HIV, including G/MSM of color, PEH and PWU/ID.

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

Start-Date: **08/01/2020**

End-Date: **07/31/2021**

10a. Amount budgeted for contractual services: **\$1,587,680**

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? **On-going**

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

b1. If yes, how much? **\$168,898**

b2. How was the amount calculated? **25% 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? **N/A.**

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to August 01, 2020. The Department received the revised subaward agreement on October 30, 2020.**

<b>Proposal ID:</b>	<b>CTR00002026</b>
<b>Version ID:</b>	<b>V101</b>
<b>Department ID:</b>	<b>251929</b>
<b>Project Description:</b>	<b>HD HIV PD143 2021 Intgtd HIV</b>
<b>Project ID:</b>	<b>10036837</b>
<b>Activity ID:</b>	<b>0001</b>

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

14. 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: 3/30/2021 | 3:05 PM PDT

DocuSigned by:  
Toni Rucker  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 4/1/2021 | 1:00 PM PDT

DocuSigned by:  
Greg Wagner  
(Signature Required)

Greg wagner, COO for