

File No. 221005

Committee Item No. 3

Board Item No. 22

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date October 5, 2022

Board of Supervisors Meeting

Date October 18, 2022

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Brent Jalipa

Date September 29, 2022

Completed by: Brent Jalipa

Date October 6, 2022

1 [Accept and Expend Grant - Retroactive - Health Resources and Services Administration -
2 Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B
3 - \$4,667,400]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant increase in the amount of \$2,000,400 for a total amount of \$4,667,400**
6 **from the Health Resources and Services Administration for participation in a program,**
7 **entitled “Ending the Human Immunodeficiency Virus (HIV) Epidemic: A Plan for**
8 **America - Ryan White Human Immunodeficiency Virus (HIV)/Acquired**
9 **Immunodeficiency Syndrome (AIDS) Program Parts A and B,” for the period of March 1,**
10 **2020, through February 28, 2023.**

11
12 WHEREAS, The Health Resources and Services Administration (HRSA) has agreed to
13 fund the Department of Public Health (DPH) in the amount of \$4,667,400 for participation in a
14 program, entitled “Ending the Human Immunodeficiency Virus Epidemic: A Plan for America -
15 Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program
16 Parts A and B,” for the period of March 1, 2020, through February 28, 2023; and

17 WHEREAS, The goal of funding is to reduce new Human Immunodeficiency Virus
18 (HIV) infections to zero, increase viral load suppression, and to address and remove health
19 disparities among communities who may experience these; and

20 WHEREAS, Funding will focus on target populations living with HIV: transgender
21 women, persons experiencing homelessness, persons who inject drugs, African-American
22 clients, Latinx clients and persons experiencing incarceration; and

23 WHEREAS, A grant increase of \$2,000,400 from \$2,667,000 was approved for the
24 period of March 1, 2022, through February 28, 2023; and

1 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

2 WHEREAS, A request for retroactive approval is being sought because DPH received
3 the award letter on May 26, 2022; and

4 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
5 therefore, be it

6 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
7 the grant budget; and, be it

8 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
9 expend a grant in the amount of \$4,667,400 from the HRSA; and, be it

10 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
11 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 Agreement on behalf of the City; and, be it

14 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
15 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
16 Supervisors for inclusion in the official file.

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1 Recommended:
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3 _____ /s/

Approved: _____ /s/
Mayor

4 Dr. Grant Colfax
5 Director of Health

Approved: _____ /s/
Controller

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File Number: 221005
(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: **Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B**

2. Department: **Department of Public Health
HIV Health Service Section**

3. Contact Person: **Bill Blum** Telephone: **628-206-7675**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$4,667,400**

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

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

7a. Grant Source Agency: **Health Resource and Service Administration (HRSA)**

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

8. Proposed Grant Project Summary:

The goals of the Ending the HIV Epidemic (ETHE) funding is very similar to that our local Getting to Zero campaign: to reduce new HIV infections to zero (the CDC funded portion of the ETHE grant addresses this) and to increase Viral Load Suppression and to address and remove health disparities among communities who may experience these. HIV Health Services focused our application and the allocated funding from our grant award to programs that would work to address health disparities and improve viral load suppression overall, but most particularly focusing on the following target populations living with HIV: transgender women (particularly transgender women of color), persons experiencing homelessness, persons who inject drugs, African-American clients, Latinx clients, and persons experiencing incarceration.

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

Start-Date: **03/01/2020**

End-Date: **02/28/2023**

10a. Amount budgeted for contractual services: **\$4,351,345**

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? **N.A.**

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? \$0

b2. How was the amount calculated? N.A.

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? 5% of Direct Costs

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to March 1, 2020. The Department received the letter of funding allocation May 26, 2022. The CFDA # for this grant is 93.686.

This grant does not require an ASO amendment and reimburses the Department for the position below:

No.	Class	Job Title	FTE	Estimate Start Date	End Date
1	2593	Health Program Coordinator III	0.583	08/01/2022	02/28/2023

The grant increase was \$2,000,400 for FY22-23.

Fund ID: 11580
Dept. ID: 162644
Project Description: HN HIV PD140 2223 Ryan White Parts A & B
Project ID: 10038098
Authority ID: 10001
Version: V101
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):

- Existing Site(s) Existing Structure(s) Existing Program(s) or Service(s)
- Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
- New Site(s) 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: 8/24/2022 | 2:57 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: 8/25/2022 | 10:09 AM PDT

DocuSigned by:
Greg Wagner
(Signature Required)
Greg Wagner, COO for



Recipient Information
<p>1. Recipient Name CITY & COUNTY OF SAN FRANCISCO 1380 Howard St Fl 4 San Francisco, CA 94103-2651</p> <p>2. Congressional District of Recipient 12</p> <p>3. Payment System Identifier (ID) 1946000417A8</p> <p>4. Employer Identification Number (EIN) 946000417</p> <p>5. Data Universal Numbering System (DUNS) 103717336</p> <p>6. Recipient's Unique Entity Identifier DCTNHRGU1K75</p> <p>7. Project Director or Principal Investigator Bill Blum bill.blum@sfdph.org (415)554-9105</p> <p>8. Authorized Official</p>

Federal Award Information
<p>11. Award Number 6 UT8HA33951-03-01</p> <p>12. Unique Federal Award Identification Number (FAIN) UT833951</p> <p>13. Statutory Authority 42 U.S.C. § 243(c); 300ff-11 et seq.</p> <p>14. Federal Award Project Title Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B</p> <p>15. Assistance Listing Number 93.686</p> <p>16. Assistance Listing Program Title Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B</p> <p>17. Award Action Type Administrative</p> <p>18. Is the Award R&D? No</p>

Federal Agency Information
<p>9. Awarding Agency Contact Information India Smith Grants Management Specialist Office of Federal Assistance Management (OFAM) Division of Grants Management Office (DGMO) ISmith@hrsa.gov (301) 443-2096</p> <p>10. Program Official Contact Information Jessica E Kreger HIV/AIDS Bureau (HAB) jkreger@hrsa.gov (301) 443-5646</p>

Summary Federal Award Financial Information	
19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$1,398,623.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,000,400.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,000,400.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$4,667,400.00

28. Authorized Treatment of Program Income
Addition

29. Grants Management Officer – Signature
Brad Barney on 05/26/2022

30. Remarks



Notice of Award
Award Number: 6 UT8HA33951-03-01
Federal Award Date: 05/26/2022

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$2,000,400.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$2,000,400.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,000,400.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,000,400.00

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$2,000,400.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$601,777.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$1,398,623.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
04	\$1,000,000.00
05	\$1,000,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 377EEGT	93.914	20UT8HA33951	\$1,398,623.00	\$0.00	N/A	20RWHAP-A-B

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 45 Days of Award Issue Date

Within 45 days of this notice, submit for approval a revised SF424A, line item budget, budget narrative justification, and work plan to reflect the activities supported by this award and the total funds awarded. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

Grant Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2022 (FY22) funding based on HRSA's FY22 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Program Specific Term(s)

1. Recipients may request carryover of any unobligated balance (UOB) from the Ending the HIV Epidemic in the U.S. initiative funding throughout the life of the period of performance ending on February 28, 2025. A Prior Approval request for carryover of UOB must be submitted via HRSA's Electronic Handbooks (EHBs). Funds may not be used without written approval from the Division of Grants Management Operations (DGMO). When submitting your Prior Approval request, you must include the year you are requesting the funds to be carried from and the amount. It is your responsibility to track the UOB based on the project budget period during the five year period of performance.
2. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.

Reporting Requirement(s)

1. Due Date: Within 90 Days of Award Issue Date

The recipient must submit an annual Initiative Allocation Report.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Bill Blum	Program Director	bill.blum@sfdph.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).



Recipient Information

- 1. Recipient Name**
CITY & COUNTY OF SAN FRANCISCO
1380 Howard St Fl 4
San Francisco, CA 94103-2651
- 2. Congressional District of Recipient**
12
- 3. Payment System Identifier (ID)**
1946000417A8
- 4. Employer Identification Number (EIN)**
946000417
- 5. Data Universal Numbering System (DUNS)**
103717336
- 6. Recipient's Unique Entity Identifier**
DCTNHRGU1K75
- 7. Project Director or Principal Investigator**
Bill Blum
bill.blum@sfdph.org
(415)554-9105
- 8. Authorized Official**

Federal Agency Information

- 9. Awarding Agency Contact Information**
India Smith
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ISmith@hrsa.gov
(301) 443-2096
- 10. Program Official Contact Information**
Jessica E Kreger
HIV/AIDS Bureau (HAB)
jkreger@hrsa.gov
(301) 443-5646

Federal Award Information

- 11. Award Number**
5 UT8HA33951-03-00
- 12. Unique Federal Award Identification Number (FAIN)**
UT833951
- 13. Statutory Authority**
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title**
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number**
93.686
- 16. Assistance Listing Program Title**
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type**
Noncompeting Continuation
- 18. Is the Award R&D?**
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023	
20. Total Amount of Federal Funds Obligated by this Action	\$601,777.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$601,777.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$601,777.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$3,268,777.00

- 28. Authorized Treatment of Program Income**
Addition
- 29. Grants Management Officer – Signature**
Karen Mayo on 01/19/2022

30. Remarks



Notice of Award
Award Number: 5 UT8HA33951-03-00
Federal Award Date: 01/19/2022

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)

Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$601,777.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$601,777.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$601,777.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$601,777.00

33. RECOMMENDED FUTURE SUPPORT:
(Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
04	\$1,000,000.00
05	\$1,000,000.00

34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

35. FORMER GRANT NUMBER

36. OBJECT CLASS
41.15

37. BHCNIS#

32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$601,777.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$601,777.00

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES

FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
22 - 377EEGT	93.914	20UT8HA33951	\$601,777.00	\$0.00	N/A	20RWHP-A-B

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. 45 CFR Part 75 applies to all federal funds associated with the award. Part 75 has been effective since December 26, 2014. All references to prior OMB Circulars for the administrative and audit requirements and the cost principles that govern Federal monies associated with this award are superseded by the Uniform Guidance 2 CFR Part 200 as codified by HHS at 45 CFR Part 75.
2. The funds for this award are in a sub-account in the Payment Management System (PMS). This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. Access to the PMS account number is provided to individuals at the organization who have permissions established within PMS. The PMS sub-account code can be found on the HRSA specific section of the NoA (Accounting Classification Codes). Both the PMS account number and sub-account code are needed when requesting grant funds. **Please note that for new and competing continuation awards issued after 10/1/2020, the sub-account code will be the document number.**
You may use your existing PMS username and password to check your organizations' account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: <https://pmsapp.psc.gov/pms/app/userrequest>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at:
<http://pms.psc.gov/find-pms-liaison-accountant.html>
3. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement:
<http://www.hrsa.gov/grants/hhsgrantspolicy.pdf>
4. Any post-award changes in EHE grant allocations must be submitted to the Project Officer. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application.
5. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2021 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2022 appropriations. A revised Notice of Award (NoA) will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.

Program Specific Term(s)

1. The recipient must assure HRSA/HAB that the developed items can be used by HRSA/HAB in accordance with 45 CFR 75.322(b). The recipient may copyright any work that is subject to copyright and was developed, or for which ownership was purchased, under an award. In accordance with 45 CFR 75.322(b), HRSA HAB reserves a royalty free, nonexclusive and irrevocable right to reproduce, publish, or otherwise use the work for Federal purposes, and to authorize others to do so.
2. Funding beyond this budget period is contingent upon the availability of appropriated funds for this program in subsequent fiscal years,

recipient satisfactory performance, and a decision that continued funding is in the best interest of the Federal Government.

3. Unless otherwise specified, all Conditions, Program Terms and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks (EHBs).
4. As required by the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109–282), as amended by section 6202 of Public Law 110–252, recipients must report information for each subaward of \$25,000 or more in Federal funds and executive total compensation as outlined in Appendix A to 2 CFR Part 170 (<http://www.hrsa.gov/grants/ffata.html>). The FFATA reporting requirements apply for the duration of the project period and so include all subsequent award actions to aforementioned HRSA grants and cooperative agreement awards (e.g., Type 2 (competing continuation), Type 5 (non-competing continuation), etc.). Subawards to individuals are exempt from these requirements. For more information, visit: <http://www.hrsa.gov/grants/ffata.html>.
5. RWHAP funds may not be used to make cash payments to intended clients of RWHAP-funded services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that they cannot be exchanged for cash or used for anything other than the allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered “cash equivalent” and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
6. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
7. Recipients are required to track and report all program income on the annual Federal Financial Report. All program income earned must be used to further the objectives of the Ryan White HIV/AIDS Program. For additional information, see PCN #15-03 available online at <https://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
8. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.
9. As a condition of accepting this award the recipient must comply with data requirements of the RSR and will mandate compliance by each of your subrecipients. The RSR captures information necessary to demonstrate program performance and accountability. All EHE core service and support service providers are required to submit client-level data as instructed in the RSR manual. Please refer to the [RSR Webpage](#) for additional information.
10. Funds may not be used for payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any state compensation program, insurance policy, federal or state health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services).
In addition, funds may not be used for the following purposes:
 - - Cash payment to intended recipients of services.
 - Clinical research.
 - International travel.
 - Construction (minor alterations and renovations to an existing facility to make it more suitable for the purposes of the award program are allowable with prior HRSA approval).
 - Syringe Services Programs (SSPs). Some aspects of SSPs are allowable with HRSA’s prior approval and in compliance with HHS and HRSA policy.
 - Pre Exposure Prophylaxis (PrEP) medications and related medical services or Post-Exposure Prophylaxis (PEP), as the person using PrEP or PEP does not have HIV and therefore not eligible for HRSA HAB initiative funded medication.
11. Per 45 CFR §75.351 - .353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.

12. Any recipients that collect rebates on ADAP medication purchases funded through EHE must adhere to outlined provisions in HRSA HAB PCN # 15-04: Utilization and Reporting of Pharmaceutical Rebates. See https://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-04_pharmaceutical_rebates.pdf
13. The EHE initiative specifies criteria for the expenditure of program funds as follows:
 - Recipient costs for grant administration may not exceed ten (10) percent of the grant award. Planning and evaluation costs may not exceed ten (10) percent of the grant award. Collectively, recipient administration and planning and evaluation costs may not exceed fifteen (15) percent of the grant award. The aggregate total of administrative expenditures for subrecipients, including all indirect costs, may not exceed 10 percent of the aggregate amount of all subawards.
 - If the recipient elects to expend funds for clinical quality management activities that amount shall not exceed the lesser of 5 percent of the total grant funds or \$3 million.
14. If the recipient expends any of the Initiative award on the AIDS Drug Assistance Program (ADAP), it must comply with data reporting requirements of the ADAP Data Report (ADR) for those funds. Acceptance of this award indicates that you will comply with data requirements of the ADR and will mandate compliance by each of your contractors and subcontractors. The ADR captures information necessary to demonstrate program performance and accountability. Please refer to the [ADR Webpage](#) for more information.
15. For all action steps that require input from the HAB Project Officer and other HAB staff, you must allow for at least a three (3) week response time for information, approval, planning, or technical assistance. Work plan tables must be adjusted to include the minimum response time for all relevant activities.
16. All recipients who are providing services under EHE that are available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
17. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.
18. As a condition of accepting this award the recipient must adhere to all program policies and guidance governing the EHE program
19. Funding will be provided in the form of cooperative agreement. A cooperative agreement, as opposed to a grant, is an award instrument of financial assistance where substantial involvement is anticipated between HRSA and the recipient during performance of the contemplated project. The recipient is expected to collaborate with HAB and its RWHAP recipients to achieve the expectations described in the program expectations section. Certain activities must be planned jointly and include HAB's input. HRSA HAB must be aware of all project activities in sufficient time to provide input and/or assistance. This substantial involvement is in addition to the usual monitoring and technical assistance provided under the cooperative agreement.

As a cooperative agreement, HRSA programmatic involvement will include:

 - Providing the expertise of HRSA HAB personnel and other relevant resources to support the efforts of the initiative activities;
 - Facilitating partnership and communication with other federal agencies, particularly CDC, to improve coordination efforts;
 - Facilitating collaboration with the TAP and SCP to assist in the development, implementation, coordination, and integration of initiative activities;
 - Participating in the design and direction of the strategies, interventions, tools, and processes to be established and implemented for accomplishing the goals of the cooperative agreement;
 - Approving uses of funds outside of existing allowable RWHAP costs and service categories;
 - Providing ongoing review of the establishment and implementation of activities and measures for accomplishing the goals of the cooperative agreement;
 - Participating, as appropriate, in conference calls and meetings that are conducted during the project period of the cooperative agreement;
 - Reviewing and concurring with all information products prior to dissemination; and
 - Facilitating the dissemination of project findings, best practices, evaluation data, and other information developed as part of this project to the broader network of RWHAP recipients.

In collaboration with HRSA, the cooperative agreement recipient's responsibilities will include:

- Completing proposed initiative work plan activities within the five-year project period;
- Collaborating with HRSA on review of activities, procedures, and budget items, including timely communication with project officer;
- Developing and implementing a methodology, including proposed metrics, to measure the impact of proposed activities, as well as reporting on outcomes;

- Ensuring proposed activities are based on documented need, targeted for maximum impact on HIV care continuum outcomes, and designed to reach the identified target population(s);
 - Coordinating the initiative activities with their existing RWHAP programs;
 - Collaborating with CDC funded organizations, health centers, and other local and state government agencies on implementing initiative activities;
 - Collaborating with the TAP and SCP on the development, implementation, coordination, and integration of initiative activities;
 - Developing a sustainability plan to support successful activities following conclusion of the cooperative agreement;
 - Modifying activities as necessary to ensure relevant outcomes for the project; and
 - Participating in the dissemination of project findings, best practices, and lessons learned, including adherence to HRSA guidelines pertaining to acknowledgment and disclaimer on all products produced by HRSA award funds
20. As outlined in Notice of Funding Opportunity HRSA-20-078, the only requirement for determining eligibility for EHE service provision is that the individual has a documented HIV diagnosis. HRSA expects that all new clients who are provided any services (whether EHE or RWHAP) in an EHE-funded jurisdiction will be counted as an EHE client.
21. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
22. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>.
23. Submit, every two (2) years, to the lead State or MTA agency for the EHE initiative, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title.
24. During each budget period, recipients must include in their program budget travel support for staff members (one staff member must be the program director or a designated representative) to attend meetings/conferences identified by HRSA HAB as essential to EHE administration and implementation. HRSA HAB meetings may include, but are not limited to, the biennial National Ryan White Conference on HIV Care and Treatment, grant-specific Administrative Reverse Site Visits (ARSV), or targeted technical assistance events. Meetings are generally held in the Washington, D.C. metropolitan area. If no essential meetings are held during the budget period, recipients can reallocate funds for other allowable grant expenses. Recipients must comply with *45 CFR Part 75.474* and all other applicable HHS and Federal policies governing travel supported under Federal assistance awards.
25. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Entities funded under HRSA-20-078 are 340B Program eligible entities. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at <https://protect2.fireeye.com/url?k=f6cc1a8e-aa99139d-f6cc2bb1-0cc47adb5650-c735f8b079c3ff70&u=http://www.hrsa.gov/opa/>
26. Funds may not be used by grantees or subcontractors for the purchase of vehicles without written approval from the Division of Grants Management Operations (DGMO).
27. Resumes/CV for key personnel supported by this cooperative agreement and not named in the FY 2022 application must be submitted to the HRSA Grants Management Office through the EHB Prior Approval Portal for review prior to appointment to the project. This requirement also includes all key personnel hired due to vacancy, resignation, termination or attrition subsequent to the issue date on the Notice of Award.
28. You must submit an annual non-competing continuation progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this Progress Report(s) triggers the budget period renewal and release of subsequent year funds. This report has two parts. The first part demonstrates recipient progress on program-specific goals. The second part collects core performance measurement data including performance measurement data to measure the progress and impact of the project.

Standard Term(s)

1. Your organization must comply with all HRSA [Standard Terms](#) unless otherwise specified on your Notice of Award.

Reporting Requirement(s)

1. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal ([PMS Self-Service Web Portal](#)), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

2. Due Date: 07/31/2022

Recipients must submit three progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

3. Due Date: 03/31/2023

Recipients must submit three progress reports during the budget period via the HRSA EHBs. The information will include updates on staff changes and budget expenditures; recipient progress on program specific goals and strategies; key accomplishments including a list of all developed materials, tools and websites; barriers encountered and how they are resolved; and responses to summary questions regarding overall impact. Recipients must submit the report on-line in the Electronic Handbooks (EHB) system. The format for these reports will be provided by the Project Officer within the EHB.

4. Due Date: 05/31/2023

The recipient must submit an annual Initiative Expenditure Report.

5. Due Date: 10/15/2022

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.

6. Due Date: 02/15/2023

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.

7. Due Date: 06/15/2023

As a condition of accepting this award the recipient must comply with data requirements of the Ending the HIV Epidemic Aggregate Module and will mandate compliance by each of your subrecipients. EHE funded subrecipients must submit a report of aggregate data on a triannual basis. Subrecipients will report using a standard template that captures aggregate counts of services received by clients during the triannual period. Further information on additional data needed for this report will be available in the NOA.

8. Due Date: Within 90 Days of Project End Date

Recipients must submit information relevant to program-specific goals and progress on strategies; core performance measurement data; impact of the overall project; the degree to which the recipient achieved the mission, goal and strategies outlined in the program; recipient objectives and accomplishments; barriers encountered; and responses to summary questions regarding the recipient's overall experiences during the entire project period.

9. Due Date: 03/27/2023

Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and client level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Bill Blum	Program Director	bill.blum@sfdph.org
Sajid Shaikh	Business Official	sajid.shaikh@sfdph.org
Dean Goodwin	Point of Contact	dean.goodwin@sfdph.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HIV Health Service Section
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
March 1, 2020 - February 28, 2023

		Year 1 Project: 10036694 3/1/20 - 2/28/21	Year 2 Project: 10036978 3/1/21 - 2/28/22	Year 3 Project: 10038098 3/1/22 - 2/28/23	Total Amount
	Personnel -				-
	Health Program Coordinator III		81,519	78,091	159,610
	Health Worker III		26,971		26,971
	Health Worker III		26,971		26,971
					-
	Fringe benefits		65,021	37,483	102,504
					-
	Contractual	1,000,000	1,466,519	1,884,826	4,351,345
					-
					-
	Indirect Costs				-
					-
Total		1,000,000	1,667,000	2,000,400	4,667,400

San Francisco Department of Public Health (SFDPH)
HRSA FY 2020 Ending the HIV Epidemic: A Plan for America (HRSA-20-078)
BUDGET NARRATIVE
MARCH 1, 2022 - FEBRUARY 28, 2023

BUDGET JUSTIFICATION

A.	PERSONNEL	\$78,091
B.	MANDATORY FRINGE	\$37,483
C.	TRAVEL	\$0
D.	EQUIPMENT	\$0
E.	SUPPLIES	\$0
F.	CONTRACTUAL	\$1,884,826
G.	OTHER	\$0
	TOTAL DIRECT COSTS	\$2,000,400
H.	INDIRECT COSTS	\$0
	TOTAL BUDGET:	\$2,000,400

A. SALARIES AND WAGES

\$78,091

Salaries and Wages: City and County of San Francisco Personnel

Position Title and Name	Annual	Time	Months	Amount Requested
2593 Health Program Coordinator III (HIV Health Services)- TBD	\$133,870	100%	7 months	\$78,091

Job Description: 2593 Health Program Coordinator III (HIV Health Services) - The Health Program Coordinator III will focus on the coordination, administration, evaluation and operation of health programs funded by HIV Health Services with federal funding provided by Health Resources & Services Administration (HRSA) Ryan White Part A (RWPA) Ending the HIV Epidemic (EHE) program.

EHE funding prioritizes innovative programs to work with communities impacted by health disparities to improve HIV related health outcomes including Viral Load Suppression. Important and essential job duties would include:

Coordinates the development planning, execution and evaluation of HIV related health services and programs and the of the work of the facilities, agencies and/or community groups with which they work; initiates plans and assignments, and reviews the regular and special work of assigned EHE staff; trains, instructs and evaluates members of staff as necessary, with a focus on the social work, case management and behavioral health services provided, including reviewing of case coordination provided by EHE programs to these staff; coordinates activities, develops and implements systems necessary for service delivery and grant deliverables: initiates policy and plans overall operations; assesses and recommends grant related goals and priorities; liaises with outside agencies and their departments/programs on program policies, maintenance of facilities, service delivery of related grant funded activities, and other related functions; researches, gathers data and prepares written reports, budget documents and data reports required by funder (HRSA) on the services provided by EHE funded programs, under direction of the HHS Assistant and in coordination with other HHS staff; oversees coordination of grant related training for contract staff various and evaluates its effectiveness; if assigned, represents the administration at high level meetings, conferences, and seminars; performs other HHS related work as required. (HRSA funding)

B. FRINGE BENEFITS (48%)

\$37,483

C. CONSULTANT COSTS

\$0

D. EQUIPMENT	\$0
E. MATERIALS AND SUPPLIES	\$0
F. TRAVEL	\$0
G. OTHER	\$0
F. CONTRACTUAL	\$1,884,826

Contractor	Amount
San Francisco Community Health Center-API (HHOME & TransAccess)	\$610,166
SFDPH Ward 86 Pop Up - MOU	\$279,780
UCSF Outpatient Mental Health	\$327,172
San Francisco AIDS Foundation – Contingency Management	\$80,000
SFDPH Street Medicine	\$78,673
SFDPH LINC – Navigation at TWUWC	\$132,900
SFDPH Gender Health	\$49,737
SFDPH JHS/HIVIS	\$49,737
SFDPH Primary Care	\$276,661
Total	\$1,884,826

San Francisco Community Health Center (HHOME) to provide a mobile-based engagement program to focus on HIV+ Homeless persons to connect/ re-connect them with medical care and provide the medical case management, peer navigation and behavioral support group services to help clients successfully remain in engaged in care and reach and sustain viral load suppression while also addressing health disparities experienced by homeless persons living with HIV. Budget \$275,083

San Francisco Community Health Center (TransAccess) to provide medical case management and behavioral support for Trans Women, especially Trans Women of Color out of care or at risk of being out of care to help them remain engaged in care, reach viral load suppression and begin to address the many health disparities experienced by this significantly impacted population. Budget \$275,083

San Francisco Community Health Center (HHOME) to provides direct nursing services and panel management (where clinical staff review routine chronic disease care tasks for a group of patients such as: medical appointments, prescription renewal, lab panels to be

conducted, other tests or care takes to be performed, analyzing results of these test results, outreach and scheduling of the patient for initial and follow-up appointments). \$60,000

SFDPH Ward 86 POP-UP - MOU at San Francisco General Hospital to support the POP-UP clinic working with HIV+ Homeless. POP-UP (Positive-health Onsite Program for Unstably-housed Populations) is a primary care clinic combined with a multi-component set of interventions for HUH-PLWH with poor primary care visit adherence (<75% visit attendance rate), virologic non-suppression (viral load >200copies/ml). and high drop-in care utilization (>2 visits/year). Budget \$279,780

UCSF Alliance Health Project (AHP) to provide outpatient mental health services to homeless persons living with HIV who are clients at Ward 86 POP-UP. We know that access to mental health services is essential to ensuring that homeless clients who experience mental health challenges will remain engaged in primary care services and be more likely to reach viral load suppression and better able to address all aspects of their physical and mental health. Budget \$327,172

San Francisco AIDS Foundation – Contingency Management will pilot mobile contingency management with people experiencing homelessness to decrease overdose cases. M-HAPS will also provide HIV/HCV/STI prevention and care services, integrated with behavioral health and housing referral and linkage services. Community-based organizations will provide low-threshold access to contingency management services to address meth use. Cellphones will be provided to clients to support retention in care, provide educational and support groups, and access to medical staff. Budget \$80,000

SFDPH Street Medicine Team Lead will provide direct services and panel management to homeless clients living with or at risk of HIV and will have a coordinating role between Street Medicine, EtE Steering Committee/implementation, and other homeless services. Budget \$78,673

SFDPH LINCS (Navigation at TWUWC) – works to improve the health outcomes of HIV positive patients by facilitating access to medical care and health insurance coverage by providing assertive system navigation support, care coordination, and linkage to medical and social services provided by primary care clinics, including Tom Waddell Urban Health Center (TWUHC), and community-based organizations. LINCS navigation seeks to support and help patients address barriers standing in the way of HIV care and treatment. LINCS Navigation specifically helps persons with known or longstanding HIV infections re-link and re-engage with medical care. LINCS Navigators work closely with medical providers and community-based organizations to ensure that HIV patients are offered appropriate navigation services. \$132,900

SFDPH JHS - Basic case management, referrals, and linkages to medical, behavioral health, and support services for people exiting SF County Jail system and connecting/ re-connecting to essential HIV care and supportive services. \$49,737

SFDPH Gender Health - Basic case management, referrals, and linkages for HIV+ EHE clients who Trans Women who are seeking gender-affirming surgery by providing peer leadership, support, and motivation to develop, monitor and evaluate treatment plans working toward improving their health outcomes, stabilizing their lives and connecting and retaining them to care. to support admission and retention in Gender Health programs. \$49,737

SFDPH Primary Care - Provides primary care direct services and panel management (where clinical staff review routine chronic disease care tasks for a group of patients such as: medical appointments, prescription renewal, lab panels to be conducted, other tests or care tasks to be performed, analyzing results of these test results, outreach and scheduling of the patient for initial and follow-up appointments) with a specific focus upon long-term injectable ART ("LTI"). Program will allocated funding to existing PHP contract. \$276,661

G.	OTHER	\$0
	TOTAL DIRECT COSTS:	\$2,000,400
H.	INDIRECT COSTS	\$0
	TOTAL BUDGET:	\$2,000,400

San Francisco Department of Public Health (SFPDH) HRSA FY 2020 Ending the HIV Epidemic: A Plan for America (HRSA-20-078) BUDGET NARRATIVE MARCH 1, 2022 - FEBRUARY 28, 2023					
A. SALARIES AND WAGES					
Position Title	Year 3 Annual Salary	Year 3 Monthly Salary	% Time on Grant	Yr. 3 # of Mos.	Revise Yr 3
2593 Health Program Coordinator III	\$ 133,870	\$ 11,156	100%	7	\$ 78,091
TOTAL					\$ 78,091
B. FRINGE BENEFITS @ 48% =					\$ 37,483
C. CONTRACTUAL					
Project Contract / Agreement					Revise Yr 3
APIWC/SFCHC - TranAccess - Medical Case Mgmt					\$ 275,083
APIWC/SFCHC - HHOME - Medical Case Mgmt					\$ 275,083
APIWC/SFCHC - HHOME - Outpatient Ambulatory					\$ 60,000
SFPDH UCSF/ Ward 86 - Pop-UP					\$ 279,780
UCSF/ Alliance Health Project - Mental Health for Pop Up					\$ 327,172
San Francisco AIDS Foundation - Contingency Mgmt					\$ 80,000
SFPDH Street Medicine					\$ 78,673
SFPDH Gender Health					\$ 49,737
SFPDH LINCS - Navigators at TWUHC					\$ 132,900
SFPDH JHS/HIV-IS					\$ 49,737
SFPDH - Primary Care					\$ 276,661
TOTAL					\$ 1,884,826
I. TOTAL DIRECT CHARGES					\$ 2,000,400
J. INDIRECT COSTS - None					
K. TOTAL PROJECT BUDGETS					\$ 2,000,400



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 221005

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR UCSF/ZSFG Department of Psychiatry / Division of Subst	TELEPHONE NUMBER (415) 476-7000
STREET ADDRESS (including City, State and Zip Code) 401 Parnassus Ave, San Francisco, CA 94143	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 221005
DESCRIPTION OF AMOUNT OF CONTRACT \$327,172		
NATURE OF THE CONTRACT (Please describe) Provide HIV services.		

7. COMMENTS
UCSF/ZSFG Department of Psychiatry / DSAAM is a 501 (c) 3 Nonprofit with a Board of Directors.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Oberndorf	William	Other Principal Officer
2	Hammarskjold	Philip	Other Principal Officer
3	Ach	Andrew	Board of Directors
4	Ballard	Andrew	Board of Directors
5	Briger	Peter	Board of Directors
6	Carter	Todd	Board of Directors
7	Cohen	Fred	Board of Directors
8	Chen	Connie	Board of Directors
9	Donohoe	Robin	Board of Directors
10	Emery	Dana	Board of Directors
11	Fisher	William	Board of Directors
12	Gandhi	Sameer	Board of Directors
13	Grossman	Brian	Board of Directors
14	Hao	Kenneth	Board of Directors
15	Hartz	Julia	Board of Directors
16	Kawaja	Carl	Board of Directors
17	Kimball	Richard	Board of Directors
18	Marcus	George	Board of Directors
19	McKnight	Amy	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Moment	Jason	Board of Directors
21	Morris	Diane	Board of Directors
22	Pritzker	Lisa	Board of Directors
23	Read	Steven	Board of Directors
24	Scangos	George	Board of Directors
25	Soghikian	Shahan	Board of Directors
26	weill	Joan	Board of Directors
27	woeber	Andrew	Board of Directors
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 221005

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco AIDS Foundation	TELEPHONE NUMBER 415-487-3000
STREET ADDRESS (including City, State and Zip Code) 1035 Market Street, 4th floor San Francisco, CA 94103	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 221005
DESCRIPTION OF AMOUNT OF CONTRACT \$80,000		
NATURE OF THE CONTRACT (Please describe) San Francisco AIDS Foundation will pilot mobile contingency management with people experiencing homelessness.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
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1	Marquis	Matthew	Other Principal Officer
2	Garcia	Ferd	Other Principal Officer
3	Borkon	Peter	Board of Directors
4	Brooke	Keri	Board of Directors
5	Brooks	Douglas	Board of Directors
6	Cowen	Christopher	Board of Directors
7	Damalas	Alex	Board of Directors
8	Duff	Frank	Board of Directors
9	Edwards	Kenneth	Board of Directors
10	Lazarre	Zoe	Board of Directors
11	Hodges	Philip	Board of Directors
12	Huang	Steven	Board of Directors
13	Kinsley	Michael	Board of Directors
14	Livingston	Sean	Board of Directors
15	Mapps	Rosco	Board of Directors
16	Nungaray	Manny	Board of Directors
17	Pinco	James	Board of Directors
18	Reid	Katrina	Board of Directors
19	Silva	Fredo	Board of Directors

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Vastardis	William	Board of Directors
21	Watson	Maureen	Board of Directors
22	walker	La Shon	Board of Directors
23	wong	Dora	Board of Directors
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GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH Department of Public Health	greg.wong@sfdph.org

5. CONTRACTOR	
NAME OF CONTRACTOR San Francisco Community Health Center dba Asian & Paci	TELEPHONE NUMBER (415) 292-3400
STREET ADDRESS (including City, State and Zip Code) 730 Polk St, San Francisco, CA 94109	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 221005
DESCRIPTION OF AMOUNT OF CONTRACT \$610,166		
NATURE OF THE CONTRACT (Please describe) Provide HIV services.		

7. COMMENTS
SFHC dba Asian Pacific Islander wellness Center is a 501 (c) 3 Nonprofit with a Board of Directors.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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1	Choi	Mario	Other Principal Officer
2	Plumley	Ben	Other Principal Officer
3	You	Emmy	Board of Directors
4	Rabana1	Michael	Board of Directors
5	Marquez-Rodriguez	Melisa	Board of Directors
6	McGovern	Patrick	Board of Directors
7	Rivera	Alexander	Board of Directors
8	Gomez	Cynthia	Board of Directors
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---	---------------------------

City and County of San Francisco

Department of Public Health



**London N. Breed
Mayor**

TO: Angela Calvillo, Clerk of the Board of Supervisors

**FROM: Dr. Grant Colfax
Director of Health**

DATE: 8/25/2022

SUBJECT: Grant Accept and Expend

**GRANT TITLE: Accept and Expend Grant - Ending the HIV Epidemic: A
Plan for America-Ryan White HIV/AIDS Program Parts A
and B - \$4,667,400**

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No