



1 [Accept and Expend Grant - Probability-Based Survey of HIV Risk Among Transmen Using a  
2 Novel Sampling Method - \$162,313]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$162,313 from the National Institutes of Health to**  
5 **participate in a program entitled “A Probability-Based Survey of HIV Risk Among**  
6 **Transmen Using a Novel Sampling Method” for the period of April 1, 2014, through**  
7 **March 31, 2015.**

8  
9 WHEREAS, National Institutes of Health has agreed to fund Department of Public  
10 Health (DPH) in the amount of \$162,313 for the period of April 1, 2014, through March 31,  
11 2015; and

12 WHEREAS, The full project period of the grant starts on April 1, 2013 and ends on  
13 March 31, 2015, with year two subject to availability of funds and satisfactory progress of the  
14 project; and,

15 WHEREAS, As a condition of receiving the grant funds, National Institutes of Health  
16 requires the City to enter into an agreement (Agreement), a copy of which is on file with the  
17 Clerk of the Board of Supervisors in File No. 140684; which is hereby declared to be a part of  
18 this Resolution as if set forth fully herein; and

19 WHEREAS, The purpose of this project is to implement an epidemiological survey of  
20 HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a  
21 novel sampling method that draws on the theoretical underpinnings and practical advantages  
22 of venue-outreach and peer-referral approaches; and

1 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
2 partially reimburses DPH for three existing positions, one Supervising Physician Specialist  
3 (Job Class No. 2233) at .10 FTE, one Manager I (Job Class No. 0922) at .05 FTE, and one  
4 Epidemiologist I (Job Class No. 2802) at .15 FTE for the period of April 1, 2014 through,  
5 March 31, 2015; and

6 WHEREAS, A request for retroactive approval is being sought because DPH did not  
7 receive notification of the award until April 5, 2014, for a project start date of April 1, 2014; and

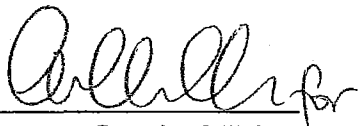
8 WHEREAS, The budget includes a provision for indirect costs in the amount of \$8,116;  
9 now, therefore, be it

10 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
11 in the amount of \$162,313 from National Institutes of Health; and

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

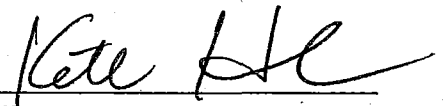
15 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
16 Agreement on behalf of the City.

17  
18  
19 RECOMMENDED:

20 

21  
22 Barbara A. Garcia, MPA  
23 Director of Health

APPROVED:

24 

25 Office of the Mayor



Office of the Controller

**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: **A Probability-Based Survey of HIV Risk among Transmen using a Novel Sampling Method**
2. Department: **Department of Public Health  
Public Health Division (PHD)  
Center for Public Research**
3. Contact Person: **Henry Fisher Raymond** Telephone: **415-437-6256**
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$162,313**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **National Institutes of Health**  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **To implement an epidemiological survey of HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a novel sampling method that draws on the theoretical underpinnings and practical advantages of venue-outreach and peer-referral approaches.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Approved year one project: **Start-Date: 04/01/2014 End-Date: 3/31/2015**
- 10a. Amount budgeted for contractual services: **\$110,764**  
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? **N/A**
- 11a. Does the budget include indirect costs?  Yes  No  
b1. If yes, how much? **\$8,116**  
b2. How was the amount calculated? **26.21% of total salaries**  
c1. If no, why are indirect costs not included?  
 Not allowed by granting agency  To maximize use of grant funds on direct services  
 Other (please explain):  
c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to April 01, 2014. The Department received the subaward agreement on April 05, 2014.**

**Grant Code: HCAO68/1400**

**\*\*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:

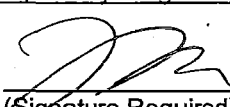
Comments:

**Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:**

Ron Weigelt  
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs  
(Title)

Date Reviewed: 5/23/14

  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 5/27/14

 for  
(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
AIDS Office

HIV Epidemiology Section

A probability-based survey of HIV Risk among Transmen using a novel sampling method  
Year 2: April 1, 2014 - March 31, 2015

De Dept / Div: HPH-03  
Fu Fund Group: 2S/CHS/GNC  
In Index Code: HCHPDHIVSVGR  
Gr Grant Code: HCA068  
Gr Grant Detail: 1400

CATEGORY/LINE ITEM	Annual Salary	38.00% 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											ppd 2/4/11 average 32%
1. Supervising Physician Specialist 2233 5 W McFarland	181,500	68,970	250,470	10%	0.10	15,125	12	18,150	6,897	25,047	
2. Manager I 0922 2 H Raymond	120,000	45,600	165,600	5%	0.05	10,000	12	6,000	2,280	8,280	
3. Epidemiologist I 2802 5 YH Chen	75,867	28,829	104,696	15%	0.15	6,322	7	6,815	2,590	9,405	
4. COLA 4%								0		0	
5. STEP 5%								0		0	

TOTAL SALARY/FRINGE      377,367      143,399      520,766      0.30      31,447      30,965      11,767      42,732

00101 SALARIES      30,965  
00103 FRNG BN      11,767  
SUB TOTAL      42,732

C. TRAVEL  
1. Local Travel (02301)      0  
2. Out-of-Jurisdiction Travel (02101)      0  
Sub Total TRAVEL      0

D. EQUIPMENT  
1. Lease of Van/Mobile Unit (06061)      0  
Sub Total EQUIPMENT      0

E. MATERIALS AND SUPPLIES  
1. Office supplies (04591)      0  
2. Lab supplies      0  
3. Non-inventoried equipment (04921)      0  
Sub Total SUPPLIES      0  
0 Phlebotomy Supplies / Educational supplies; tubes, butterflyes

F. CONTRACTUAL SERVICES (02789)  
1. PHFE      110,764  
2.      0  
Sub Total CONTRACTS      110,764

1802

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office

HIV Epidemiology Section

A probability-based survey of Hiv Risk among Transmen using a novel sampling method

Year 2: April 1, 2014 - March 31, 2015

De Dept / Div: HPH-03  
 Fu Fund Group: 2S/CHS/GNC  
 Ina Index Code: HCHPDHIVSVGR  
 Gr Grant Code: HCAO68  
 Gr Grant Detail: 1400

CATEGORY/LINE ITEM	Annual Salary	38.00% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
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G. OTHER

1. Rent Support/Meeting Facility (03011)										0	
2. IRB review fees (02799)										701	renewal
3. Reproduction (081PR)										0	
4. Subscription (03571)										0	
5. Promotion and Advertising (03581)										0	
6. Other Current Expenses (03599)										0	
7. Staff training (02201)										0	
8. Participant Stipends -(02783)										0	
9. Equip. Maint										0	
<b>Sub TOTAL OTHER</b>										<u>701</u>	
<b>TOTAL DIRECT COST</b>										<b>154,197</b>	

BUDGET SUMMARY

A. SALARIES	FTE = 0.30	30,965
B. MANDATORY FRINGE		11,767
C. TRAVEL		0
D. EQUIPMENT		0
E. MATERIALS AND SUPPLIES		0
F. CONTRACT / MOU		110,764
G. OTHER		701
<b>DIRECT COSTS</b>		<b>154,197</b>
H. INDIRECT COST @26.21% of total salaries only		8,116
<b>TOTAL BUDGET</b>		<b>162,313</b>
<b>AWARD</b>		<b>162,313</b>
<b>SURPL/(DEFICFIT)</b>		<b>(0)</b>

1803

San Francisco Department of Public Health (SFDPH)

Public Health Division – Center for Public Research

A probability-based Survey of HIV Risk among Transmen Using a Novel Sampling Method

Year 2: April 1, 2014 – March 31, 2015

**Budget Summary**

A.	Personnel	\$30,965
B.	Mandatory Fringe	\$11,767
C.	Travel	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$110,764
G.	Other Expenses	\$701
	<b>TOTAL DIRECT COSTS</b>	<b>\$154,197</b>
H.	Indirect Costs (26.21% of Total Salaries)	\$8,116
	<b>TOTAL BUDGET FOR YEAR 2014</b>	<b>\$162,313</b>



**Year 2: Detail Line-Item Budget and Justification: April 1, 2014 – March 31, 2015**

**A. PERSONNEL**

**B. MANDATORY FRINGE**

1. 0.10 2233 – Supervising Sr. Physician: Willi McFarland  
 Director, HIV Epidemiology Section  
 Annual Salary \$18,150  
 Mandatory Fringe Benefits @ 38% = \$6,897 \$25,047

As Principal Investigator for the proposed project, he will have the primary responsibility for planning, developing, directing and evaluating all scientific aspects of the study. He is the primary liaison with the NIH. He develops survey protocols, policies, procedures and instruments

2. 0.05 0922 – Manager I: Henry Fisher Raymond  
 Director, Behavior Surveillance, HIV Epidemiology Section  
 Annual Salary \$6,000  
 Mandatory Fringe Benefits @ 38% = \$2,280 \$8,280

As Co-Investigator for the proposed project, he will have the primary responsibility of assisting in the development of survey protocols, policies, procedures and instruments; selects and trains staff; supervises the conduct of focus groups and directs the community assessment process. He directly supervises the field team. In the field, he is responsible for insuring the quality of survey data, and policies concerning staff security, and confidentiality of data and participants.

4. 0.15 2802 - Epidemiologist I: Yea-Hung Chen  
  
 12 Month Salary \$6,815  
 Mandatory Fringe Benefits @ 38% = \$2,590 \$9,405

Mr. Chen will supervise data entry and data management. He will also be primarily responsible for analysis of study results.

**Total Personnel \$42,732**

**Total Salaries \$30,965**

**Total Fringe \$11,767**

**TOTAL PERSONNEL: \$42,732**

**C. TRAVEL \$0**

**D. EQUIPMENT \$0**

**E. MATERIALS AND SUPPLIES \$0**

<b>F.</b>	<b>CONTRACTUAL</b>	<b>\$110,764</b>
<b>G.</b>	<b>OTHER</b>	
1.	IRB Fee	\$701
	Funds to cover the cost of IRB renewal	
	<b>TOTAL OTHER:</b>	<b>\$701</b>
	<b>TOTAL DIRECT EXPENSES:</b>	<b>\$154,197</b>
<b>H.</b>	<b>INDIRECT COSTS (26.21% of total salaries)</b>	<b>\$8,116</b>
	<b>TOTAL BUDGET FOR YEAR 2014:</b>	<b>\$162,313</b>



**Grant Number:** 5R21HD071765-02  
**FAIN:** R21HD071765

**Principal Investigator(s):**  
William McFarland, MD

**Project Title:** Probability-based survey of HIV risk among transmen using a novel sampling method

Dr. Raymond, Henry Fisher  
Co Director of HIV Epidemiology  
25 Van Ness Avenue, Suite 500  
San Francisco, CA 941026056

**Award e-mailed to:** barbara.garcia@sfdph.org

**Budget Period:** 04/01/2014 – 03/31/2015  
**Project Period:** 04/01/2013 – 03/31/2015

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$162,313 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the Eunice Kennedy Shriver National Institute Of Child Health & Human Development of the National Institutes of Health under Award Number R21HD071765. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with 42 CFR Part 50 Subpart F. Subsequent to the compliance date of the 2011 revised FCOI regulation (i.e., on or before August 24, 2012), Awardees must be in compliance with all aspects of the 2011 revised regulation; until then, Awardees must comply with the 1995 regulation. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Ted Williams  
Grants Management Officer  
EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN  
DEVELOPMENT

Additional information follows

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**SECTION I – AWARD INFORMATION – 5R21HD071765-02****Award Calculation (U.S. Dollars)**

Federal Direct Costs	\$154,197
Federal F&A Costs	\$8,116
Approved Budget	\$162,313
Federal Share	\$162,313
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$162,313</b>
<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$162,313</b>

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
2	\$162,313	\$162,313

**Fiscal Information:**

CFDA Number: 93.865  
EIN: 1946000417A8  
Document Number: RHD071765A  
PMS Account Type: G (Pooled)  
Fiscal Year: 2014

IC	CAN	2014
HD	8014710	\$162,313

**NIH Administrative Data:**

PCC: PDB -SN / OC: 414E / Released: WILLIAMST 03/24/2014  
Award Processed: 12/26/2013 10:57:56 AM

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 5R21HD071765-02**

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

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**SECTION III – TERMS AND CONDITIONS – 5R21HD071765-02**

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm> for certain references cited above.)

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in

the Central Contractor Federation. Should a consortium/subaward be awarded under this award, a DUNS requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R21HD071765. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

This award represents the final year of the competitive segment for this grant. See the NIH Grants Policy Statement Section 8.6 Closeout for complete closeout requirements at: <http://grants.nih.gov/grants/policy/#gps>.

A final Federal Financial Report (FFR) (SF 425) must be submitted through the eRA Commons (Commons) within 90 days of the expiration date; see the NIH Grants Policy Statement Section 8.6.1 Financial Reports, <http://grants.nih.gov/grants/policy/#gps>, for additional information on this submission requirement. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

A Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) must be submitted within 90 days of the expiration date. The HHS 568 form may be downloaded at: <http://grants.nih.gov/grants/forms.htm>.

Unless an application for competitive renewal is submitted, a final progress report must also be submitted within 90 days of the expiration date. Instructions for preparing a Final Progress Report are at: <http://grants.nih.gov/grants/funding/finalprogressreport.pdf>. Any other specific requirements set forth in the terms and conditions of the award must also be addressed in the final progress report. Institute/Centers may accept the progress report contained in competitive renewal (type 2) in lieu of a separate final progress report. Contact the awarding IC for IC-specific policy regarding acceptance of a progress report contained in a competitive renewal application in lieu of a separate final progress report.

NIH **strongly encourages** electronic submission of the final progress report and the final invention statement through the Closeout feature in the Commons, but will accept an email or hard copy submission as indicated below.

Email: The final progress report and final invention statement may be e-mailed as PDF attachments to the NIH Central Closeout Center at: [DeasCentralized@od.nih.gov](mailto:DeasCentralized@od.nih.gov).

Hard copy: Paper submissions of the final progress report and the final invention statement may be faxed to the NIH Division of Central Grants Processing at 301-480-2304, or mailed to:

NIH Division of Central Grants Processing, OER  
6705 Rockledge Drive  
Suite 5016, Room 5109  
MSC 7986  
Bethesda, MD 20892-7986 (for regular or U.S. Postal Service Express mail)  
Bethesda, MD 20817 (for other courier/express mail delivery only)

NOTE: If this is the final report of a competitive segment due to the transfer of the grant to another institution, then a Final Progress Report is not required. However, a final FR is required and should be submitted electronically as noted above. If not already submitted, the Final Invention Statement is required and should be sent directly to the assigned Grants Management Specialist.

**Treatment of Program Income:  
Additional Costs**

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**SECTION IV – HD Special Terms and Conditions – 5R21HD071765-02**

In accordance with the NIH FY2014 fiscal policy, this non-competing award is reduced below the committed funding level on the FY2013 Notice of Award. See NIH Guide Notice NOT-OD-14-055 for additional information (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-055.html>).

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Human Subjects: NICHD recognizes that investigators are submitting applications to conduct exciting and important research of interest to NICHD. NICHD has oversight responsibilities to ensure compliance with government regulations and to ensure the safety of human subjects in research. The following Web site contains information regarding your institutional responsibilities and compliance issues that should be reviewed throughout the duration of your NIH-supported project. HHS Web Site for Human Subjects: <http://www.hhs.gov/ohrp/>.

For specific requirements related to the protection of human subjects, see the NIH Grants Policy Statement (rev. 10/13) ([http://grants.nih.gov/grants/policy/nihgps\\_2013/nihgps\\_ch4.htm#human\\_subjects\\_protections](http://grants.nih.gov/grants/policy/nihgps_2013/nihgps_ch4.htm#human_subjects_protections)).

**STAFF CONTACTS**

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

**Grants Management Specialist:** Willa Plater  
**Email:** [platerw@mail.nih.gov](mailto:platerw@mail.nih.gov) **Phone:** (301) 435-7009 **Fax:** (301) 402-4782

**Program Official:** Susan Newcomer  
**Email:** [newcomes@mail.nih.gov](mailto:newcomes@mail.nih.gov) **Phone:** (301) 435-6981 **Fax:** (301) 496-0962

**SPREADSHEET SUMMARY  
GRANT NUMBER: 5R21HD071765-02**

**INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH**

Budget	Year 2
TOTAL FEDERAL DC	\$154,197
TOTAL FEDERAL F&A	\$8,116
TOTAL COST	\$162,313

Facilities and Administrative Costs	Year 2
F&A Cost Rate 1	26.21%
F&A Cost Base 1	\$30,965
F&A Costs 1	\$8,116



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors  
FROM: Barbara A. Garcia, MPA *sure for*  
Director of Health  
DATE: May 21, 2014  
SUBJECT: Grant Accept and Expend  
GRANT TITLE: A Probability-Based Survey of HIV Risk among Transmen  
using a Novel Sampling Method - \$162,313

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 -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted. Asked to participate the project.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

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

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No



OFFICE OF THE MAYOR  
SAN FRANCISCO



RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

EDWIN M. LEE  
MAYOR

JUN 10 10 31 30

TO: Angela Calvillo, Clerk of the Board of Supervisors *le*  
FROM: *Ed* Mayor Edwin M. Lee *gc*  
RE: Accept and Expend Grant- A Probability-Based Survey of HIV Risk among Transmen using a Novel Sampling Method - \$162,313  
DATE: June 10, 2014

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Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$162,313 from National Institutes of Health to participate in a program entitled A Probability-Based Survey of HIV Risk among Transmen using a Novel Sampling Method for the period of April 1, 2014, through March 31, 2015.

I request that this item be calendared in Budget and Finance on June 19<sup>th</sup>.

Should you have any questions, please contact Jason Elliott (415) 554-5105.



**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: <b>Public Health Foundation Enterprises, Inc. (PHFE)</b>	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board – see Attachment 1 2) Nancy Kindelan, President/CEO, 3) N/A 4) N/A	
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746-3505	
Date that contract was approved:	Amount of contract: \$110,764
Describe the nature of the contract that was approved: Assist with development of study materials and provide training and technical assistance on the daily operational aspects of RDS implementation.	
Comments: PHFE is a 501 ( c ) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits  
Print Name of Board

<b>Filer Information</b> <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

_____ Signature of City Elective Officer (if submitted by City elective officer)	_____ Date Signed
_____ Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)	_____ Date Signed

<b>Public Health Foundation Enterprise</b>	
<b>Public Health Foundation Enterprise Board of Directors</b>	
<b>Officers</b>	<b>Members</b>
Bruce Y. Lai, Chair	Bob Jenks
Erik D. Ramanathan, Vice Chair	Delvecchio Finley
Teri A. Burley, Secretary	Edward Yip
Karen L. Angel, Treasurer	Jean C. O Connor
Michael Asher, immediate Past Chair	Patrick M. Libbey
Nancy Kindelan, CEO	Peter D. Jacobson
	Scott Filer
	Susan De Santi
	Tamara Joseph