

1 [Accept and Expend Grant - HIV Transmission Cluster Analysis to Inform Prevention -
2 \$112,171]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$112,171 from The Regents of the University of**
5 **California to participate in a program entitled “HIV Transmission Cluster Analysis to**
6 **Inform Prevention” for the period of July 1, 2014, through June 30, 2015.**

7
8 WHEREAS, The Regents of the University of California is the recipient of a grant award
9 from National Institutes of Health supporting the HIV Transmission Cluster Analysis to Inform
10 Prevention grant; and

11 WHEREAS, With a portion of these funds, The Regents of the University of California
12 has subcontracted with Department of Public Health (DPH) in the amount of \$112,171 for the
13 period of July 1, 2014, through June 30, 2015; and

14 WHEREAS, As a condition of receiving the grant funds, The Regents of the University
15 of California requires the City to enter into an agreement (Agreement), a copy of which is on
16 file with the Clerk of the Board of Supervisors in File No. 150036; which is hereby declared to
17 be a part of this Resolution as if set forth fully herein; and

18 WHEREAS, The purpose of this project will significantly contribute to the field of HIV
19 prevention by identifying drivers of the HIV epidemic and ways to interrupt forward
20 transmission; and

21 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
22 partially reimburses DPH for four existing positions, one Supervisor Physician Specialist (Job
23 Class No. 2233) at .01 FTE, one Manager I (Job Class No. 0922) at .20 FTE for six months,
24 one Health Program Coordinator II (Job Class No. 2591) at .35 FTE for five months and at
25

1 0.25 for one month, and one Epidemiologist II (Job Class No. 2803) at .50 FTE for six months
2 for the period of July 1, 2014, through June 30, 2015; and

3 WHEREAS, A request for retroactive approval is being sought because DPH did not
4 receive notification of the award until October 29, 2014, for a project start date of July 1, 2014;
5 and

6 WHEREAS, The budget includes a provision for indirect costs in the amount of \$9,161;
7 now, therefore, be it

8 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
9 in the amount of \$112,171 from The Regents of the University of California; and


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

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

15
16 RECOMMENDED:

17 
18 _____
19 Barbara A. Garcia, MPA
20 Director of Health

APPROVED:

21 
22 _____
23 Office of the Mayor

24 
25 _____
Office of the Controller



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
Director of Health

DATE: December 12, 2014

SUBJECT: Grant Accept and Expend

GRANT TITLE: HIV Transmission Cluster Analysis to Inform Prevention-
\$112,171

Attached please find the original and 2 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

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: **HIV Transmission Cluster Analysis to Inform Prevention**
2. Department: **Department of Public Health
Center for Public Health Research
HIV Epidemiology Section**
3. Contact Person: **Henry F. Raymond** Telephone: **415-554-9093**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$112,171**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **National Institute of Health**
b. Grant Pass-Through Agency (if applicable): **The Regents of the University of California**
8. Proposed Grant Project Summary: **The proposed study will significantly contribute to the field of HIV prevention by identifying drivers of the HIV epidemic and ways to interrupt forward transmission. In this study, Dr. Willi McFarland, as Principal Investigator of the subcontract and Co-Investigator of the research project, will provide scientific oversight on the development and implementation of the study. Dr. McFarland, along with Dr. Susan Scheer, will jointly supervise the epidemiologists working on the study.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **07/01/2014** End-Date: **06/30/2015**
- 10a. Amount budgeted for contractual services: **\$26,669**
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? **One-time**
- 11a. Does the budget include indirect costs? Yes No
b1. If yes, how much? **\$9,161**
b2. How was the amount calculated? **12% 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 July 01, 2014. The Department received the subaward agreement on October 29, 2014.

Grant Code: HCAO66/1500

****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: 12-11-14

Arlene C. Adams
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 12/12/14

[Signature]
(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
AIDS Office - HIV Epidemiology Section
HIV Transmission Cluster analysis to Informa Prevention
July 1, 2014 - June 30, 2015
Year 3

Dept / Div: HPH-03
Fund Group: 2S/CHS/GNC
Index Code: HCHIVEPIDMGR
Grant Code: HCAO66
Grant Detail: 1500

NIH CAP \$181,500

CATEGORY/LINE ITEM	Annual Salary	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											
SEROEPIDEMIOLOGY											
1. Supv Physician Specialist 2233 9 W. McFarland	181,500	54,450	235,950	1%	0.01	15,125	12	1,815	545	2,360	
2. Manager I 0922 5 S. Scheer	117,762	52,993	170,755	20%	0.20	9,814	6	11,776	5,299	17,075	
3. Health Program Coordinator II 2591 5 V. Delgado	90,220	36,088	126,308	35%	0.35	7,518	5	13,157	5,263	18,420	
Health Program Coordinator II 2591 5 V. Delgado	90,220	36,088	126,308	25%	0.25	7,518	1	1,880	752	2,631	
4. Epidemiologist II 2803 5 S. Pipkin	102,440	40,976	143,416	50%	0.50	8,537	6	25,610	10,244	35,854	
TOTAL SALARY/FRINGE	582,142	220,595	802,737		1.31			54,238	22,102	76,340	
00101 SALARIES										54,238	
00103 FRNG BN										22,102	
SUB TOTAL										<u>76,340</u>	
C. VEL											
1. Local Travel (02301)										0	
2. Out-of-Jurisdiction Travel(02101)										0	
Sub Total TRAVEL										<u>0</u>	
D. EQUIPMENT											
1. Computers (06061)										0	
Sub Total EQUIPMENT										<u>0</u>	
E. MATERIALS AND SUPPLIES											
1. Office supplies (04951)										0	
2. Non-Inventoried Equipment										0	
Sub Total SUPPLIES										<u>0</u>	
F. CONTRACTUAL SERVICES (02789)											
1. PHFE										26,669	
2. SFDPH-Public Health Laboratory										0	
Sub Total CONTRACTS										<u>26,669</u>	

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
AIDS Office - HIV Epidemiology Section
HIV Transmission Cluster analysis to Informa Prevention
July 1, 2014 - June 30, 2015
Year 3

Dept / Div: HPH-03
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Index Code: HCHIVEPIDMGR
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NIH CAP \$181,500

CATEGORY/LINE ITEM	Annual Salary	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/mtg fac (03011)										0	
2. Telephone/Com (03241)										0	
3. Postage (03561)										0	
4. Delivery/Courier srvc (03521)										0	
5. Reproduction/Photocopy										0	
a. Photocopier leasing (03131)										0	
b. Photocopier maint (02931)										0	
c. Repro srvc (In House)(03551)										0	
6. Print/Slide srvc (Outside)(03552)										0	
7. Promotion/Advertis (03599)										0	
8. Stipend (02783)										0	
9. Staff training (02201)										0	
10. Other Prof. Svcs (02799)										0	
11. IRB fees (02799)										0	
Sub TOTAL OTHER										<u>0</u>	
TOTAL DIRECT COST										<u>103,009</u>	

BUDGET SUMMARY

A. SALARIES	FTE = 1.31	54,238
B. MANDATORY FRINGE		22,102
C. TRAVEL		0
D. EQUIPMENT		0
E. MATERIALS AND SUPPLIES		0
F. CONTRACT / MOU		26,669
G. OTHER		0
DIRECT COSTS		103,009
H. INDIRECT COST (12% of total salaries)		9,161
TOTAL BUDGET		112,171
CARRY FORWARD FROM YEAR 2 AWARD		112,171
SURPL/(DEFICIT)		0

San Francisco Department of Public Health (SFDPH)

Center for Public Health Research

HIV Transmission Cluster Analysis to Inform Prevention

BUDGET JUSTIFICATION

July 1, 2014 – June 30, 2015

Budget Summary

A.	Personnel	\$54,238
B.	Mandatory Fringe	\$22,102
C.	Travel	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$26,669
G.	Other Expenses	\$0
	TOTAL DIRECT COSTS	\$103,009
H.	Indirect Costs (12% of Total Salaries)	\$9,161
	TOTAL BUDGET FOR YEAR 2013-2014	\$112,171

Detail Line-Item Budget and Justification: July 1, 2014 – June 30, 2015

A. PERSONNEL

B. MANDATORY FRINGE

1. 0.01 2233 – Supervisor Physician Specialist: Willie McFarland

Annual Salary $\$181,500 \times 0.01$ FTE for 12 months = $\$1,815$
Mandatory Fringe Benefits @ 30% = $\$545$ $\$2,360$

Dr. Willi McFarland, as Principal Investigator of the subcontract and co-investigator of the research project, will provide scientific oversight on the development and implementation of the study. Dr. McFarland, along with Dr. Susan Scheer, will jointly supervise the epidemiologists working on the study.

2. 0.20 0922 – Manager I: Susan Scheer

Annual Salary $\$117,762 \times 0.20$ FTE for 6 months = $\$11,776$
Mandatory Fringe Benefits @ 45% = $\$5,299$ $\$17,075$

Dr. Susan Scheer, along with Dr. Willi McFarland, will jointly supervise the epidemiologists working on the study. She is responsible for overseeing data collection and analysis, interpreting, writing and disseminating findings.

3. 0.35/0.25 2591 - Health Program Coordinator II: Viva Delgado

Annual Salary $\$90,220 \times 0.35$ FTE for 5 months = $\$13,157$
Mandatory Fringe Benefits @ 40% = $\$5,263$ $\$18,420$

Annual Salary $\$90,220 \times 0.25$ FTE for 5 months = $\$1,880$
Mandatory Fringe Benefits @ 40% = $\$752$ $\$2,631$

Principal duties include coordinating field staff activities and scheduling, establishing and maintaining active HIV/AIDS surveillance at local medical facilities, performing field staff data collection quality assurance including review of completed case report forms and prospective and retrospective chart review forms, and conducting validity evaluation by re-abstracting case information on 10% of previously reported cases. She resolves duplicated case reports with other jurisdictions and obtains updated information for our cases. She is responsible for ensuring that protocols for conducting surveillance field activities as well as security and confidentiality procedures are adhered to. She supervises one Health Program Coordinator I and indirectly supervises four field staff.

4. 0.50 2803 - Epidemiologist II: Sharon Pipkin

Annual Salary $\$102,440 \times 0.50$ FTE for 6 months = $\$25,610$

Mandatory Fringe Benefits @ 40% = \$10,244

\$35,854

Ms. Sharon Pipkin, as the epidemiologist II, her primary responsibilities are oversight of the database merging protocol; data management; managing, creating and analyzing resistance test and geographic study data; data quality; and data analysis. The epidemiologist will also assist in preparing, interpreting, and summarizing study findings for reports, scientific publications, and conference presentations. In addition, she will work with the Health Program Coordinator to guide the preparation for the interviews and answer any staff questions regarding the questionnaire and data gathered.

Total Salaries	\$54,238
Total Fringe	\$22,102
TOTAL PERSONNEL:	\$76,340
C. TRAVEL	\$0
D. EQUIPMENT	\$0
E. MATERIALS AND SUPPLIES	\$0
F. CONTRACTUAL	\$26,669

1. Name of contractor: Public Health Foundation Enterprises, Inc. (PHFE)

Method of Selection: Sole Source. We have worked with PHFE in the past and have a good working relationship. Our working relationship has been beneficial to the section.

Period of performance: 09/01/2014 – 06/30/2015

Method of accountability: The contractor will follow the CDC and HIV Epidemiology Section procedures; will follow strict performance timelines; contractor's performance will be monitored and evaluated by the senior epidemiologist; payment to contractor will be based on fee for service.

Description of activities: PHFE will provide the staffing for the maintenance and technical services for computer equipment. They have demonstrated expertise in this area and have an established relationship with the AIDS Office.

Itemized budget with narrative justification:

a. & b. PHFE PERSONNEL AND MANDATORY FRINGE BENEFITS

- i) 0.20/0.30 Epidemiologist: Kara

2 months salary = \$2,403	
Mandatory Fringe Benefit @31% = \$336	\$2,740

10 months salary = \$18,025	
Mandatory Fringe Benefit @31% = \$2,524	\$20,549

This position will have primary responsibility for oversight of the database merging protocol, data management, data quality, and data analysis. The epidemiologist will also assist in preparing, interpreting, and summarizing study findings for reports, scientific publications, and conference presentations.

TOTAL PHFE PERSONNEL AND MFB	\$23,288
c. PHFE TRAVEL	\$0
d. PHFE EQUIPMENT	\$0
e. PHFE MATERIALS AND SUPPLIES	\$0
f. PHFE CONTRACTUAL SERVICES	\$0
g. PHFE OTHER COSTS	\$1,000
Medical Chart Retrieval Fee for \$1,000	
TOTAL PHFE DIRECT COST	\$24,288
TOTAL PHFE INDIRECT COST (9.8% of Direct Costs)	\$2,380
TOTAL PHFE SUBCONTRACT	\$26,669
TOTAL CONTRACTUAL (PHFE):	\$26,669
G. OTHER	\$0
TOTAL DIRECT EXPENSES:	\$103,009
H. INDIRECT COSTS (12% of total salaries)	\$9,161
TOTAL BUDGET FOR YEAR 2014-2015:	\$112,171

Research Subaward Agreement Amendment

Prime Recipient	Subrecipient
Institution/Organization ("University") Name: The Regents of the University of California Office of Sponsored Research Division of Contracts and Grants University of California, San Francisco 3333 California Street, Suite 315 San Francisco, CA 94143-0962	Institution/Organization ("Subrecipient") Name: City & County of San Francisco Department of Public Health Address: 1380 Howard Street, 4th Floor San Francisco, CA 94105 EIN: 94-6000417
Prime Award No. 5R01 MH098642-03	Subaward No. 7238ac Principal Investigator Dr. William McFarland
Department ID and FUND Number: 138342-4000	Amendment No. 2

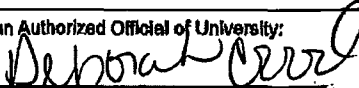

Amendment(s) to Original Terms and Conditions

- **Period of Performance:** will be extended from **July 1, 2014** through **June 30, 2015**.
- **Scope of Work:** The Scope of Work is modified to include those tasks in Attachment A.
- The amount funded by this amendment is **\$112,171.00** as itemized in attachment B.

An unobligated balance may be carried over into the next budget period without prior Approval.

Applicable Agency policies of the current Award are hereby incorporated. The Notice of Award is included as Attachment C.

All other terms and conditions of this Subaward Agreement remain in full force and effect.

By an Authorized Official of University: 	By an Authorized Official of Subrecipient: 
Date 10/27/14	Date 10/23/14
Name: Regnier Jurado Title: Associate Director Research Management Services (RMS) Office of Sponsored Research	Name: Tomás J. Aragón, MD, DrPH Title: Director, Population Health Division (PHD)

**SCOPE OF WORK
San Francisco Department of Public Health**

The proposed study will significantly contribute to the field of HIV prevention by identifying drivers of the HIV epidemic and ways to interrupt forward transmission. In this study, Dr. Willi McFarland, as Principal Investigator of the subcontract and Co-Investigator of the research project, will provide scientific oversight on the development and implementation of the study. Dr. McFarland, along with Dr. Susan Scheer, will jointly supervise the epidemiologists and health project coordinator working on the study.

The duties and responsibilities include:

- Coordinate the merging protocol of various databases
- Manage study data
- Coordinate the recruitment of interview participants
- Ensure data quality
- Perform data analyses
- Assist with the interpretation and dissemination of study findings

Project Deliverables:

- Implement database merges on a quarterly basis
- Perform cluster analyses on a quarterly basis
- Coordinate participant recruitment on an as-needed basis
- Conduct data analyses on a quarterly basis

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
AIDS Office - HIV Epidemiology Section
 HIV Transmission Cluster analysis to Informa Prevention
 July 1, 2014 - June 30, 2015
 Year 3

ATTACHMENT B

pt / Dir: HPH-03
 nd Group: 2S/CHSIGNC
 lex Code: HCHIVEPIDMGR
 ant Code: HCA066
 ant Detail: 1500

NIH CAP \$181,500

CATEGORY/LINE ITEM	Annual Salary	Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
PERSONNEL											
SEROEPIDEMIOLOGY											
1. Supv Physician Specialist 2233 9 W. McFarland	181,500	54,450	235,950	1%	0.01	15,125	12	1,815	545	2,380	
2. Manager I 0922 5 S. Scheer	117,762	52,983	170,755	10%	0.10	9,814	12	11,776	5,299	17,075	
3. Health Program Coordinator II 2591 5 V. Delgado	80,220	36,088	126,308	25%	0.25	7,518	8	15,037	6,016	21,051	
4. Epidemiologist II 2803 5 S. Pipkin	102,440	40,976	143,416	25%	0.25	8,537	12	25,810	10,244	35,854	
TOTAL SALARY/FRINGE	491,922	184,507	676,429		0.61			54,238	22,102	76,340	
00101 SALARIES										54,238	
00103 FRNG BN										22,102	
SUB TOTAL										76,340	
VEL											
1. Local Travel (02301)										0	
2. Out-of-Jurisdiction Travel(02101)										0	
Sub Total TRAVEL										0	
EQUIPMENT											
1. Computers (06061)										0	
Sub Total EQUIPMENT										0	
MATERIALS AND SUPPLIES											
1. Office supplies (04951)										0	
2. Non-inventoried Equipment										0	
Sub Total SUPPLIES										0	
CONTRACTUAL SERVICES (02789)											
1. PHFE										26,669	
2. SFDPH-Public Health Laboratory										0	
Sub Total CONTRACTS										26,669	

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
AIDS Office - HIV Epidemiology Section
HIV Transmission Cluster analysis to Informa Prevention
July 1, 2014 - June 30, 2015
Year 3

pt / Div: HPH-03
 nd Group: 2S/CHS/GNC
 lex Code: HCHIVEPIDMGR
 ert Code: HCA066
 ant Detail: 1500

NIH CAP \$181,500

CATEGORY/LINE ITEM	Annual Salary	Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
OTHER											
1. Rent support/mtg fac (03011)										0	
2. Telephone/Com (03241)										0	
3. Postage (03561)										0	
4. Delivery/Courier svcs (03521)										0	
5. Reproduction/Photocopy										0	
a. Photocopier leasing (03131)										0	
b. Photocopier maint (02931)										0	
c. Repro svcs (In House)(03551)										0	
6. Print/Slide svcs (Outside)(03552)										0	
7. Promotion/Adverts (03599)										0	
8. Stipend (02783)										0	
9. Staff training (02201)										0	
10. Other Prof. Svcs (02799)										0	
11. IRB fees (02799)										0	
Sub TOTAL OTHER										<u>0</u>	
TOTAL DIRECT COST										103,009	
BUDGET SUMMARY											
A. SALARIES				FTE =	0.61					54,238	
B. MANDATORY FRINGE										22,102	
C. TRAVEL										0	
D. EQUIPMENT										0	
E. MATERIALS AND SUPPLIES										0	
F. CONTRACT / MOU										26,669	
G. OTHER										0	
DIRECT COSTS										103,009	
H. INDIRECT COST (12% of total salaries)										9,161	
TOTAL BUDGET										112,171	
AWARD										112,171	
										0	

Notice of Award

Issue Date: 07/07/2014



RESEARCH
Department of Health and Human Services
National Institutes of Health
NATIONAL INSTITUTE OF MENTAL HEALTH



Grant Number: 5R01MH098642-03
FAIN: R01MH098642

Principal Investigator(s):
HONG-HA M TRUONG, PHD

Project Title: HIV Transmission Cluster Analysis to Inform Prevention

Eunice Change
Contracts & Grants Officer
3333 California Street
Suite 315
San Francisco, CA 941186215

Award e-mailed to: cgrasteam@ucsf.edu

Budget Period: 07/01/2014 – 06/30/2016
Project Period: 09/01/2012 – 06/30/2017

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$372,916 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF CALIFORNIA, SAN FRANCISCO 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 National Institute Of Mental Health of the National Institutes of Health under Award Number R01MH098642. 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 the 2011 revised regulation at 42 CFR Part 50 Subpart F. 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,

Carmen A. Herbert
Grants Management Officer
NATIONAL INSTITUTE OF MENTAL HEALTH

Additional information follows

SECTION I – AWARD DATA – 5R01MH096642-03**Award Calculation (U.S. Dollars)**

Federal Direct Costs	\$318,503
Federal F&A Costs	\$54,413
Approved Budget	\$372,916
Federal Share	\$372,916
TOTAL FEDERAL AWARD AMOUNT	\$372,916
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$372,916

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
3	\$372,916	\$372,916
4	\$368,928	\$368,928
5	\$347,648	\$347,648

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

CFDA Number: 93.242
 EIN: 1946038493A8
 Document Number: RMH096642A

PMS Account Type: G (Pooled)
 Fiscal Year: 2014

IC	CAN	2014	2015	2016
MH	8472592	\$372,916	\$368,928	\$347,648

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: 9A-ASGP / OC: 414E / Released: HERBERTC 07/03/2014
 Award Processed: 05/08/2014 01:52:21 PM

SECTION II – PAYMENT/HOTLINE INFORMATION – 5R01MH096642-03

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

SECTION III – TERMS AND CONDITIONS – 5R01MH096642-03

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.)

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase V Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

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 Registration. Should a consortium/subaward be issued 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) R01MH096642. 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/>.

**Treatment of Program Income:
Additional Costs**

SECTION IV – MH Special Terms and Conditions – 5R01MH096642-03

AWARD NOTICE:

This award has been made in response to the application submitted under the Funding Opportunity Announcement PA-10-067 which can be referenced at: <http://grants.nih.gov/grants/guide/pa-files/PA-10-067.html>.

CONSORTIUM/CONTRACTUAL COSTS:

This award includes funds for consortium activity with following organizations. Each consortium is to be established and administered in accordance with the NIH Grants Policy Statement dated October 2013. No foreign performance site may be added to this project without the written prior approval of the National Institute of Mental Health.

1. The J. David Gladstone Institutes
2. San Francisco Department of Public Health

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: Jane Z. Lin
Email: linja@mail.nih.gov **Phone:** 301-443-2229 **Fax:** 301-480-1956

Program Official: Cynthia I. Grossman
Email: grossmanc@mail.nih.gov **Phone:** 301-443-8982 **Fax:** 301-443-9719

SPREADSHEET SUMMARY
GRANT NUMBER: 5R01MH098642-03

INSTITUTION: UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

Facilities and Administrative Costs	Year 3	Year 4	Year 5
F&A Cost Rate 1	28%	26%	26%
F&A Cost Base 1	\$209,279	\$205,885	\$188,763
F&A Costs 1	\$54,413	\$53,530	\$49,078

Introduction Form

By a Member of the Board of Supervisors or the Mayor

Time stamp
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee.
An ordinance, resolution, motion, or charter amendment.
- 2. Request for next printed agenda without reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning "Supervisor [] inquires"
- 5. City Attorney request.
- 6. Call File No. [] from Committee.
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File No. []
- 9. Request for Closed Session (attach written motion).
- 10. Board to Sit as A Committee of the Whole.
- 11. Question(s) submitted for Mayoral Appearance before the BOS on []

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

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

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

Sponsor(s):

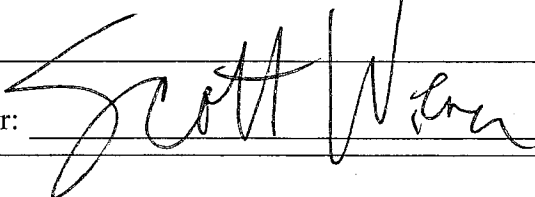
Supervisor Wiener

Subject:

Accept and Expend Grant - HIV Transmission Cluster Analysis to Inform Prevention- \$112,171

The text is listed below or attached:

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$112,171 from The Regents of the University of California to participate in a program entitled HIV Transmission Cluster Analysis to Inform Prevention for the period of July 1, 2014, through June 30, 2015.

Signature of Sponsoring Supervisor: 

For Clerk's Use Only: