

File No. 1010 20

Committee Item No. \_\_\_\_\_  
Board Item No. 43

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date August 3, 2010

**Cmte Board**

- |                          |                                     |  |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/>            | Motion                                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Budget Analyst Report                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/> | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/> | <input type="checkbox"/>            | Introduction Form (for hearings)             |
| <input type="checkbox"/> | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/>            | MOU  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Contract/Agreement                           |
| <input type="checkbox"/> | <input type="checkbox"/>            | Award Letter                                 |
| <input type="checkbox"/> | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/> | <input type="checkbox"/>            | Public Correspondence                        |

**OTHER**

(Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Annette Lonich Date July 29, 2010

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.

**INTRODUCTION FORM**  
By a member of the Board of Supervisors or the Mayor

Time Stamp or Meeting Date

BY \_\_\_\_\_  
AK

2010 JUL 27 PM 2:11

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO

I hereby submit the following item for introduction:

- \_\_\_\_\_ 1. For reference to Committee:  
An ordinance, resolution, motion, or charter amendment.
- X  2. Request for next printed agenda without reference to Committee
- \_\_\_\_\_ 3. Request for Committee hearing on a subject matter.
- \_\_\_\_\_ 4. Request for letter beginning "Supervisor \_\_\_\_\_ inquires...".
- \_\_\_\_\_ 5. City Attorney request.
- \_\_\_\_\_ 6. Call file from Committee.
- \_\_\_\_\_ 7. Budget Analyst request (attach written motion).

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 different form.]

Sponsor(s): **Supervisor Bevan Dufty**

**SUBJECT:** Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expand retroactively a grant in the amount of \$25,318 from the Public Health Foundation Enterprises, Inc. (PHFE), to participate in a program entitled "Viral Load Study;" for the period of April 1, 2010 through March 31, 2011.

The text is listed below or attached:



Signature of Sponsoring Supervisor: \_\_\_\_\_

**For Clerk's Use Only:**

10/020

1 [Accept and Expend Grant - Viral Load Study - \$25,318]

2

3 **Resolution authorizing the San Francisco Department of Public Health (DPH) to accept**  
4 **and expend retroactively a grant in the amount of \$25,318 from the Public Health**  
5 **Foundation Enterprises, Inc. (PHFE), to participate in a program entitled “Viral Load**  
6 **Study” for the period of April 1, 2010, through March 31, 2011.**

7

8 WHEREAS, PHFE is the recipient of a grant award from the Regents of the University  
9 of California, for the California HIV/AIDS Research Project; and,

10 WHEREAS, Through this grant, PHFE has agreed to fund DPH through a subcontract  
11 agreement in the amount of \$25,318 for the period of April 1, 2010 through March 31, 2011;  
12 and,

13 WHEREAS, As a condition of receiving the grant funds, PHFE requires the City to  
14 enter into an agreement (the “Agreement”), a copy of which is on file with the Clerk of the  
15 Board of Supervisors in File No. 101020; which is hereby declared to be a part of this  
16 resolution as if set forth fully herein; and,

17 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH  
18 for one existing position, Epidemiologist II (Job Class #2803) at .20 FTE, for the period of April  
19 1, 2010 through March 31, 2011; and,

20 WHEREAS, A request for retroactive approval is being sought because DPH did not  
21 receive notification of the award until July 7, 2010 for a project start date of April 2, 2010; and,

22 WHEREAS, The budget includes a provision for indirect costs in the amount of \$3,710;  
23 now therefore, be it

24 **RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively**  
25 **in the amount of \$25,318 from PHFE; and, be it**

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

4           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
 5           agreement on behalf of the City; and, be it

6           FURTHER RESOLVED, That the Controller is directed to designate all positions  
 7           funded under this agreement as "G" or grant-funded positions which would terminate when  
 8           the agreement expires.

9

10          RECOMMENDED:

APPROVED:

11

12

\_\_\_\_\_  
 Mitchell Katz, M.D.  
 Director of Health

\_\_\_\_\_  
 Office of the Mayor

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\_\_\_\_\_  
 Office of the Controller

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Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.  
Director of Health *MH*

DATE: July 12, 2010

SUBJECT: Grant Accept & Expend

GRANT TITLE: Viral Load Study- \$25,318

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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
- Grant budget and justification
- Agreement (1)

**Special Timeline Requirements:**

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

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: DPH, Community Programs, 1380 Howard St., 4<sup>th</sup> Floor

Certified copy required Yes

No

File Number: 101020  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective January 2000)

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: Viral Load Study
2. Department: Department of Public Health  
AIDS Office  
HIV Prevention Section
3. Contact Person: Dr. Moupali Das-Douglas Telephone: 415-437-4666

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$25,318

6a. Matching Funds Required: None

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

7a. Grant Source Agency: The Regents of the University of California

b. Grant Pass-Through Agency (if applicable): Public Health Foundation Enterprises, Inc. (PHFE)

8. Proposed Grant Project Summary:

The purpose of this subcontract is to develop and maintain a database. The individual will be maintaining data integrity and security by developing and maintaining the datasets used in this project and will check for completeness, accuracy, and updates data as needed.

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

Start-Date: April 1, 2010

End-Date: March 31, 2011

10. Number of new positions created and funded: None

11. If new positions are created, explain the disposition of employees once the grant ends? Not applicable

12a. Amount budgeted for contractual services: None

b. Will contractual services be put out to bid? N/A

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A

d. Is this likely to be a one-time (OTF) or ongoing request for contracting out? N/A

13a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? \$3,710

b2. How was the amount calculated? 24.04% of total salaries.

c. If no, why are indirect costs not included? N/A

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

14. Any other significant grant requirements or comments: This is a renewal agreement for the second year project. DPH requests retroactive approval because the funder did not send the agreement until July 7, 2010, with a project start date of April 1, 2010. We respectfully request for approval to accept and expend these funds retroactive April 1, 2010.

**\*\*Disability Access Checklist\*\***

15. 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)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer:

  
Jason Hashimoto

Date Reviewed:

7/20/10

Department Approval:



Mitchell Katz, M.D.

Director of Public Health

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 AIDS Office - HIV Epidemiology Section  
 The Viral Load Study Project  
 April 1, 2010 - March 31, 2011  
 Renewal

Dept / Div: HPH-03  
 Fund Group: 2S/CHS/GNC  
 Index Code: HCHFD/HIVSVGR  
 Grant Code: HCA011  
 Grant Detail: 1000

CATEGORY/LINE ITEM	Annual Salary	40.00% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
A. PERSONNEL HIV SEROEPIDEMIOLOGY										
** 1. Epidemiologist II 2803 5 P Lee Chu (.75 FTE)	71,234	28,493	99,727	20%	0.20	5,936	9	10,685	4,274	14,959
										Priscilla reduces to 30 hrs per week from 3/1/10 to 12/31/10
										Apr-Dec .60 pd89/00, .20 hcthpdepievgr, .20 ao11
** 1. Epidemiologist II 2803 5 P Lee Chu	84,978	37,991	132,969	20%	0.20	7,915	3	4,749	1,900	6,648
										Jan-Mar .60 pd89/00, .20 hcthpdepievgr, .20 ao11
2. COLA 4%								0		0
3. STEP increases 5%								0		0

TOTAL SALARY/FRINGE 166,212 66,485 232,696 0.40 6,174 21,607

00101 SALARIES 15,434  
 00103 FRNG BN 6,174  
 SUB TOTAL 21,607

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

D. EQUIPMENT  
 1. Non Inventorial Equipment 0  
 Sub Total EQUIPMENT 0

E. MATERIALS AND SUPPLIES  
 1. Office Supplies (04951) 0  
 2. Food (04699) 0  
 3. Laboratory Supplies (04431) 0  
 4. Educational Supplies 0  
 Sub Total SUPPLIES 0

F. CONTRACTUAL SERVICES (02789)  
 1. UCSF 0  
 2. PHFE 0  
 Sub Total CONTRACTS 0

G. OTHER  
 1. Rent support/mng fac (03011) 0  
 2. Telephone/Com (03241) 0  
 3. Postage (03551) 0  
 4. Delivery/Courier svcs (03521) 0  
 5. Reproduction/Photocopy  
 a. Photocopier Leasing (03131) 0  
 b. Photocopier Maint (02931) 0  
 c. Repro Svcs (In House)(081PR) 0  
 6. Print/Slide Svcs (Outside)(03552) 0  
 7. Promotion/Advertisement (03599) 0  
 8. Frozen Storage Facility (03031) 0  
 9. Staff Training (02201) 0  
 Sub Total OTHER 0

TOTAL DIRECT COST 21,607



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 AIDS Office - HIV Epidemiology Section  
 The Viral Load Study Project  
 April 1, 2010 - March 31, 2011  
 renewal

Dept/Div: HPH-03  
 Fund Group: 2S/CHS/GNC  
 Index Code: HCHPDHIVSVGR  
 Grant Code: HCAO11  
 Grant Detail: 1000

CATEGORY/LINE ITEM	Annual Salary	40.00% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
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BUDGET SUMMARY

A. SALARIES					FTE = 0.40					15,434
B. MANDATORY FRINGE										6,174
C. TRAVEL										0
D. EQUIPMENT										0
E. MATERIALS AND SUPPLIES										0
F. CONTRACT / MOU										0
G. OTHER										0
DIRECT COSTS										21,607
H. INDIRECT COST (24.04% of total salaries)										3,710
TOTAL BUDGET										25,318
AWARD										0
SURPL/(DEFICIT)										(25,318)

City and County of San Francisco

**Viral Load Study  
04/01/10-03/31/11**

**I. Budget Justification**

**A. Personnel**

**B. Mandatory Fringe Benefit**

1. 1.800 Cal Months	Epidemiologist II		
	Salary = \$10,685		
	Mandatory Fringe Benefits (@ 40%) = \$4,274		\$14,959
0.600 Cal Months	Epidemiologist II		
	Salary = \$4,749		
	Mandatory Fringe Benefits (@ 40%) = \$1,900		\$6,648

To maintain data integrity and security, check for completeness, accuracy, and update data as needed.

<b>Total SFDPH Salaries and Wages</b>	<b>\$ 15,434</b>
<b>Total SFDPH Mandatory Fringe Benefits</b>	<b>\$ 6,174</b>
<b>Total SFDPH Personnel</b>	<b>\$ 21,608</b>

<b>C. Consultant Costs</b>	<b>\$0</b>
<b>D. Equipment</b>	<b>\$0</b>
<b>E. Supplies</b>	<b>\$0</b>
<b>F. Travel</b>	<b>\$0</b>
<b>G. Other Expenses</b>	<b>\$0</b>
<b>H. Contractual Costs</b>	<b>\$0</b>

**Total Direct Costs** **\$21,608**

**I. Indirect Costs (24.04% of Total Salaries)** **\$3,710**

**Total Budget** **\$25,318**



PUBLIC HEALTH™  
FOUNDATION ENTERPRISES  
A 501 (c)(3) Nonprofit Corporation

DOCUMENT TRANSMITTAL MEMO

DATE: June 29, 2010  
TO: Priscilla Chu  
FROM: Victor Arechiga, Contract Manager  
Public Health Foundation Enterprises, Inc.  
RE: Subcontractor Agreement

	Enclosed please find two originals of the above referenced document. Please have both originals signed by an authorized representative and return them to the address below. Upon receipt, one fully executed original will be returned for your file.
	Please return proof of insurance information as outlined in Section 25, General Insurance Requirements.
	Enclosed, please find two originals of the above referenced document, which have been signed by Public Health Foundation Enterprises' authorized representative. Please have all originals signed by an authorized representative, retain one original for your file and return one original to the address below.
X	Enclosed is a fully executed original of the above referenced document for your files. You may now begin submitting invoices to PHFE for work provided under this agreement.
	Please complete the enclosed W9 and return with the signed agreement.
	Please complete the enclosed Socioeconomic Status form and return with the signed agreement.

Return all documents to:

Public Health Foundation Enterprises, Inc.  
12801 Crossroads Parkway So., Suite 200  
City of Industry, CA 91746  
ATTN: Victor Arechiga, Contract Manager

Please feel free to contact me at 562-222-7878 or via email at [varechiga@phfe.org](mailto:varechiga@phfe.org) with any questions or concerns you may have regarding this agreement. Thank you.

Enclosures



**SUBCONTRACT AGREEMENT BETWEEN**  
**PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.**  
**AND**  
**THE CITY AND COUNTY OF SAN FRANCISCO**

This Subcontract Agreement is made and entered into on the subscribed date by PUBLIC HEALTH FOUNDATION ENTERPRISES, INC., hereinafter referred to as "PHFE" or "Contractor") with its principal office located at 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746, and THE CITY AND COUNTY OF SAN FRANCISCO, with its principal office located at 1380 Howard Street, San Francisco, CA 94103, hereinafter be referred to as "Subcontractor".

1. RECITALS

PHFE is the prime recipient of Agreement no. ID08-PHFE-018 from The Regents of the University of California that requires the assistance of Subcontractor.

2. TERM OF SUBCONTRACT

*start's  
End* →

This subcontract shall begin April 1, 2010 and end March 31, 2011.

3. COMPLIANCE – TERMS AND CONDITIONS

Subcontractor is responsible for contracted services as they pertain to the requirements outlined under original granting agency. Subcontractor agrees to comply with all relevant state and federal statutes and regulations if any, in performing its obligations under this contract. The Subcontractor shall incorporate all terms and conditions of this Agreement in all lower tier subcontracts (if applicable).

4. SCOPE OF SERVICES

Subcontractor shall use its best efforts to provide the services set forth in Exhibit B, a copy of which is attached and made a part hereof by reference. Subcontractor shall perform its duties and obligations under this subcontract as an independent contractor and for no purpose shall any of its officers, directors, members, employees, Subcontractors or agents be considered an employee or joint venture of PHFE.

5. PAYMENT FOR SERVICES

*Amnt* →

A. The maximum amount payable shall not exceed **\$25,318**. See Exhibit C for detailed budget.

- B. Allowability of costs, costs incurred must be within the original contract performance period or covered by pre-contract cost provisions.
- C. Subcontractor's Fiscal Year: Invoices shall be prepared in such a manner that costs claimed can be identified with the contractor's fiscal year.
- D. Designated Billing Office Name and Address Where Invoices Sent

San Francisco Department of Public Health  
25 Van Ness Avenue, Suite 500  
San Francisco, CA 94102  
ATTN: Arfana Sogal

6. BILLING OF COSTS:

- A. Cost reimbursement basis, no accruals, costs of a prior billing period, but not previously billed; or costs incurred during the contract period and claimed after the contract period has expired, the amount and month(s) in which such costs were incurred shall be cited. Expenses incurred after contract term date, are unallowable. Subcontractor shall submit its final invoice no later than 45 days after the date of expiration of the term or termination of this subcontract.

7. INVOICING PROCESS

- A. Invoices shall be submitted not more frequently than monthly, in arrears, upon submission of an invoice approved by PHFE, unless otherwise authorized by the contracting officer. All invoices and written correspondence shall refer to PHFE Project Number 2280.002 CHRP//Do Differences in Community Viral Load Explain Disparities in HIV Incidence?. No invoices will be paid until a fully executed agreement has been completed.

8. INVOICE SUBMISSION REQUIREMENTS:

- A. Documentation: Invoices shall be submitted in a format acceptable to PHFE with supporting documentation which shall be either detailed General Ledger showing where booked expenses are allocated, or copies of expense receipts.
- B. Time period covered by the invoice, current period expenditures, cumulative expenditures to date, remaining balance due for each line item in Exhibit C (Project Budget).
- C. Direct Labor -- Include salaries and wages paid for in direct performance of the contract.
- D. Fringe Benefits -- List any fringe benefits applicable to direct labor and billed as a direct cost paid for in direct performance of the contract. Fringe benefits included in indirect costs should not be identified.
- E. Equipment, Materials and Supplies -- Include equipment, materials and supplies utilized and paid for in direct performance of the contract.
- F. Consultant Fees -- List fees paid to consultants identifying consultant by name or category as set forth in the contractor's agreement.

