

**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: **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):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> New Structure(s)           |  |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

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

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 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