

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: **Mobile Clinic HIV Services Delivery**

2. Department: **Department of Public Health
Population Health Division**

3. Contact Person: **Albert Liu** Telephone: **628-217-7408**

4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$137,367**

(Year 1 Feb 01, 2024 – January 16, 2025: **\$74,432**

Feb 01, 2024 – January 16, 2025: **\$62,935**)

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

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

7a. Grant Source Agency: **The Regents of the University of California, San Francisco**

b. Grant Pass-Through Agency (if applicable): **Heluna Health**

8. Proposed Grant Project Summary:

This program increases DPH's capacity to help end the human immunodeficiency virus (HIV) epidemic amongst all people who are unhoused by refining the mobile health clinic model to better serve hard-to-reach communities, like Black and African American residents. . Given the mobility and migration of people living with HIV and those who could benefit from HIV prevention services in the Bay Area, there has been a need to develop a regional approach to our Getting to Zero efforts, and this project is an example of cross-county collaboration to develop a coordinated response to HIV in the SF Bay Area.

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

Start-Date: **02/01/2024**

End-Date: **01/16/2025**

10a. Amount budgeted for contractual services: **\$0**

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 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? **\$26,304**
b2. How was the amount calculated? **23.68% of Total Personnel Cost**

c1. 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):

c2. If no indirect costs are included, what would have been the indirect costs? **N/A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to February 1, 2024. The Department received the grant increase of \$62,935 on January 31, 2025, for the period of February 1, 2024, to January 16, 2025.

This grant does not require an ASO amendment, does not create net new positions, and partially reimburses the Department for two positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.13	02/01/2024	01/16/2025
2	2232	Senior Physician Specialist	0.24	02/01/2024	01/16/2025

Project Description: HD HIV PD211 2425 HOPE
Project ID: 10041632
Proposal ID: CTR00004306
Fund: 11580
Version ID: V101
Authority ID: 10001
Activity ID: 001

****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: 5/6/2025 | 10:11 AM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 5/9/2025 | 9:48 AM PDT

Signed by:
Jenny Louie for Daniel Tsai
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