

File Number: 240987
(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: **High-Impact HIV Prevention and Surveillance Programs for Health Departments**

2. Department: **Department of Public Health (DPH)
Population Health Division**

3. Contact Person: **Nikole Trainor** Telephone: **(628) 271-6911**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$5,701,459**

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

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**

b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:

This grant is a cooperative agreement for health departments to implement high-impact human immunodeficiency virus (HIV) prevention and surveillance programs. The purpose of this notice of funding opportunity (NOFO) is to implement a comprehensive HIV prevention and surveillance program to prevent new HIV infections and improve the health of peoples with HIV.

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

Approved Year one project: Start-Date: **08/01/2024** End-Date: **07/31/2025**

10a. Amount budgeted for contractual services: **\$856,018**

b. Will contractual services be put out to bid? **Yes.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.- Federal funding**

d. Is this likely to be a one-time or ongoing request for contracting out? **Ongoing**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$588,400** b2. How was the amount calculated? **14.964% 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 August 1, 2024. The Department had budgeted an amount of \$5,053,105 though the Annual Appropriations Ordinance File # 240595 for this grant. DPH then received a grant increase of \$648,354 on July 18, 2024, for the period of August 1, 2024, to July 31, 2025. The AL # for this grant is 93.940.

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

No.	Class	Job Title	FTE	Start Date	End Date
1	0922	Manager I	2.00	08/01/24	07/31/25
2	2589	Health Program Coordinator I	2.00	08/01/24	07/31/25
3	2591	Health Program Coordinator II	4.30	08/01/24	07/31/25
4	2593	Health Program Coordinator III	4.50	08/01/24	07/31/25
5	1825	Principal Admin Analyst II	0.10	08/01/24	07/31/25
6	2585	Health Worker I	1.00	08/01/24	07/31/25
7	2587	Health Worker III	6.50	08/01/24	07/31/25
8	1842	Management Assistant	0.50	08/01/24	07/31/25
9	2930	Behavioral Health Clinician	0.10	08/01/24	07/31/25
10	2802	Epidemiologist I	0.40	08/01/24	07/31/25
11	2803	Epidemiologist II	2.13	08/01/24	07/31/25
12	1091	IT Operations Support Admin	0.25	08/01/24	07/31/25
13	2232	Senior Physician Specialist	0.75	08/01/24	07/31/25
14	2806	Disease Control Investigator	0.75	08/01/24	07/31/25
15	2463	Senior Microbiologist	1.25	08/01/24	07/31/25
16	2416	Laboratory Technician II	1.00	08/01/24	07/31/25
17	1406	Senior Clerk	0.50	08/01/24	07/31/25
18	2328	Nurse Practitioner	0.65	08/01/24	07/31/25

Project Description: HD HIV PD90 2425 SFDPH High Impact Prevention
Project ID: 10040625
Proposal ID: CTR00003820
Fund: 11580
Version ID: V101
Authority ID: 10001
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: _____

9/26/2024 | 7:44 AM PDT

DocuSigned by:

 (Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax


(Name)

Director of Health

(Title)

Date Reviewed: _____

9/27/2024 | 12:18 PM PDT

DocuSigned by:

 Jenny Louie, COO for