





San Francisco Dept Public Health | Grants Management| Proposal Notification Form

SFDPH Staff must complete and submit this form prior to writing and submitting all grant proposals on behalf of SFDPH Population Health Division (PHD) and San Francisco Health Network. Prior approval must be obtained from the Director of the Population Health Division. Once you have submitted the form, you may set up a time to meet with PHD Director/Deputy Director to discuss your plans, if time permits. Allow 3-4 business days from the day you submit your form for the review/approval.

Describe the Grant Applicant and Application:

1)Proposal Hyperlink: www.cdc.gov/hiv/funding/announcements/ps24-0047/index.html

2)Principal Investigator/Project Director: Stephanie Cohen

2A)Phone #: 628-217-6674

3)Co-Investigator(s)/Co-Project Director: NA

3A) Phone #: NA

4)Branch: CHEP

Information about the Grant you are seeking to obtain:

5) Will this grant include any subcontracts? Yes

6) Is this a new or existing grant? New

6A) If existing grant, how many years has this grant been funded?:

7) Is this an application for supplemental funds? No

8) Is SFDPH the Lead Applicant on this Proposal? Yes

8A) If No, please specify the Lead Applicant:

9)Grant/Project Term| Start date: NA End Date: NA

10)Total Grant/Project Term of funding in years: Five (5)

11)Budget Term | Start date: 08/01/2024 End Date: 05/31/2025

12)Type of grant: Program

12A) Other Specify:

13)Funding Agency: CDC

13A) Funding Agency Other, Specify:

14) Funding Source: Federal

14A) Funding Source Other Specify:

15) Official Grant Title: High-Impact HIV Prevention and Surveillance Programs for Health Departments

16) Official Grant Number: PS24-0047

17) CDFA#:

18) Letter of Intent Due On: 02/23/2024 18A) Grant Application Due On: 04/29/2024

19) Will you need data from other PHD Branches to determine feasibility of applying for grant?

19A) If yes, please specify which branches:

19B) If yes, do you anticipate data sharing needs (ie, Sharepoint)?:

Information Technology: If your grant proposal has IT needs please obtain a preliminary estimate of IT effort/project cost from the IT Project Management Office by Submitting an IT Ticket 415-759-3577 and it will be assigned appropriately.

20) IT Plan: What type of assistance will this grant require from our Information Technology (IT) Department? Do you anticipate needed new or enhanced IT tools or services? Please provide a detailed description.

21) IT Budget: How do you plan to incorporate IT Staffing, IT equipment and other IT needs in to the grant's budget? Will the grant funding cover the costs of any IT scope? If not, how will that be funded?

22) How do you plan to collect and store protected health information or client-level data (if applicable)

Continue data management and PHI-data protection using current protocols already in place for current funding cycle

23) Overall budget to be requested: \$34,388,407

23A) Budget Amount per year: \$1st Yar 5,909,395 Years 2 to 5 7,119,753

Revised: 4/12/2017





Staffing:
24) Will new DPH Staff be hired to work on the grant? No
25) Will new Contract Staff be hired to work on the grant? No 25A) If yes, please explain why you need Contract Staff and complete number "26" below:
26) The use of contract employees is intended to be short term (no longer than 3 years). If funding for the position extends beyond the 3 years, you will be required to go through the civil service process. Please initial here to confirm that you are aware of this DPH policy. Enter your initials here:
27)If yes, to any new staff, have you identified space for the staff?: No 27A) If yes, describe your space plan:
Budget:
28) Where will this project be conducted? SFDPH Site and Other 28A) Other Site Specify:
29) What is the maximum allowable indirect that can be charged on the grant? NA %
30) What is the indirect cost rate (IDC) included in the budget for SFDPH? IDC rate of NA %
31) Does this project include outgoing subcontracts? Yes 31A) If Yes, please identify the agency(ies) that will be included as subcontractors: Heluna Health 31B) If Agency(ies) is/are unknown will an RFP be required? RFPRequired
32) PHD Infrastructure Costs are required for all new grants projects: 32A) Enter PHD Infrastructure Allocation of the total grant amount: NA 32B) If necessary enter a note on PHD Operations Allocation: NA
 33) This Grant budget includes the following circumstance (check all that apply): X a) Population Health Division infrastructure costs (*required for all new Grants/Projects) b) Program Income is anticipated c) Cost Sharing (additional approvals required) d) New or additional leased space (additional approvals required) e) Fiscal Intermediary is the lead agency that will hire all project staff, no DPH subcontract f) Matching Funds (If checked, list source and amount of matching funds):
Grant Project Description
34) Grant Application Summary (Please limit your summary and use readable font): This grant is a cooperative agreement for health departments to implement high-impact 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.
35) Major Focus of Grant: Communicable Disease
35A) If Other Describe below:

36) Select a Primary and Secondary Headline Indicator you are addressing with this grant proposal:

Number of New HIV Diagnosis

Percent of newly diagnosed with HIV who receive care

If Other, Specify reason

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37) Briefly Describe your Community-Target Population

SF residents at risk for HIV, STI, and Hep-C infections, people who seek care at Community Based Organizations (CBO's), SF resident,

38) How does this grant align with goals/objectives of the Population Health Division? (see PHD Strategic Map)

The goals of this project align with the goals/objectives of the Division in seeking to reduce disease burden and health disparities.

The goals of this project align with the goals/objectives of the Division in seeking to reduce disease burden and health disparities. ARCHES will provide surveillance data that will help CHEP funded programs to address increasing HIV, STI,

and Hep-C, rates informing ongoing work to address particularly high rates among POC, MSM, and homeless

The goals of PS24-0047 align with the goals/objectives of CHEP and ARCHES because it is critical to our mission to conduct promote health equity and surveillance in San Francisco to ensure that we are aware of changing epidemiology and outbreaks, enabling us to track trends in groups experiencing high rates of HIV, STIs, and Hep-C and inform efforts to minimize health disparities.

- 40) Internal Collaborators: Are there other Branches within the division or the department that could potentially be included in this application? Yes
- 40A) If Yes, list the Branch(es) and describe their potential role(s)?

ARCHES has been a strong partner of CHEP sexual Health prevention efforts and will continue to provide data

- 41) Sustainability: Do you plan to sustain the grant activities once the funding for this project ends? Yes
- 41A) If yes, describe your sustainability plans. Be sure to discuss any plans to retain grant funded employees after this grant ends. After grant ends CHEP will continue to search for funding opportunities that will allow for continued support of the HIV, STI, Hep-C and overdose prevention efforts in San Francisco.

Letter of Support

Yes

- 42) Will you need a letter of support from the DPH Director?
- 42A) If yes, complete a Letter of Support Request Form and attach to this request.
- 42B) Enter the Date you need the Letter: 04/22/2024

For Office of Operations, Fir	nance and Grants Management Use Only
43) Date Proposal Notification Form Received: 3/8/2	024 2:28:21 PST
44) Request to submit proposal approved: Approved	ES DS
45) If approved, PHD Director's signature is required:	
Signature: Daisy Laullo Dat	te:

Any Other Grants Support you may need?

no additional comments

NA

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