

1) Proposal Hyperlink:

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| 1. | PS-24-0047 Announcements Funding HIV/AIDS CDC |
| 2. Principal Investigator/Project Director | Nyisha Underwood |
| 2a. Phone Number | 628-217-6293 |
| 3. Co-Investigator(s)/Project Director: | Stephanie Cohen: DPC Phone #: 628-217-6674 Sharon Pipking: ARCHES Phone # 628-217-6254 |
| 3a. Phone Number | |
| 4. Branch | PHD |
| 5. Will this grant include 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: | NA |
| 9. Grant/Project Term Start date: End Date: | 08/01/2024-05/31/2029 |
| 10. Total Grant/Project Term of funding in years: | Five (5) years |
| 11. Budget Term Start date: End Date: | 08/01/2024-05/31/2029 |
| 12. Type of Grant: | Program/Cooperative Agreement |
| 12a. Other, Specify: | |
| 13. Funding Agency | CDC |
| 13a. Funding Agency Other, Specify | NA |
| 14. Funding Source: | Federal |
| 14a. Funding Source Other, Specify | NA |
| 15. Official Grant Title: | Notice of Funding Opportunity PS24-0047: High-Impact HIV Prevention and Surveillance Programs for Health Departments |
| 16. Official Grant Number: | PS24-0047 |
| 17. CDAF # | |
| 18. Letter of Intent Due On: | Although not required, the LOI due date is Friday, February 23, 2024 |

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| 18a. Grant Application Due On: | Applications are due April 29, 2024, by 11:59 p.m. U.S. Eastern Time |
| 19. Will you need data from other PHD Branches to determine feasibility of applying for grant? | NO |
| 19a. If yes, please specify which branches: | NA |
| 19b. If yes, do you anticipate data sharing needs (ie, Sharepoint)?: | NA |
| 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. | NO |
| 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? | Continue data management and PHI-data protection using current protocols already in place for current funding cycle |
| 22. How do you plan to collect and store protected health information or client-level data (if applicable) | |
| 23. Overall budget to be requested: | 34,388,407 |
| 23a. Budget Amount per year: | 1 st year 5,909,395 Years 2 to 5 7,119,753 |
| 24. Will new DPH Staff be hired to work on the grant? | NO |

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| 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 26 a 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?: | NA |
| 27a. If yes, describe your space plan: Budget: | NA |
| 28. Where will this project be conducted? | |
| 28a. Other Site Specify: | Funded Community Based Organizations CBOs |
| 29. What is the maximum allowable indirect that can be charged on the grant? % | |
| 30. What is the indirect cost rate (IDC) included in the budget for SFDPH? IDC rate of % | |
| 31. Does this project include outgoing subcontracts? | YES |
| 31A. If Yes, please identify the agency(ies) that will be included as subcontractors: | Heluna Health |
| 32. If Agency(ies) is/are unknown will an RFP be required? | NO |
| 33. | |
| 34. Grant Project Description | 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. |

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| <p>35. Major Focus of Grant:</p> | <p>The NOFO aligns with CDC’s Division of HIV Prevention (DHP) strategic focus areas to bolster community engagement, health equity, syndemic and whole-person approaches to HIV prevention.</p> |
| <p>36. Select a Primary and Secondary Headline Indicator you are addressing with this grant proposal</p> | <p>Number of new HIV, STI, and Hep-C diagnoses Percent of newly HIV, STI, HepC diagnosis who receive care</p> |
| <p>37. Briefly Describe your Community-Target Population</p> | <p>SF residents at risk for HIV, STI, and Hep-C infections, people who seek care at Community Based Organizations (CBO’s), SF resident, People experiencing Homelessness youth and BIPOC communities</p> |
| <p>38. How does this grant align with goals/objectives of the Population Health Division? (see PHD Strategic Map)</p> | <p>The goals of this project align with the goals/objectives of the Division in seeking to reduce disease burden and health disparities.</p> <p>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 persons of color, men who have sex with men, and homeless.</p> |
| <p>39. How does this grant align with goals/objectives of your Branch/Unit?</p> | <p>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.</p> |
| <p>40. Internal Collaborators: Are there other Branches within the division or the department that could potentially be included in this application?</p> | <p>ARCHES DPC CHEP</p> |
| <p>40a. If Yes, list the Branch(es) and describe their potential role(s)?</p> | |
| <p>41. Sustainability: Do you plan to sustain the grant activities once the funding for this project ends?</p> | |
| <p>41a. If yes, describe your sustainability plans. Be sure to discuss</p> | |

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| any plans to retain grant funded employees after this grant ends. | |
| 42.) Will you need a letter of support from the DPH Director? | YES |
| 42a. If yes, complete a Letter of Support Request Form and attach to this request. | |
| 42b. Enter the Date you need the Letter: For Office of Operations, Finance and Grants Management Use Only | |
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