

File No. 230028

Committee Item No. 7

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date February 1, 2023

Board of Supervisors Meeting Date \_\_\_\_\_

#### Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter
- Application
- Public Correspondence

#### OTHER (Use back side if additional space is needed)

- Funding Allocations
- Workplan and Progress Report
- Spending Plan and Expenditure Report
- Direct Allocation Letter 10/7/2022
- DPH Presentation 2/1/2023
- DPH Statement on Retroactivity 1/26/2023
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Completed by: Brent Jalipa Date January 26, 2023

Completed by: Brent Jalipa Date \_\_\_\_\_

1 [Accept and Expend Grant - Retroactive - California Department of Public Health - Monkeypox  
2 Response Funding Award Number MPX-012 City & County of San Francisco - \$1,616,252]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$1,616,252 from the California Department of Public**  
5 **Health for participation in a program, entitled “Monkeypox Response Funding Award**  
6 **Number MPX-012 City & County of San Francisco,” for the period of July 1, 2022,**  
7 **through June 30, 2023.**

8  
9 WHEREAS, The California Department of Public Health (CDPH) has agreed to fund  
10 the Department of Public Health (DPH) in the amount of \$1,616,252 for participation in a  
11 program, entitled “Monkeypox Response Funding Award Number MPX-012 City & County of  
12 San Francisco,” for the period of July 1, 2022, through June 30, 2023; and

13 WHEREAS, The grant funding will provide Public Health Laboratory (PHL) with  
14 necessary equipment and supplies to support the ongoing Human Monkeypox Virus (MPX)  
15 response and testing of other communicable diseases; and

16 WHEREAS, DPH will coordinate and plan vaccination locations within the most  
17 vulnerable and impacted neighborhoods, including the integration of MPX vaccine into the  
18 neighborhood sites as appropriate and dictated by community feedback, need and data; and

19 WHEREAS, DPH will issue communications on black, indigenous and people of color  
20 (BIPOC) or Latinx local-radio stations and bus ads along bus routes that intersects low-  
21 income neighborhoods that are most vulnerable and impacted by MPX; and

22 WHEREAS, DPH will provide oversight, pharmacist support and logistics management  
23 for supplying and distributing MPX vaccines and treatment in SF; and

24 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and  
25

1           WHEREAS, The grant partially reimburses DPH for nineteen existing positions, one  
2 Senior Information System Business Analyst (Job Class No. 1053) at 0.09 FTE, one Senior  
3 Personnel Analyst (Job Class No. 1244) at 0.13 FTE, one Administrative Analyst (Job Class  
4 No. 1822) at 0.13 FTE, one Principal Administrative Analyst (Job Class No. 1824) at 0.54  
5 FTE, one Storekeeper (Job Class No. 1934) at 0.13 FTE, one Senior Physician Specialist  
6 (Job Class No. 2232) at 0.52 FTE, one Pharmacist (Job Class No. 2450) at 0.21 FTE, one  
7 Supervising Pharmacist (Job Class No. 2453) at 0.19 FTE, three Health Worker IV (Job Class  
8 No. 2588) at 1.45 FTE, three Health Program Coordinator II (Job Class No. 2591) at 1.14  
9 FTE, four Health Program Coordinator III (Job Class No. 2593) at 1.67 FTE, and one Special  
10 Nurse (Job Class No. P103) at 0.25 FTE; and

11           WHEREAS, A request for retroactive approval is being sought because DPH received  
12 the award letter on October 7, 2022, for a project start date of July 1, 2022; and

13           WHEREAS, The Department proposes to maximize use of available grant funds on  
14 program expenditures by not including indirect costs in the grant budget; now, therefore, be it

15           RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in  
16 the grant budget; and, be it

17           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
18 expend a grant in the amount of \$1,616,252 from the CDPH; and, be it

19           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
20 expend the grant funds pursuant to Administrative Code, Section 10.170-1.

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1 Recommended:  
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3 \_\_\_\_\_ /s/

Approved: \_\_\_\_\_ /s/  
Mayor

4 Dr. Grant Colfax  
5 Director of Health

Approved: \_\_\_\_\_ /s/  
Controller

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**POPULATION HEALTH DIVISION**  
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

# Monkeypox (Mpox) Response Funding Award from CDPH to SFDPH

February 1, 2023

# Grant funds support essential functions of SF's mpox response:

- **Lab Support:** Provide PHL with necessary equipment and supplies for testing
- **Vaccine Supply Management:** Support the oversight and logistics for supplying and distributing mpox vaccines in SF.
- **Vaccination in the Community:** Support the planning, coordination, and implementation of vaccination sites based on epidemiological data, community feedback, and equity
- **Communication with the public:** Support development and implementation of radio ads with reach to BIPOC and Latinx SF residents, and support bus ads along routes that intersect low-income neighborhoods.
- **Staffing:** Support reimbursement of key existing positions that were involved in the response efforts.

# Reason for retroactivity

- On October 7, 2022, SFDPH received the award letter from CDPH for a project start date of July 1, 2022

**File Number:** 230028  
(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: **Monkeypox Response Funding Award Number MPX-012 City & County of San Francisco**

2. Department: **Department of Public Health  
Emergency Preparedness Office**

3. Contact Person: **Eduardo Sida** Telephone: **628-217-6322**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$1,616,252**

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

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

7a. Grant Source Agency: **California Department of Public Health**

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

8. Proposed Grant Project Summary: **Provide Public Health Laboratory (PHL) with necessary equipment and supplies to support the ongoing Human Monkeypox Virus (MPX) response and testing of other communicable diseases. Purchase items for PHL, to support efforts and build capacity to diagnose, test, and upload data from Electronic Laboratory Reporting (ELR) for surveillance of MPX and other communicable diseases. Provide courier services for PHL to collect and deliver MPX samples from sites to state lab. Courier service to transport and deliver samples in a safe, efficient, and timely way between testing sites, PHL, and state laboratories for MPX diagnosis and sample confirmation to rule out false negatives. Partner with community organizations and leaders to provide vaccination opportunities and education at high-risk venues for the communities most impacted. Bring vaccinations to where the people are by leveraging mobile vaccination teams and vaccine vendors. Coordination and planning of vaccination locations within the most vulnerable and impacted neighborhoods, including the integration of MPX vaccine into the neighborhood sites as appropriate and dictated by community feedback, need and data. Utilize self-registration and data collection system for accurate and timely aggregation of data from each vaccination site/event. Looker dashboard allows for team to assess and derive timely statistics including demographic and vaccine uptake numbers for planning and evaluation of the neighborhood vaccine strategy. Communications on black, indigenous and people of color (BIPOC) or Latinx local-radio stations and bus ads along bus routes that intersects low-income neighborhoods that are most vulnerable and impacted by MPX. Information and Guidance team generates information, conducts research/review of existing guidance to help inform policy and operations, such as minor consent policy. Oversight, pharmacist support and logistics management for supplying and distributing MPX vaccines and treatment in SF. Carrying out case investigation (CI) and contact tracing (CT) for MPX CI/CT Section of the Operations Branch.**



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

Start-Date: **July 1, 2022**End-Date: **June 30, 2023**10a. Amount budgeted for contractual services: **\$287,909**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? **One-time**11a. Does the budget include indirect costs?  Yes  Nob1. If yes, how much? \$ **N.A.**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:

**The grant does not require an ASO amendment and partially reimburses the department for the existing positions:**

No.	Job Title	Class	FTE	Start Date	End Date
1	Community Branch Logistics Support (Lucy Arellano)	2593	0.50	7/1/2022	6/30/2023
2	HR Analyst (Ruigie Arevalo)	1244	0.13	7/1/2022	6/30/2023
3	Nurse Manager (Joseph Clement)	P103	0.25	7/1/2022	6/30/2023
4	Community Event Coordinator (Darlene Daevu)	1824	0.54	7/1/2022	6/30/2023
5	Supply Team Lead - Storekeeper (Angel Erazo)	1934	0.13	7/1/2022	6/30/2023
6	Vaccine Operations & Neighborhood Sites Coordinator (Rachell Evans)	2588	0.54	7/1/2022	6/30/2023
7	Associate MHOAC (Elena Gutierrez)	2591	0.17	7/1/2022	6/30/2023
8	Health Worker IV (Luis Hernandez)	2588	0.37	7/1/2022	6/30/2023
9	Operations Section Chief (Julia Janssen)	2232	0.52	7/1/2022	6/30/2023
10	Info & Guidance Content Generator (Cynthia Madonna)	2591	0.43	7/1/2022	6/30/2023
11	Resource and Supply Unit Leader (Patrick Pacleb)	1822	0.13	7/1/2022	6/30/2023
12	Supervising Pharmacist (Jonathan Parducho)	2453	0.19	7/1/2022	6/30/2023
13	Data/QI Management Analyst (Kiana Said)	2593	0.23	7/1/2022	6/30/2023
14	Pharmacist (Yewande Samuel)	2450	0.21	7/1/2022	6/30/2023
15	Vaccine Operations Coordinator(Christina Sanz- Rodriguez)	2588	0.54	7/1/2022	6/30/2023
16	Catalogue & Dissemination Coordinator (Sandra Scott)	2591	0.54	7/1/2022	6/30/2023
17	Senior Vaccine Site Operations Coordinator/Health Program Coordinator III (Lauren Stiger)	2593	0.54	7/1/2022	6/30/2023
18	Info and Guidance Branch Director (Melissa Ta)	2593	0.40	7/1/2022	6/30/2023
19	Personnel Analyst (Brandon Tong)	1053	0.09	7/1/2022	6/30/2023

**We respectfully request for approval to accept and expend these funds retroactive to July 1, 2022. The Department received the award letter on October 7, 2022.**

**Equipment will require tracking per grantor and will not need capitalization.**

**Project Description: HD EPR PD182 FY2223 Monkeypox Response**

**Project ID: 10039570**  
**Proposal ID: CTR00003337**  
**Fund ID: 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: 12/8/2022 | 5:10 PM PST

DocuSigned by:  
Toni Rucker  
A64292F7331F44D...  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 12/16/2022 | 9:43 AM PST

DocuSigned by:  
Greg Wagner  
28527524752949F...  
(Signature Required)

Greg wagner, COO for

**Final Allocations - MPX Local Assistance**

9/16/2022

**Funding Formula Used for Non-Laboratory Allocations:** 50% based on MPX cases, 25% based on male early syphilis cases, 25% based on population in poverty.<sup>1</sup>

<b>Local Health Jurisdiction<sup>2</sup></b>	<b>Laboratory Allocation</b>	<b>Total Non-Laboratory Allocation</b>	<b>Total to LHJ</b>
Alameda HD	55,556	595,549	<b>651,105</b>
Contra Costa	55,556	355,678	<b>411,234</b>
Humboldt	55,556	-	<b>55,556</b>
Long Beach	55,556	395,221	<b>450,777</b>
Los Angeles HD	55,556	5,299,186	<b>5,354,742</b>
Monterey	55,556	-	<b>55,556</b>
Orange	55,556	858,314	<b>913,870</b>
Riverside	55,556	926,572	<b>982,128</b>
Sacramento	55,556	595,888	<b>651,444</b>
San Bernardino	55,556	628,690	<b>684,246</b>
San Diego	55,556	1,178,313	<b>1,233,869</b>
San Francisco	55,556	1,560,696	<b>1,616,252</b>
San Joaquin	55,556	-	<b>55,556</b>
San Luis Obispo	55,556	-	<b>55,556</b>
San Mateo	-	287,625	<b>287,625</b>
Santa Clara	55,556	568,260	<b>623,816</b>
Shasta	55,556	-	<b>55,556</b>
Sonoma	55,556	-	<b>55,556</b>
Tulare	55,556	-	<b>55,556</b>
<b>Total</b>	<b>1,000,008</b>	<b>13,249,992</b>	<b>14,250,000</b>

1 - MPX cases as of 9/13/2022. Male early syphilis cases reported for 2019. Population in poverty based on 2020 U.S. Census percent in poverty x 2021 Department of Finance population estimates.

2 - Alameda HD does not include City of Berkeley. Los Angeles HD does not include Cities of Pasadena or Long Beach. LHJs not listed were not allocated funds.

**MONKEYPOX RESPONSE FUNDING**  
**Public Health Lab (PHL) and Local Health Department (LHD)**  
**Workplan & Progress Report**

**INSTRUCTIONS**

1. **The MPX Workplan is due on or before October 26,2022 by COB**
  - a. The workplan should be emailed to **EmergencyFunding@cdph.ca.gov**
  - b. Enter the name of the LHD on the top of the page on each tab.
  - c. Each LHD only needs to develop a workplan for the areas that were funded. For example, if the LHD was only funded for laboratory work, only the PHL Support tab needs to be completed. If the LHD was funded for both PHL Support and vaccination and treatment support then each tab needs to be completed.
  
2. **Progress reports are due quarterly.**
  - a. Progress reports are due quarterly following the due dates within your Allocation Letter.
  - b. The progress report is entered on every tab of the spreadsheet beginning on Column E.
  - c. The progress report should be emailed by the due date to **EmergencyFunding@cdph.ca.gov**
  
3. **Activity Tabs**
  - a. There are 3 main activities - Public Health Lab, Vaccination, and Treatment.
  - b. Please enter the name of the LHD at the top of the page on each tab.
  - c. Enter data into unshaded areas only.
  - d. Please add additional milestones as necessary.

# CDPH - MPX Response Funding

Local Health Jurisdiction Name:

## Activity 1 - Public Health Laboratory (PHL) Support

**Activity 1 Actions and Deliverables: Support efforts to diagnose, manage, and report data regarding persons with MPX through:**

- A. Laboratory testing of MPX diagnostic specimens, either directly or through partner labs.

<b>Activity 1 - Milestone 1</b>	<b>Activity 1: PHL Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 1 - Milestone 2</b>	<b>Activity 1: PHL Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	<b>Implementation Plan</b> <i>(Bulleted items or brief sentences)</i>	
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 1 - Milestone 3</b>	<b>Activity 1: PHL Support.</b>	
	Planned Activity (Provide a title for this milestone)	
	<b>Implementation Plan</b> (Bulleted items or brief sentences)	
	<b>Expected Achieve By Date</b> (select from drop down)	

<b>Activity 1 - Milestone 4</b>	<b>Activity 1: PHL Support.</b>	
	Planned Activity (Provide a title for this milestone)	
	<b>Implementation Plan</b> (Bulleted items or brief sentences)	
	<b>Expected Achieve By Date</b> (select from drop down)	

<b>Activity 1 - Milestone 5</b>	<b>Activity 1: PHL Support.</b>	
	Planned Activity (Provide a title for this milestone)	
	Implementation Plan (Bulleted items or brief sentences)	

	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	



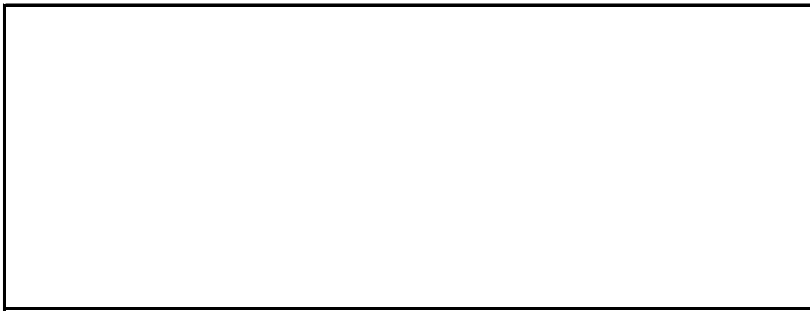
<b>YR1/Q1 Progress Update (7/1/22 - 9/30/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q1 Progress Update (7/1/22 - 9/30/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q1 Progress Update (7/1/22 - 9/30/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q1 Progress Update (7/1/22 - 9/30/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q1 Progress Update (7/1/22 - 9/30/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.



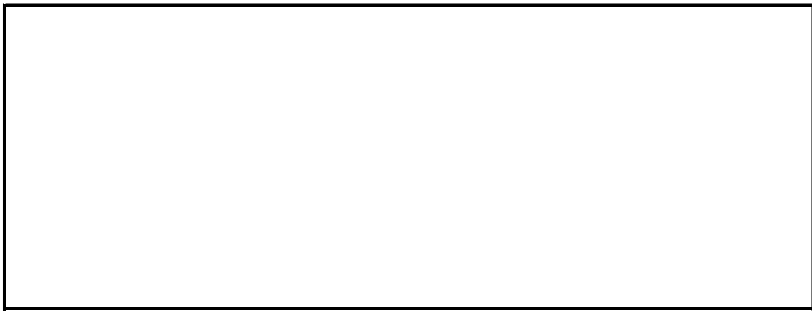
<b>YR1/Q2 Progress Update (10/1/22 - 12/31/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q2 Progress Update (10/1/22 - 12/31/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q2 Progress Update (10/1/22 - 12/31/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q2 Progress Update (10/1/22 - 12/31/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q2 Progress Update (10/1/22 - 12/31/22)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.



<b>YR1/Q3 Progress Update (1/1/23 - 3/31/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

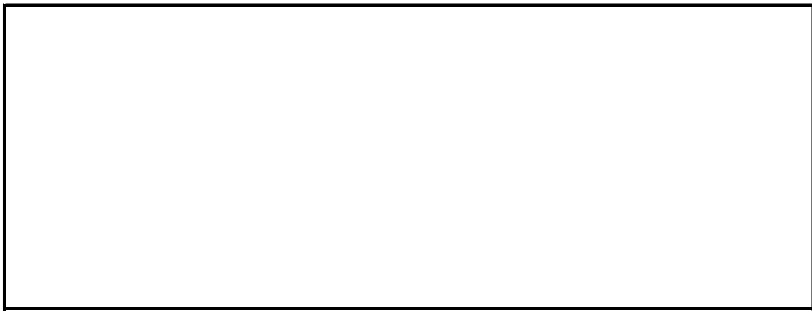
<b>YR1/Q3 Progress Update (1/1/23 - 3/31/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q3 Progress Update (1/1/23 - 3/31/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q3 Progress Update (1/1/23 - 3/31/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q3 Progress Update (1/1/23 - 3/31/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.





<b>YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

<b>YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)</b>
<b>Progress Status:</b> (Select from drop down)
<b>Briefly</b> describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

**YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)**

**Progress Status:**  
(Select from drop down)

**Briefly** describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

**YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)**

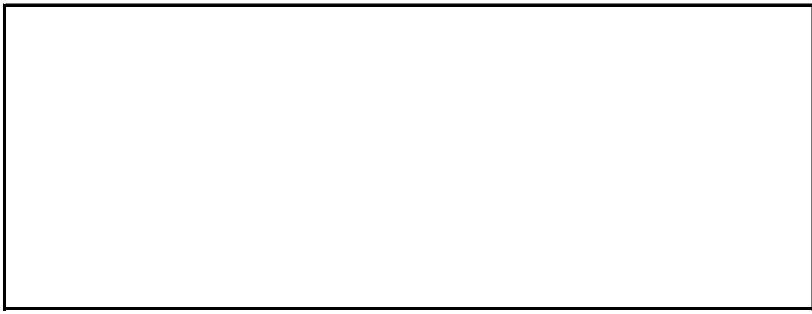
**Progress Status:**  
(Select from drop down)

**Briefly** describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.

**YR1/Q4 FINAL Progress Update (4/1/23 - 6/30/23)**

**Progress Status:**  
(Select from drop down)

**Briefly** describe progress to date and challenges that might affect your ability to complete this milestone in the expected timeframe.



## CDPH - MPX Response Funding

Local Health Jurisdiction Name:

**Activity 2 - Vaccination Support: Local Health Department (LHD)**  
**vaccination support should include efforts to advance equity and reach groups who are eligible for vaccination but underrepresented among those receiving vaccine.**

**Activity 2 Actions and Deliverables: Support efforts to diagnose, manage, and report data regarding persons with MPX through:**

- A. Providing tecovirimat to MPX patients, as appropriate.
- B. Supporting community provider efforts to make tecovirimat available.
- C. Collecting and reporting surveillance data to CDPH/CAIR.

<b>Activity 2 - Milestone 1</b>	<b>Activity 2: Vaccination Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	
	Expected Achieve By Date <i>(select from drop down)</i>	

<b>Activity 2 - Milestone 2</b>	<b>Activity 2: Vaccination Support.</b>
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<b>Milestone 2</b>	Planned Activity (Provide a title for this milestone)	
	<b>Implementation Plan</b> (Bulleted items or brief sentences)	
	<b>Expected Achieve By Date</b> (select from drop down)	

<b>Activity 2 - Milestone 3</b>	<b>Activity 2: Vaccination Support.</b>	
	Planned Activity (Provide a title for this milestone)	
	<b>Implementation Plan</b> (Bulleted items or brief sentences)	
	<b>Expected Achieve By Date</b> (select from drop down)	

<b>Activity 2 - Milestone 4</b>	<b>Activity 2: Vaccination Support.</b>	
	Planned Activity (Provide a title for this milestone)	
	<b>Implementation Plan</b> (Bulleted items or brief sentences)	

	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 2 - Milestone 5</b>	<b>Activity 2: Vaccination Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleated items or brief sentences)</i>	
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

## CDPH - MPX Response Funding

Local Health Jurisdiction Name:

**Activity 3 - Treatment Support: Local Health Department (LHD) treatment support should include efforts to advance equity and reach groups who are eligible for treatment but underrepresented among those receiving treatment.**

**Activity 3 Actions and Deliverables: LHD treatment support should include efforts to advance equity and reach groups who are eligible for treatment but underrepresented among those receiving treatment.**

- A. Provide information to the public and/or highest risk populations such as gay, bisexual, trans, and other men who have sex with men regarding prevention of MPX.
- B. Carrying out or supporting community partners to conduct public outreach efforts to share prevention and harm reduction measures and encourage vaccination of eligible persons.
- C. Implement disease control activities including: Supporting isolation of persons with MPX through: Supporting temporary housing, and providing other resources to facilitate isolation; Educating health care providers about MPX; Carrying out case investigation and contact tracing in high priority situations; and Referring exposed persons for PEP.

<b>Activity 3 - Milestone 1</b>	<b>Activity 3: Treatment Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	



	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	
--	---	--

<b>Activity 3 - Milestone 2</b>	<b>Activity 3: Treatment Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	<b>Implementation Plan</b> <i>(Bulleted items or brief sentences)</i>	
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 3 - Milestone 3</b>	<b>Activity 3: Treatment Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	<b>Implementation Plan</b> <i>(Bulleted items or brief sentences)</i>	
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 3 - Milestone 4</b>	<b>Activity 3: Treatment Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	<b>Implementation Plan</b> <i>(Bulleted items or brief sentences)</i>	

	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

<b>Activity 3 - Milestone 5</b>	<b>Activity 3: Treatment Support.</b>	
	Planned Activity <i>(Provide a title for this milestone)</i>	
	Implementation Plan <i>(Bulleed items or brief sentences)</i>	
	<b>Expected Achieve By Date</b> <i>(select from drop down)</i>	

## Local MPX Response Spend Plan - Attachment #3 Spend Plan Instructions

### Personnel

Position Title	Please include the title of the position within this cell. If incumbent is, please also include their name. If unknown, Vacant.
Annual Salary	The annual salary should be the employee's true annual s
Budgeted Months	Please indicate the number of months the employee is pr
FTE %	The FTE % will auto-populate based on the number of mo
Total Salary	The Total Salary will auto-populate based on the Annual S
Benefit Rate	Please indicate the percentage Benefit Rate for each posi
Total Benefits	The Total Benefits will auto-populate based on the Total S
Combined Salary and Benefits	The Combined Salary and Benefits will auto-populate bas

### Supplies

General office supplies may be shown by an estimated an the number of months in this budget category. Major sup should be justified and related to specific program object Provide justification and relate it to specific program obje

### Travel

Provide details of what the travel is intended to accompli committees, review panels, etc.).  
Include details such as airfare, mileage, hotel, per diem, e  
Provide justification for both in-state and out-of-state tra

### Equipment

Useful life of more than one year AND a cost of  $\geq$ \$5,000 p maintenance costs in budget. Provide justification which i relationship to the specific program objectives.

**Other**

Contains items not included in previous budget categories which includes the use and relationship to the specific project unit cost and quantities when applicable.

**Subcontracts:**

Include the Subcontractor name(s) if known or you can provide need to provide a brief description of the work they will perform tie your Subcontractors to the Activity within your Workplan

**Total Direct Costs**

Direct Costs include:

Combined total of Personnel, Supplies, Travel, Equipment and Subcontracts.

**Indirect Cost**

Please enter your Indirect Cost Rate (ICR) percentage with the amount that your ICR should calculate from; this is not Total Direct Costs. Your Agency has an approved rate on file

[REDACTED]  
ou know who the  
, please indicate TBD or

alary regardless of their

ojected to work. The term

onths the employee is

Salary and FTE % the

tion.

Salary and Benefit Rate %

ed on the Total Salary +

[REDACTED]  
nount per month times  
ply items (<\$5,000)  
ives and personnel.  
ctives.

[REDACTED]  
sh. (e.g., advisory

etc.

vel.

[REDACTED]  
per unit. Consider  
includes the use and

[REDACTED]  
s. Provide justification  
rogram objectives. Give

[REDACTED]  
ut TBD; and you will also  
perform. If possible, please  
plan.

[REDACTED]  
t, Other, and

[REDACTED]  
hin cell E138. Please enter  
ormally Total Personnel or  
file with CDPH.

**Attachment #3**  
**Public Health Laboratory MPX**  
**Spend Plan**

<b>Public Health Laboratory:</b>	<b>San Francisco</b>
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	Position Title*	Annual Salary	Budgeted Months (1-12) Months	FTE %
1				0%
2				0%
3				0%
4				0%
5				0%
6				0%
50				0%

**Total Personnel**

<b>Supplies</b>
-----------------

1	MPX test reagent
2	Dry Ice
3	PPE and other supplies
4	
5	
6	
7	
8	
9	
10	

<b>Travel</b>
---------------

In-State	
Out-of-State	

<b>Equipment</b>
------------------

1	Microscope
2	Biosafety cabinet
3	
4	
5	
6	
7	
8	
9	
10	

<b>Other</b>
--------------

1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Subcontracts:**

1	Courier Services
2	
3	
4	
5	
6	
7	
8	
9	
10	

**Indirect Cost** (% of Total Personnel or Total Direct Costs)

<b>[enter description here]</b>	\$	-	0%
---------------------------------	----	---	----

*\*Personnel supported with this funding should not duplicate efforts across grants; exceed 1.0 FTE*



**Response**

Total Salary	Benefit Rate	Total Benefits	Combined Salary and Benefits
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
\$ -		\$ -	\$ -
			\$ 7,699.37
			\$ 2,000.00
			\$ 11,856.63
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		<b>Total Supplies</b>	<b>\$ 21,556.00</b>
			\$ -
			\$ -
		<b>Total Travel</b>	<b>\$ -</b>
			\$ 10,000.00
			\$ 16,000.00
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		<b>Total Equipment</b>	<b>\$ 26,000.00</b>

	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Other</b>	<b>\$ -</b>
	\$ 8,000.00
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Total Subcontracts</b>	<b>\$ 8,000.00</b>
<b>Total Direct Costs</b>	<b>\$ 55,556.00</b>
	\$ -
<b>Total Indirect</b>	<b>\$ -</b>
<b>TOTAL BUDGET</b>	<b>\$ 55,556.00</b>

≡ across all funding sources.

**Attachme  
Local Health Departme  
Spend P**

<b>Local Health Department:</b>	<b>San Francisco</b>
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	Position Title*	Annual Salary	Budgeted Months (1-12) Months
1	Community Branch Logistics Support (Lucy Arellano)	\$ 131,868.15	6.00
2	HR Analyst (Ruigie Arevalo)	\$ 121,102.61	1.50
3	Nurse Manager (Joseph Clement)	\$ 259,179.17	3.05
4	Community Event Coordinator (Darlene Daevu)	\$ 152,302.61	6.46
5	Supply Team Lead - Storekeeper (Angel Erazo)	\$ 84,558.55	1.62
6	Vaccine Operations & Neighborhood Sites Coordinator (Rachell Evans)	\$ 113,721.30	6.46
7	Associate MHOAC (Elena Gutierrez)	\$ 101,683.88	2.08
8	Health Worker IV (Luis Hernandez)	\$ 118,802.09	4.48
9	Operations Section Chief (Julia Janssen)	\$ 289,426.99	6.24
10	Info & Guidance Content Generator (Cynthia Madonna)	\$ 107,858.21	5.22
11	Resource and Supply Unit Leader (Patrick Pacleb)	\$ 96,333.27	1.62
12	Supervising Pharmacist (Jonathan Parducho)	\$ 204,963.59	2.31
13	Data/QI Management Analyst (Kiana Said)	\$ 138,852.71	2.77
14	Pharmacist (Yewande Samuel)	\$ 167,945.17	2.54
15	Vaccine Operations Coordinator(Christina Sanz-Rodriguez)	\$ 92,019.39	6.46
16	Catalogue & Dissemination Coordinator (Sandra Scott)	\$ 120,110.37	6.46
17	Senior Vaccine Site Operations Coordinator/Health Program Coordinator III (Lauren Stiger)	\$ 116,208.06	6.46
18	Info and Guidance Branch Director (Melissa Ta)	\$ 120,768.27	4.75
19	Personnel Analyst (Brandon Tong)	\$ 120,991.48	1.04
50			
<b>Tot</b>			
<b>Supplies</b>			
1	HEPA Filters and replacement filters		
2	Collection kits		
3	PPE		
4			
5			
6			
7			
8			
9			



<b>Subcontracts:</b>
1 Vaccine Vendor - BayPLS
2 Vaccine Registration System Vendor - Primary Health
3 Vaccine Vendor - Visit Health
4 Courier Services
5
6
7
8
9
10
11
12
13
14
15
16
<b>Indirect Cost (% of Total Personnel <u>or</u> Total Direct Costs)</b>
<b>[enter description here]</b>   \$ -

*\*Personnel supported with this funding should not duplicate efforts across grants; exceed 1*





<b>Total Other</b>		<b>\$ 17,000.00</b>
		\$ 74,803.00
		\$ 91,405.00
		\$ 113,001.00
		\$ 700.00
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
<b>Total Subcontracts</b>		<b>\$ 279,909.00</b>
<b>Total Direct Costs</b>		<b>\$ 1,560,696.00</b>
0%		\$ -
<b>Total Indirect</b>		<b>\$ -</b>
<b>TOTAL BUDGET</b>		<b>\$ 1,560,696.00</b>

1.0 FTE across all funding sources.



<b>Local Health Department:</b>	San Fr
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<b>Total LHD Allocation:</b>	<b>\$ 1,560,696</b>
<b>Total PHL Allocation:</b>	<b>\$ 55,556</b>
<b>Combined LHD &amp; PHL Allocation:</b>	<b>\$ 1,616,252</b>

<b>Budget</b>		
<b>Budget Category</b>	<b>Budgeted Amount</b>	<b>July 2022</b>
<b>Personnel</b>	\$ 1,236,487	
<b>Supplies</b>	\$ 48,856	
<b>In State Travel</b>	\$ -	
<b>Out of State Travel</b>	\$ -	
<b>Equipment</b>	\$ 26,000	
<b>Other Costs</b>	\$ 17,000	
<b>Subcontracts</b>	\$ 287,909	
<b>Total Direct Costs</b>	\$ 1,616,252	\$ -
<b>Total Indirect Costs</b>	\$ -	\$ -

	<b>Budget</b>	<b>Expenditures</b>
<b>Totals</b>	<b>\$ 1,616,252</b>	<b>\$ -</b>

1st Quarter			
August 2022	September 2022	Y1.Q1 Total	October 2022
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
		\$ -	
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

<b>Balance</b>
<b>\$ 1,616,252</b>

ancisco

Year 1 Quarterly Expenditure Report				
2nd Quarter			3rd Q	
November 2022	December 2022	Y1.Q2 Total	January 2023	February 2023
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
		\$ -		
\$ -	\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -	\$ -

Quarter		4th Quarter	
March 2023	Y1.Q3 Total	April 2023	May 2023
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
	\$ -		
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

--	--	--

		Balance
er		
June 2023	Y1.Q4 Total	
	\$ -	\$ 1,236,486.88
	\$ -	\$ 48,856.12
	\$ -	\$ -
	\$ -	\$ -
	\$ -	\$ 26,000.00
	\$ -	\$ 17,000.00
	\$ -	\$ 287,909.00
\$ -	\$ -	\$ 1,616,252.00
\$ -	\$ -	\$ -




TOMÁS J. ARAGÓN, M.D., Dr.P.H.  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

October 7, 2022

Dr. Susan Philip  
Health Officer  
City & County of San Francisco  
101 Grove Street, Room 308  
San Francisco, CA 94102

**Authority:**

Assembly Bill No. 179 - CHAPTER 249

Monkeypox State of Emergency, as proclaimed on  
August 1, 2022

**Monkeypox Response Funding  
Award Number MPX-012  
City & County of San Francisco**

Dear Dr. Susan Philip:

This letter covers the reimbursement for purposes related to the monkeypox (MPX) state of emergency, as proclaimed on August 1, 2022. This funding is intended to aid in the distribution of MPX vaccines, tests, outreach and education, and treatments, as applicable, to communities most at risk, including marginalized and disadvantaged communities. As of September 23, 2022, California has 4,886 reported cases of MPX. Funding for these activities is covered for the period **July 1, 2022 to June 30, 2023**. The California Department of Public Health (CDPH) is allocating **\$1,616,252** to **City & County of San Francisco**.

**Funding Formula and Allocation:**

CDPH is allocating \$14,250,000 to Local Health Departments (LHDs) (*Attachment 1*) with 50 or more positive cases as of September 16, 2022 within their jurisdiction as well as to each LHD with a local public health laboratory performing, or developing the capacity to perform MPX diagnostic testing. The funding formula was agreed upon by CHEAC and HOAC/CCLHO; the non-laboratory allocations are calculated based on the following:

- 50% MPX cases
- 25% early male syphilis cases, and
- 25% population in poverty.

**Activities:**

These funds may be used by LHDs to:

- Support efforts to vaccinate persons at risk for MPX and monitor vaccine delivery through:

CDPH Emergency Preparedness Office, MS 7002 • P.O. Box 997377 • Sacramento, CA  
95899-7377

(916) 650-6416 • (916) 650-6420 FAX

Internet Address: [www.cdph.ca.gov](http://www.cdph.ca.gov)



- Directly providing vaccination
- Providing vaccine, resources and technical assistance to community providers
- Supporting the reporting of data to the California Immunization Registry (CAIR)

LHD vaccination support should include efforts to advance equity and reach groups who are eligible for vaccination but underrepresented among those receiving vaccine.

- Support efforts to diagnose, manage and report data regarding persons with MPX through:
  - Laboratory testing of MPX diagnostic specimens, either directly or through partner labs
  - Providing tecovirimat to MPX patients, as appropriate
  - Supporting community provider efforts to make tecovirimat available
  - Collecting and reporting surveillance data to CDPH

LHD treatment support should include efforts to advance equity and reach groups who are eligible for treatment but underrepresented among those receiving treatment.

- Provide information to the public and/or highest risk populations such as gay, bisexual, trans, and other men who have sex with men regarding prevention of MPX
- Conduct or supporting community partners to conduct public outreach efforts to share prevention and harm reduction measures and encourage vaccination of eligible persons
- Implement disease control activities including:
  - Supporting isolation of persons with MPX through:
    - Supporting temporary housing
    - Providing other resources to facilitate isolation
  - Educating health care providers about MPX
  - Carrying out case investigation and contact tracing in high priority situations
  - Referring exposed persons for PEP

### **Submission Requirements:**

For those Agencies who will receive funding, please complete a Workplan (*Attachment 2*) and Spend Plan (*Attachment 3*) by **October 26, 2022** and submit to CDPH's Emergency Funding Branch within the Emergency Preparedness Office at: [EmergencyFunding@cdph.ca.gov](mailto:EmergencyFunding@cdph.ca.gov).

### **Reporting Requirements:**

Submit quarterly progress and expenditure reports to CDPH following the schedule below. Progress reports should be completed within your workplan, and expenditure reports should be completed within your spend plan. **Please note:** if your workplan and

spend plan are under review by CDPH and have not been approved by the reporting due date below, you are still required to submit your progress reports to CDPH.

Quarter	Reporting Period	Due Date
1	July 1, 2022 – October 31, 2022	November 30, 2022
2	November 1, 2022 – January 31, 2023	February 28, 2023
3	February 1, 2023 – April 30, 2023	May 31, 2023
4 (Final)	May 1, 2023 – July 31, 2023	September 30, 2023

**Reimbursement/Invoicing:**

CDPH will reimburse your Agency upon receipt of invoice (*Attachment 4*). In order to receive your reimbursements, please complete and submit your invoice(s) to: [EmergencyFunding@cdph.ca.gov](mailto:EmergencyFunding@cdph.ca.gov).

- First Payment: CDPH will issue a warrant (check) to your Agency for 50% of your total allocation, this will be issued as an advance payment.
- Future payments will be based on reimbursement of expenditures once the 50% advance payment has been fully expended. In order to receive future payments, your Agency must complete and submit progress and expenditure reports to CDPH following the due dates above within Reporting Requirements.
- Your Agency must maintain supporting documentation for any expenditures invoiced to CDPH against this source of funding. Documentation should be readily available in the event of an audit or upon request from CDPH. Documentation should be available for five years.

We are hopeful that this funding can help support the needs of your Agency and that it provides adequate resources for your response to MPX. If you have any questions or need further clarification, please reach out to [EmergencyFunding@cdph.ca.gov](mailto:EmergencyFunding@cdph.ca.gov).

Sincerely,

*Melissa Relles*

Melissa Relles  
Assistant Deputy Director  
Emergency Preparedness Office  
California Department of Public Health

**Attachments**

- Attachment 1: Funding Allocations
- Attachment 2: Workplan and Progress Report
- Attachment 3: Spend Plan and Expenditure Report
- Attachment 4: Invoice Template



**From:** [Altman, Claire \(DPH\)](#)  
**To:** [Chan, Connie \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Safai, Ahsha \(BOS\)](#)  
**Cc:** [Jalipa, Brent \(BOS\)](#); [Hsieh, Frances \(BOS\)](#); [Prager, Jackie \(BOS\)](#); [Thornhill, Jackie \(BOS\)](#); [Chung, Lauren \(BOS\)](#); [Trainor, Nikole \(DPH\)](#); [Blum, Bill \(DPH\)](#); [Neary, Beth \(DPH\)](#); [Scarafia, Jeff \(DPH\)](#); [Janssen, Julia \(DPH\)](#); [Taylor, Anthony \(DPH\)](#); [Wong, Greg \(DPH\)](#); [Validzic, Ana \(DPH\)](#)  
**Subject:** 2/1 Budget & Finance: DPH Retroactive Items  
**Date:** Thursday, January 26, 2023 4:34:14 PM

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Hello Supervisors Chan, Mandelman and Safai,

The Department of Public Health (DPH) will request approval for five (5) retroactive items at the February 1<sup>st</sup> Budget & Finance committee meeting. We've provided a brief description of the items and our DPH representatives. Please let us know if you have questions or if you'd like to meet and discuss any of these items.

**File 221276 - Apply for Grant - Centers for Disease Control and Prevention - Integrated HIV Surveillance and Prevention Programs for Health Departments - \$7,804,306** - Resolution authorizing the Department of Public Health to submit a one-year application for Calendar Year 2023 to continue to receive funding for the Integrated HIV Surveillance and Prevention Programs for Health Departments from the Centers of Disease Control and Prevention, and requesting \$7,804,306 in HIV prevention funding for San Francisco from January 1, 2023, through May 31, 2024.

- **Description:** These grant funds are awarded to the Department on an annual basis to cover an integrated HIV Surveillance and Prevention Program for San Francisco residents. The funds are utilized to support epidemiological activities required to support this system of HIV surveillance and prevention as well as direct services provided by the Department, or those subcontracted to qualified contractors selected through RFP.
- **Reason for Retroactive Request:** DPH is respectfully requesting retroactive approval for this grant application. Ordinance No. 265-05 requires that City Departments submit applications at least 60 days prior to the grant deadline for review and approval. For this grant, the CDC released the application announcement on September 17<sup>th</sup>, 2022, with a due date of October 17<sup>th</sup>, 2022, allowing 30 business days for the entire process. In the interest of timeliness, the Department is seeking retroactive approval by submitting this year's grant application.
- **DPH Representative:** Nikole Trainor | Budget, Contract and Communication Manager, Department of Public Health | email: [nikole.trainor@sfdph.org](mailto:nikole.trainor@sfdph.org)

**File 221277 - Apply for Grant - Retroactive - Health Resources Services Administration - Ryan White Act HIV/AIDS Emergency Relief Grant Program - \$15,962,602** - Resolution retroactively authorizing the Department of Public Health to submit an application to continue to receive funding for the Ryan White Act HIV/AIDS Emergency Relief Grant Program grant from the Health Resources Services Administration; and requesting \$15,962,602 in HIV Emergency Relief Program funding for the San Francisco Eligible Metropolitan Area for the period of March 1, 2023, through February 29, 2024.

- **Description:** This application represents approximately \$15,962,602 in funding for the San Francisco Eligible Metropolitan Area (EMA). The San Francisco EMA includes the City and County of San Francisco, Marin County and San Mateo County. The funding supports a multitude of health services to HIV positive persons residing in these three counties.

**Reason for Retroactive Request:** DPH is respectfully requesting retroactive approval of this grant application. Ordinance No. 265-05 requires that City Departments submit applications at least 60 days prior to the grant deadline for review and approval. For this grant, HRSA released the application announcement on August 26<sup>th</sup>, 2022, with a due date of October 3<sup>rd</sup>, 2022, allowing 38 business days for the entire process. In the interest of timeliness, the Department is seeking retroactive approval by submitting the grant application.

• **DPH Representatives:**

- Bill Blum | Director of Program, Primary Care & Director of HIV Health Services, Department of Public Health | email: [bill.blum@sfdph.org](mailto:bill.blum@sfdph.org)
- Beth Neary | HIV Health Services Assistant Director, Department of Public Health | email: [beth.neary@sfdph.org](mailto:beth.neary@sfdph.org)

**File 230029 - Accept and Expend Grant - Retroactive - San Francisco Health Plan - CalAIM**

**Incentive Payment Program (IPP) - \$316,800** - Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$316,800 from the San Francisco Health Plan for participation in a program, entitled “CalAIM Incentive Payment Program (IPP),” for the period of September 12, 2022, through February 28, 2023.

- **Description:** This funding will be used to hire DPH information technology (IT) staff to support the approvals process, technical build, and implementation of CareLink, and increase the number of organizations and individuals who are able to use CareLink.
- **Reason for Retroactive Request:** DPH received the award agreement on September 14<sup>th</sup>, 2022, for a project start date of September 12<sup>th</sup>, as determined by the San Francisco Health Plan. Upon receiving the award agreement, DPH worked to prepare the budget and legislative packet. Once the budget and legislative packet were prepared, this grant required review by the City Attorney and the Controller’s Office. The grant was sent to the City Attorney’s Office on October 21<sup>st</sup>, and once reviewed was sent to the Controller’s Office on November 8<sup>th</sup>. Once finalized, it was sent to the Mayor’s Office on December 29<sup>th</sup>, 2022, for introduction on January 10<sup>th</sup>, 2023. We respectfully request retroactive approval to accept and expend these funds.
- **DPH Representative:** Jeff Scarafia | Deputy Chief Information Officer, Department of Public Health | email: [jeff.scarafia@sfdph.org](mailto:jeff.scarafia@sfdph.org)

**File 230028 - Accept and Expend Grant - Retroactive - California Department of Public Health - Monkeypox Response Funding Award Number MPX-012 City & County of San Francisco - \$1,616,252**

- Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$1,616,252 from the California Department of Public Health for participation in a program, entitled “Monkeypox Response Funding Award Number MPX-012 City & County of San Francisco,” for the period of July 1, 2022, through June 30, 2023.

- **Description:** The grant funding will provide Public Health Laboratory (PHL) with necessary equipment and supplies to support the ongoing Human Monkeypox Virus (MPX) response and testing of other communicable diseases.
- **Reason for Retroactive Request:** DPH received the award letter on October 7<sup>th</sup>, 2022, for a program start date of July 1<sup>st</sup>, 2022, as determined by the California Department of Public Health. Upon receiving the award letter, DPH worked to prepare the budget and legislative

packet. Once prepared, the grant was sent to the Controller's Office for review on November 17<sup>th</sup>. Once the Controller's Office review was complete, the packet was sent to the Mayor's Office on December 22<sup>nd</sup>, 2022, for introduction on January 10<sup>th</sup>, 2023. We respectfully request retroactive approval to accept and expend these funds.

- **DPH Representative:** Julia Janssen | Deputy Medical Director, STI Prevention and Control Section, Department of Public Health | email: [julia.janssen@sfdph.org](mailto:julia.janssen@sfdph.org)

**File 230027 - Accept and Expend Grant - Retroactive - California Department of Public Health - Sexually Transmitted Disease Program Management and Collaboration - \$1,365,222** - Resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase in the amount of \$386,274 from the California Department of Public Health for a total amount of \$1,365,222 for participation in a program, entitled "Sexually Transmitted Disease Program Management and Collaboration," for the period of July 1, 2019, through June 30, 2024.

- **Description:** The funds will be used for the implementation of public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD) in collaboration with community-based organizations within the local health jurisdiction.
- **Reason for Retroactive Request:** DPH received the original grant on December 3<sup>rd</sup>, 2019, for a project start date of July 1<sup>st</sup>, 2019. The original grant was approved by the Board of Supervisors on July 17<sup>th</sup>, 2020 (file [200639](#)). In 2022, DPH received two grant increases: the first on March 25<sup>th</sup>, 2022, and the second on October 24<sup>th</sup>, 2022. Upon receiving these grant increases, the Department worked to prepare the updated program budget and the legislative packet. DPH forwarded the complete budget and grant packet to the Controller's Office for review on December 6<sup>th</sup>, 2022. Once the review was complete, the legislative packet was sent to the Mayor's Office on December 29<sup>th</sup>, 2022, for introduction on January 10<sup>th</sup>, 2023. We respectfully request retroactive approval to accept and expend these funds.
- **DPH Representative:** Anthony Taylor | HIV/STI Program Manager, Department of Public Health | email: [anthony.taylor@sfdph.org](mailto:anthony.taylor@sfdph.org)

Thank you for your time and consideration of these items.

Claire

**Claire Altman (Lindsay), MPH**

Senior Health Planner | Office of Policy and Planning  
San Francisco Department of Public Health  
[claire.altman@sfdph.org](mailto:claire.altman@sfdph.org) – updated email address



**London N. Breed**  
**Mayor**

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Dr. Grant Colfax  
Director of Health

**DATE:** 1/11/2023

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Monkeypox Response Funding Award Number MPX-012  
City & County of San Francisco - \$1,616,252

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Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No