

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: **Statistical Methods for Advancing HIV Prevention**
2. Department: **Department of Public Health
Population Health Division**
3. Contact Person: **Susan Buchbinder** Telephone: **415-437-7479**
4. Grant Approval Status (check one):

☒ Approved by funding agency

☐ Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$105,832**
(Year 1 March 01, 2023 – February 29, 2024: \$34,540
Year 2 March 01, 2024 – February 28, 2025: \$35,965
Year 3 March 01, 2025 – February 28, 2026: \$35,327

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

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

7a. Grant Source Agency: **National Institutes of Health**

b. Grant Pass-Through Agency (if applicable): **Fred Hutchinson Cancer Center**

8. Proposed Grant Project Summary:

On this project, the Department of Public Health (DPH) will help to identify logistical/implementation and clinical issues pertinent to evaluating Human Immunodeficiency Virus (HIV) incidence with recency testing data, and clinical considerations pertinent to trial design and efficacy evaluation. DPH will provide collaboration and input on the application of these approaches to existing datasets. DPH will assist in the dissemination and application of the proposed methods to future HIV prevention trials.

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

Start-Date: **March 1, 2023**

End-Date: **February 28, 2026**

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? **\$20,436**
b2. How was the amount calculated? **23.93% of Salaries and Fringe Benefits**

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:

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

No.	Class	Job Title	FTE	Start Date	End Date
1	2233	Supervising Physician Specialist	0.100	03/01/2025	02/28/2026

We respectfully request for approval to accept and expend these funds retroactive to March 1, 2023. The Department received the grant increase of \$35,965 on May 17, 2024, and another grant increase of \$35,327 on May 12, 2025, for a total of \$105,832 for the period of March 1, 2023, to February 28, 2026. The AL # for this grant is 93.855.

Project Description: HD HIV PD200 2526 Statistical
Project ID: 10041908
Proposal ID: CTR00004537
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: 6/6/2025 | 10:31 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: 6/16/2025 | 11:26 AM PDT

Signed by:
Jenny Louie for Daniel Tsai
(Signature Required)