



**Recipient Information**

**1. Recipient Name**

CITY & COUNTY OF SAN FRANCISCO  
101 GROVE ST  
Population Health Division  
SAN FRANCISCO, CA 94102-4505  
[NO DATA]

**2. Congressional District of Recipient**  
12

**3. Payment System Identifier (ID)**  
1946000417A1

**4. Employer Identification Number (EIN)**  
946000417

**5. Data Universal Numbering System (DUNS)**  
103717336

**6. Recipient's Unique Entity Identifier (UEI)**  
DCTNHRGU1K75

**7. Project Director or Principal Investigator**

Mr. Willi McFarland  
Director, Center for Public Health Research  
Willi.McFarland@sfdph.org  
415-554-9093

**8. Authorized Official**

Mr. Sajid Shaikh  
Business Officer  
sajid.shaikh@sfdph.org  
415-255-3512

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Ms. LaQuenda White  
Grants Management Specialist  
hkv3@cdc.gov  
770-488-2648

**10. Program Official Contact Information**

Janet Burnett  
iyn6@cdc.gov  
404-639-5200

**Federal Award Information**

**11. Award Number**

6 NU62PS924778-01-02

**12. Unique Federal Award Identification Number (FAIN)**

NU62PS924778

**13. Statutory Authority**

Section 318(c) of the Public Health Service Act [42 U.S.C. Section 247c(c)], as amended.

**14. Federal Award Project Title**

National HIV Behavioral Surveillance (NHBS) - San Francisco

**15. Assistance Listing Number**

93.944

**16. Assistance Listing Program Title**

Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Virus Syndrome (AIDS) Surveillance

**17. Award Action Type**

Supplement

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

<b>19. Budget Period Start Date</b>	01/01/2022	<b>- End Date</b>	12/31/2022
<b>20. Total Amount of Federal Funds Obligated by this Action</b>			\$499,976.00
20a. Direct Cost Amount			\$492,502.00
20b. Indirect Cost Amount			\$7,474.00
<b>21. Authorized Carryover</b>			\$0.00
<b>22. Offset</b>			\$0.00
<b>23. Total Amount of Federal Funds Obligated this budget period</b>			\$469,267.00
<b>24. Total Approved Cost Sharing or Matching, where applicable</b>			\$0.00
<b>25. Total Federal and Non-Federal Approved this Budget Period</b>			\$969,243.00
<b>26. Period of Performance Start Date</b>	01/01/2022	<b>- End Date</b>	12/31/2026
<b>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance</b>			\$969,243.00

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Ms. Edna Green  
Grants Management Officer

**30. Remarks**

Supplemental Funding: Financial Assistance in the amount of \$499,976.



<b>Recipient Information</b>
<b>Recipient Name</b> CITY & COUNTY OF SAN FRANCISCO 101 GROVE ST Population Health Division SAN FRANCISCO, CA 94102-4505 [NO DATA]
<b>Congressional District of Recipient</b> 12
<b>Payment Account Number and Type</b> 1946000417A1
<b>Employer Identification Number (EIN) Data</b> 946000417
<b>Universal Numbering System (DUNS)</b> 103717336
<b>Recipient's Unique Entity Identifier (UEI)</b> DCTNHRGU1K75
<b>31. Assistance Type</b> Cooperative Agreement
<b>32. Type of Award</b> Other

<b>33. Approved Budget</b> (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$49,825.00
b. Fringe Benefits	\$21,830.00
c. Total Personnel Costs	\$71,655.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$9,000.00
i. Contractual	\$876,131.00
<b>j. TOTAL DIRECT COSTS</b>	<b>\$956,786.00</b>
<b>k. INDIRECT COSTS</b>	<b>\$12,457.00</b>
<b>l. TOTAL APPROVED BUDGET</b>	<b>\$969,243.00</b>
<b>m. Federal Share</b>	<b>\$969,243.00</b>
<b>n. Non-Federal Share</b>	<b>\$0.00</b>

<b>34. Accounting Classification Codes</b>						
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	CFDA NO.	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
2-9391193	22NU62PS924778	PS	41.51	93.944	\$0.00	75-22-0950
2-9390J3H	22NU62PS924778	PS	41.51	93.944	\$249,976.00	75-22-0950
2-9390KC1	22NU62PS924778	PS	41.51	93.944	\$250,000.00	75-22-0120



**DEPARTMENT OF HEALTH AND HUMAN SERVICES** Notice of Award

Centers for Disease Control and Prevention

Award# 6 NU62PS924778-01-02

FAIN# NU62PS924778

Federal Award Date: 08/05/2022

**Direct Assistance**

<b>BUDGET CATEGORIES</b>	<b>PREVIOUS AMOUNT (A)</b>	<b>AMOUNT THIS ACTION (B)</b>	<b>TOTAL (A + B)</b>
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
<b>Total</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

# AWARD ATTACHMENTS

CITY & COUNTY OF SAN FRANCISCO

6 NU62PS924778-01-02

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1. Supplemental Funding Terms and Conditions

**Notice of Funding Opportunity (NOFO): PS22-2201**  
**Award Number: NU62PS924778-01-02**  
**Award Type: Cooperative Agreement**

**ADDITIONAL TERMS AND CONDITIONS**

PURPOSE: This revised Notice of Award is to award Supplemental funding in the amount of \$499,976. Previously, \$469,267 had been awarded, making the current total available award amount \$969,243 for the budget period which is 01/01/2022 through 12/31/2022.

<b>NHBS - Trans</b>	\$ 250,000
<b>NHBS - WES</b>	\$ 249,976
<b>Total Supplemental Funding</b>	<b>\$ 499,976</b>

The activities have been reviewed and found to be appropriate and consistent with program objectives.

Please be advised that grantee must exercise proper stewardship over Federal funds by ensuring that all costs charged to their cooperative agreement are allowable, allocable, and reasonable.

All the other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**GMS Contact:**

**LaQuenda White, Grants Management Specialist**  
**Centers for Disease Control and Prevention**  
**Branch 1-Office of Infectious Disease**  
**2939 Flowers Road MSTV-2**  
**Atlanta, GA 30341**  
**Telephone: 770-488-2648**  
**Email: [HKV3@cdc.gov](mailto:HKV3@cdc.gov)**

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**