

**File Number:** 230601

(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: **Syphilis Outbreak Strategy (SOS) Grant**

2. Department: **Department of Public Health  
Population Health Division**

3. Contact Person: **Stephanie Cohen** Telephone: **415-487-5503**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$2,668,251**

6a. Matching Funds Required: **N.A.**

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: **The Grantee will use this funding to expand existing syphilis and congenital syphilis activities. Funding is intended to support innovative and impactful syphilis and congenital syphilis prevention and control activities, with a focus on disproportionately impacted populations as determined by local or regional syphilis and congenital syphilis epidemiology, which may include, but are not limited to, African American/Black people; Latinx people; American Indians/Alaska Native people; trans women; pregnant people experiencing homelessness or who use drugs (e.g., people who exchange sex for money, drugs, or a place to stay); and gay, bisexual, and other men who have sex with men (MSM). Grantees will be expected to describe how they have centered priority populations based on local epidemiology. Funds shall be used to supplement, but not supplant, existing financial and resource commitments of the local health jurisdiction for sexually transmitted disease prevention and control activities.**

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

Start-Date: **July 1, 2022**

End-Date: **June 30, 2027**

10a. Amount budgeted for contractual services: **\$197,682**

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  No

b1. If yes, how much? **\$476,511**

b2. How was the amount calculated? **24.68% of Personnel 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 positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	P103	Special Nurse	0.37	07/01/2022	06/30/2025
2	2232	Senior Physician Specialist	0.06	07/01/2022	06/30/2025
3	2328	Nurse Practitioner	0.11	07/01/2022	06/30/2025
4	2587	Health Worker III	0.10	07/01/2022	06/30/2025
5	2587	Health Worker III	1.00	07/01/2022	06/30/2025
6	2593	Health Program Coordinator III	0.11	07/01/2022	06/30/2025
7	2803	Epidemiologist (TEMP)	1.00	07/01/2022	06/30/2025

We are seeking authority for a CAT18 Temporary 2803 position to be funded under this grant for 3 years and thereafter the position will end. A PCS 2587 position that was TX'd from an existing general funded 2586 position will be used for this grant in FY23 and is being presented in the FY24 budget process.

We respectfully request for approval to accept and expend these funds retroactive to July 1, 2022. The Department received the award letter on November 14, 2022.

**Project Description: STD Syphilis Outbrea**

**Project ID: 10039698**

**Proposal ID: CTR00003397**

**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: 5/5/2023 | 3:38 PM PDT

DocuSigned by:  
Toni Rucker  
A84292F7331F44D...  
(Signature Required)

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

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 5/9/2023 | 2:17 PM PDT

DocuSigned by:  
Greg Wagner  
28527524752348F...  
(Signature Required)  
Greg wagner, COO for