

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: **Recent Infection Surveillance Consortium**

2. Department: **Department of Public Health
Center of Public Health Research**

3. Contact Person: **William McFarland** Telephone: **415-437-6251**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$124,904**
(Year 1 August 01, 2019 - September 29, 2019: \$11,535
Year 2 September 30, 2019 - September 29, 2020: \$70,196
Year 3 September 30, 2020 - September 29, 2021: \$43,173)

6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**
b. Grant Pass-Through Agency (if applicable): **The Regents of the University of California, San Francisco**

8. Proposed Grant Project Summary:

William McFarland, Director of Surveillance, has several years of experience working on surveillance in general and key populations, in both domestic and international settings. He will provide high-level technical assistance on surveillance strategy for HIV recency.

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

Year one project: Start-Date: 08/01/2019	End-Date: 09/29/2019
Year two project: Start-Date: 09/30/2019	End-Date: 09/29/2020
Year three project: Start-Date: 09/30/2020	End-Date: 09/29/2021

10a. Amount budgeted for contractual services: **N/A**

- 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? **N/A**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$13,383**

b2. How was the amount calculated? **12% of total indirect costs**

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? **N.A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to August 01, 2019. The Department received the amended subaward agreement on October 09, 2020.

This grant does not require an ASO amendment and partially reimburses the Department for one position: one Supervising Physician Specialist (Job Class #2233) at 0.15 FTE during the period of September 30, 2020 through September 29, 2021.

Proposal ID: CTR00001517

Version ID: V101

Department ID: 162646

Project ID: 10035529

Project Description: HD HIV PD113 2021 UCSF 11580sc

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: 11/25/2020 | 7:00 PM PST

DocuSigned by:
Toni Rucker
AB4282F7001F41D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 11/30/2020 | 3:29 PM PST

DocuSigned by:
Greg Wagner
203273247938487
(Signature Required)

Greg wagner, COO for