

File No. 120146

Committee Item No. 3

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

# COMMITTEE/BOARD OF SUPERVISORS

## AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND  
NEIGHBORHOOD SERVICES

Date 2/27/12

Board of Supervisors Meeting

Date \_\_\_\_\_

### Cmte Board

- |                                     |                          |  |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/> | Motion                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Budget Analyst Report                        |
| <input type="checkbox"/>            | <input type="checkbox"/> | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/> | Introduction Form (for hearings)             |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/> | MOU  |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/> | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/> | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter                                 |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/> | Public Correspondence                        |

### OTHER

(Use back side if additional space is needed)

- |                                     |                          |                 |
|-------------------------------------|--------------------------|-----------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>Form 126</u> |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |
| <input type="checkbox"/>            | <input type="checkbox"/> | _____           |

Completed by: Gail Johnson

Date 2/23/12

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.

1 [Accept and Expend Grant - San Francisco Health in All Policies: Transforming Places,  
2 Empowering People - \$815,358]

3 **Resolution authorizing the San Francisco Department of Public Health to retroactively**  
4 **accept and expend a grant in the amount of \$815,358 from the Centers for Disease**  
5 **Control and Prevention to participate in a program entitled “San Francisco Health in All**  
6 **Policies: Transforming Places, Empowering People” for the period of September 30,**  
7 **2011, through September 29, 2012.**

8  
9 WHEREAS, Centers for Disease Control and Prevention has agreed to fund San  
10 Francisco Department of Public Health (DPH) in the amount of \$815,358 for the period of  
11 September 30, 2011 through September 29, 2012; and,

12 WHEREAS, The full project period of the grant starts on September 30, 2011 and ends  
13 on September 29, 2016, with years two, three, four and five subject to availability of funds and  
14 satisfactory progress of the project; and,

15 WHEREAS, As a condition of receiving the grant funds, Centers for Disease Control  
16 and Prevention requires the City to enter into an agreement (the “Agreement”), a copy of  
17 which is on file with the Clerk of the Board of Supervisors in File No. 120146; which  
18 is hereby declared to be a part of this resolution as if set forth fully herein; and,

19 WHEREAS, The purpose of this project is to integrate Centers for Disease Control and  
20 Prevention evidence-based strategies to achieve the Community Transformation Grant  
21 program’s long-term objectives of reducing death and disability due to tobacco use, obesity,  
22 and heart disease and stroke; and,

23 WHEREAS, DPH will subcontract with San Francisco Public Health Foundation in the  
24 total amount of \$407,679; for the period of September 30, 2011 through September 29, 2012;  
25 and,

1           WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
2 partially reimburses DPH for eleven existing positions, one Health Program Coordinator III  
3 (Job Class No. 2593) at 1.0 FTE, one Health Program Planner (Job Class No. 2818) at 1.0  
4 FTE, one Epidemiologist I (Job Class No. 2802) at 1.0 FTE, one Manager I (Job Class No.  
5 0922) at .20 FTE, one Junior Administrative Analyst (Job Class No. 1820) at 1.0 FTE, one  
6 Health Educator (Job Class No. 2822) at .22 FTE, four Public Service Trainees (Job Class  
7 No. 9910) at .75 FTE, and one Public Service Trainee (Job Class No. 9910) at .95 FTE, for  
8 the period of September 30, 2011, through September 29, 2012; and,

9           WHEREAS, A request for retroactive approval is being sought because DPH did not  
10 receive notification of the award until October 19, 2011 for a project start date of September  
11 30, 2011; and,

12           WHEREAS, The budget includes a provision for indirect costs in the amount of  
13 \$57,112; now, therefore, be it

14           RESOLVED, That DPH is hereby authorized to accept and expend a grant retroactively  
15 in the amount of \$815,358 from Centers for Disease Control and Prevention; and, be it

16           FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
17 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,  
18 be it

19           FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
20 agreement on behalf of the City.

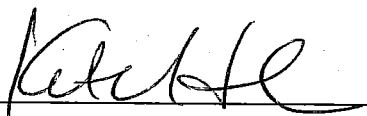
1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

RECOMMENDED:

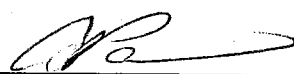


Barbara A. Garcia, MPA  
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

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

**FROM:** Barbara A. Garcia, MPA  
Director of Health

**DATE:** January 9, 2012

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** San Francisco Health in All Policies (SF-HiAP):  
Transforming Places, Empowering People- \$815,358

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant Application Summary
- Agreement / Award Letter
- Other (Explain):

**Special Timeline Requirements:**

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

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective March 2005)

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: **San Francisco Health in All Policies (SF-HiAP):  
Transforming Places, Empowering People**
  
2. Department: **Department of Public Health – Population Health & Prevention Division: Community Health Promotion and Prevention Section, Environmental Health Section, Maternal, Child and Adolescent Health Section, Community Oriented Primary Care.**
  
3. Contact Person: **Patricia Erwin** Telephone: **415-581-2418**
  
4. Grant Approval Status (check one):  
 Approved by funding agency                       Not yet approved
  
5. Amount of Grant Funding Approved or Applied for: **\$4,076,790 in the 5-year project period  
(Year 1= \$815,358; Year 2= \$815,358; Year 3= \$815,358; Year 4= \$815,358; Year 5= \$815,358)**

*\*DPH is seeking accept & expend approval for Year 1 only. The funder will approve subsequent years upon successful completion of the prior year. DPH will include these years in the DPH budget.*

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

- 7a. Grant Source Agency: **Department of Health and Human Services,  
Centers for Disease Control and Prevention**
  
- b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary:  
The goal is to integrate CDC evidence-based strategies to achieve the Community Transformation Grant (CTG) program's long-term objectives of reducing death and disability due to tobacco use, obesity, and heart disease and stroke. The selected strategies all support SF-HiAP's primary aim of implementing policies to build healthy, safe and equitable communities, with a particular focus on homes, walking environments, and public places. Specific policy and environmental interventions that will support this goal include: (1) reducing environmental tobacco smoke in multi-unit housing; (2) creating walkable communities through pedestrian safety policies and a pedestrian network to ensure equity for San Francisco's most under-resourced neighborhoods; (3) promoting healthy choices for physical activity and healthy eating through the transformation of public places and neighborhood centers; and (4) integration of community health workers and youth leaders in community mobilization efforts.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
**Approved Year One Project: Start Date: 09/30/2011    End Date: 09/29/2012**  
**Full Project Period:                      Start Date: 09/30/2011    End Date: 09/29/2016**

10a. Amount budgeted for contractual services: **\$407,679 in Year 1**  
**\$2,038,395 in the 5-year project period**

b. Will contractual services be put out to bid? **No, they will not be out to bid as the agency, the San Francisco Public Health Foundation, was included in the grant as sole source contractor.**

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? **N/A**

d. Is this likely to be a one-time or ongoing request for contracting out? **This will be one-time, only through the term of grant.**

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

b1. If yes, how much? **\$57,112 in Year 1**  
**\$285,560 in the 5-year project period**

b2. How was the amount calculated? **24.84% of salaries**

c. 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):

12. Any other significant grant requirements or comments:

**We respectfully request for approval to accept and expend these funds retroactive to September 30, 2011. The Department received official notice of award on October 19, 2011.**

**Grant code is: HCDC11, grant detail 1200, index code HCHPHLLEDGR**

**\*\*Disability Access Checklist\*\***

13. This Grant is intended for activities at (check all that apply):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

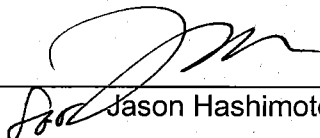
New Site(s)

New Structure(s)

14. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:


Comments:

Departmental or Mayor's Office of Disability Reviewer: \_\_\_\_\_

  
Jason Hashimoto

Date Reviewed: 1/17/12

Department Approval: \_\_\_\_\_

  
Barbara A. Garcia, MPA  
(Signature)

Director of Public Health

Community Transformation Grant Budget Summary  
 Year 1 - September 30, 2011-September 29, 2012  
 Contractor Name: San Francisco Department of Public Health  
 Grant Award: \$815,358  
 Grant Number: IU58DP003623-01  
 FOA Number: CDC-RFA-DP11-1103PPHF

A. Personnel	Position Title and Name	Annual Salary	Percent Time	Months	Original Amount	Revision Eff. 12/1/11	New Budget Amount
	<b>Total Salaries</b>				\$229,919	\$ (0)	\$ 229,919
	Health Program Coordinator III (2593) Vacant	\$ 90,454	100%	3 months	\$ 67,841	\$ (45,228)	\$ 22,614
	Health Program Planner (2818) Vacant	\$ 81,042	100%	3 months	\$ 60,782	\$ (40,522)	\$ 20,261
	Epidemiologist 1 (2802) Vacant	\$ 72,254	100%	3 months	\$ 54,191	\$ (36,128)	\$ 18,064
	Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$ 10,800	\$ 19,277	\$ 30,077
	Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$ 10,000	\$ 20,077	\$ 30,077
	Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	0	\$ 16,877	\$ 30,077
	Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$ 13,200	\$ 16,877	\$ 30,077
	Public Service Trainee (9910) Vacant	\$ 60,154	95%	5 months	-	\$ 23,824	\$ 23,824
	Health Officer (2233) Dr. Tomas Aragon	\$ 196,924	10%	12 months	-	-	-
	Health Educations Programs/Prevention Director- Manager I (0922), Patricia Erwin	\$ 108,898	20%	12 months	\$ 13,106	\$ (7,661)	\$ 5,445
	Junior Administrative Analyst (1820) Vacant	\$ 59,221	100%	3 months	-	\$ 14,805	\$ 14,805
	Health Educator (2822) Vacant	\$ 83,642	22%	3 months	-	\$ 4,600	\$ 4,600
	Tobacco Free Project Director (2825) Alyonik Hrushow	\$ 89,960	10%	12 months	-	-	-
	Chronic Disease Prevention Planner (2820), Christina Goette	\$ 93,808	10%	12 months	-	-	-
	Environmental Health Director (2233), Dr. Rajiv Bhatia	\$ 196,924	10%	12 months	-	-	-
	Maternal, Child and Adolescent Health Medical Director (2232), Dr. Curtis Chan	\$ 183,092	10%	12 months	-	-	-
	Community Oriented Primary Care Operations Director (0922), Bill Blum	\$ 108,888	10%	12 months	-	-	-
	Pedestrian Safety Coordinator (2822), Ana Valicic	\$ 83,642	5%	12 months	-	-	-
	<b>B. Fringe Benefits (at the average rate of 40% of Total Salaries)</b>				\$ 229,919	\$ (0)	\$ 229,919
	<b>C. Consultant Costs</b>				\$ 91,967	\$ (0)	\$ 91,967
	<b>D. Equipment</b>				-	-	-
	<b>E. Supplies</b>				\$ 8,600	-	\$ 8,600
	<b>F. Travel - In State and Out of State</b>				\$ 1,080	-	\$ 1,080
	<b>G. Other Costs</b>				\$ 8,722	-	\$ 8,722
	<b>H. Contractual Costs</b>				\$ 10,279	-	\$ 10,279
	San Francisco Public Health Foundation-lead agency contractor				\$ 407,679	-	\$ 407,679
	<b>I. Total Direct Costs</b>				\$ 758,246	\$ (0)	\$ 758,246



J. Indirect Costs/Federal F& A Costs (24.84% of Total Salaries)

\$	57,112	\$	(0)	\$	57,112
\$	815,358	\$	(1)	\$	815,357

TOTAL BUDGET

**Community Transformation Grant Budget Justification**  
**Year 1 - September 30, 2011-September 29, 2012**  
**Contractor Name: San Francisco Department of Public Health**  
**Grant Award: \$815,358**  
**Grant Number: IU58DP003623-01**  
**FOA Number: CDC-RFA-DP11-1103PPHF**

**A. Personnel**

Position Title and Name	Annual Salary	Percent Time	Months	Original Amount	Revision Eff. 12/1/11	New Budget Amount
<b>Total Salaries</b>				<b>\$229,919</b>	<b>\$0</b>	<b>\$229,919</b>
Health Program Coordinator III (2593) Vacant	\$ 90,454	100%	3 months	\$67,841	-\$45,228	\$22,614
<p><i>This position directs the overall operation of the program and relates to all objectives. Position is responsible for managing the program, supervising staff, ensuring that program deliverables are met, conducting meetings of the Leadership Council and other key stakeholders, compiling information and submitting reports to CDC, overseeing the budget, and other program coordination responsibilities. Will have experience in policy, environmental, programmatic and infrastructure change relevant to the CTG strategies of transforming places and empowering people. Will identify and plan for opportunities for community health workers to be integrated into all aspects of CTG.</i></p>						
Health Program Planner (2818) Vacant	\$ 81,042	100%	3 months	\$60,782	-\$40,522	\$20,261
<p><i>This position primarily coordinates work of the community partners and initiatives and relates to all objectives. Also responsible for promoting and supporting policies that promote wellness. Will have experience in policy, environmental, programmatic and infrastructure change relevant to the CTG strategies in San Francisco of transforming places and empowering people. Will provide coordination of opportunities for community health workers to be integrated into all aspects of CTG.</i></p>						
Epidemiologist 1 (2802) Vacant	\$ 72,254	100%	3 months	\$54,191	-\$36,128	\$18,064
<p><i>This position is primarily responsible for evaluation and relates to all program objectives. Lead staff for study and survey design, study implementation, data collection, analysis and report preparation.</i></p>						
Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$10,800	\$19,277	\$30,077
<p><i>This position is a public service trainee for maximum of 1040 hours at hourly rate of \$28.92. Position will relate to all objectives and provide general coordination of community-based initiatives and partners and assistance to the Coordinator and Planner.</i></p>						
Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$10,000	\$20,077	\$30,077
<p><i>This position is a public service trainee for maximum of 1040 hours at hourly rate of \$28.92. Position will relate to all objectives and provide general coordination of community-based initiatives and partners and assistance to the Coordinator and Planner.</i></p>						
Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$0	\$30,077	\$30,077
<p><i>This position is a public service trainee for maximum of 1040 hours at hourly rate of \$28.92. Position will relate to all objectives and provide general coordination of community-based initiatives and partners and assistance to the Coordinator and Planner.</i></p>						
Public Service Trainee (9910) Vacant	\$ 60,154	75%	8 months	\$13,200	\$16,877	\$30,077
<p><i>This position is a public service trainee for maximum of 1040 hours at hourly rate of \$28.92. Position will relate to all objectives and provide general coordination of community-based initiatives and partners and assistance to the Coordinator and Planner.</i></p>						
Public Service Trainee (9910) Vacant	\$ 60,154	95%	5 months	\$0	\$23,824	\$23,824
<p><i>This position is a public service trainee for maximum of 1040 hours at base hourly rate of \$15/hour. Position will relate to all objectives and provide general coordination of community-based initiatives and partners and assistance to the Coordinator and Planner.</i></p>						
Health Officer (2233) Dr. Tomas Aragon	\$ 198,924	10%	12 months	\$0	\$0	\$0
<p><i>This position is in-kind Principal Investigator for CTG, provides overall leadership within the Department and more broadly with partners; is a member of the Leadership Council</i></p>						

Health Education Programs/Prevention Director- Manager I (0922), Patricia Erwin	\$	108,898	20%	3 months	\$13,106	-\$7,661	\$5,445
<i>This position is in-kind until January 2012, then 10-25%; will provide oversight to CTG funded staff and until the Coordinator is hired functions as CTG Coordinator, working on all CTG objectives. Provides leadership on initial planning for CTG implementation, overall daily coordination of CTG, key role in providing leadership to funded CTG staff and initiatives, providing linkages of community health workers into CTG opportunities, ensuring linkages and providing technical assistance among other primary prevention and community-based cardiovascular health initiatives.</i>							
Junior Administrative Analyst (1820) Vacant	\$	59,221	100%	3 months	\$0	\$14,805	\$14,805
<i>Provide budget, contract and other administrative functions for CTG.</i>							
Health Educator (2822) Vacant	\$	83,642	22%	3 months	\$0	\$4,600	\$4,600
<i>Provides health education technical assistance to CTG, coordinates initiatives with partners, leads Leadership Council, community coalitions, and provides linkages between community health workers and CTG sites.</i>							
Tobacco Free Project Director (2825), Alyonik Hrushow	\$	89,960	10%	12 months	\$0	\$0	\$0
<i>This position is in-kind, will provide leadership and technical assistance on all tobacco control initiatives and linkages to other tobacco control work in San Francisco.</i>							
Chronic Disease Prevention Planner (2820), Christina Goette	\$	93,808	10%	12 months	\$0	\$0	\$0
<i>This position is in-kind, will provide leadership and technical assistance on HEAL initiatives and linkages to other HEAL work in San Francisco, including linkages to ShapeUp San Francisco Coalition.</i>							
Environmental Health Director (2233), Dr. Rajiv Bhatia	\$	196,924	10%	12 months	\$0	\$0	\$0
<i>This position is in-kind, will provide leadership and technical assistance on environmental strategies for the CTG initiatives and linkages to other HEAL work in San Francisco.</i>							
Maternal, Child and Adolescent Health Medical Director (2232), Dr. Curtis Chan	\$	183,092	10%	12 months	\$0	\$0	\$0
<i>This position is in-kind, will provide leadership and technical assistance on HEAL initiatives and linkages to other HEAL work in San Francisco, primarily those focussed on youth and children, as well as linkages to the Childhood Obesity TaskForce.</i>							
Community Oriented Primary Care Operations Director-Manager I (0922), Bill Blum	\$	108,888	10%	12 months	\$0	\$0	\$0
<i>This position is in-kind, will provide leadership and technical assistance on clinical improvement initiatives and integration of community health workers as bridges between clinical and community-based initiatives.</i>							
Pedestrian Safety Coordinator (2822), Ana Validzic	\$	83,642	5%	12 months	\$0	\$0	\$0
<i>This position is in-kind, will provide leadership and technical assistance on healthy walking initiatives of HEAL strategic direction, and linkages to the Safe Routes to School and other pedestrian safety/healthy walking initiatives.</i>							
Sub-total Salary Costs					\$229,919	\$0	\$229,919

<b>B. Fringe Benefits (at the average rate of 40% of Total Salaries)</b>	<b>\$91,967</b>	<b>\$0</b>	<b>\$91,967</b>
<b>C. Consultant Costs</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>D. Equipment</b> <i>To purchase computers with applicable software and 1 network printer for 3 funded core staff and 1 computer for 2 trainees to shares. The computers will be used by these core for communication, data and program documentation, community partner information and dissemination, progress report submission, etc.. 4 computers with applicable software @ \$2,00 each, plus \$600 for network printer = 8,600.</i>	<b>\$8,600</b>	<b>\$0</b>	<b>\$8,600</b>
<b>E. Supplies</b> <i>To purchase general office supplies @ \$120/month x 5 staff x 9 months=\$500.</i>	<b>\$1,080</b>	<b>\$0</b>	<b>\$1,080</b>
<b>F. Travel - In State and Out of State</b> <i>Funds for funded and in-kind staff for CTG related travel and to implement program related activities.</i> <i><u>In State/Local Travel</u> for all listed to cover mileage at IRS prevailing rate, public transportation, and parking. Anticipated at up to 50 trips x 1 staff x 30 miles avg x .555/mile = \$832, plus 1 Muni Fast Passes/month @ \$60/month x 9 months=\$540.</i> <i><u>Out-of-Jurisdiction Travel</u> to cover costs of domestic travel to attend CDC meetings, national and regional conferences for staff members. Estimated domestic airfare \$500/each + lodge \$150/night @ 3 nights and roundtrip ground transportation \$100 x 7 staff x 1 trip = \$7,350.</i>	<b>\$8,722</b>	<b>\$0</b>	<b>\$8,722</b>
<b>G. Other Costs</b> <i>Includes costs for CTG expenses not covered in other line items, including Reproduction, Travel for CDC required meeting for Leadership Council members, Teleconference Service as itemized below.</i> <i><u>Reproduction:</u> Design, printing and reproduction of CTG materials for dissemination throughout San Francisco, including educational and strategy documents, reports, etc. Price varies depending on specific size of document and design needs, estimated \$3,000.</i> <i><u>Travel for CDC required meetings and other CTG-related travel for collaborators/leadership council members:</u> Estimated domestic airfare \$500/each + lodge \$150/night @ 3 nights and roundtrip ground transportation \$100 x 2 members x 1 trip = \$2,100.</i> <i><u>Teleconference Services:</u> Costs for teleconference service to be used for CTG related teleconferences, estimated at \$546.</i> <i><u>Online Survey Service:</u> Costs for services to develop and implement online surveys that will be used for evaluating CTG initiatives \$2,583</i> <i><u>Promotional Items:</u> Water bottles, cutting boards, cloth bags, etc to promote messages of CTG among the San Francisco community. Exact price TBD based on specific items ordered, quantity, etc. = \$2,550</i>	<b>\$10,279</b>	<b>\$0</b>	<b>\$10,279</b>

**H. Contractual Costs**

\$407,679      \$0      \$407,679

San Francisco Public Health Foundation-lead agency contractor  
 Name of contractor: San Francisco Public Health Foundation  
 Method of Selection: Sole Source. We have a long-term established relationship with SF Public health Foundation involvement in our public health initiatives in San Francisco and have a good working relationship. Our working relationship has been beneficial to the Department.  
 Period of performance: 9/30/2011 – 9/29/2012  
 Method of accountability: This contractor, all its subcontractors and consultants will follow the CDC and Department of Public Health procedures; will follow strict performance timelines; contractor's performance will be monitored and evaluated.  
 Description of activities: Lead agency contractor whose role will be solely to fiscally administer that funds that will be provided to sub-recipients of CTG. This agency's role is primarily for fiscal administration of the sub-recipients for the purpose of streamlining our sub-contracting policy. SFDPH remains as the prime recipient of the funds and complete responsible for ensuring that grant deliverables are met for the entire CTG award, and coordinating the work of all the sub-recipients. The fiscal intermediary agency will be monitored by SFDPH, as will all the sub-recipients to ensure it

Itemized budget with narrative justification:

Name of sub-contractor: City College of San Francisco-Community Health Worker Program Expansion      \$      100,000

Method of Selection: Sole Source.  
 Period of performance: 9/30/2011 – 9/29/2012  
 Method of Accountability: See above in Contractor section  
 Description of Activities: To improve clinical and preventative services at SFDPH community clinics, section and partner agencies through the training and involvement of Community Health Workers (CHW), and to develop and incorporate content specific training (per CDC guidelines and DPH recommendations) into CHW training.

Name of consultants: TBD      \$      50,000

Method of Selection: Sole Source  
 Period of performance: 11/1/2011 – 9/29/2012      Method  
 of Accountability: See above in Contractor section      Description of  
 Activities: Various activities including planning and priority setting, and evaluation on specific topics within CTG areas

\$      39,000

Name of sub-contractor: Youth Leadership Institute

Method of Selection: Sole Source.  
 Period of performance: 9/30/2011 – 9/29/2012      Method of  
 Accountability: See above in Contractor section      Description of  
 Activities: Use community based participatory research (CBPR) - SFDPH's community action model - with youth leaders, CHWs to engage community residents to identify relevant and appropriate options to increase demand. Develop toolkits for youth CHWs to use in engaging community and building demand for healthy food, conduct trainings of youth to implement activities identified.

Name of sub-contractor: Walk San Francisco      \$      40,000

Method of Selection: Sole Source.  
 Period of performance: 9/30/2011 – 9/29/2012      Method of  
 Accountability: See above in Contractor section      Description of  
 Activities: Participate on public private steering committee developing the SF Pedestrian Action Plan, craft and implement outreach strategy for broader community engagement, disseminate information, identify and formulate priority policy strategies based on data and information from outreach, and support the development and implementation of a communication plan to gain public support for pedestrian safety strategies

Name of contractor: San Francisco Unified School District \$ 30,000  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012 Method of  
Accountability: See above in Contractor section  
Description of Activities: In partnership with the Department of Children, Youth and their Families and SFSPH, the SF Unified School District will partner to modify citywide joint use policies and procedures and develop technology infrastructure to increase community uses that lead to increasing youth and families' access to local, convenient places for physical activity, wellness, youth development and educational support services.

Name of sub-contractor: Bayview YMCA \$ 20,000  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012  
Method of Accountability: See above in Contractor section Description of  
Activities: In partnership with SF Parks and Recreation, develop programs for ACTIVE Zones (offering one-hour of daily, free, inclusive, culturally-relevant, group-based physical activities) promote health and social connection among adults.

Name of sub-contractor: Boys and Girls Club of San Francisco \$ 20,141  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012  
Method of Accountability: See above in Contractor section Description of  
Activities: Plan and implement one-hour of daily, fun, free, inclusive, culturally-relevant, developmentally-appropriate, physical activity for youth) in each of the nine Boys & Girls Clubhouses serving the most under-resourced neighborhoods in the county.

Name of sub-contractor: Children's Council of San Francisco \$ 25,000  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012  
Method of Accountability: See above in Contractor section  
Description of Activities: Develop and implement countywide standards, policies and recognition program for healthy nutrition and physical activity at early learning centers.

Name of sub-contractor: Portola and Excelsior Family Connections \$ 15,000  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012  
Method of Accountability: See above in Contractor section Description  
of Activities: Develop and implement policies to support infant-parent drop-in "Baby Zone" in Family Resource Centers.

Name of sub-contractor: San Francisco Breastfeeding Promotion Coalition \$ 15,000  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012  
Method of Accountability: See above in Contractor section  
Description of Activities: Develop and implement policies employers offering lower wage positions to begin offering lactation support programs and be recognized as employers that establish and maintain comprehensive, high-quality lactation support programs for their employees.

Name of sub-contractor: San Francisco Parks and Recreation \$ 25,000  
Method of Selection: Sole Source.  
Period of performance: 9/30/2011 – 9/29/2012  
Method of Accountability: See above in Contractor section Description of  
Activities: Develop and implement systems that transform the existing Rec&Park system of registration-based classes toward offering at least one daily, drop-in, introductory-level physical activity that welcomes all adults.

Fiscal Agent Fee of 7% of Total Budget to cover administrative costs \$ 28,538  
**Total Contract \$ 407,679**

i. Total Direct Costs	\$758,246	\$0	\$758,246
J. Indirect Costs/Federal F& A Costs (24.84% of Total Salaries) <i>The rate is 24.84% of direct cost base of total salaries</i>	\$57,112	\$0	\$57,112
<b>TOTAL BUDGET</b>	<b>\$815,358</b>	<b>\$0</b>	<b>\$815,358</b>

## SFHiAP - Project Abstract

The **San Francisco Health in All Policies (SF-HiAP): Transforming Places, Empowering People** project will build the infrastructure of San Francisco's key governmental agencies and community-based organizations to implement institutional, place-based policies that promote wellness. The primary goal of SF-HiAP is to enact policies that build healthy, safe and equitable communities with a particular focus on homes, walking environments and public places. Specific policy and environmental interventions that will support this goal include: (1) reducing second hand smoke in multi-unit housing and air pollution in low-income communities; (2) creating pedestrian safety policies and a pedestrian strategy to ensure equity and create walkable communities for the most under-resourced San Francisco neighborhoods; and (3) promoting healthy choices through the transformation of public places and neighborhood centers (including workplaces, early learning centers, markets, recreational centers, family resource centers and clinics), particularly those located in communities most impacted by health disparities.

A second, complementary goal of SF-HiAP is to mobilize people and communities to implement place-based health policies. The project's design recognizes that San Franciscans want to be empowered to create social and political change to improve their health and wellness. To build upon San Francisco County's "people power," SF-HiAP will implement a series of policy and infrastructural interventions, including: (1) training and certifying Community Health Workers who will work as social change agents by bridging services and conducting prevention activities in both community and clinical settings; (2) engaging and training all youth development program participants to create healthy, safe, and equitable communities, and (3) training and engaging employees at community-based agencies on health equity, social determinants of health and the Spectrum of Prevention.

The applicant and lead agency for the project is the City and County of San Francisco Department of Public Health (SFDPH), the sole Health Department in San Francisco County. As one of the largest health departments in the State of California, SFDPH serves an ethnically diverse and aging population of more than 805,000 San Francisco County residents. SFDPH is recognized as a public health leader with a track record of success in implementing innovative, effective, evidence-based strategies and enacting policies to build healthy, safe and equitable communities. Despite these many accomplishments, the vast majority of SFDPH's budget is devoted to secondary and tertiary healthcare services. In addition, the County of San Francisco still has large health disparities – and the highest crude death rate of any large county in California. Recognizing the value and importance of primary prevention in achieving the CTG goals of reducing obesity and death and disability due to tobacco use, heart disease and stroke, SFDPH seeks CDC implementation grant funding to build upon its existing prevention infrastructure to achieve countywide transformation and sustainable change.

To implement SF-HiAP, SFDPH will partner with a broad group of governmental entities, community-based organizations, and countywide and regional coalitions representing the many

sectors and systems that will be impacted by the project, including housing, transportation, economic development, education, hospitals and clinics, family and human services, and others. This proposal is aligned with the California Department of Public Health (CDPH) priorities for the State, and CDPH will serve on the SF-HiAP Leadership Council. Project evaluation will be a collaborative effort between SFDPH and the University of California – San Francisco (UCSF), a highly regarded research institution with an extensive track record of conducting evaluation for CDC-funded initiatives.



## **A Background and Need**

The **San Francisco Health in All Policies (SF-HiAP): Transforming Places, Empowering People** initiative will weave together CDC evidence-based strategies to achieve the Community Transformation Grant (CTG) program's long-term objectives of reducing death and disability due to tobacco use, obesity, and heart disease and stroke. The selected strategies all support SF-HiAP's primary aim of implementing policies to build healthy, safe and equitable communities, with a particular focus on homes, walking environments, and public places. Specific policy and environmental interventions that will support this goal include: (1) reducing environmental tobacco smoke in multi-unit housing and air pollution in low-income communities; (2) creating walkable communities through pedestrian safety policies and a pedestrian network to ensure equity for San Francisco's most under-resourced neighborhoods; and (3) promoting healthy choices through the transformation of public places and neighborhood centers. A second, cross-cutting and complementary goal of SF-HiAP is to empower people and communities to implement sustainable place-based policies, through integration of community health workers and youth leaders in community mobilization efforts. This application is for an implementation grant.

SF-HiAP can be summarized with two high-level, complementary goals:

1. Transforming places: To enact policies that create healthy, safe and equitable communities, with a particular focus on homes, walking environments, and public places; and
2. Empowering people: To empower people and communities to implement place-based wellness policies.

San Francisco is an ideal location to implement a CTG because we have (1) a higher burden of disease; (2) an ethnically and socioeconomically diverse population; (3) convened a cross-sector transformative team with a proven track record, (4) committed to collaboration and sharing with local, regional, and national stakeholders; and (5) aligned our activities with the latest prevention and health status monitoring guidelines.

Table 1: SF-HiAP Activities by High-level Goals and Primary CTG Strategic Direction (●)

High-level Goals	No.	Project Name	Strategic Direction				
			1	2	3	4	5
Transforming Places	1	Smoke-Free Housing Policies	●			○	
	2	Healthy Neighborhood Markets		●		○	
	3	Joint Use Policies (physical activity)		●			
	4	ACTive Zones (physical activity)		●		○	
	5	Neighborhood PowerPlay (physical activity)		●		○	
	6	Workplace Lactation Support (healthy nutrition)		●		○	
	7	Wellness Policies in Early Learning Centers <sup>2</sup>		●			
	8	Systems-Based Infrastructure for HC Providers	○	○	●		
	9	Baby Zones in Family Resource Centers				●	
	10	Developing Walkable Communities		●		○	●
	11	Protecting Pedestrians in High-Risk Corridors		●			●
	12	Air Pollution Community Risk Reduction		●			●
Empowering People (cross-cutting)	13	Community Health Worker Training	●	●	●		
	14	Health in all Youth Development Programs	●	●	●	○	○
	15	Health Equity Technical Assistance (SFSU)	●	●	●	○	○

In Table 1 we list the SF-HiAP activities by high-level goal and primary CTG Strategic Direction. In truth, these activities will act through multiple, interacting pathways. We expect SF-HiAP to improve the population's cardiovascular health through activities that act through established causal pathways (see Appendix 11 for relevant system dynamics causal model).<sup>1</sup>

To implement an operational "Health in All Policies" framework that guides changing environments, infrastructures, and programs, we have adapted the *Spectrum of Prevention* by the Prevention Institute to the following (a) change social norms and public policy; (b) change community environments; (c) change organizational practices; (d) foster coalitions and networks; (e) strengthen families and homes; and (f) strengthen knowledge and skills. Figure 1 on the next page depicts the SF-HiAP Spectrum of Prevention using a socio-ecological model of health. This explanatory model summarizes the SF-HiAP upstream, population health approach for stakeholders and policymakers. Finally, the SF-HiAP approach and activities align with the National Prevention Strategy<sup>2</sup> and the National Strategy for Quality Improvement in Health Care.<sup>3</sup>

<sup>1</sup>Homer et al. Simulating and evaluating local interventions to improve cardiovascular health. *Prev Chronic Dis* 2010;7(1).

<sup>2</sup>Available from <http://www.healthcare.gov/center/councils/nphpphc/strategy/report.pdf>.

<sup>3</sup>Available from <http://www.healthcare.gov/center/reports/nationalqualitystrategy032011.pdf>



COOPERATIVE AGREEMENTS  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Grant Number: 1U58DP003623-01

Principal Investigator(s):  
TOMAS ARAGON, MD

Project Title: Public Prevention Health Fund: Community Transformation Grants

FINANCIAL OFFICER  
SAN FRANCISCO DEPT OF PH  
30 VAN NESS AVE, STE 2300  
SAN FRANCISCO, CA 94102

Award e-mailed to: [barbara.garcia@sfdph.org](mailto:barbara.garcia@sfdph.org)

Budget Period: 09/30/2011 – 09/29/2012  
Project Period: 09/30/2011 – 09/29/2016

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$815,358 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 301A, 311BC, 317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Mildred Garner  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

**SECTION I – AWARD DATA – 1U58DP003623-01**

**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$277,779
Fringe Benefits	\$97,223
Personnel Costs (Subtotal)	\$375,002
Supplies	\$4,801
Travel Costs	\$4,900
Other Costs	\$5,816
Consortium/Contractual Cost	\$262,603

Federal Direct Costs	\$653,122
Federal F&A Costs	\$162,236
Approved Budget	\$815,358
Federal Share	\$815,358
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$815,358</b>

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$815,358**

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02	\$815,238
03	\$815,358
04	\$815,358
05	\$815,358

**Fiscal Information:**

CFDA Number: 93.531  
 EIN: 1946000417A8  
 Document Number: 003623CO11

IC	CAN	2011	2012	2013	2014	2015
DP	939ZMNL	\$815,358	\$815,238	\$815,358	\$815,358	\$815,358

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
1	\$815,358	\$815,358	
2	\$815,238	\$815,238	
3	\$815,358	\$815,358	
4	\$815,358	\$815,358	
5	\$815,358	\$815,358	

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

**CDC Administrative Data:**  
 PCC: N / OC: 4141

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1U58DP003623-01**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

---

**SECTION III – TERMS AND CONDITIONS – 1U58DP003623-01**

This award is based on the application submitted to, and as approved by, CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

**Treatment of Program Income:**  
Additional Costs

---

**SECTION IV – DP Special Terms and Conditions – 1U58DP003623-01**

Cooperative Agreement  
Funding Opportunity Announcement (FOA) Number: CDC-RFA-DP11-1103PPHF  
Award Number: U58DP003623-01  
Category B: Implementation

**TERMS AND CONDITIONS OF THIS AWARD**

**NOTE 1. INCORPORATION:** Funding Opportunity Announcement Number CDC-RFA-DP11-1103PPHF entitled, U.S. Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), Patient Protection and Affordable Care Act (ACA), Public Health Prevention Fund: Community Transformation Grants, and the application dated 07/15/2011 are hereby made a part of this ACA award by reference.

**NOTE 2. APPROVED FUNDING:** Funding in the amount of \$815,358.00 is approved for the Year 01 budget period, which is September 30, 2011 through September 29, 2012. This is the first budget year of a five year project period. This award is funded with Patient Protection and Affordable Care Act (ACA), funds.

The Grantee must adhere to the requirements of Section 4002 and 4201 of the Patient Protection and Affordable Care Act (ACA) [www.whitehouse.gov/healthreform/healthcare-overview](http://www.whitehouse.gov/healthreform/healthcare-overview). All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

**NOTE 3. SUMMARY STATEMENT RESPONSE REQUIREMENT:** The objective review summary comments on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist as noted in the CDC Contact section of this Notice of Award, not later than October 24, 2011. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

**NOTE 4. REVISED BUDGET SPECIAL CONDITIONS:**

You are required to submit a revised budget, detailed narrative justification and work plan by October 24, 2011. You will be contacted within the next ten (10) days via email regarding upcoming budget discussions. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Management Specialist noted in Section IV, Staff Contacts will receive the information.

**RURAL OR FRONTIER AREAS (If applicable)**

Grantee is required to direct a minimum of 20% of total funds awarded to rural or frontier areas. CDC NCCDPHP will ensure that a minimum of 20% of total funds awarded are directed to rural or frontier areas.

Grantee is required to direct a minimum of 20% of total funds awarded to rural or frontier areas. CDC NCCDPHP will ensure that a minimum of 20% of total funds awarded are directed to rural or frontier areas.

**PLEASE SEE ATTACHED - ADDITIONAL REQUIREMENTS-**

Restricted Costs as stated in the FOA, Section IV, Application and Submission are as follows:

- a. No part of any appropriated funds used under this cooperative agreement shall be used other than for normal and recognized executive legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending or proposed before the Congress or any State or local legislature, including city councils or ballot initiatives except in presentation to the Congress or any State or local legislature, including city councils, itself.
- b. (b) No part of any appropriated funds used under this cooperative agreement shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending or proposed before the Congress or any State or local legislature or city council.
- c. Recipients may not use funds for research.
- d. Recipients may not use funds for clinical care.
- e. Recipients may only expend funds for reasonable program purposes, including personnel, travel, supplies, and services, such as contractual.
- f. Recipients may not generally use HHS/CDC/ATSDR funding for the purchase of furniture or equipment. However, if equipment purchase is integral to a selected strategy, it will be considered. Any such proposed spending must be identified in the budget.
- g. Recipients may not use funding for construction.
- h. The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project objectives and not merely serve as a conduit for an award to another party or provider who is ineligible.
- i. Reimbursement of pre-award costs is not allowed.
- j. Recipients may not use funds for abortions in accordance with Executive Order 13535.
- k. If requesting indirect costs in the budget, a copy of the indirect cost rate agreement is required. If the indirect cost rate is a provisional rate, the agreement should be less than 12 months of age. The indirect cost rate agreement should be uploaded as a PDF file with "Other Attachment Forms" when submitting via Grants.gov.

**Plans and Due Dates**

The following Plans are due to the Project Officer listed under Programmatic contact in NOTE 30:

- A. Final Capacity Building Plan due to CDC Project Officer by December 30, 2011 Capacity Building awardees
- B. Final Implementation Plan due to CDC Project Officer by January 30, 2011 (Implementation awardees)
- C. Final Evaluation Plan due to CDC Project Officer by February 29, 2012 (Implementation awardees)

**NOTE 5. PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA) SUB-ACCOUNT INFORMATION:**

(IMPORTANT: There are separate reporting requirements for these funds which are spelled out under the PAYMENT INFORMATION on NOTE 25 of these terms and conditions).

Every grantee has a PIN that is matched to an account number that allows grantees access to funds in the General or "G" Account and the "P" Account obligated by the Government to that grantee. The "G" account contains all funding obligated to that grantee by any governmental agency. In making a payment in response to a grantee request from the "G" account, the Government is acknowledging that there are enough funds in the sum of available cash from its aggregate awards, to fulfill this request. The "G" account designation is comprised of the alpha numeric numbers of the award type followed by the grantee award number e.g. U58DP001234.

The "P" Account is a Sub-account created specifically for the purpose of tracking designate types of funding in the Payment Management System. Sub-accounts or "P" Accounts have been

FOR THIS BUDGET PERIOD FUNDING YEAR, SEPTEMBER 30, 2011 THRU SEPTEMBER 29, 2012, FUNDS WILL BE IN THE ?P? Sub-account. These funds are to be managed on a separate budget from your prior ?G? account. They are not to be co-mingled at any time.

The ACA Sub-Account Title in the DHHS Payment Management System (PMS) is: CMTYTRANGRANTS11 and must be used by your organization when requesting these funds in PMS.

The ACA Sub-Account Number in the DHHS Payment Management System (PMS) is: (001234C011) insert 6 digit grantee number plus the subaccount ?document pattern. All funding for future years will be based on satisfactory programmatic progress and the availability of funds.

NOTE 6. INDIRECT COSTS: Indirect Costs/Facilities Administration Rates are based on an approved Cost Allocation Plan at a rate of 24.84% of salaries. Please submit a copy of the signed Cost Allocation Plan with the revised budget.

#### NOTE 7. REPORTING REQUIREMENTS:

##### CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS:

All recipient organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS. Additionally, all recipient organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide information required for the conduct of business as a recipient. Additional information about registration procedures may be found at the CCR internet site at [www.ccr.gov](http://www.ccr.gov). If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

##### FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):

All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347. FISMA applies to CDC grantees only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, visit website: [http://fwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107\\_cong\\_public\\_laws&docid=f:publ347.107.pdf](http://fwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=107_cong_public_laws&docid=f:publ347.107.pdf)

##### FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY ACT of 2006:

(X) FFATA DOES APPLY: THE GRANTEE MUST FOLLOW THIS SECTION

In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime Awardees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime awardee awards any sub-grant equal to or greater than \$25,000.

A. Reporting of first-tier subawards.

1. Applicability. Unless you are exempt as provided in paragraph D. of this award term, you must report each action that obligates \$25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111-25) for a subaward to an entity (see definitions in paragraph E. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph A.1. of this award term to <http://www.fsrs.gov>.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).

3. What to report. You must report the information about each obligating action that the submission instructions posted at <http://www.fsrs.gov> specify.

B. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if-

i. The total Federal funding authorized to date under this award is \$25,000 or more;

ii. In the preceding fiscal year, you received-

(a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

2. Where and when to report. You must report executive total compensation described in paragraph A.1. of this award term:

i. As part of your registration profile at <http://www.con.gov>;

ii. By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Subrecipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier subrecipient under this award, you shall report the names and total compensation of each of the sub-recipients five most highly compensated executives for the subrecipients preceding completed fiscal year, if-

i. In the subrecipients preceding fiscal year, the subrecipient received-

(a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) \$25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at <http://www.sec.gov/answers/execomp.htm>).

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph C.1. of this award term:

i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e.,



between October 1 and 31), you must report any required compens. information of the subrecipient by November 30 of that year.

**D. Exemptions**

If, in the previous tax year, you had gross income, from all sources, under \$300,000, you are exempt from the requirements to report:

- i. Subawards, and
- ii. The total compensation of the five most highly compensated executives of any subrecipient.

**E. Definitions. For purposes of this award term:**

1. Entity means all of the following, as defined in 2 CFR Part 25:

- i. A Governmental organization, which is a State, local government, or Indian tribe;
- ii. A foreign public entity;
- iii. A domestic or foreign nonprofit organization;
- iv. A domestic or foreign for-profit organization;
- v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

**3. Subaward:**

i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. \_\_\_\_210 of the attachment to OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations).

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

**4. Subrecipient means an entity that:**

- i. Receives a subaward from you (the recipient) under this award; and
- ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds \$10,000.

**NON-DELINQUENCY ON FEDERAL DEBT:**

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient. Anyone who has been judged to be in default on a Federal debt and who has had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted

following an award to pay such an individual, CDC will disallow cost argued to awards that provide funds to individuals in violation of this Act. These requirements apply to all types of organizations and awards, including foreign grants.

#### NOTE 8. ANNUAL FEDERAL FINANCIAL REPORT (FFR, SF 425):

a) ANNUAL FEDERAL FINANCIAL REPORT (FFR) (SF425): is required 90 days after the end of each budget period. The FFR for this budget period is due to the Grants Management Specialist by December 29, 2012. Reporting timeframe is 09/30/2011 through 09/29/2012. The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of un-liquidated obligations must be identified that reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing, <http://www.whitehouse.gov/omb/grants/sf425a.pdf> (short form) or <http://www.whitehouse.gov/omb/grants/sf425.pdf>.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

#### b) ANNUAL PROGRESS REPORT:

The Annual Progress Report is due 90 days following the end of the budget period on December 29, 2012. Reporting timeframe is 09/30/2011 through 09/29/2012. The report must include:

- A comparison of actual accomplishments to the goal established for the period;
- The reasons for failure, if established goals were not met; and
- Other pertinent information including, when appropriate, analysis and explanation of performance costs significantly higher than expected.

#### SEMI-ANNUAL PROGRESS REPORTING

Each funded applicant must provide CDC with a semi-annual Interim Progress Report submitted via [www.grants.gov](http://www.grants.gov). This report should document progress to meeting programmatic objectives and include success stories related to efforts under the grant.

1. The interim progress report is due no less than 120 days before the end of the budget period. The Interim Progress Report will serve as the non-competing continuation application, and must contain the following elements:
  - a. Standard Form (SF) 424S Form.
  - b. SF-424A Budget Information-Non-Construction Programs.
  - c. Budget Narrative.
  - d. Indirect Cost Rate Agreement.
  - e. Project Narrative.

Additionally, funded applicants must provide CDC with an original, plus one hard copy of the following reports:

2. Federal Financial Report\* (FFR) (SF 425) and annual progress report, no more than 90 days after the end of the budget period.
3. Final performance and Federal Financial Reports\*, no more than 90 days after the end of the project period.

Note: An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date. All reports must include the Award and Program Announcement numbers shown above.

NOTE 9. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to: Federal Audit Clearing House, Bureau of the Census, 1201 East 10th Street

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: [govs.fac@census.gov](mailto:govs.fac@census.gov)

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)

ATTN: Audit Resolution, Mail Stop E-14

2920 Brandywine Road

Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

**NOTE 10. SUBGRANT/SUBRECIPIENT AWARDS:** Seed Grants/Sub-Grants ARE NOT authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed funding as a procurement requirement per the organizations established procedures.

**NOTE 11. TRAVEL COST:** In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, Recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organizations established travel policies and procedures. When travel procedures are not in place, the Government Travel Regulations are applicable. The URL for travel is found at:

Per diem: <http://policyworks.gov/org/main/mt/homepage/mt/perdiem/perd0fd.html>  
(add taxes to lodging); Airline Flights: <http://www.fedtravel.com/gsa/>

**Required CDC Travel:**

Specific travel requirements for CTG 1 are listed below:

Meeting	# of Staff	# of Days	Dates	Location
CTG Kick-Off Meeting	3-4 Staff Members	3.5 days	October 24-27, 2011	Atlanta
**CTG Action Institute	18-10 Team Members	3.5 days	November 29- December 2, 2011	Atlanta
**CTG Action Institute	28-10 Team Members	3.5 days	December 5- 8, 2011	Atlanta
**CTG Action Institute	38-10 Team Members	3.5 days	December 12-15, 2011	Atlanta

\*\*Action Institutes are content-specific for capacity building and implementation awardees. Awardees are not required to attend all three Action Institutes. CDC will provide additional details about each institute so that awardee can determine which is most appropriate for the organization.

**NOTE 12. FOOD AND MEALS:** Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel.

Per HHS Policy food is ?Generally unallowable except for the following: 1.) For subjects and patients under study; 2.) As part of a per diem or subsistence allowance provided in conjunction with allowable travel.

**NOTE 13. PRIOR APPROVAL:** All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period and

submitted with an original plus two copies. Any requests received to effect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests:

- 1) Use of unobligated funds from prior budget period (Carryover);
- 2) Lift funding restriction, withholding, or disallowance;
- 3) Redirection of funds;
- 4) Change in Contractor/Consultant;
- 5) Supplemental funds;
- 6) Response to Technical Review or Summary Statement;
- 7) Change in Key Personnel

**NOTE 14. CORRESPONDENCE:** ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the FOA NUMBER and GRANT AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Daria C. Ewing, Grants Management Specialist  
Centers for Disease Control, PGO, Branch III  
2920 Brandywine Road, Mail Stop 3719  
Atlanta, GA 30341-4146  
Telephone: (770) 488-2727  
Fax: (770) 488-2778  
Email: vfa8@cdc.gov

**NOTE 15. INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

**NOTE 16. PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example: This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

**NOTE 17. CONFERENCE DISCLAIMER AND USE OF LOGOS:**

**Disclaimer:** If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

**Logos:** Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

**NOTE 18. EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organizations policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

- i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations. For additional information, please review the following website: <http://www.whitehouse.gov/omb/circulars/a110/a110.html>
- ii. 45 CFR Parts 74.32 and 74.34 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed: [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr92\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html)

**NOTE 19. LOBBYING RESTRICTIONS:**

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby. In addition no part of CDC appropriated funds shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State or local legislature, except in presentation to the Congress or any State or local legislature itself. No part of the appropriated funds shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State or local legislature.

Any activity designed to influence action in regard to a particular piece of pending legislation would be considered "lobbying." That is lobbying for or against pending legislation, as well as indirect or "grass roots" lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives at the Federal or State levels to urge support of, or opposition to, pending legislative proposals is prohibited. As a matter of policy, CDC extends the prohibitions to lobbying with respect to local legislation and local legislative bodies.

The provisions are not intended to prohibit all interaction with the legislative branch, or to prohibit educational efforts pertaining to public health. Clearly there are circumstances when it is advisable and permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, it would not be permissible to influence, directly or indirectly, a specific piece of pending legislation. It remains permissible to use CDC funds to engage in activity to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; provide leadership and training, and foster safe and healthful environments.

Recipients of CDC grants and cooperative agreements need to be careful to prevent CDC funds from being used to influence or promote pending legislation. With respect to conferences, public events, publications, and "grassroots" activities that relate to specific legislation, recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds. CDC also cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law.

**NOTE 20. PROGRAM INCOME:** Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer. **Additional Costs Alternative—Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).**

**NOTE 21. KEY PERSONNEL:** In accordance with 45 CFR 74.25(c) (2) & (3) CDC recipients shall obtain prior approval changes in key persons in cases where specified in an application (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

**NOTE 22. COMPLIANCE WITH EO 13513, FEDERAL LEADERSHIP ON REDUCING TEXT MESSAGING WHILE DRIVING:** Effective October 1, 2009 this compliance is required. Grant recipients and sub-recipients to grant funds are prohibited from texting while driving a Government owned vehicle or when using Government furnished electronic equipment while driving any vehicle. This award is subject to the requirements of Executive Order (EO 13513). For the full text of the award terms and conditions, please review the following website: [http://www.cdc.gov/od/pgo/funding/addtl\\_Reqmnts.htm](http://www.cdc.gov/od/pgo/funding/addtl_Reqmnts.htm).

**NOTE 23. TRAFFICKING IN PERSONS:** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website: [http://www.cdc.gov/od/pgo/funding/grants/Award\\_Term\\_and\\_Condition\\_for\\_Trafficking\\_in\\_Persons.shtml](http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtml)

**NOTE 24. ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

**NOTE 25. PAYMENT INFORMATION:**

(IMPORTANT: Reference Patient Protection and Affordable Care Act (ACA) Sub-Account Information, NOTE 5)

**AUTOMATIC DRAWDOWN (DIRECT/ADVANCE PAYMENTS):**

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS will forward instructions for obtaining payments.

a.) PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM  
P.O. Box 6021  
Rockville, MD 20852  
Phone Number: (877) 614-5533  
Email: [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)

Website: [http://www.dpm.psc.gov/grant\\_recipient/shortcuts/shortcuts.aspx?explorer.event=true](http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true)  
Please Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/univ\\_nonprofit.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true)

Governmental and Tribal Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/gov\\_tribal.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true)

Cross Servicing Payment Branch:

Governmental and Tribal Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/gov\\_tribal.aspx?explorer.event=true](http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true)

Cross Servicing Payment Branch:

[http://www.dpm.psc.gov/contacts/dpm\\_contact\\_list/cross\\_servicing.aspx](http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx)

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

b.) ACA Payment Reporting Requirements - Expenditures must be reported on the 272 under the grant award number in which funds were obligated. In the "G" Account, one 272 is required; however, each budget year is considered a new grant award in the "P" Account, therefore, several 272's must be reported for this account.

For Example:

Document number OCCU123456 G-account ? report one cumulative 272 report by document number; A separate 272 report must be reported for EACH document in the P-account.

**NOTE 26. ACCEPTANCE OF THE TERMS OF AN AWARD:** By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

**NOTE 27. CERTIFICATION STATEMENT:** By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

**NOTE 28. ADDITIONAL REQUIREMENTS:** Awardees must comply with the administrative requirements outlined in 45 Code of Federal Regulations (CFR) Part 74 or Part 92 as appropriate. The Additional Requirements that apply to this grant or cooperative agreement are indicated below. The full text of the Additional Requirements may be found on the CDC web site at: [http://www.cdc.gov/od/pgo/funding/grants/additional\\_req.shtm](http://www.cdc.gov/od/pgo/funding/grants/additional_req.shtm)

- AR-7: Executive Order 12872 Review
- AR-8: Public Health System Reporting Requirements
- AR-9: Paperwork Reduction Act Requirements
- AR-10: Smoke-Free Workplace Requirements
- AR-11: Healthy People 2010
- AR-12: Lobbying Restrictions
- AR-14: Accounting System Requirements
- AR-15: Proof of Non-profit Status
- AR-16: Security Clearance Requirement
- AR-21: Small, Minority, And Women-owned Business
- AR-23: Compliance with 45 C.F.R. Part 87
- AR-26: National Historic Preservation Act of 1966
- AR-27: Conference Disclaimer and Use of Logos
- AR-29: Compliance with EO13513, "Federal Leadership on Reducing Text Messaging while Driving", October 1, 2009

**NOTE 29. CDC STAFF CONTACTS:**

Programmatic Technical Assistance:  
Business and Grants Policy Contact  
Vivian Walker, Grants Management Officer  
Centers for Disease Control, PGO, Branch III  
2920 Brandywine Road, Mail Stop E-09  
Atlanta, GA 30341-4146  
Telephone: (770) 488-2077  
Fax: (770) 488-2778  
Email: [vew4@cdc.gov](mailto:vew4@cdc.gov)

Email: vfa8@cdc.gov

Programmatic Contact

Ana Rivera, Project Officer  
4770 Buford Hwy, NE MS -K45  
Atlanta GA 30341  
Telephone: 770-488-5603  
Email address: ala2@cdc.gov

**STAFF CONTACTS**

Grants Management Specialist: Dana C Ewing

**SPREADSHEET SUMMARY**

GRANT NUMBER: 1U58DP003623-01

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>	<i>Year 3</i>	<i>Year 4</i>	<i>Year 5</i>
Salaries and Wages	\$277,779				
Fringe Benefits	\$97,223				
Personnel Costs (Subtotal)	\$375,002				
Supplies	\$4,801				
Travel Costs	\$4,900				
Other Costs	\$5,816	\$815,238	\$815,358	\$815,358	\$815,358
Consortium/Contractual Cost	\$262,603				
TOTAL FEDERAL DC	\$653,122	\$815,238	\$815,358	\$815,358	\$815,358
TOTAL FEDERAL F&A	\$162,236				
TOTAL COST	\$815,358	\$815,238	\$815,358	\$815,358	\$815,358



**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, SF Board of Supervisors	Members, SF Board of Supervisors

<b>Contractor Information</b> (Please print clearly.)	
Name of contractor: San Francisco Public Health Foundation	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
Please see attached	
Contractor address: 1450 Sutter St. #101 San Francisco, CA 94109	
Date that contract was approved:	Amount of contract: \$ 2,038,395 total Sept 30, 2011-Sept 29, 2016
Describe the nature of the contract that was approved: We have a long-term established relationship with SF Public Health Foundation involvement in our public health initiatives in San Francisco and have a good working relationship. Our working relationship has been beneficial to the Department. Lead agency contractor whose role will be solely to fiscally administer that funds that will be provided to sub-recipients of CTG. This agency's role is primarily for fiscal administration of the sub-recipients for the purpose of streamlining our sub-contracting policy. SFDPH remains as the prime recipient of the funds and completely responsible for ensuring that grant deliverables are met for the entire CTG award, and coordinating the work of all the sub-recipients. The fiscal intermediary agency will be monitored by SFDPH, as will all the sub-recipients to ensure they are meeting requirements and objectives.	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits  
Print Name of Board

<b>Filer Information</b> (Please print clearly.)	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Bos.Legislation@sfgov.org

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed

*Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.*

1. Members of the Board of Directors:

- President - Randy Wittorp
- Vice President - Cynthia A. Gómez, PhD.
- Treasurer - Arthur Weiss
- Secretary - Daniel A. Cody
- Colleen Chawla
- Martin H. Engel
- Josh Greenblatt
- Sonia Melara
- Dani Nolan
- Amanda Schmutzler

2. Penny Eardley, Executive Director and Arthur Weiss, Treasurer

3. No person has ownership in this 501 c 3 organization

4. There are various subcontractors in the budget-initially these are subcontractors identified for first year. In our project planning process we will identify if these will continue into future years and any additional subcontractors. In addition, we expect to have a planning consultant in Year 1.

City College of San Francisco-Community Health worker Certificate Program	\$100,000
Youth Leadership Institute	\$39,000
Walk San Francisco	\$40,000
San Francisco Unified School District	\$30,000
Bayview YMCA	\$20,000
Boys and Girls Club of San Francisco	\$20,141
Children's Council of San Francisco	\$25,000
Portola and Excelsior Family Connections	\$15,000
San Francisco Breastfeeding Promotion Coalition	\$15,000
San Francisco Parks and Recreation	\$25,000

5. No political committee is sponsored or controlled by the San Francisco Public Health Foundation.