

File No. 140685

Committee Item No. 19
Board Item No. 38

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date June 19, 2014

Board of Supervisors Meeting

Date 7/8/14

Cmte Board

- | | | |
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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" 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 and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input checked="" 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 checked="" type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong Date June 13, 2014
Completed by: L.W. Date 7/2/14

1 [Accept and Expend Grant - Ryan White Part C Outpatient EIS Program - \$322,645]

2
3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$322,645 from the Health Resources and Services**
5 **Administration to participate in a program entitled Ryan White Part C Outpatient EIS**
6 **Program for the period of May 1, 2014, through April 30, 2015, and waiving indirect**
7 **costs.**

8
9 WHEREAS, Health Resources and Services Administration has agreed to fund
10 Department of Public Health (DPH) in the amount of \$322,645 for the period of May 1, 2014,
11 through April 30, 2015; and

12 WHEREAS, As a condition of receiving the grant funds, Health Resources and
13 Services Administration requires the City to enter into an agreement (Agreement), a copy of
14 which is on file with the Clerk of the Board of Supervisors in File No. 140685; which is hereby
15 declared to be a part of this Resolution as if set forth fully herein; and

16 WHEREAS, The purpose of this project will be to continue providing Part C-funded
17 comprehensive primary care services to HIV-positive homeless and marginally-housed
18 residents of the Tenderloin neighborhood of San Francisco; and

19 WHEREAS, A request for retroactive approval is being sought because Health
20 Resources and Services Administration did not finalize the agreement until April 28, 2014, for
21 a project start date of May 1, 2012; and

22
23 *///*

24 *///*

25 *///*

1 WHEREAS, Ryan White Part C Outpatient EIS Program Grant does not allow for
2 indirect costs to maximize use of grant funds on direct services; and

3 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
4 therefore, be it

5 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
6 in the amount of \$322,645 from Health Resources and Services Administration; and

7 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
8 indirect costs in the grant budget; and, be it

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

12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 Agreement on behalf of the City.
14
15

16 RECOMMENDED:

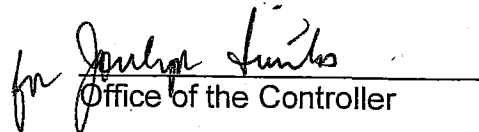
17 

18
19 Barbara A. Garcia, MPA.
Director of Health

APPROVED:

20
21 

22
23 Office of the Mayor

24
25 
Office of the Controller

File Number: 140685
(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: **Ryan White Part C Outpatient EIS Program**

2. Department: **Department of Public Health
HIV Health Services Section**

3. Contact Person: **Dean Goodwin** Telephone: **437-6278**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$322,645**

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

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

7a. Grant Source Agency: **Health Resources and Services Administration (HRSA)**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **The San Francisco Department is proposing to continue providing Part C-funded comprehensive primary care services to HIV-positive homeless and marginally-housed residents of the Tenderloin (TL) neighborhood of San Francisco, CA. Clients are predominantly men who have sex with men (MSM), extremely low income, and multiply diagnosed with mental health and substance use concerns. African Americans and Asian and Pacific Islanders are also highly represented. Services to be provided will include primary medical care, medical case management, peer advocacy, treatment adherence, and mental health services.**

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

Start-Date: **05/01/14** End-Date: **04/30/15**

10a. Amount budgeted for contractual services: **\$322,645**

b. Will contractual services be put out to bid? **No**

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

d. Is this likely to be a one-time or ongoing request for contracting out? **N/A**

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

b1. If yes, how much? **\$0**

b2. How was the amount calculated?

c. If no, why are indirect costs not included?

Not allowed by granting agency

Other (please explain):

To maximize use of grant funds on direct services

c2. If no indirect costs are included, what would have been the indirect costs?
Indirect cost \$0; Indirect cost is a percentage of salaries, since no personnel is being charged to grant no indirect cost is budgeted.

12. Any other significant grant requirements or comments:
We respectfully request for approval to accept and expend these funds retroactive to May 1, 2012. The Department received the subcontract agreement on April 28, 2014.

Grant Code is: HCAO60/15

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

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

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input checked="" type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:


Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Ja
Ron Weigelt
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 5/23/14

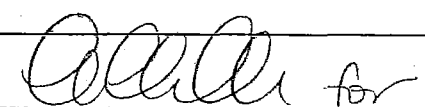

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 5/27/14


(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 AIDS Office - HIV Epidemiology Section
 Ryan White Part C Outpatient EIS Program
 May 1, 2014 - April 30, 2015

Dept / Div:
 Fund Group:
 Index Code: HCHIVHSVCSGR
 Grant Code: HCA060
 Grant Detail: 14

CATEGORY/LINE ITEM	Annual Salary	28.89% Annual Frin Ben	Total Annual Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
A. PERSONNEL											
SEROEPIDEMIOLOGY											
1. Health Program Coordinator 2591 1 Vacant	77,194	22,297	99,491	0%	0.00	6,433	12	0	0	0	
TOTAL SALARY/FRINGE	77,194	22,297	99,491		0.00			0	0	0	
00101 SALARIES										0	
00103 FRNG BN										0	
SUB TOTAL										<u>0</u>	
C. TRAVEL											
1. Local Travel (02301)										0	
2. Out-of-Jurisdiction Travel(02101)										0	
Sub Total TRAVEL										<u>0</u>	
D. EQUIPMENT											
1. Computers (06061)										0	
Sub Total EQUIPMENT										<u>0</u>	
E. MATERIALS AND SUPPLIES											
1. Office supplies (04951)										0	
2. Non-Inventoried Equipment										0	
Sub Total SUPPLIES										<u>0</u>	
F. CONTRACTUAL SERVICES (02789)											
1. Tom Waddell										206,578	placeholder
2. Asian & Pacific Islander Wellness Center										116,067	
Sub Total CONTRACTS										<u>322,645</u>	

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SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 AIDS Office - HIV Epidemiology Section
 Ryan White Part C Outpatient EIS Program
 May 1, 2014 - April 30, 2015

Dept / Div:
 Fund Group:
 Index Code: HCHIVHSVCSGR
 Grant Code: HCAO60
 Grant Detail: 14

CATEGORY/LINE ITEM	Annual Salary	28.89% Annual Frin Ben	total Annual/Frin Be	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
G. OTHER											
1. Rent support/mtg fac (03011)										0	
2. Telephone/Com (03241)										0	
3. Postage (03561)										0	
4. Delivery/Courier srvc (03521)										0	
5. Reproduction/Photocopy										0	
a. Photocopier leasing (03131)										0	
b. Photocopier maint (02931)										0	
c. Repro srvc (In-House)(03551)										0	
6. Print/Slide srvc (Outside)(03552)										0	
7. Promotion/Advertis (03599)										0	
8. Stipend (02783)										0	
9. Staff training (02201)										0	
10. Other Prof. Svcs (02799)										0	
11. IRB fees (02799)										0	
Sub TOTAL OTHER										<u>0</u>	

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TOTAL DIRECT COST 322,645

BUDGET SUMMARY

A. SALARIES	FTE = 0.00	0
B. MANDATORY FRINGE		0
C. TRAVEL		0
D. EQUIPMENT		0
E. MATERIALS AND SUPPLIES		0
F. CONTRACT / MOU		322,645
G. OTHER		0
DIRECT COSTS		322,645
H. INDIRECT COST (12% of total direct cost)		0
TOTAL BUDGET		322,645
AWARD		322,645
SURPL/(DEFICIT)		0

Detailed Line-Item Budget and Justification

**San Francisco Department of Public Health (SFPDH)
AIDS Office, HIV Health Service Section**

HRSA – Ryan White Part C EIS Project
San Francisco Department of Public Health Budget Justification
May 1, 2014 to April 30, 2015

A & B. Salary/Fringe.....	\$0
C. TRAVEL	\$0
D. EQUIPMENT	\$0
E. SUPPLIES	
F. CONTRACTUAL	\$322,645
SFPDH - Tom Waddell - \$206,578	
Asian & Pacific Wellness Center - \$116,067	
G. DIRECT COSTS	\$322,645
H. INDIRECT COSTS (24.84% of total Salaries)	\$0
I. TOTAL DIRECT AND INDIRECT COSTS	\$322,645

HRSA will be performing monthly network and server maintenance activities between Wednesday, May 21st, 2014 6:00 P.M. and Thursday, May 22nd, 2014 3:00 A.M. ET. Please ensure that you save your work and log off prior to the start of these activities to prevent unintentional loss of data.

Preview NoA

NoA Terms & Conditions

1. DATE ISSUED: (MM/DD/YYYY) 2. PROGRAM CFDA: 93.918
04/28/2014

3. SUPERSEDES AWARD NOTICE dated:
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.

4a. AWARD NO.: 4b. GRANT NO.: 5. FORMER GRANT NO.:
5 H76HA24738-03-00 H76HA24739

6. PROJECT PERIOD:
FROM: 07/01/2012 THROUGH: 06/30/2015

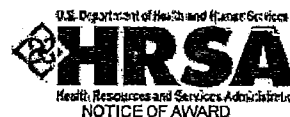
7. BUDGET PERIOD:
FROM: 05/01/2014 THROUGH: 04/30/2015

8. TITLE OF PROJECT (OR PROGRAM): Ryan White Part C Outpatient EIS Program

9. GRANTEE NAME AND ADDRESS:
CITY & COUNTY OF SAN FRANCISCO
25 Van Ness Ave
San Francisco, CA 94102-6033
DUNS NUMBER:
103717336

11. APPROVED BUDGET: (Excludes Direct Assistance)
 Grant Funds Only
 Total project costs including grant funds and all other financial participation

a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$0.00
j. Consortium/Contractual Costs:	\$340,667.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$340,667.00
p. INDIRECT COSTS (Rate: % of S&WTADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$340,667.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$340,667.00



AUTHORIZATION (Legislation/Regulation)
FY 2007 Part C of Title XXVI of the PHS Act, 42 U.S.C. section 300ff-51 et seq. (as amended).
Sections 2651 and 2693 et seq., of the Public Health Service Act, as amended (42 USC 300ff-51), as amended by the Ryan White HIV/

Sections 2651 - 2667 and 2693 of the PHS Act (42 USC 300ff-51) as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009

Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC 300ff 51-67, and 121), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-67)

Sections 2651 - 2667 and 2693 of the Public Health Service Act (42 USC 300ff-51), as amended by the Ryan White HIV/AIDS Treatment Extension Act of 2009 (P.L. 111-67)

10. DIRECTOR OF PROGRAM AND DIRECTOR OF FINANCIAL INVESTIGATOR)
Bill Blum
CITY & COUNTY OF SAN FRANCISCO
25 Van Ness Ave
San Francisco, CA 94102-6033

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	\$340,667.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$18,022.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$322,645.00

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
Not applicable	

14. APPROVED DIRECT ASSISTANCE BUDGET: (in lieu of cash)

a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00

15. PROGRAM INCOME SUBJECT TO 45 CFR Part 74.24 OR 45 CFR 92.25 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other [A]
Estimated Program Income: \$0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS 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 cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS, d. 45 CFR Part 74 or 45 CFR Part 92 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached [X] Yes [] No)

Electronically signed by Brad Barney, Grants Management Officer on : 04/28/2014

17. OBJ. CLASS: 41.51 18. CRS-EIN: 1946000417A8 19. FUTURE RECOMMENDED FUNDING: \$0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
14 - 3770881	93.918	H76HA24739A0	\$322,645.00	\$0.00		N/A

Close Window

HRSA will be performing monthly network and server maintenance activities between Wednesday, May 21st, 2014 6:00 P.M. and Thursday, May 22nd, 2014 3:00 A.M. ET. Please ensure that you save your work and log off prior to the start of these activities to prevent unintentional loss of data.

Preview NoA

NoA Terms & Conditions

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants.hrsa.gov/webexternal/login.asp> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the special remarks and condition(s) may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement: <http://www.hhs.gov/asfr/bgapa/grantinformation/hsgps107.pdf>
2. This award provides 12 months of funding and has been based on available FY14 funds.
3. This Notice of Award provides the offset of an unobligated balance in the amount of \$18,022 from the 07/01/2012 - 06/30/2013 budget period to the current budget period. Please be advised that if the final resolution of the audit determines that the unobligated balance of Federal Funds is incorrect, HRSA is not obligated to make additional Federal Funds available to cover the shortfall.

Program Specific Term(s)

1. A Ryan White Services Report is due in accordance with specific instructions from the Program Office.
RSR Provider Reports and Client Level Data Files are due in accordance with specific instructions from the Program Office.
2. If you operate or propose to operate a separate facility or clinic exclusively for the treatment of patients with HIV disease that segregates these patients from your general patient population, a written justification, not to exceed two pages, must be submitted for written approval prior to operation.
3. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program, or while they await entrance into such programs, and/or for drugs that are not on the State ADAP or Medicaid formulary.
4. The Ryan White Program has established specific legislative criteria for the expenditure of Part C funds. After reserving funds for administration and clinical quality management, at least 75 percent of the remaining funds must be spent on Core Medical Services, which includes the Early Intervention Services (EIS). At least 50 percent of the total funds awarded must be spent on Early Intervention Services. No more than 10 percent of the funds awarded may be spent on administrative costs, including indirect costs. The remainder of the funds may be spent on support services, defined as those services needed for individuals with HIV/AIDS to achieve their medical outcomes. All budget revisions which represent a change in scope of the project, including those transferring funds between object class categories and/or funding categories (Core Medical Services, Support Services, Clinical Quality Management or Administration,) shall adhere to this requirement and must be submitted using HRSA's Electronic Handbooks (EHBs).
5. The grantee is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
6. If your organization purchases or reimburses for outpatient drugs, an assessment must be made to determine whether the organization's drug acquisition practices meet Federal requirements regarding cost-effectiveness and reasonableness (See 42 CFR Part 50, Subpart E, and OMB Circulars A-122 and A-87 regarding cost principles). If your organization is eligible to be a covered entity under Section 340B of the Public Health Service Act and the assessment shows that participating in the 340B Drug Pricing Program and its Prime Vendor Program is the most economical and reasonable manner of purchasing or reimbursing for covered outpatient drugs (as defined in section 340B), failure to participate may result in a negative audit finding, cost disallowance or grant funding offset.
7. Resumes for professional staff not named in the application or that are hired subsequent to the notification of grant award must be submitted using the Electronic Handbooks (EHBs), within 30 days of identification or appointment to the project.
8. Funding beyond this budget period is contingent upon the availability of funds, as specified by a Congressional appropriation and satisfactory progress in meeting the grant project's objectives.

9. Contractors providing services under this grant must adhere to the same requirements as the grantee. All legislative and program requirements that apply to grantees also apply to sub-recipients of their awards. The grantee is accountable for the sub-recipient's performance of the project, program, or activity, the appropriate expenditure of funds under the award; and the other obligations of the Part C award. Grantees are required to annually monitor all subcontractors. Assurance that subcontractors are computing and reporting program income is a Ryan White HIV/AIDS Program Requirement. Subcontractors must also report and validate program expenditures in accordance with budget categories to determine legislative mandates are met.
10. Federal funds awarded under this grant cannot be used for Syringe Services Programs.
11. Programs are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the HIV program.

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2008, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at <http://www.hhs.gov/asfr/gapa/aboutog/nhsgps107.pdf>. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. The HHS Appropriations Act requires that 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 grantees receiving Federal funds, including but not limited to State and local governments, shall clearly state the percentage of the total costs of the program or project which will be financed with Federal money, the dollar amount of Federal funds for the project or program, and percentage and a dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b)) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) in return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or itemFor which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than \$25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 74.25 [Note: 74.25 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 92.30 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
In addition to the prior approval requirements identified in Part 74.25, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds \$100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or \$250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is \$200,000, if the total approved budget is \$300,000, cumulative changes within that budget period exceeding \$75,000 would require prior approval. For recipients subject to 45 CFR Part 92, this requirement is in lieu of that in 45 CFR 92.30(c)(1)(i) which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding \$25,000 (if not included in the approved application) or other prior approval action identified in Parts 74.25 and 92.30 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.
7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htaps@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).
8. Submit audits, if required, in accordance with OMB Circular A-133, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800)253-0696 toll free <http://harvester.census.gov/sac/facconta.htm>
9. EO 13186, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at <http://www.hhs.gov/ocr/ep/revisecliep.html>.
10. This award is subject to the requirements of Section 108 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://www.hrsa.gov/grants/trafficking.htm>. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.
11. The Consolidated Appropriations Act, 2012 (P.L. 112-74) enacted December 23, 2011, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements. HRSA funds may not be used to pay the salary of an individual at a rate in excess of \$181,500 (the Executive Level I salary of the Federal Executive Pay scale). This amount reflects an individual's base salary exclusive of fringe and any income that an individual may be permitted to earn outside of the duties to the applicant organization. This salary limitation also applies to subawards/subcontracts for substantive work under a HRSA grant or cooperative

agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with institutional policy. Your award amount will not necessarily be recalculated to adjust for necessary reductions in salaries included in your proposal. However, none of the funds in this award shall be used to pay the salary of an individual at a rate in excess of the salary limitation. [It is important to note that an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.]

12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see <http://www.hhs.gov/ocr/civilrights/understanding/index.html>. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 8D). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see <http://www.hhs.gov/ocr/civilrights/resources/laws/revisedlep.html> to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit <https://www.sam.gov>.

It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

Reporting Requirement(s)

1. **Due Date: Within 60 Days of Budget Start Date**
Submit an Allocation Report, within 60 days after the start of the budget period.
2. **Due Date: Within 120 Days of Budget End Date**
Submit an expenditure report by August 29, 2015.
3. **Due Date: 03/30/2015**
A Ryan White Services Report (RSR) is due in accordance with specific instructions from the Program Office.
4. **Due Date: 07/30/2015**
The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:
 - Budget Period ends August – October: FFR due January 30
 - Budget Period ends November – January: FFR due April 30
 - Budget Period ends February – April: FFR due July 30
 - Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contact(s)

NoA Email Address(es):

Name	Role	Email
Bill Blum	Program Director	bill.blum@sfdph.org
John Aynsley	Authorizing Official	john.ainsley@sfdph.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Monica Farmer at:

MailStop Code: 17A-29
DCBP
5800 Fishers Ln
Rockville, MD, 20852-1750
Email: mfarmer@hrsa.gov
Phone: (301) 443-3933

Fax: (301) 443-1839

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Adejumoke Otadele at:

MailStop Code: 11-03

5600 Fishers Ln

Rockville, MD, 20852-1750

Email: aotadele@hrsa.gov

Phone: (301) 443-2441

Fax: (301) 443-9810

All submissions in response to conditions and reporting requirements must be uploaded into the EHBs.

Close Window



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 *Chae for*
Director of Health
DATE: May 21, 2014
SUBJECT: Grant Accept and Expend
GRANT TITLE: Ryan White Part C Outpatient EIS Program- \$322,645

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: Not Applicable. No application submitted. Asked to participate the project.
- 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, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

OFFICE OF THE MAYOR
SAN FRANCISCO



RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
EDWIN M. LEE
MAYOR

JUN 10 PH 3:27

le

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *for* Mayor Edwin M. Lee *JE*
RE: Accept and Expend Grant- Ryan White Part C Outpatient EIS Program-
\$322,645
DATE: June 10, 2014

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$322,645 from Health Resources and Services Administration to participate in a program entitled Ryan White Part C Outpatient EIS Program for the period of May 1, 2014, through April 30, 2015, waiving indirect costs.

I request that this item be calendared in Budget and Finance Committee on June 19th.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Asian & Pacific Islander Wellness Center	
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.	
<ol style="list-style-type: none"> 1. see Attachment 1 2. Lance Toma, Executive Director 3. N/A 4. N/A 5. N/A 	
Contractor address: 730 Polk St, 4th Floor, SF, CA, 94109	
Date that contract was approved:	Amount of contract: \$116,067
Describe the nature of the contract that was approved:	
Comments: Asian Pacific Islander Wellness Center is a 501 (c) 3 Nonprofit with a Board of Directors	

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

Filer Information <i>(Please print clearly.)</i>	
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

**Asian & Pacific Islander Wellness Center
Board of Directors**

Royce Lin, MD
Bart Aoki, Ph.D.
Gary Murakami
Mario Choi, JD
Travis Austin
Devesh Khatu
Melinda Martin
Susan Philip
Jack Song
Erin C. Wilson, DrPH
Lance Toma, LCSW