



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention

Notice of Award

Award# 6 NU62PS924806-02-01

FAIN# NU62PS924806

Federal Award Date: 09/25/2025

Recipient Information

1. Recipient Name

CITY & COUNTY OF SAN FRANCISCO
101 Grove St
SAN FRANCISCO DEPARTMENT OF PUBLIC
HEALTH
San Francisco, CA 94102-4505
[NO DATA]

2. Congressional District of Recipient

12

3. Payment System Identifier (ID)

1946000417A8

4. Employer Identification Number (EIN)

946000417

5. Data Universal Numbering System (DUNS)

103717336

6. Recipient's Unique Entity Identifier (UEI)

DCTNHRGU1K75

7. Project Director or Principal Investigator

Ms. Nyisha Underwood
Director
nyisha.underwood@sfdph.org
628-217-6293

8. Authorized Official

Mr. Elijah Saunders
Grants Analyst
elijah.saunders@sfdph.org
628-217-6070

Federal Agency Information

CDC Office of Financial Resources

9. Awarding Agency Contact Information

Ms. Chamarla Brame
Grants Management Specialist
qp3@cdc.gov
404.498.4134

10. Program Official Contact Information

Mrs. Carla Alexander-Pender
Project Officer
ikv7@cdc.gov
404.639.8993

Federal Award Information

11. Award Number

6 NU62PS924806-02-01

12. Unique Federal Award Identification Number (FAIN)

NU62PS924806

13. Statutory Authority

Section 318(b-c) of the Public Health Service Act (42USC Sections 247c(b-c), as amended and the Consolidated Appropriation Act of 2016 (Pub. L. 114-113)

14. Federal Award Project Title

High-Impact HIV Prevention and Surveillance Programs for Health Departments

15. Assistance Listing Number

93.940

16. Assistance Listing Program Title

HIV Prevention Activities_Health Department Based

17. Award Action Type

Budget Revision

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 06/01/2025 - **End Date** 05/31/2026

20. Total Amount of Federal Funds Obligated by this Action \$0.00

20a. Direct Cost Amount \$555,302.00

20b. Indirect Cost Amount (\$555,302.00)

21. Authorized Carryover \$0.00

22. Offset \$0.00

23. Total Amount of Federal Funds Obligated this budget period \$7,055,155.00

24. Total Approved Cost Sharing or Matching, where applicable \$0.00

25. Total Federal and Non-Federal Approved this Budget Period \$7,055,155.00

26. Period of Performance Start Date 08/01/2024 - **End Date** 05/31/2029

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Period of Performance \$12,756,614.00

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Mrs. Benita Bosier-Ingram
Grant Management Specialist

30. Remarks

Revised Budget - Approved



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Payment Account Number and Type

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Employer Identification Number (EIN) Data

946000417

Universal Numbering System (DUNS)

103717336

Recipient's Unique Entity Identifier (UEI)

DCTNHRGU1K75

31. Assistance Type

Cooperative Agreement

32. Type of Award

Other

33. Approved Budget

(Excludes Direct Assistance)

I. Financial Assistance from the Federal Awarding Agency Only

II. Total project costs including grant funds and all other financial participation

a. Salaries and Wages	\$3,343,202.00
b. Fringe Benefits	\$1,233,278.00
c. Total Personnel Costs	\$4,576,480.00
d. Equipment	\$20,072.00
e. Supplies	\$42,484.00
f. Travel	\$24,532.00
g. Construction	\$0.00
h. Other	\$136,925.00
i. Contractual	\$1,574,455.00
j. TOTAL DIRECT COSTS	\$6,374,948.00
k. INDIRECT COSTS	\$680,207.00
l. TOTAL APPROVED BUDGET	\$7,055,155.00
m. Federal Share	\$7,055,155.00
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
4-9390N51	24NU62PS924806	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5M	24NU62PS924806	PS	410Q	93.940	\$0.00	75-24-0950
4-9390N5P	24NU62PS924806	PS	410Q	93.940	\$0.00	75-24-0950
5-9390N51	24NU62PS924806	PS	410Q	93.940	\$0.00	75-25-0950
5-9390N5M	24NU62PS924806	PS	410Q	93.940	\$0.00	75-25-0950
5-9390N5P	24NU62PS924806	PS	410Q	93.940	\$0.00	75-25-0950



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Direct Assistance

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

AWARD ATTACHMENTS

CITY & COUNTY OF SAN FRANCISCO

6 NU62PS924806-02-01

1. Terms & Conditions

ADDITIONAL TERMS AND CONDITIONS

Revised Budget: The purpose of this amended Notice of Award is to approve the revised budget request submitted by your organization dated July 23, 2025. Funds have been distributed as indicated in the approved budget of this Notice of Award.