

Grant Application Package

Opportunity Title:	STD Surveillance Network (SSuN)
Offering Agency:	Centers for Disease Control and Prevention
CFDA Number:	93.977
CFDA Description:	Preventive Health Services Sexually Transmitted Disease
Opportunity Number:	CDC-RFA-PS13-130604CONT16
Competition ID:	NCHSTP-NR-C
Opportunity Open Date:	01/28/2016
Opportunity Close Date:	04/15/2016
Agency Contact:	Centers for Disease Control and Prevention (CDC) Office of Grant Services (OGS) Technical Information Management Section (TIMS) E-mail: ogstims@cdc.gov Phone: 770-488-2700

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Select Forms to Complete**Mandatory**

[Application for Federal Domestic Assistance-Short Organizational](#)

[Project Narrative Attachment Form](#)

[Budget Narrative Attachment Form](#)

[Budget Information for Non-Construction Programs \(SF-424A\)](#)

Optional

[Other Attachments Form](#)

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APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational	
* 1. NAME OF FEDERAL AGENCY: Centers for Disease Control and Prevention	
2. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93.977	
CFDA TITLE: Preventive Health Services Sexually Transmitted Diseases Control Grants	
* 3. DATE RECEIVED: Completed Upon Submission to Grants.gov	SYSTEM USE ONLY
* 4. FUNDING OPPORTUNITY NUMBER: CDC-RFA-PS13-130604CONT16	
* TITLE: STD Surveillance Network (SSuN)	
5. APPLICANT INFORMATION	
* a. Legal Name: SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - 5H25PS004258-03	
b. Address:	
* Street1: 101 GROVE STREET, ROOM 308	Street2:
* City: SAN FRANCISCO	County/Parish:
* State: CA: California	Province:
* Country: USA: UNITED STATES	* Zip/Postal Code: 94102-4505
c. Web Address: http://	
* d. Type of Applicant: Select Applicant Type Code(s): C: City or Township Government Type of Applicant: Type of Applicant: * Other (specify):	* e. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417 * f. Organizational DUNS: 1037173360000 * g. Congressional District of Applicant: 12TH
6. PROJECT INFORMATION	
* a. Project Title: San Francisco STD Surveillance Network (SSuN) Project, Part A and Chlamydia Surveillance Enhanced Activity	
* b. Project Description: SSuN-Part A uses staff expertise in STD surveillance & epidemiology to enhance the understanding of STD trends& determinants, improving the ability to monitor health outcomes & develop effective interventions to reduce morbidity. The Project team represents internationally recognized experts in surveillance, epidemiology, clinical care, health informatics, implementing: 1) population-based enhanced STD surveillance for reported gonorrhea; 2) facility-based collection, management, processing&analysis of line-listed encounter-based patient data from San Francisco City Clinic (the only municipal STD clinic in the city) & 4 SFDPH-supported Title X family planning clinics; 3) estimates of female screening coverage from patients seen at SFCC& the Title X clinics; 4) integrated analyses involving matches with other communicable disease case registries; & 5) analysis&dissemination of integrated analyses. SSuN-Chlamydia includes enhanced surveillance & piloting partner services for young females with chlamydia.	
c. Proposed Project * Start Date: 09/30/2013	* End Date: 09/29/2018

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

7. PROJECT DIRECTOR

Prefix: []	* First Name: Susan []	Middle Name: []
* Last Name: Philip []		Suffix: []
* Title: Director, Disease Prevention and Control []		* Email: susan.philip@sfdph.org []
* Telephone Number: 415-355-2007 []		Fax Number: []
* Street1: 1360 Mission Street, Suite 401 []		Street2: []
* City: San Francisco []		County/Parish: []
* State: CA: California []		Province: []
* Country: USA: UNITED STATES []		* Zip/Postal Code: 94103-2628 []

8. PRIMARY CONTACT/GRANTS ADMINISTRATOR

Same as Project Director (skip to item 9):

Prefix: []	* First Name: Lorna []	Middle Name: []
* Last Name: Garrido []		Suffix: []
* Title: Deputy Director, OPS, Finance&Grants Mgmt []		* Email: lorna.garrido@sfdph.org []
* Telephone Number: 415-554-2859 []		Fax Number: []
* Street1: 101 Grove street, Room 204C []		Street2: []
* City: San Francisco []		County/Parish: []
* State: CA: California []		Province: []
* Country: USA: UNITED STATES []		* Zip/Postal Code: 94102-4505 []

APPLICATION FOR FEDERAL DOMESTIC ASSISTANCE - Short Organizational

9. * By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties (U.S. Code, Title 218, Section 1001)

** I Agree

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

AUTHORIZED REPRESENTATIVE

Prefix: <input type="text"/>	* First Name: Barbara <input type="text"/>	Middle Name: <input type="text"/>
* Last Name: Garcia <input type="text"/>	Suffix: <input type="text"/>	
* Title: Director of Health <input type="text"/>	* Email: barbara.garciaesfdph.org <input type="text"/>	
* Telephone Number: 415-554-2526 <input type="text"/>	Fax Number: <input type="text"/>	
* Signature of Authorized Representative: Completed by Grants.gov upon submission. <input type="text"/>	* Date Signed: Completed by Grants.gov upon submission. <input type="text"/>	

Project Narrative File(s)

* Mandatory Project Narrative File Filename: 2016-2017 San Francisco SSuN Continuation

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To add more Project Narrative File attachments, please use the attachment buttons below.

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Attached at least one Optional Project Narrative File?

Budget Narrative File(s)

* Mandatory Budget Narrative Filename: 2016-2017 San Francisco SSUN Continuation

Add Mandatory Budget Narrative

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To add more Budget Narrative attachments, please use the attachment buttons below.

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Attached at least one Optional Budget Narrative?