

File Number: 230931
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Western States Node of the National Drug Abuse Treatment Clinical Trials Network**

2. Department: **Department of Public Health
Center for Public Health Research (CHPR)**

3. Contact Person: **Philip Coffin** Telephone: **415-437-6282**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$109,937**
(Year 1 June 01, 2020 – February 28, 2021: \$28,938
Year 2 March 01, 2021 – February 28, 2022: \$26,262
Year 3 March 01, 2022 – February 28, 2023: \$26,410
Year 4 March 01, 2023 – February 29, 2024: \$28,327)

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

7a. Grant Source Agency: **National Institutes of Health (NIH)**
b. Grant Pass-Through Agency (if applicable): **Oregon Health & Science University**

8. Proposed Grant Project Summary:
Dr. Coffin will work with the Principal Investigators to ensure the success of the next iteration of the Western States Node. Dr. Coffin will complete all required forms, participate in regular calls, assist with the development of Clinical Trials Network (CTN) concepts and protocols, and be prepared to act as a site in future CTN protocols.

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

Approved Year one project:	Start-Date: 06/01/2020	End-Date: 02/28/2021
Approved Year two project:	Start-Date: 03/01/2021	End-Date: 02/28/2022
Approved Year three project:	Start-Date: 03/01/2022	End-Date: 02/28/2023
Approved Year four project:	Start-Date: 03/01/2023	End-Date: 02/29/2024

10a. Amount budgeted for contractual services: **\$44,048**

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

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N/A**

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

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

b1. If yes, how much? **\$8,720** b2. How was the amount calculated? **15.74% of Total Personnel Cost**

c1. If no, why are indirect costs not included? **N.A.**

- Not allowed by granting agency
- To maximize use of grant funds on direct services
- Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N/A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to March 1, 2023. The Department received the grant increase of \$28,327 on April 3, 2023, for the period of March 1, 2023, to February 28, 2024. The AL # for this grant is 93.279.

This grant does not require an ASO amendment and partially reimburses the Department for one position:

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.05	03/01/2023	02/29/2024

Project Description: HD HIV PD139 2324 Western Stat
Project ID: 10038085
Proposal ID: CTR00002599
Fund: 11580
Version ID: V101
Authority ID: 10001
Activity ID: 001

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

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

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

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

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

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

Comments:

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


Toni Rucker, PhD

(Name)

DPH ADA Coordinator

(Title)

Date Reviewed: 6/21/2023 | 2:09 PM PDT

DocuSigned by:

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 (Signature Required)

Department Head or Designee Approval of Grant Information Form:


Dr. Grant Colfax

(Name)

Director of Health

(Title)

Date Reviewed: 6/27/2023 | 11:40 AM PDT

DocuSigned by:

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 Greg Wagner, COO for