BUDGET JUSTIFICATION
City and County of San Francisco – San Francisco Department of Public Health
March 1, 2025 – February 28, 2026

CCSF-SFDPH will enter into a consortium arrangement with FHRC.

	Direct	Indirect	Total Cost
Year 03:	$28,847	$6,480	$35,327

Key Personnel

Susan Buchbinder, MD., co-Investigator (1.2 calendar months, Years 3). Dr. Buchbinder is the Director of Bridge HIV, a prevention research unit in the San Francisco Department of Public Health and Clinical Professor of Medicine, Epidemiology and Biostatistics at the University of California, San Francisco. She has been leading multi-site efforts to understand risk factors for HIV infection and conduct HIV prevention intervention trials for over 30 years. She has led pivotal studies in the HIV vaccine and prevention fields, served in leadership positions in the HIV Vaccine Trials Network (HVTN) and HIV Prevention Trials Network (HPTN), led one of the highest capacity US sites for enrolling diverse cohorts of HIV negative at-risk persons, co-founded the San Francisco Getting to Zero Consortium, and mentored a large and diverse pool of early stage investigators. Most recently, she is protocol chair of the Phase 3 HVTN 706 (Mosaico) Phase 3 vaccine efficacy trial, and co-chair of the Phase 2b HVTN 705 (Imbokodo) vaccine efficacy trial. She has been an investigator in numerous other efficacy trials, including iPrEx, HPTN 083, Impower, and PURPOSE 2. Together with Dr. Holly Janes, she has co-chaired the Efficacy Trials Working Group of the HVTN for the past 11 years. She co-chairs the Integrated Strategies Working Group of the HPTN, which plans for efficacy and implementation science trials of non-vaccine prevention interventions. On this project, Dr. Buchbinder will serve as a clinical expert. She will help to identify logistical/implementation and clinical issues pertinent to evaluating HIV incidence with recency testing data (Specific Aim 1), and clinical considerations pertinent to trial design and efficacy evaluation under Specific Aim 2. She will provide collaboration and input on the application of these approaches to existing datasets. She will assist in the dissemination and application of the proposed methods to future HIV prevention trials.

BENEFITS

CCSF-SFDPH has and uses a mandatory 30% fringe benefits rate.

FACILITIES & ADMINISTRATIVE COSTS

CCSF-SFDPH F&A rate is 22.462% of total personnel cost.

Per the NIH, Grant Policy Statement, Section 7.4 state:
7.4. https://grants.nih.gov/grants/policy/nihgps/HTML5/section_7/7.4_reimbursement_of_facilities_and_administrative_costs.htm

Once NIH awards a grant, it is not obligated to make any supplemental or other award for additional F&A costs or for any other purpose. There are limited circumstances under which the GMO may award F&A costs where none were previously awarded or may increase the amount previously awarded. If an award does not include an amount for F&A costs because the applicant or recipient did not submit a timely F&A cost proposal and the recipient subsequently establishes a rate, the GMO may amend the award to provide an appropriate amount for F&A costs if the amendment can be made using funds from the same Federal fiscal year in which the award was made. However, the amount will be limited to the F&A costs applicable to the period after the date of the recipient's F&A cost proposal submission. This provision does not affect local governmental agencies that are not required to submit their F&A (indirect) cost proposals to the Federal government. They may charge F&A costs to NIH grants based on the rate computations they prepare and keep on file for subsequent Federal review.