

File Number: _____
(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: **Hepatitis B Early Identification and Linkage to Care for Foreign-Born Persons with Hepatitis B in San Francisco**

2. Department: **Department of Public Health, Population Health Division, Applied Research, Community Health Epidemiology, and Surveillance Branch**

3. Contact Person: **Amy Nishimura, MPH, MS** Telephone: **(415) 554-2738**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$300,000**

6a. Matching Funds Required: **No**

b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Centers for Disease Control and Prevention**

b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:

The overarching goal of the HEAL SF – B (Hepatitis B Early Identification and Linkage to Care) project is to test at least 3,000 foreign-born individuals (the majority of whom are Asian/Pacific Islanders) to ensure that they know their hepatitis B status and link to care anyone who tests positive for hepatitis B infection. San Francisco has the highest rate of liver cancer of any U.S. city. Eighty percent of liver cancer is caused by hepatitis B and Asian Americans have the highest rates of liver cancer for any racial/ethnic group. Approximately, 34% of San Francisco's residents are Asian/Pacific Islanders and it is also estimated that more than 30% of San Francisco's overall population is foreign-born.

Hepatitis B testing and linkage to care for those identified as being chronically infected with hepatitis B will be accomplished through an established and innovative partnership between the dynamic San Francisco Hep B Free Campaign (SFHBF) and the San Francisco Department of Public Health (SFDPH), a leader in the development and implementation of state-of-the-art prevention science and interventions. To increase the capacity for hepatitis B testing, SFHBF will facilitate and coordinate at least 3,000 free tests at established, convenient community locations, ensure appropriate follow-up activities for all positives, and collect standardized data for analysis and reporting to the CDC. SFDPH will conduct data analysis, create reports for all who test positive, assist with linkage to care activities from free community sites as needed, and compile, clean, format, and submit all data to CDC on a regular basis. It is a mutually beneficial partnership that has outcomes of better knowledge and treatment for hepatitis B disease in the San Francisco community.

This entire proposed project is about collaboration and partnership. The SFHBF campaign in itself is a network of partnerships and relationships, and adding the SFDPH data collection, analysis and reporting element takes the work of SFHBF to a new public health level. It is truly exciting to think of the possibilities around using the information obtained from this innovative partnership to create systematic, sustainable solutions in communities for testing and linkage to care and the benefits to San Francisco, as a whole, will be experienced for many decades into the future.

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

Start-Date: **09/30/13**

End-Date: **09/29/14**

10a. Amount budgeted for contractual services: **\$264,124**

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?

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

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

b1. If yes, how much? **\$5,402**

b2. How was the amount calculated? **25.20% of total salaries**

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

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?

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds starting September 30, 2013. The Department received the original notice of award on August 28, 2013. These supplemental funds cover the activities for the period September 30, 2013 through September 29, 2014.

Funds were budgeted for three subcontracts: Public Health Foundation Enterprises, Inc (\$44,750), Community Initiatives (\$35,420), and Asian Week Foundation (\$183,954).

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCDC20/1400**

****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 checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: _____
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director Of Health
(Title)

Date Reviewed: _____
(Signature Required)