



# DEPARTMENT OF HEALTH AND HUMAN SERVICES

## Centers for Disease Control and Prevention

### Notice of Award

Award# **6 NU62PS924806-01-02**

FAIN# **NU62PS924806**

Federal Award Date: **06/05/2025**

### 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  
qpv3@cdc.gov  
404.498.4134

**10. Program Official Contact Information**

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

**30. Remarks**

Revised Budget - Approved

### Federal Award Information

**11. Award Number**

6 NU62PS924806-01-02

**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** 08/01/2024 - **End Date** 05/31/2025**20. Total Amount of Federal Funds Obligated by this Action** \$0.00

20a. Direct Cost Amount \$4,352.00

20b. Indirect Cost Amount (\$4,352.00)

**21. Authorized Carryover** \$0.00**22. Offset** \$0.00**23. Total Amount of Federal Funds Obligated this budget period** \$5,701,459.00**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00**25. Total Federal and Non-Federal Approved this Budget Period** \$5,701,459.00**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** \$5,701,459.00**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer - Signature**

Mrs. Benita Bosier-Ingram  
Grant Management Specialist



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**Recipient Name**

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101 Grove St  
SAN FRANCISCO DEPARTMENT OF PUBLIC  
HEALTH  
San Francisco, CA 94102-4505

**[NO DATA] Congressional District of Recipient**

12

**Payment Account Number and Type**

[1946000417A8](#)

**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                                                               | \$2,761,252.00 |
| b. Fringe Benefits                                                                  | \$930,597.00   |
| c. Total Personnel Costs                                                            | \$3,691,849.00 |
| d. Equipment                                                                        | \$0.00         |
| e. Supplies                                                                         | \$349,962.00   |
| f. Travel                                                                           | \$21,724.00    |
| g. Construction                                                                     | \$0.00         |
| h. Other                                                                            | \$80,321.00    |
| i. Contractual                                                                      | \$973,555.00   |
| j. TOTAL DIRECT COSTS                                                               | \$5,117,411.00 |
| k. INDIRECT COSTS                                                                   | \$584,048.00   |
| l. TOTAL APPROVED BUDGET                                                            | \$5,701,459.00 |
| m. Federal Share                                                                    | \$5,701,459.00 |
| 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      | <a href="#">24NU62PS924806</a> | PS                  | 410Q         | 93.940             | \$0.00                          | 75-24-0950    |
| 4-9390N5M      | <a href="#">24NU62PS924806</a> | PS                  | 410Q         | 93.940             | \$0.00                          | 75-24-0950    |
| 4-9390N5P      | <a href="#">24NU62PS924806</a> | PS                  | 410Q         | 93.940             | \$0.00                          | 75-24-0950    |



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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 NU62PS924806-01-02

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1. Terms & Conditions

## **ADDITIONAL TERMS AND CONDITIONS**

**Revised Budget:** The purpose of this amended Notice of Award is to approve the revised budget submitted by your organization dated **March 6, 2025**. Funds have been distributed as indicated in the approved budget of this Notice of Award.