

File No. 130714

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: 09/11/2013

Board of Supervisors Meeting

Date: _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
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<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Victor Young

Date September 6, 2013

Completed by: Victor Young

Date _____

1 [Accept and Expend Grant - National Institutes of Health- \$140,827]
2

3 **Resolution authorizing the Department of Public Health to retroactively accept and**
4 **expend a grant in the amount of \$140,827 from National Institutes of Health to**
5 **participate in a program entitled, A Probability-Based Survey of HIV Risk among**
6 **Transmen, using a novel Sampling Method for the period of April 1, 2013, through**
7 **March 31, 2014.**

8
9 WHEREAS, National Institutes of Health has agreed to fund Department of Public
10 Health (DPH) in the amount of \$140,827 for the period of April 1, 2013, through March 31,
11 2014; and

12 WHEREAS, The full project period of the grant starts on April 1, 2013, and ends on
13 March 31, 2015, with year two subject to availability of funds and satisfactory progress of the
14 project; and

15 WHEREAS; As a condition of receiving the grant funds, National Institutes of Health
16 requires the City to enter into an agreement (Agreement), a copy of which is on file with the
17 Clerk of the Board of Supervisors in File No. 130714; which is hereby declared to be a part of
18 this Resolution as if set forth fully herein; and

19 WHEREAS, The purpose of this project is to implement an epidemiological survey of
20 HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a
21 novel sampling method that draws on the theoretical underpinnings and practical advantages
22 of venue-outreach and peer-referral approaches; and

23 WHEREAS, DPH will subcontract with Public Health Foundation Enterprises, Inc. in the
24 total amount of \$93,356; for the period of April 1, 2013 through, March 31, 2014; and
25

1 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant
2 partially reimburses DPH for three existing positions, one Supervising Physician Specialist
3 (Job Class No. 2233) at .10 FTE, one Manager I (Job Class No. 0922) at .05 FTE, and one
4 Epidemiologist I (Job Class No. 2802) at .10 FTE for the period of April 1, 2013 through,
5 March 31, 2014; and

6 WHEREAS, A request for retroactive approval is being sought because DPH did not
7 receive notification of the award until April 5, 2013, for a project start date of April 1, 2013; and

8 WHEREAS, The budget includes a provision for indirect costs in the amount of \$7,229;
9 now, therefore, be it

10 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
11 in the amount of \$140,827 from National Institutes of Health; and

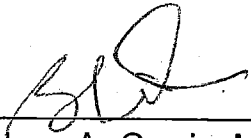
12 RESOLVED, That DPH is hereby authorized to enter retroactively into a subcontract
13 agreement in the amount of \$93,356 with Public Health Foundation Enterprises, Inc. for
14 services under the grant entitled A Probability-Based Survey of HIV Risk among Transmen
15 using a Novel Sampling Method; for the project period of April 1, 2013 through, March 31,
16 2014; and, be it

17 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
18 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
19 be it

20 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
21 Agreement on behalf of the City.


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RECOMMENDED:



Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: May 20, 2013

SUBJECT: Grant Accept and Expend

GRANT TITLE: A Probability-Based Survey of HIV Risk among Transmen
using a Novel Sampling Method - \$140,827

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

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: **A Probability-Based Survey of HIV Risk among Transmen using a Novel Sampling Method**
2. Department: **Department of Public Health
AIDS Office
HIV Epidemiology Section**
3. Contact Person: **Henry Fisher Raymond** Telephone: **415-554-9093**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$307,816 in the 2-year project period
(Year 1 = \$140,827; Year 2 = \$166,989)**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **National Institutes of Health**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **To implement an epidemiological survey of HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a novel sampling method that draws on the theoretical underpinnings and practical advantages of venue-outreach and peer-referral approaches.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Approved year one project: Start-Date: 04/01/2013 End-Date: 3/31/2014
Full project period: Start-Date: 04/01/2013 End-Date: 3/31/2015
- 10a. Amount budgeted for contractual services: **\$93,356 in Year 1; \$100,579 in Year 2
\$193,935 in the 2-year project period**
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? **N/A**
- 11a. Does the budget include indirect costs? Yes No
b1. If yes, how much? **\$7,229 in Year 1; \$10,838 in Year 2
\$18,067 in the 2-year project period**
b2. How was the amount calculated? **26.21% of total salaries**
c1. If no, why are indirect costs not included?

Not allowed by granting agency
 Other (please explain):

To maximize use of grant funds on direct services

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 retroactive to April 01, 2013. The Department received the subaward agreement on April 05, 2013.

Grant Code: HCAO68/1300

****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.

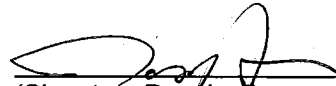
Comments:

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

Jason Hashimoto 
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 5/24/13

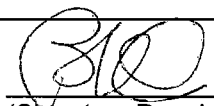

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 5/24/13


(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office

HIV Epidemiology Section

A probability-based survey of HIV Risk among Transmen using a novel sampling method
 Year 1: April 1, 2013 - March 31, 2014

De Dept / Div: HPH-03
 Fu Fund Group: 2S/CHS/GNC
 Inc Index Code: HCHPDHIVSVGR
 Gr Grant Code: HCAO68
 Gr Grant Detail: 1300

CATEGORY/LINE ITEM	Annual Salary	32.70% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
A. PERSONNEL											
1. Supervising Physician Specialist 2233 5 W McFarland	179,700	58,762	238,462	10%	0.10	14,975	12	17,970	5,876	23,846	
2. Manager I 0922 2 H Raymond	120,000	39,240	159,240	5%	0.05	10,000	12	6,000	1,952	7,952	
3. Epidemiologist I 2802 5 YH Chen	72,254	23,627	95,881	10%	0.10	6,021	6	3,642	1,191	4,833	
4. COLA 4%								0	0	0	
5. STEP 5%								0	0	0	

TOTAL SALARY/FRINGE 371,954 121,629 493,583 0.25 30,996 27,612 9,029 36,641

00101 SALARIES 27,612
 00103 FRING BN 9,029
SUB TOTAL 36,641

C. TRAVEL
 1. Local Travel (02301)
 2. Out-of-Jurisdiction Travel (02101)
Sub Total TRAVEL

D. EQUIPMENT
 1. Lease of Van/Mobile Unit (06061)
Sub Total EQUIPMENT

E. MATERIALS AND SUPPLIES
 1. Office supplies (04591)
 2. Lab supplies
 3. Non-inventoried equipment (04921)
Sub Total SUPPLIES

F. CONTRACTUAL SERVICES (02789)
 1. PHFE 93,356
 2. UCSF 0
Sub Total CONTRACTS 93,356

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office

HIV Epidemiology Section

A probability-based survey of HIV Risk among Transmen using a novel sampling method

Year 1: April 1, 2013 - March 31, 2014

De Dept / Div: HPH-03
 Fu Fund Group: 2S/CHS/GNC
 Inc Index Code: HCHPDHIVSVGR
 Gr Grant Code: HCAO68
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CATEGORY/LINE ITEM	Annual Salary	32.70% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
--------------------	---------------	------------------------	---------------------------	-----------	----------	--------------	-----	---------------	-----------------	--------------	----------

- G. OTHER
1. Rent Support/Meeting Facility (03011)
 2. IRB review fees (02799)
 3. Reproduction (081PR)
 4. Subscription (03571)
 5. Promotion and Advertising (03581)
 6. Other Current Expenses (03599)
 7. Staff training (02201)
 8. Participant Stipends (02783)
 9. Equip Maint

Sub TOTAL OTHER

TOTAL DIRECT COST

0	0	0	0	0	0	0	0	0	0	0	
3,600	0	0	0	0	0	0	0	0	0	3,600	
										<u>3,600</u>	
										40,241	

BUDGET SUMMARY

A. SALARIES	FTE = 0.25	27,612
B. MANDATORY FRINGE		9,029
C. TRAVEL		0
D. EQUIPMENT		0
E. MATERIALS AND SUPPLIES		0
F. CONTRACT / MOU		93,356
G. OTHER		3,600
DIRECT COSTS		133,598
H. INDIRECT COST @26.21% of total salaries only		7,229
TOTAL BUDGET		140,827
AWARD		140,827
SURPL/(DEFICFIT)		0

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
 AIDS Office
 HIV Epidemiology Section
 A probability-based survey of HIV Risk among Transmen using a novel sampling method
 Year 2: April 1, 2014 - March 31, 2015

De Dept / Div: HPH-03
 Fu Fund Group: 2S/CHS/GNC
 Inc Index Code: HCFD/HIVSVGR
 Gr Grant Code: HCAO68
 Gr Grant Detail: 1300

CATEGORY/LINE ITEM	Annual Salary	32.70% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
A.&PERSONNEL											ppd 2/4/11 average 32%
1. Supervising Physician Specialist 2233 5 W McFarland	179,700	58,762	238,462	10%	0.10	14,975	12	17,970	5,876	23,846	
2. Manager I 0922 2 H Raymond	120,000	39,240	159,240	10%	0.10	10,000	12	12,000	3,924	15,924	
3. Epidemiologist I 2802 5 YH Chen	75,867	24,808	100,675	15%	0.15	6,322	12	11,380	3,721	15,101	
4. COLA 4%								0		0	
5. STEP 5%								0		0	

TOTAL SALARY/FRINGE 375,567 122,810 498,377 0.35 31,297 13,521 54,871

00101 SALARIES
 00103 FRNG BN
 SUB TOTAL
 41,350
 13,521
 54,871

C. TRAVEL
 1. Local Travel (02301)
 2. Out-of-Jurisdiction Travel (02101)
 Sub Total TRAVEL

D. EQUIPMENT
 1. Lease of Van/Mobile Unit (06061)
 Sub Total EQUIPMENT

E. MATERIALS AND SUPPLIES
 1. Office supplies (04591)
 2. Lab supplies
 3. Non-inventoried equipment (04921)
 Sub Total SUPPLIES

F. CONTRACTUAL SERVICES (02789)
 1. PHFE
 2. UCSF
 Sub Total CONTRACTS
 100,579
 0
 100,579

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office

HIV Epidemiology Section

A probability-based survey of HIV Risk among Transmen using a novel sampling method
Year 2: April 1, 2014 - March 31, 2015

De Dept / Div: HPH-03
Fu, Fund Group: 2S/CHS/GNC
Inc Index Code: HCHPDI-HIVSVGR
Gr Grant Code: HCAO68
Gr Grant Detail: 1300

CATEGORY/LINE ITEM	Annual Salary	32.70% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
G. OTHER											
1. Rent Support/Meeting Facility (03011)										0	
2. IRB review fees (02789)										701	renewal
3. Reproduction (081PR)										0	
4. Subscription (03571)										0	
5. Promotion and Advertising (03581)										0	
6. Other Current Expenses (03599)										0	
7. Staff training (02201)										0	
8. Participant Stipends (02783)										0	
9. Equip. Maint										0	
Sub TOTAL OTHER										<u>701</u>	
TOTAL DIRECT COST										156,151	

BUDGET SUMMARY

A. SALARIES FTE = 0.35

B. MANDATORY FRINGE

C. TRAVEL

D. EQUIPMENT

E. MATERIALS AND SUPPLIES

F. CONTRACT / MOU

G. OTHER

DIRECT COSTS

H. INDIRECT COST @26.21% of total salaries only

TOTAL BUDGET

AWARD

SURPL/(DEFICIT)

A. SALARIES	41,350
B. MANDATORY FRINGE	13,521
C. TRAVEL	0
D. EQUIPMENT	0
E. MATERIALS AND SUPPLIES	0
F. CONTRACT / MOU	100,579
G. OTHER	701
DIRECT COSTS	156,151
H. INDIRECT COST @26.21% of total salaries only	10,838
TOTAL BUDGET	166,989
AWARD	166,989
SURPL/(DEFICIT)	(0)

BUDGET JUSTIFICATION PAGE MODULAR RESEARCH GRANT APPLICATION						
	Initial Period 01/01/13-12/31/13	2nd 01/01/14-12/31/14	3rd	4th	5th	Sum Total (For Entire Project Period)
DC less Consortium F&A	125,000	150,000				275,000
Consortium F&A	7,229	8,350				15,579
Total Direct Costs	132,229	158,350				\$ 290,579
Total Indirect Cost	8,598	8,639				\$ 17,237
Total Direct & Indirect Cost	140,827	166,989				\$ 307,816

Personnel

Willi McFarland, M.D., Principal Investigator (effort = 1.2 Cal Mos) will be primary responsibility for planning, developing, directing and evaluating all scientific aspects of the study. He is the primary liaison with the NIH. He develops survey protocols, policies, procedures and instruments

Henry Fisher Raymond, Co-Investigator (effort = .60 Cal Mos) will have the primary responsibility of assisting in the development of survey protocols, policies, procedures and instruments; selects and trains staff; supervises the conduct of focus groups and directs the community assessment process. He directly supervises the field team. In the field, he is responsible for insuring the quality of survey data, and policies concerning staff security, and confidentiality of data and participants

Yea-Hung Chen, Co-Investigator (effort = 1.2 Cal Mos), will supervise data entry and data management. He will also be primarily responsible for analysis of study results.

**BUDGET JUSTIFICATION PAGE
MODULAR RESEARCH GRANT APPLICATION**

Consortium

Approximately \$95,000 Total Cost Per Year (9% F&A; \$95,532 in Year 1 and \$95,993 in Year 2)
Consortium with Public Health Foundation Enterprises, Inc. {x} Domestic { } Foreign
PHFE will provide the staffing for formative assessment and survey data collection. They have demonstrated expertise in this area and have an established relationship with the AIDS Office

Erin Wilson, Co-PI, (effort = 1.44 Cal Mos) will be responsible for guiding and overseeing formative assessment activities. Dr. Wilson will also assist in supervising the interview team in coordination with Mr. Raymond. She will also participate closely in the analysis and dissemination of study results.

TBD, Project Coordinator, (effort = 6 Cal Mos) will be responsible for organizing logistical support for the project overall and the field team during field activities. In addition, this position will assist in conducting formative assessment activities with Dr. Wilson.

TBD, 2 Research Assistants, (effort – 3 Cal Mos) will be responsible for approaching study participants, determining eligibility and conducting surveys using handheld computers.

TBD, Intern, (effort 3 Cal Mos) will assist study staff with compile study formative data and will assist with sampling the study population.

**BUDGET JUSTIFICATION PAGE
MODULAR RESEARCH GRANT APPLICATION**

Consortium

Approximately \$95,000 Total Cost Per Year (9% F&A; \$95,532 in Year 1 and \$95,993 in Year 2)
Consortium with Public Health Foundation Enterprises, Inc. {x} Domestic {} Foreign
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TBD, Project Coordinator, (effort = 6 Cal Mos) will be responsible for organizing logistical support for the project overall and the field team during field activities. In addition, this position will assist in conducting formative assessment activities with Dr. Wilson.

TBD, 2 Research Assistants, (effort – 3 Cal Mos) will be responsible for approaching study participants, determining eligibility and conducting surveys using handheld computers.

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APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE [] State Application Identifier []

1. * TYPE OF SUBMISSION
 Pre-application Application Changed/Corrected Application

4. a. Federal Identifier HD071765
b. Agency Routing Identifier []

2. DATE SUBMITTED [] Applicant Identifier []

5. APPLICANT INFORMATION * Organizational DUNS: 1037173360000
* Legal Name: San Francisco Department of Public Health
Department: AIDS Office Division: HIV Epidemiology
* Street1: 25 Van Ness Avenue, Suite 500
Street2: []
* City: San Francisco County / Parish: []
* State: CA: California Province: []
* Country: USA: UNITED STATES * ZIP / Postal Code: 94102-6056

Person to be contacted on matters involving this application
Prefix: Dr. * First Name: Henry Middle Name: Fisher
* Last Name: Raymond Suffix: []
* Phone Number: 415-554-9093 Fax Number: 415-431-0353
Email: hfisher.raymond@sfdph.org

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 94-6000417

7. * TYPE OF APPLICANT: [] B: County Government.
Other (Specify): []
Small Business Organization Type Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: New Resubmission Renewal Continuation Revision
If Revision, mark appropriate box(es):
 A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration
 E. Other (specify): []

* Is this application being submitted to other agencies? Yes No What other Agencies? []

9. * NAME OF FEDERAL AGENCY: National Institutes of Health
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: []
TITLE: []

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
A probability-based survey of HIV risk among transmen using a novel sampling method

12. PROPOSED PROJECT: * 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date 01/01/2013 * Ending Date 12/31/2014 CA-008

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: Dr. * First Name: Willi Middle Name: []
* Last Name: McFarland Suffix: []
Position/Title: Director of HIV Epidemiology
* Organization Name: San Francisco Department of Public Health
Department: AIDS Office Division: HIV Epidemiology
* Street1: 25 Van Ness Avenue, Suite 500
Street2: []
* City: San Francisco County / Parish: []
* State: CA: California Province: []
* Country: USA: UNITED STATES * ZIP / Postal Code: 94102-6056
* Phone Number: 415-554-9016 Fax Number: 415-431-0353
* Email: willi_mcfarland@hotmail.com

<p>15. ESTIMATED PROJECT FUNDING</p> <p>a. Total Federal Funds Requested <input style="width:100%;" type="text" value="308,412.00"/></p> <p>b. Total Non-Federal Funds <input style="width:100%;" type="text" value="0.00"/></p> <p>c. Total Federal & Non-Federal Funds <input style="width:100%;" type="text" value="308,412.00"/></p> <p>d. Estimated Program Income <input style="width:100%;" type="text" value="0.00"/></p>	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input style="width:100%;" type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	--

17. 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 18, 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.

18. SFLLL or other Explanatory Documentation

Add Attachment
Delete Attachment
View Attachment

19. Authorized Representative

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Position/Title:

* Organization:

Department: Division:

* Street1:

Street2:

* City: County / Parish:

* State: Province:

* Country: * ZIP / Postal Code:

* Phone Number: Fax Number:

* Email:

* Signature of Authorized Representative	* Date Signed
<input style="width:100%;" type="text" value="Jessica Huang"/>	<input style="width:100%;" type="text" value="08/31/2012"/>

20. Pre-application

Add Attachment
Delete Attachment
View Attachment

424 R&R and PHS-398 Specific Table Of Contents

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Project/Performance Site Location(s)

Project/Performance Site Primary Location I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Project/Performance Site Location 1 I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Additional Location(s)

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

3. * Is proprietary/privileged information included in the application? Yes No

4.a. * Does this project have an actual or potential impact on the environment? Yes No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No

4.d. If yes, please explain:

5. * Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. * Project Summary/Abstract

8. * Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

LAY SUMMARY

This study seeks to address two pressing scientific needs: 1) to improve ways to sample and recruit hard-to-reach minority populations for inclusion in research and 2) to fill a gap in our knowledge of the health problems faced by female-to-male transgender persons (transmen). Minority populations unduly suffer from many diseases and mental health conditions; sexual minorities bear a particularly heavy burden of the HIV epidemic. We are seeing warning signs that transmen may be an overlooked minority population at high risk for HIV, with documented AIDS and STD cases, sex partners who are gay men and male-to-female transgender persons (transwomen) and low condom use. Transmen also appear to face discrimination and have high levels of drug and alcohol use, depression and suicide. However, reliable data are lacking to guide prevention and care programs. This exploratory study will develop and test a novel strategy to sample and recruit transmen for a survey of HIV prevalence and health risks, beginning with outreach to public places where transmen are found followed by referral of their peers. Although this study focuses on transmen, our research will invent and validate a new sampling method applicable to diverse populations affected by HIV and other health issues worldwide.

PROJECT NARRATIVE

Transmen may be at high risk for HIV infection yet there is an extreme paucity of accurate data from representative samples. The primary significance of this proposed R21 is that it will develop and apply a new sampling method to obtain more representative health data on transmen. Our strategy is to assess the theoretical assumptions underlying venue-outreach and peer-referral sampling methods and combine their advantages in the field. We anticipate findings of this exploratory study will be immediately applicable to advocate for HIV prevention resources, develop appropriate new interventions and guide future research on this marginalized population. Our study also stands to enhance the inclusion and representation of other minority populations in research and provide more rigorous data from groups experiencing diverse health disparities.

SUMMARY

We propose to implement an epidemiological survey of HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a novel sampling method that draws on the theoretical underpinnings and practical advantages of venue-outreach and peer-referral approaches. Minority populations disproportionately suffer from multiple diseases and health conditions. The HIV epidemic has severely affected sexual and gender minorities, particularly men who have sex with men (MSM) and male-to-female transgender persons (transwomen). Meanwhile, there are warning signs that transmen may be an overlooked population at high risk for HIV, including documented HIV/AIDS cases, high STI and HIV infection rates among clinic patients, sexual networks that overlap MSM and transwomen, high levels of risk behavior in programmatic data and severe marginalization. However, representative data needed to design appropriate prevention and care programs for transmen are lacking. Current state-of-the-art methods to sample hidden populations, such as time-location sampling (TLS) and respondent-driven sampling (RDS), meet theoretical and practical challenges in producing probability-based samples of LGBTI people and other populations at risk for HIV in diverse contexts. These limitations may be exacerbated for transmen. For example, there may be too few venues or too diffuse attendance at venues for TLS; peer network sizes may be too small for sustaining long-chains of referrals needed for RDS. Our study will conduct formative research to assess which theoretical assumptions underlying TLS and RDS can be met for transmen and develop a hybrid of these methods to create a new sampling method. We will then apply the new strategy to obtain the most inclusive and representative sample of transmen possible to measure HIV prevalence and related risk behaviors. The proposed hybrid method we call "starfish sampling" (i.e., multiple randomized seeds with short randomized peer-referrals) will capitalize on the strengths of ethnographic mapping of venues in TLS combined with the efficiency of peer referral in RDS. In addition to HIV prevalence and related risk behaviors, our study will obtain data on demographic characteristics and salient health issues facing transmen and estimate their numbers in San Francisco. Although we propose the development and testing of this new sampling method among transmen, we believe our approach will be applicable to other LGBTI and minority populations disproportionately affected by HIV and health and social disparities worldwide.

PHS 398 Modular Budget

OMB Number: 0925-0001

Budget Period: 1				
Start Date: <input type="text" value="01/01/2013"/>		End Date: <input type="text" value="12/31/2013"/>		
A. Direct Costs			Funds Requested (\$)	
Direct Cost less Consortium F&A			<input type="text" value="125,000.00"/>	
Consortium F&A			<input type="text" value="8,598.00"/>	
Total Direct Costs			<input type="text" value="133,598.00"/>	
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	SFDPH Indirect Cost-Total Salaries	<input type="text" value="26.21"/>	<input type="text" value="27,583.00"/>	<input type="text" value="7,229.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		U.S. Department of transp, Office of Inspector General Attn: National Single Audit Coordinator 10 South Howard Street Baltimore, MD 21201 No indirect cost rate negotiated		
Indirect Cost Rate Agreement Date <input type="text"/>		Total Indirect Costs		<input type="text" value="7,229.00"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)	<input type="text" value="140,827.00"/>

Budget Period: 2				
Start Date: <input type="text" value="01/01/2014"/>		End Date: <input type="text" value="12/31/2014"/>		
A. Direct Costs			Funds Requested (\$)	
Direct Cost less Consortium F&A			<input type="text" value="150,000.00"/>	
Consortium F&A			<input type="text" value="8,639.00"/>	
Total Direct Costs			<input type="text" value="158,639.00"/>	
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	SFDPH Indirect Cost-Total Salaries	<input type="text" value="26.21"/>	<input type="text" value="31,857.00"/>	<input type="text" value="8,350.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		U.S. Department of transp, Office of Inspector General Attn: National Single Audit Coordinator 10 South Howard Street Baltimore, MD 21201 No indirect cost rate negotiated		
Indirect Cost Rate Agreement Date <input type="text"/>		Total Indirect Costs		<input type="text" value="8,350.00"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)	<input type="text" value="166,989.00"/>

PHS 398 Modular Budget

Cumulative Budget Information

1. Total Costs, Entire Project Period

Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	275,000.00
Section A, Total Consortium F&A for Entire Project Period	\$	17,237.00
Section A, Total Direct Costs for Entire Project Period	\$	292,237.00
Section B, Total Indirect Costs for Entire Project Period	\$	15,579.00
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	307,816.00

2. Budget Justifications

?	Personnel Justification	1245-Personnel Modular Research	Add Attachment	Delete Attachment	View Attachment
?	Consortium Justification	1246-Consortium Modular Research	Add Attachment	Delete Attachment	View Attachment
?	Additional Narrative Justification	1247-Indirect Cost Memo.pdf	Add Attachment	Delete Attachment	View Attachment

Principal Investigator/Program Director (Last, First, Middle): Dr. McFarland, Willi

BUDGET JUSTIFICATION PAGE MODULAR RESEARCH GRANT APPLICATION						
	Initial Period 01/01/13-12/31/13	2nd 01/01/14-12/31/14	3rd	4 th	5 th	Sum Total (For Entire Project Period)
DC less Consortium F&A	125,000	150,000				275,000
Consortium F&A	7,229	8,350				15,579
Total Direct Costs	132,229	158,350				\$ 290,579
Total Indirect Cost	8,598	8,639				\$ 17,237
Total Direct & Indirect Cost	140,827	166,989				\$ 307,816

Personnel

Willi McFarland, M.D., Principal Investigator (effort = 1.2 Cal Mos) will be primary responsibility for planning, developing, directing and evaluating all scientific aspects of the study. He is the primary liaison with the NIH. He develops survey protocols, policies, procedures and instruments

Henry Fisher Raymond, Co-Investigator (effort = .60 Cal Mos) will have the primary responsibility of assisting in the development of survey protocols, policies, procedures and instruments; selects and trains staff; supervises the conduct of focus groups and directs the community assessment process. He directly supervises the field team. In the field, he is responsible for insuring the quality of survey data, and policies concerning staff security, and confidentiality of data and participants

Yea-Hung Chen, Co-Investigator (effort = 1.2 Cal Mos), will supervise data entry and data management. He will also be primarily responsible for analysis of study results.

Principal Investigator/Program Director (Last, First, Middle): Dr. McFarland, Willi

**BUDGET JUSTIFICATION PAGE
MODULAR RESEARCH GRANT APPLICATION**

Consortium

Approximately \$95,000 Total Cost Per Year (9% F&A; \$95,532 in Year 1 and \$95,993 in Year 2)
Consortium with Public Health Foundation Enterprises, Inc. {x} Domestic {} Foreign
PHFE will provide the staffing for formative assessment and survey data collection. They have demonstrated expertise in this area and have an established relationship with the AIDS Office

Erin Wilson, Co-PI, (effort = 1.44 Cal Mos) will be responsible for guiding and overseeing formative assessment activities. Dr. Wilson will also assist in supervising the interview team in coordination with Mr. Raymond. She will also participate closely in the analysis and dissemination of study results.

TBD, Project Coordinator, (effort = 6 Cal Mos) will be responsible for organizing logistical support for the project overall and the field team during field activities. In addition, this position will assist in conducting formative assessment activities with Dr. Wilson.

TBD, 2 Research Assistants, (effort – 3 Cal Mos) will be responsible for approaching study participants, determining eligibility and conducting surveys using handheld computers.

TBD, Intern, (effort 3 Cal Mos) will assist study staff with compile study formative data and will assist with sampling the study population.

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH
POPULATION HEALTH AND PREVENTION



DATE: December 1, 2011

TO: Grants Unit
Colleen Chawla
Valerie Inouye
Nelly Lee
FROM: Nelly Lee
Finance Manager

RE: FY 11-12 Indirect Cost Rate

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 26.21% of salaries. This rate was based on FY 2010-11 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use 26.21% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 26.21%.

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

	<u>Amount</u>
Mental Health	7,020,078
Substance Abuse	739,580
Primary Care	4,762,926
Health at Home	368,946
Jail Health	1,645,836
LHH	3,487,643
SFGH	14,156,720

Attachments

cc:
Anne Okubo
Barbara Garcia
Marcellina Ogbu
Tomas Aragon
Michelle Ruggels
James Alexander
ChiaYu Ma

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

*Type of Application:

New Resubmission Renewal Continuation Revision

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application (for RESUBMISSION or REVISION only)	1238-INTRODUCTION TO APPLICA	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	1239-SPECIFIC AIMS_20Aug12.p	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	1240-STRATEGY_20Aug12.pdf	Add Attachment	Delete Attachment	View Attachment
4. Inclusion Enrollment Report		Add Attachment	Delete Attachment	View Attachment
5. Progress Report Publication List		Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

6. Protection of Human Subjects	1248-HUMAN SUBJECTS_20Aug12	Add Attachment	Delete Attachment	View Attachment
7. Inclusion of Women and Minorities	1249-Women and minorities.p	Add Attachment	Delete Attachment	View Attachment
8. Targeted/Planned Enrollment Table	1250-Planned Enrollment Tab	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Children	1251-Children.pdf	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

10. Vertebrate Animals		Add Attachment	Delete Attachment	View Attachment
11. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
12. Multiple PD/PI Leadership Plan		Add Attachment	Delete Attachment	View Attachment
13. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
14. Letters of Support		Add Attachment	Delete Attachment	View Attachment
15. Resource Sharing Plan(s)		Add Attachment	Delete Attachment	View Attachment

16. Appendix [Add Attachments](#) [Remove Attachments](#) [View Attachments](#)



EXPLORATORY/DEVELOPMENT GRANT
 Department of Health and Human Services
 National Institutes of Health
 EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN
 DEVELOPMENT



Grant Number: 1R21HD071765-01A1 REVISED

Principal Investigator(s):

William McFarland, MD

Project Title: A probability-based survey of HIV risk among transmen using a novel sampling method

Dr. Raymond, Henry Fisher
 Co Director of HIV Epidemiology
 25 Van Ness Avenue, Suite 500
 San Francisco, CA 941026056

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 04/01/2013 – 03/31/2014

Project Period: 04/01/2013 – 03/31/2015

Dear Business Official:

The National Institutes of Health hereby revises this award (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the Eunice Kennedy Shriver National Institute Of Child Health & Human Development of the National Institutes of Health under Award Number R21HD071765. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with 42 CFR Part 50 Subpart F. Subsequent to the compliance date of the 2011 revised FCOI regulation (i.e., on or before August 24, 2012), Awardees must be in compliance with all aspects of the 2011 revised regulation; until then, Awardees must comply with the 1995 regulation. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Alesia Brody

Grants Management Officer
EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN
DEVELOPMENT

Additional information follows

SECTION I – AWARD DATA – 1R21HD071765-01A1 REVISED**Award Calculation (U.S. Dollars)**

Federal Direct Costs	\$133,597
Federal F&A Costs	\$7,230
Approved Budget	\$140,827
Federal Share	\$140,827
TOTAL FEDERAL AWARD AMOUNT	\$140,827

AMOUNT OF THIS ACTION (FEDERAL SHARE) \$0

SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
1	\$140,827	\$140,827
2	\$166,989	\$166,989

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

CFDA Number: 93.865
EIN: 1946000417A8
Document Number: RHD071765A
Fiscal Year: 2013

IC	CAN	2013	2014
HD	8014710	\$140,827	\$166,989

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: PDB -SN / OC: 414A / Released: BRODYA 05/08/2013
Award Processed: 05/09/2013 12:14:33 AM

SECTION II – PAYMENT/HOTLINE INFORMATION – 1R21HD071765-01A1 REVISED

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

SECTION III – TERMS AND CONDITIONS – 1R21HD071765-01A1 REVISED

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at 'http://grants.nih.gov/grants/policy/awardconditions.htm' for certain references cited above.)

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the Central Contractor Registration. Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

Treatment of Program Income:
Additional Costs

SECTION IV – HD Special Terms and Conditions – 1R21HD071765-01A1 REVISED

REVISION: This revised award reflects NICHD acceptance of the certification of Institutional Review Board (IRB) approval and releases the restriction on the Notice of Award issued on 04/01/2013. Accordingly, the special terms and conditions prohibiting research involving human subjects are removed, effective as of the date of IRB approval.

The previous terms and conditions of award (per NOA 04/01/2013) remain in effect as stated below.

This is a Modular Grant Award without direct cost categorical breakdowns issued in accordance with the guidelines published in the NIH Grants Policy Statement (rev. 10/12) (http://grants.nih.gov/grants/policy/nihgps_2012/nihgps_ch13.htm#_Toc271265237). Recipients are required to allocate and account for costs related to this award by category within their institutional accounting system in accordance with applicable cost principles.

This award includes funds awarded for consortium activity with Public Health Foundation Enterprises, Inc.

Consortia are to be established and administered as described in the NIH Grants Policy Statement (rev. 10/12) (http://grants.nih.gov/grants/policy/nihgps_2012/nihgps_ch15.htm#_Toc271265264)

Human Subjects: NICHD recognizes that investigators are submitting applications to conduct exciting and important research of interest to NICHD. NICHD has oversight responsibilities to ensure compliance with government regulations and to ensure the safety of human subjects in research. The following Web site contains information regarding your institutional responsibilities and compliance issues that should be reviewed throughout the duration of your NIH-supported project. HHS Web Site for Human Subjects: <http://www.hhs.gov/ohrp/>.

For specific requirements related to the protection of human subjects, see the NIH Grants Policy Statement (rev. 10/12) (http://grants.nih.gov/grants/policy/nihgps_2012/nihgps_ch4.htm#human_subjects_protections).

The grantee institution bears ultimate responsibility for protecting human subjects under this award, including human subjects at all participating and consortium sites, and for ensuring that a Federalwide Assurance approved by the Office of Human Research Protection and certification of Institutional Review Board review and approval have been obtained before human subjects research can be conducted at each site. The documentation of these assurances should be kept on file at the grantee institution. If requested, this documentation should be submitted to NICHD.

NIH requires the use of the eRA Commons eSNAP module for the submission of all Streamlined Noncompeting Application Process (SNAP) Continuation Progress Reports. See NIH Guide Notice NOT-OD-10-093 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-10-093.html>).

STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

Grants Management Specialist: Alesia Brody
Email: alesia.brody@nih.gov **Phone:** (301) 496-1305 **Fax:** (301) 451-5510

Program Official: Susan Newcomer
Email: newcomes@mail.nih.gov **Phone:** (301) 435-6981 **Fax:** (301) 496-0962

SPREADSHEET SUMMARY

GRANT NUMBER: 1R21HD071765-01A1 REVISED

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

<i>Budget</i>	<i>Year 1</i>	<i>Year 2</i>
TOTAL FEDERAL DC	\$133,597	\$158,639
TOTAL FEDERAL F&A	\$7,230	\$8,350
TOTAL COST	\$140,827	\$166,989

<i>Facilities and Administrative Costs</i>	<i>Year 1</i>	<i>Year 2</i>
F&A Cost Rate 1	26.21%	26.21%
F&A Cost Base 1	\$27,583	\$31,857
F&A Costs 1	\$7,230	\$8,350

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, San Francisco Board of Supervisors	City elective office(s) held: Members, San Francisco Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Public Health Foundation Enterprises, Inc. (PHFE)	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1) Board - see attachment 2) Mark J. Bertler, President/CEO, Susan Vacko, VP, Director of Operations 3) N/A 4) N/A 5) N/A	
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746-3505	
Date that contract was approved:	Amount of contract: \$93,356 in Year 1; \$100,579 in Year 2
Describe the nature of the contract that was approved: Assist with development of study materials and provide training and technical assistance on the daily operational aspects of RDS implementation.	
Comments: PHFE is a 501 (c) 3 Nonprofit with a Board of Directors	

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)

a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1. Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

**Public Health Foundation Enterprise
PHFE Board of Directors 2012-2013**

Officers:

Bruce Y. Lai, Chair

Peter D. Jacobson, Vice Chair

Teri A. Burley, Secretary

Karen L. Angel, Treasurer

Michael Asher, immediate Past Chair

Mark J. Bertler, CEO

Members:

Loretta Davis

Susan DeSanti

Scott Filer

Gerald D. Jensen

Patrick M. Libbey

Erik D. Ramanathan

Edward Yip