

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: **Capacity Building for High-Impact HIV Prevention, Category A**

2. Department: **Department of Public Health
Population Health Division
Center for Learning and Innovation Branch**

3. Contact Person: **Jonathan D. Fuchs** Telephone: **415-437-7409**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for:

\$1,000,000 Year 1*

\$1,000,000 Year 2

\$1,000,000 Year 3

\$1,000,000 Year 4

\$1,000,000 Year 5

\$5,000,000 Total for project

****DPH is seeking accept & expend approval for Year 1 only. The funder will approve subsequent years subject to the availability of funds and upon successful completion of the prior year. DPH will include these years in the DPH budget.***

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:

Since the beginning of the epidemic, the San Francisco Department of Public Health (SFDPH) has been at the forefront of advancing novel HIV prevention strategies and sharing them with public health professionals in the US and around the world. CDC's high-impact prevention (HIP) agenda offers unprecedented opportunities for health departments to shift programmatic efforts toward scientifically proven, cost-effective and scalable interventions including expanded HIV testing; linkage to care and treatment; and effective bio-behavioral and structural approaches for those at highest risk. Health departments that have successfully navigated the new HIV prevention paradigm have an important role to play in guiding community-level adoption of these methods.

The SFDPH Center for Learning and Innovation will lead a national Capacity Building Assistance (CBA) Program for health departments focused in the areas of HIV testing, Prevention for High-Risk HIV-Negative Persons and Policy. Using both traditional and technology-enabled approaches, the Center will harness the strength of our faculty to offer culturally responsive CBA services to fellow health departments. By increasing the knowledge, skills, and self-efficacy of our peers to implement HIP, the SFDPH aims to support the goals of the National HIV/AIDS Strategy in reducing HIV infections, decreasing HIV-associated morbidity and mortality, and eliminating health disparities.

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

Start-Date: 04/01/2014	End-Date: 03/31/2015 Year 1*
Start-Date: 04/01/2015	End-Date: 03/31/2016 Year 2
Start-Date: 04/01/2016	End-Date: 03/31/2017 Year 3
Start-Date: 04/01/2017	End-Date: 03/31/2018 Year 4
Start-Date: 04/01/2018	End-Date: 03/31/2019 Year 5

**DPH requests approval for Year 1, and subsequent years are approved through the annual budget process.*

10a. Amount budgeted for contractual services: **\$625,472**

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

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?

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

b1. If yes, how much? **\$48,243**

b2. How was the amount calculated? **25.2% of total personnel**

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:

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCA073/1400

****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 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:

for Ron Weigelt
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 4/22/14



(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director of Health
(Title)

Date Reviewed: 4/22/14


(Signature Required)