

File No. 230774

Committee Item No. 2

Board Item No. 54

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date July 19, 2023

Board of Supervisors Meeting Date July 25, 2023

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
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- Award Letter
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

- Program Budget
- Budget Justification
- Budget Narrative
- DPH Statement on Retroactivity 7/13/2023
- DPH Presentation 7/19/2023
- _____
- _____
- _____
- _____
- _____

Completed by: Brent Jalipa Date July 14, 2023

Completed by: Brent Jalipa Date July 20, 2023

1 [Accept and Expend Grant - Retroactive - Health Resources and Services Administration -
2 Ryan White HIV/AIDS Program Parts A and B - \$7,223,161]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant increase in the amount of \$2,555,761 for a total amount of \$7,223,161**
5 **from the Health Resources and Services Administration for participation in a program,**
6 **entitled “Ending The Human Immunodeficiency Virus (HIV) Epidemic: A Plan for**
7 **America - Ryan White Human Immunodeficiency Virus (HIV)/Acquired**
8 **Immunodeficiency Syndrome (AIDS) Program Parts A and B,” for the period of March 1,**
9 **2020, through February 28, 2024.**

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11 WHEREAS, The Health Resources and Services Administration (HRSA) has agreed to
12 fund the Department of Public Health (DPH) in the amount of \$7,223,161 for participation in a
13 program, entitled “Ending The Human Immunodeficiency Virus Epidemic: A Plan for America -
14 Ryan White Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome Program
15 Parts A and B,” for the period of March 1, 2020, through February 28, 2024; and

16 WHEREAS, The goal of funding is to reduce new Human Immunodeficiency Virus
17 (HIV) infections to zero, increase viral load suppression, and to address and remove health
18 disparities among communities who may experience these; and

19 WHEREAS, Funding will focus on target populations living with HIV: transgender
20 women, persons experiencing homelessness, persons who inject drugs, African-American
21 clients, Latinx clients and persons experiencing incarceration; and

22 WHEREAS, A grant increase of \$2,555,761 was approved for the period of March 1,
23 2023, through February 28, 2024; and

24 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and
25

1 WHEREAS, A request for retroactive approval is being sought because DPH received
2 the award letter on February 28, 2023; and

3 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
4 therefore, be it

5 RESOLVED, That the Board of Supervisors hereby waives inclusion of indirect costs in
6 the grant budget; and, be it

7 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
8 expend a grant in the amount of \$7,223,161 from the HRSA; and, be it

9 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
10 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

11 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
12 Agreement on behalf of the City; and, be it

13 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
14 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
15 Supervisors for inclusion in the official file.

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1 Recommended:

Approved: /s/ _____

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Mayor

3 /s/ _____

4 Dr. Grant Colfax

Approved: /s/ _____

5 Director of Health

Controller

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HIV HEALTH SERVICES RYAN WHITE PART A

**Board of Supervisors
Budget & Finance Committee
Accept & Expend EHE Funding**

BILL BLUM, DIRECTOR, HIV Health Services

July 19, 2023

**RYAN WHITE
HIV/AIDS
PROGRAM**

Ending The HIV Epidemic



The Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved.

Ending the HIV Epidemic (EHE) was announced in 2019 with the goal of reducing new HIV infections by 90% by 2030



Resolution retroactively authorizing the **Department of Public Health** to accept and expend a grant increase in the amount of **\$2,555,761** for a total amount of **\$7,223,161** from the Health Resources & Services Administration for participation in a program entitled **“Ending The HIV Epidemic: A Plan For America”**

2023-2024

2024-2025

2025-2026

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA



Diagnose HIV as early as possible



Treat HIV quickly and effectively



Protect people at risk



Respond quickly to clusters of new cases

Four populations of focus were chosen for HIV EHE care service interventions:

- 1) **Trans Women**
- 2) **People Experiencing Homelessness**
- 3) **People with a Recent History of Incarceration**
- 4) **Persons with Uncontrolled Use of Substances**

The HIV individuals and populations identified for intervention are clients currently not engaged in care, have not been engaged in care in the past, and are intermittent or non-consistent seekers of care.

120

Trans Women were diagnosed with HIV between the years of 2010 and 2020

450

marginally housed people were diagnosed with HIV between 2010 and 2020

221

incarcerated people received HIV services in the 2021-22 program year

251

People who inject drugs were diagnosed with HIV between 2010 and 2020



File Number: 230774
(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: **Ending the HIV Epidemic: A Plan for America - Ryan White HIV/AIDS Program Parts A and B**

2. Department: **Department of Public Health
HIV Health Service Section**

3. Contact Person: **Bill Blum** Telephone: **628-206-7675**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$7,223,161**

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **Health Resource and Service Administration (HRSA)**

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

8. Proposed Grant Project Summary:

The goals of the Ending the HIV Epidemic (ETHE) funding is very similar to that our local Getting to Zero campaign: to reduce new HIV infections to zero (the CDC funded portion of the ETHE grant addresses this) and to increase Viral Load Suppression and to address and remove health disparities among communities who may experience these. HIV Health Services focused our application and the allocated funding from our grant award to programs that would work to address health disparities and improve viral load suppression overall, but most particularly focusing on the following target populations living with HIV: transgender women (particularly transgender women of color), persons experiencing homelessness, persons who inject drugs, African-American clients, Latinx clients, and persons experiencing incarceration.

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

Start-Date: **03/01/2020**

End-Date: **02/28/2024**

10a. Amount budgeted for contractual services: **\$6,686,949**

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? **On going**

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

b1. If yes, how much? **\$0**

b2. How was the amount calculated? **N.A.**

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? **5% of Direct Costs**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to March 1, 2020. The Department received the letter of funding allocation February 28, 2023. The CFDA # for this grant is 93.686.

This grant does not require an ASO amendment and reimburses the Department for the position below:

No.	Class	Job Title	FTE	Start Date	End Date
1	2593	Health Program Coordinator III	1.00	03/01/2023	02/28/2024

The grant increase was \$2,555,761 for FY23-24.

Fund ID: 11580
Dept. ID: 162644
Project Description: HN HIV PD140 2324 Ryan White
Project ID: 10038448
Authority ID: 10001
Version: V101
Activity ID: 0001

****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:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 6/6/2023 | 9:59 AM PDT

DocuSigned by:
Toni Rucker
704292f7331f4411
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 6/7/2023 | 10:51 AM PDT

DocuSigned by:
Greg Wagner
2037324733849
(Signature Required)

Greg Wagner, COO for

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HIV Health Service Section
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
March 1, 2020 - February 28, 2024

		Year 1 Project: 10036694 3/1/20 - 2/28/21	Year 2 Project: 10036978 3/1/21 - 2/28/22	Year 3 Project: 10038098 3/1/22 - 2/28/23	Year 4 Project: 10038448 3/1/23 - 2/28/24	Total Amount
	Personnel -					-
	Health Program Coordinator III		81,519	78,091	143,962	303,572
	Health Worker III		26,971			26,971
	Health Worker III		26,971			26,971
						-
	Fringe benefits		65,021	37,483	54,691	157,195
						-
	Contractual	1,000,000	1,466,519	1,884,826	2,335,604	6,686,949
						-
	Travel				5,000	5,000
						-
	Supplies				16,505	16,505
						-
	Indirect Costs					-
						-
Total		1,000,000	1,667,000	2,000,400	2,555,761	7,223,161

			Equipment Total	\$ -
Supplies				
List of Supplies	Budget Impact Justification			Amount
	<i>[Description of need to carry out the program's objectives/goals]</i>			
Vouchers	Emergency assistance vouchers (gift cards) to support client wellness and promote stabilization in the community			\$ 16,505
			Supplies Total	\$ 16,505
Contractual				
List of Contracts <i>[include RWHAP service category]</i>	Deliverables	Budget Impact Justification		Amount
		<i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated]</i>		
Initiative #1 San Francisco Community Health Center (HHOME)	Medical Case Management; Non-Medical Case Management; Out-patient Ambulatory Care	Community-based program focused on HIV+ homeless individuals, to connect/re-connect them with medical care and support services to sustain viral suppression and promote community stability. Work Plan Goals: 50 clients served; 80% of HHOME EHE clients reach and maintain Viral Load Suppression. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.		\$ 313,571
Initiative #2 San Francisco Community Health Center (TransAccess)	Medical Case Management; Non-Medical Case Management	Mobile-based program focused on HIV+ Transgender women, to connect/re-connect them to medical care and support services, achieve, and sustain viral suppression. Work Plan Goals: 58 clients served; 70% of TransAccess EHE clients reach and maintain Viral Load Suppression. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of Transgender Women clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.		\$ 265,896
Initiatives #3 and #11 UCSF Ward 86 POP-UP	Ambulatory Outpatient Health Services; Medical Case Management; Non-medical Case Management	Primary care clinic located in SF General Hospital Ward 86 HIV Ward combined with a multi-component set of medical and case management interventions for homeless and marginally-housed individuals who have poor primary care visit adherence and high drop-in care utilization. Work Plan Goals: 100 clients served; 50% of Ward 86 POP-UP EHE clients reach and maintain Viral Load Suppression. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and marginally-housed clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.		\$ 412,114
Initiative #4 UCSF Alliance Health Project (AHP) for POP-UP	Outpatient Mental Health; Medical Case Management	Provides outpatient mental health services, psychiatric care and mental health oriented medical case management to homeless persons living with HIV who are clients of Ward 86 POP-UP to help sustain retention in care and viral suppression Work Plan Goals: 80% of UCSF AHP POP-UP EHE clients retained in care; 50% of Ward 86 POP-UP EHE clients reach and maintain Viral Load Suppression. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and marginally-housed clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.		\$ 379,956
Initiative #5 SFDPH Street Medicine	Ambulatory Outpatient Health Services	Provides direct services and panel management (where clinical staff review routine chronic disease care tasks for a group of patients such as: medical appointments, prescription review/renewal, lab panels to be conducted, other tests or care tasks to be performed, analyzing results of these test results, outreach and scheduling of the patient for initial and follow-up appointments) to homeless clients living with HIV; coordinates with other homeless programs. Work Plan Goals: HHS will work to ensure that staff are hired, that services are up and running, and will work with key program staff to design and implement SMART program objectives for updating and implementing into FY 23/24 EHE Work Plan by 6/30/23. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and active substance using clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.		\$ 136,673
Initiative #6 SFDPH LINC'S Navigation	Medical Case Management	Works to improve the health outcomes of HIV+ clients who have newly tested positive for HIV, have newly entered the SF HIV System of Care, or were recently lost to care and are being reconnected to care, by facilitating access to medical care and health insurance coverage by providing assertive system navigation, care coordination, mobile based navigation of services and linkages to care. Work Plan Goals: 60% of patients enrolled in LINC'S will have a primary care visit within 90 days of enrollment. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and active substance using clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.		\$ 248,900

Initiative #7 SFDPH Gender Health Services	Medical Case Management	Basic case management, referrals, and linkages for HIV+ Transgender Women who are seeking gender-affirming surgery by providing peer leadership, support, and motivation to develop, monitor and evaluate treatment plans working toward improving their health outcomes, stabilizing their lives and connecting and retaining them to care. to support admission and retention in Gender Health programs. Work Plan Goals: HHS will work to ensure that staff are hired, that services are up and running, and will work with key program staff to design and implement SMART program objectives for updating and implementing into FY 23/24 Work Plan by 6/30/23. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and active substance using clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.	\$ 49,737
Initiative #8 SFDPH Jail Health Services	Medical Case Management	Basic case management, referrals, and linkages to medical, behavioral health, and support services for people exiting SF County Jail system and connecting/re-connecting to essential HIV care and supportive services. Work Plan Goals: HHS will work to ensure that staff are hired, that services are up and running, and will work with key program staff to design and implement new SMART program objectives for implementing into FY 23/24 EHE Work Plan by 5/31/23. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and active substance using clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.	\$ 49,737
Initiative #9 San Francisco Department of Public Health - Primary Care (Tom Waddell and Castro-Mission)	Ambulatory Outpatient Health Services	Provides primary care direct services and panel management (where clinical staff review routine chronic disease care tasks for a group of patients such as: medical appointments, prescription review/renewal, lab panels to be conducted, other tests or care tasks to be performed, analyzing results of these test results, outreach and scheduling of the patient for initial and follow-up appointments) with a specific focus upon Long-Acting Injectable ART (LAI) . Work Plan Goals: TBD. Program Costs TBD	\$ 120,000
Initiatives #10 and #11 Shanti Integrated Medical Case Management	Medical Case Management	Enhance the existing Integrated Medical Case Management program of mobile RN Case Management and Client Advocate services at Shanti by increasing the program's client advocate FTE for additional community-based, care navigation support to People with HIV who are marginally engaged in care and providing a non-medical case manager focused on housing navigation Work Plan Goals: HHS will work with the agency to ensure that staff is hired and trained, service capacity is increased, and new, measurable deliverables and objectives are established and incorporated into the FY 23/24 EHE Work Plan by 6/30/23. Program Costs arrived at by staff salaries and FTE required to successfully work with this caseload of homeless and active substance using clients and their complex need requirements, an acceptable portion of program operating and indirect costs are also included.	\$ 259,020
Facente Consulting	EHE provider forum facilitation	Two (2) EHE community partner forums to discuss current challenges, barriers and success in relation to client engagement, systems navigation, program implementation and service needs	\$ 15,000
Amy Braddock	Collateral materials	Development and design of training and collateral materials for the education of wrap-around support services and medical providers who interface with and/or utilize EHE-funded services and to support dissemination of best practices to EHE and non-EHE community partners	\$ 20,000
CODB	n/a	Implement a Cost of Doing Business (CODB) increase to all EHE-funded agencies Work Plan Goals: HHS will work with SFDPH finance and contracting divisions and EHE sub-recipients to modify contracts to reflect an across-the-board CODB of by 8/31/23. Program Costs arrived by calculation of CODB based on current funding for staff salaries and FTE required to successfully implement contracted services. An acceptable portion of program operating and indirect costs are also considered.	\$ 65,000
Contracts Total			\$ 2,335,604
Other			
<i>(List all costs that do not fit into any other category)</i>			
List of Other	Budget Impact Justification <i>(Impact on the program's objectives/goals)</i>		Amount
Other Costs Total			\$ -
Total Direct Cost			\$ 2,555,761
Indirect Cost			
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>
Contractual Indirect Cost included in Contractual budgeted amount, capped at 10%			

Services Total	
	\$ 2,555,761

San Francisco Department of Public Health (SFPDH)
HRSA FY 2020 Ending the HIV Epidemic: A Plan for America (HRSA-20-078)
BUDGET NARRATIVE
MARCH 1, 2023 - FEBRUARY 29, 2024

A. SALARIES AND WAGES

Position Title	Year 4 Annual Salary	Year 4 Monthly Salary	% Time on Grant	Yr. 4 # of Mos.	Revise Yr 4
2593 Health Program Coordinator III	\$ 143,962	\$ 11,997	100%	12	\$ 143,962
1824 Principal Admin Analyst	\$ 155,652	\$ 12,971	100%	0	\$ -
2587 Health Worker III - Post-Incarceration Navigator	\$ 80,912	\$ 6,743	50%	0	
2587 Health Worker III -Gender Health Navigator	\$ 80,912	\$ 6,743	50%	0	
TOTAL					\$ 143,962

B. FRINGE BENEFITS @ 37.99% = **\$ 54,690**

C. Travel **\$ 5,000**

D. Materials and Supplies **\$ 16,505**

E. CONTRACTUAL

Project Contract / Agreement	Revise Yr 4
APIWC/SFCHC - TranAccess - Medical Case Mgmt	\$ 265,896
APIWC/SFCHC - HHOME - Medical Case Mgmt	\$ 313,571
SFPDH UCSF/ Ward 86 - Pop-UP	\$ 412,114
UCSF/ Alliance Health Project - Mental Health for Pop Up	\$ 379,956
SFPDH Street Medicine	\$ 136,673
SFPDH Gender Health	\$ 49,737
SFPDH LINCS - Navigators at TWUHC	\$ 248,900
SFPDH Castro Mission	\$ 120,000
SFPDH JHS/HIV-IS	\$ 49,737
Shanti - Medical Case Mgmt	\$ 259,020
Facente	\$ 15,000
Amy Braddock	\$ 20,000
Unallocated - CODB	\$ 65,000
TOTAL	\$ 2,335,604

F. TOTAL DIRECT CHARGES **\$ 2,555,761**

G. INDIRECT COSTS - None **\$ -**

HK. TOTAL PROJECT BUDGETS **\$ 2,555,761**



Recipient Information

- 1. Recipient Name
CITY & COUNTY OF SAN FRANCISCO
1380 Howard St Fl 4
San Francisco, CA 94103-2651
- 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
DCTNHRGU1K75
- 7. Project Director or Principal Investigator
Bill Blum
bill.blum@sfdph.org
(415)554-9105
- 8. Authorized Official

Federal Agency Information

- 9. Awarding Agency Contact Information
India Smith
Grants Management Specialist
Office of Federal Assistance Management (OFAM)
Division of Grants Management Office (DGMO)
ISmith@hrsa.gov
(301) 443-2096
- 10. Program Official Contact Information
Tonia M Schaffer
Public Health Analyst
HIV/AIDS Bureau (HAB)
TSchaffer@hrsa.gov
(301) 945-3950

Federal Award Information

- 11. Award Number
6 UT8HA33951-04-01
- 12. Unique Federal Award Identification Number (FAIN)
UT833951
- 13. Statutory Authority
42 U.S.C. § 243(c); 300ff-11 et seq.
- 14. Federal Award Project Title
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 15. Assistance Listing Number
93.686
- 16. Assistance Listing Program Title
Ending the HIV Epidemic: A Plan for America — Ryan White HIV/AIDS Program Parts A and B
- 17. Award Action Type
Administrative
- 18. Is the Award R&D?
No

Summary Federal Award Financial Information

19. Budget Period Start Date 03/01/2023 - End Date 02/28/2024	
20. Total Amount of Federal Funds Obligated by this Action	\$2,212,693.00
20a. Direct Cost Amount	
20b. Indirect Cost Amount	
21. Authorized Carryover	\$0.00
22. Offset	\$0.00
23. Total Amount of Federal Funds Obligated this budget period	\$2,555,761.00
24. Total Approved Cost Sharing or Matching, where applicable	\$0.00
25. Total Federal and Non-Federal Approved this Budget Period	\$2,555,761.00
26. Project Period Start Date 03/01/2020 - End Date 02/28/2025	
27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period	\$7,223,161.00

- 28. Authorized Treatment of Program Income
Addition
- 29. Grants Management Officer – Signature
Karen Mayo on 02/28/2023

30. Remarks



Notice of Award
Award Number: 6 UT8HA33951-04-01
Federal Award Date: 02/28/2023

HIV/AIDS Bureau (HAB)

31. APPROVED BUDGET: (Excludes Direct Assistance)	
<input checked="" type="checkbox"/> Grant Funds Only	
<input type="checkbox"/> Total project costs including grant funds and all other financial participation	
a. Salaries and Wages:	\$0.00
b. Fringe Benefits:	\$0.00
c. Total Personnel Costs:	\$0.00
d. Consultant Costs:	\$0.00
e. Equipment:	\$0.00
f. Supplies:	\$0.00
g. Travel:	\$0.00
h. Construction/Alteration and Renovation:	\$0.00
i. Other:	\$2,555,761.00
j. Consortium/Contractual Costs:	\$0.00
k. Trainee Related Expenses:	\$0.00
l. Trainee Stipends:	\$0.00
m. Trainee Tuition and Fees:	\$0.00
n. Trainee Travel:	\$0.00
o. TOTAL DIRECT COSTS:	\$2,555,761.00
p. INDIRECT COSTS (Rate: % of S&W/TADC):	\$0.00
q. TOTAL APPROVED BUDGET:	\$2,555,761.00
i. Less Non-Federal Share:	\$0.00
ii. Federal Share:	\$2,555,761.00
32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:	
a. Authorized Financial Assistance This Period	\$2,555,761.00
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	\$0.00
ii. Offset	\$0.00
c. Unawarded Balance of Current Year's Funds	\$0.00
d. Less Cumulative Prior Award(s) This Budget Period	\$343,068.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	\$2,212,693.00

33. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)	
YEAR	TOTAL COSTS
05	\$1,000,000.00
34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)	
a. Amount of Direct Assistance	\$0.00
b. Less Unawarded Balance of Current Year's Funds	\$0.00
c. Less Cumulative Prior Award(s) This Budget Period	\$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$0.00
35. FORMER GRANT NUMBER	
36. OBJECT CLASS 41.15	
37. BHCNIS#	

38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

39. ACCOUNTING CLASSIFICATION CODES						
FY-CAN	CFDA	DOCUMENT NUMBER	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
23 - 377EIGR	93.686	20UT8HA33951	\$2,212,693.00	\$0.00	N/A	20RWHAP-A-B

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Condition(s)

1. Due Date: Within 45 Days of Award Release Date

Within 45 days of this notice, submit for approval a revised SF424A, line item budget, budget narrative justification, and work plan to reflect the activities supported by this award and the total funds awarded. The line-item budget must be formatted so that costs for each line item are divided by the approved activities.

Grant Specific Term(s)

1. This Notice of Award provides the balance of fiscal year 2023 (FY23) funding based on HRSA's FY23 appropriations and budget allocations. All previously conveyed terms and conditions remain in effect unless specifically removed.

Program Specific Term(s)

- The Ryan White HIV/AIDS Program (RWHAP) legislation requires, to the maximum extent practicable, that core medical and support services will be provided without regard to an individual's ability to pay, or to the current or past health condition of the individual to be served. Consequently, HRSA expects that RWHAP recipients and subrecipients utilize a grievance process, articulated in writing, to investigate complaints for denial of services.
- If applicable, recipients must submit the Tangible Personal Property Report (TPPR) (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Recipients are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. TPPRs must be submitted electronically through HRSA EHBs.

Reporting Requirement(s)

1. Due Date: Within 90 Days of Award Issue Date

The recipient must submit an annual Initiative Allocation Report.

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Bill Blum	Program Director	bill.blum@sfdph.org

Note: NoA emailed to these address(es)

All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).

From: [Validzic, Ana \(DPH\)](#)
To: [Chan, Connie \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Safai, Ahsha \(BOS\)](#)
Cc: [Jalipa, Brent \(BOS\)](#); [Hsieh, Frances \(BOS\)](#); [Hajee, Zahra \(BOS\)](#); [Chung, Lauren \(BOS\)](#); [Blum, Bill \(DPH\)](#); [Patil, Sneha \(DPH\)](#); [Wong, Greg \(DPH\)](#); [Ko, Michele \(DPH\)](#); [Altman, Claire \(DPH\)](#)
Subject: 7/19 Budget & Finance: DPH Retroactive Item
Date: Thursday, July 13, 2023 8:43:00 AM

Good morning Supervisors Chan, Mandelman and Safai,

The Department of Public Health (DPH) will request approval for one (1) retroactive item at the July 19th Budget & Finance Committee meeting. We've provided a brief description of the item and our DPH representative. Please let us know if you have any questions.

File no. 230774 - Accept and Expend Grant - Retroactive - Health Resources and Services

Administration - Ryan White HIV/AIDS Program Parts A and B - \$7,223,161 - Resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase in the amount of \$2,555,761 for a total amount of \$7,223,161 from the Health Resources and Services Administration for participation in a program, entitled "Ending The Human Immunodeficiency Virus (HIV) Epidemic: A Plan for America - Ryan White Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS) Program Parts A and B," for the period of March 1, 2020, through February 28, 2024.

- **Description:** The goals of the Ending the HIV Epidemic (ETHE) funding is very similar to that of our local Getting to Zero campaign: to reduce new HIV infections to zero and to increase Viral Load Suppression and to address and remove health disparities among communities who may experience these. HIV Health Services focused our application and the allocated funding from our grant award to program that would address health disparities and improve viral load suppression overall, but most particularly focusing on the following target populations living with HIV: transgender women (particularly transgender women of color), persons experiencing homelessness, persons who inject drugs, African American clients, Latinx clients, and persons experiencing incarceration.
- **Reason for Retroactive Request:** DPH received the notice of award on February 28th, 2023, for a grant increase in the amount of \$2,555,761. The grant start date was predetermined by the grantor as March 1st, 2023. Upon receiving the grant increase notification, DPH prepared the budget. The grant documents were forwarded to the Controller's Office for review on May 12th. Once the review was complete, the grant accept and expend legislation was forwarded to the Mayor's Office on June 13th for introduction on June 27th. We respectfully request approval to retroactively accept and expend this grant increase.
- **DPH Representative:** Bill Blum | Director of Programs, Primary Care; Director, HIV Health Services, Department of Public Health | email: bill.blum@sfdph.org

Thank you for your time and consideration.
Best, Ana

[Ana Validzic \(she/her\)](#)
Government Affairs Manager

San Francisco Department of Public Health
ana.validzic@sfdph.org | 650.503.9536 (cell)

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London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: 6/28/2023

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant - Ending the HIV Epidemic: A Plan for America-Ryan White HIV/AIDS Program Parts A and B - \$7,223,161

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No