

**File Number:** 230103  
(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: **Patient-Centered Outcomes Research Institute (PCORI)**
2. Department: **San Francisco Department of Public Health  
Population Health Division  
Bridge HIV**
3. Contact Person: **Albert Liu** Telephone: **415-437-7408**
4. Grant Approval Status (check one):  
 Approved by funding agency  Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$133,515**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable): **N.A.**
- 7a. Grant Source Agency: **Patient-Centered Outcomes Research Institute (PCORI)**  
b. Grant Pass-Through Agency (if applicable): **Public Health Foundation Enterprises, Inc. (Heluna Health)**
8. Proposed Grant Project Summary: **Dr. Albert Liu will be responsible for the overall scientific, operational, and administrative aspects of the study. Dr. Liu will direct the design, implementation, and analysis of epidemiologic, clinical, behavioral, laboratory, and all other scientific aspects of this study. Dr. Liu is Director of HIV Prevention Intervention Studies at the San Francisco Department of Public Health and Assistant Clinical Professor of Medicine at UCSF. Dr. Liu will have responsibility for achieving the specific aims of the study, for maintaining the proposed study schedule, ensuring quality control over all aspects of the study, protecting participant safety, and data analysis and publication of result.**  
  
**Susan Buchbinder, MD as Co-Investigator, she will oversee development and implementation of data collection materials, and serve as primary liaison to Dr. Vittinghoff, who will be conducting the quantitative analyses for this study. She will also work closely with the study teams in development and publication of manuscripts for this study.**  
  
**Jonathan Fuchs, MD, MPH a Co-Investigator, he will serve as the primary liaison with the External Advisory Group and will oversee dissemination of study results.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **10/01/2020** End-Date: **09/30/2021**
- 10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **N.A.**

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? **\$26,703**

b2. How was the amount calculated? **25% of Salaries and Benefits**

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

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? **N.A.**

12. Any other significant grant requirements or comments:

**The grant does not require an ASO amendment and partially reimburses the department for the existing positions below:**

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.20	10/01/2020	09/30/2021
2	2232	Senior Physician Specialist	0.05	10/01/2020	09/30/2021
3	0943	Manager VIII	0.05	10/01/2020	09/30/2021
4	2232	Senior Physician Specialist	0.10	10/01/2020	09/30/2021

**We respectfully request for approval to accept and expend these funds retroactive to October 1, 2020. The Department received the award on July 29, 2021.**

**Proposal ID: CTR00002324**  
**Version ID: V101**  
**Department ID: 162646**  
**Project Description: HD HIV PD153 2021 PCORI**  
**Project Code: 10037370**  
**Activity Code: 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: 5/25/2022 | 10:55 AM PDT

DocuSigned by:  
Toni Rucker  
704282E7331F44D...  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 5/26/2022 | 10:25 PM PDT

DocuSigned by:  
Greg Wagner  
20327372752848...  
(Signature Required)