

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: **Mirtazapine for Methamphetamine Use Disorder: Drug-drug Interaction Study**

2. Department: **San Francisco Department of Public Health
Center for Public Health Research**

3. Contact Person: **Phillip Coffin** Telephone: **415-437-6282**

4. Grant Approval Status (check one):

Approved by funding agency Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$55,932**

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

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

7a. Grant Source Agency: **National Institutes of Health (NIH)**

b. Grant Pass-Through Agency (if applicable): **Heluna Health**

8. Proposed Grant Project Summary: **Phillip Coffin, MD, MIA Director of Substance Use Research at the San Francisco Department of Public Health (SFDPH is the Principal Investigator (PI) of M3 DDI. Dr. Coffin will dedicate (11.4%) 1.37 person months each year for this study. Dr. Coffin is a board-certified internist, infectious disease specialist, and addiction medicine specialist, with expertise in clinical trials of pharmacologic and behavioral interventions for substance use, HIV, HCV, and overdose, as well as epidemiologic and observational studies of substance use. As PI, Dr. Coffin will be responsible for the overall scientific, operational, and administrative aspects of the study, and he will oversee the day-to-day management of the regulatory and clinical activities for this study. They will directly supervise the Study Coordinator, Study Clinician, and Data Manager. Dr. Coffin will ensure that all staff adheres to good clinical practice (GCP) guidelines, and that all adverse events and serious adverse events are reported in a timely manner. He will be available in the office (his office is in the hall used for seeing participants) as well as on-call for study staff and for participant emergencies or questions and will meet regularly with staff to discuss adverse events and other clinical issues. He will work closely with the Study Coordinator to address requirements of all regulatory parties including University of California San Francisco's (UCSF) Committee on Human Research, which acts as the local IRB for the SFDPH, the DSMB, and NIDA. In addition, Dr. Coffin will initiate and serve as an author on study publications and present results at scientific meetings. Of note, the contract for Dr. Coffin's time includes the cost of rent for PHFE staff at SFDPH offices.**

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

Start-Date: **06/01/2020** End-Date: **05/31/2021**

10a. Amount budgeted for contractual services: **\$0**

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?

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? **\$7,630**

b2. How was the amount calculated? **25% of total salaries and fringe benefits**

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? **N.A.**

12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment and partially reimburses the department for one existing position: one Senior Physician Specialist, (Job Class 2232) at 0.11 FTE for 12 months for the period from June 1, 2020 through May 31, 2021.

We respectfully request for approval to accept and expend these funds retroactive to June 1, 2020. The Department received the letter of funding allocation on April 29, 2021.

**Proposal ID: CTR00002418
Version ID: V101
Department ID: 162646
Project Desc: Mirtazapine for Methamphetamine Use Disorder: Drug-drug
Project ID: 10037687
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: 5/11/2021 | 2:11 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5/14/2021 | 10:59 AM PDT

DocuSigned by:
Greg Wagner
(Signature Required)