

File No. 1013/20

Committee Item No. 3

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND  
NEIGHBORHOOD SERVICES

Date 11/8/10

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 Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form (for hearings)
<input checked="" 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"/>	Award Letter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER

(Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Form 126</u>
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	_____

Completed by: Gail Johnson

Date 11/4/10

Completed by: \_\_\_\_\_

Date \_\_\_\_\_

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.



1 [Accept and Expend Grant - HIV Testing Disproportionately Affected Populations - \$877,273]

2  
3 **Resolution authorizing the San Francisco Department of Public Health to accept and**  
4 **expend retroactively a grant in the amount of \$877,273 from the Centers for Disease**  
5 **Control to fund the project Expanded HIV Testing for Disproportionately Affected**  
6 **Populations for the period of September 30, 2010, through September 29, 2011, waiving**  
7 **indirect costs.**

8  
9 WHEREAS, The Centers for Disease Control (CDC) awarded DPH \$877,273 to fund  
10 Expanded HIV Testing for Disproportionately Affected Populations, for the 12-month period of  
11 September 30, 2010 through September 29, 2011; and,

12 WHEREAS, Funds provided under this grant will be used to 1) increase HIV testing in  
13 DPH medical facilities in order to enhance testing efforts and reach populations with the  
14 greatest HIV disparities in San Francisco and 2) enhance linkage to care and partner services  
15 for individuals testing HIV-positive; and,

16 WHEREAS, DPH will subcontract the full amount of the grant with three  
17 subcontractors, Public Health Foundation Enterprises, Inc. (\$374,136), University of  
18 California, San Francisco (UCSF) Clinical Lab (\$282,986), and UCSF Positive Health Project  
19 (\$220,151), for the period of September 30, 2010 through September 29, 2011; and,

20 WHEREAS, An ASO amendment is not required because funds are not used for DPH  
21 staffing purposes; and,

22 WHEREAS, The CDC does not allow for indirect costs because there are no DPH  
23 salaries to calculate the indirect costs; and

24 WHEREAS, As a condition of receiving the grant funds, the CDC requires the City to  
25 enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the

FILE NO.

RESOLUTION NO.

1 Board of Supervisors in File No. 101360; which is hereby declared to be a part of  
2 this resolution as if set forth fully herein; and,

3 WHEREAS, DPH is seeking retroactive approval because the CDC did not send the  
4 grant award until September 20, 2010; now therefore, be it

5 RESOLVED, That DPH is hereby authorized to accept and expend retroactively a grant  
6 in the amount of \$877,273, for the period of September 30, 2010 through September 29,  
7 2011; and, be it

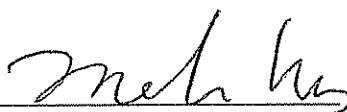
8 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of  
9 indirect costs in the grant budget; and be it

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


13 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
14 agreement on behalf of the City.

15  
16 RECOMMENDED:

APPROVED:

17  
18   
19 Mitchell Katz, M.D.  
20 Director of Health

21  
22   
23 Office of the Mayor

24  
25   
Office of the Controller  
For



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D. *MK*  
Director of Health

DATE: October 14, 2010

SUBJECT: Grant Accept and Expend

GRANT TITLE: Expanded HIV Testing for Disproportionately Affected Populations - \$877,273

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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
- ☒ Award Letter
- ☒ Agreement
- ☐ Other (Explain):

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Ann Santos

Phone: 255-3546

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health,  
1380 Howard St.

Certified copy required Yes ☐

No ☒

**File Number:** \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Information Form**  
(Effective January 2000)

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: Expanded HIV Testing for Disproportionately Affected Populations
2. Department: Department of Public Health  
Community Programs  
HIV Prevention Section
3. Contact Person: Grant Colfax Telephone: 554-9173
4. Grant Approval Status (check one):  
☒ [ X ] Approved by funding agency ☐ [ ] Not yet approved
5. Amount of Grant Funding Approved or Applied for: \$877,273
- 6a. Matching Funds Required: No  
b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: Centers for Disease Control (CDC)  
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: The goals of this proposed project are to 1) increase HIV testing in San Francisco Department of Public Health (DPH) medical facilities (i.e., community clinics, Jail Health Services and San Francisco General Hospital (SFGH)) in order to enhance testing efforts and reach populations with the greatest HIV disparities in San Francisco [i.e., Males who have sex with males (MSM) of all race/ethnicities, African Americans, and transfemales who have sex with males]; and 2) enhance linkage to care and partner services for those individuals testing HIV-positive.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  

Approved Year one project:	Start-Date: September 30, 2010	End-Date: September 29, 2011
Full project period:	Start-Date: September 30, 2010	End-Date: September 29, 2013
10. Number of new positions created and funded: None
11. If new positions are created, explain the disposition of employees once the grant ends? N/A
- 12a. Amount budgeted for contractual services: \$877,273. Identified subcontractors include Public Health Foundation Enterprises, Inc; University of California, San Francisco (UCSF) Clinical Lab and UCSF Positive Health Project.  
b. Will contractual services be put out to bid? No, sole source  
c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A  
d. Is this likely to be a one-time or ongoing request for contracting out? Ongoing

13a. Does the budget include indirect costs? ☐ Yes ☒ No

b1. If yes, how much? b2. How was the amount calculated?

c. 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): There are no DPH salaries to calculate the indirect costs.

14. Any other significant grant requirements or comments: We respectfully request for approval to accept and expend these funds effective as of September 30, 2010. The Department applied for this grant on June 1, 2010 and received the notice of award on September 20, 2010.

The grant code is: HCAO30.

**\*\*Disability Access Checklist\*\***


15. This Grant is intended for activities at (check all that apply):

☒ Existing Site(s) ☐ Existing Structure(s) ☐ Existing Program(s) or Service(s)  
☐ Rehabilitated Site(s) ☐ Rehabilitated Structure(s) ☒ New Program(s) or Service(s)  
☐ New Site(s) ☐ New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer:

  
Jason Hashimoto

Date Reviewed: 10/15/10

Department Approval:

  
Mitchell Katz, M.D.

Director of Public Health

CATEGORY/LINE ITEM	Annual Salary	28.80% 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. Sr. Physician Specialist 2232 7 G. Collax	183,092	52,730	235,822	5%	0.05	15,258	12	0	0	0	
2. Health Program Coordinator III 2593 5 T. Dowling	93,522	26,934	120,456	10%	0.10	7,794	12	0	0	0	
3. COLA 4%	0	0	0	0%	0.00	0	0	0	0	0	
4. STEP Increases 5%	0	0	0	0%	0.00	0	0	0	0	0	
TOTAL PERSONNEL:	333,242	95,974	429,216		0.65			0	0	0	

00101 SALARIES:

00103 MANDATORY FRINGE:

C. TRAVEL

- Local Travel (02301)
- Out-of-Jurisdiction Travel(02101)

Sub Total TRAVEL

D. EQUIPMENT

- Computers @ \$3,000 (06061)

Sub Total EQUIPMENT

E. MATERIALS AND SUPPLIES

- Office materials and supplies (04591)
- Non-inventoried equipment (04921)

Sub Total SUPPLIES



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS OFFICE HIV PREVENTION SECTION

Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Population

September 30, 2010 - September 29, 2011

Part A: HIV Screen and HIV Counseling, Testing, and Referral

Year 1

Dept / Div: HPH-03  
Fund Group: 2S/CHS/GNC  
Index Code: HCHPDHIVSVGR  
Grant Code: HCA030  
Grant Detail: 1100

CATEGORY/LINE ITEM	Annual Salary	28.80% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget	Comments
F. CONTRACTUAL SERVICES (02789)											
1. PHFE										182,980	
2. UCSF Clinical Lab										282,986	
3. UCSF Positive Health Project										220,151	
4.										0	
Sub Total CONTRACTS/MOUS										<u>666,117</u>	

- G. OTHER
1. Rent support/mtg. facilities (03011)
  2. Telephone/Com (03241)
  3. Telephone/DET (081ET)
  4. Postage (03561)
  5. Delivery/Courier service (03521)
  6. Photocopier leasing (03131)
  7. Repro service (in House)(03551)
  8. Print/Slide service (Outside)(03552)
  9. Staff training (02201)
  10. Promo/Advertisement (03599)
- Sub TOTAL OTHER

TOTAL DIRECT COST

666,117

BUDGET SUMMARY

A. SALARIES	0
B. MANDATORY FRINGE	0
C. TRAVEL	0
D. EQUIPMENT	0
E. MATERIALS AND SUPPLIES	0
F. CONTRACT / MOU	666,117
G. OTHER	0
DIRECT COSTS	
H. INDIRECT COST (24.04% of Total Salaries)	0
TOTAL BUDGET	666,117
AWARD	0
SURPLUS/(DEFICIT)	(666,117)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS OFFICE HIV PREVENTION SECTION  
Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Population

September 30, 2010 - September 29, 2011  
Part B: Enhanced Linkage to Medical Care and Partner Services  
Year 1

Dept / Div: HPH-03  
Fund Group: 2S/QHS/GNC  
Index Code: HCHPDHVS/GR  
Grant Code: HCAO30  
Grant Detail: 1100

CATEGORY/LINE ITEM	Annual Salary	28.80% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
A PERSONNEL										
1.								0	0	0
2.								0	0	0
3. COLA 4%	0	0	0	0%	0.00	0	0	0	0	0
4. STEP increases 5%	0	0	0	0%	0.00	0	0	0	0	0

0.50

72,937

16,309

56,628

TOTAL PERSONNEL:

00101 SALARIES:

00103 MANDATORY FRINGE:

C. TRAVEL

1. Local Travel (02301)
2. Out-of-Jurisdiction Travel(02101)

Sub Total TRAVEL

D. EQUIPMENT

1. Computers @ \$3,000 (06061)

Sub Total EQUIPMENT

E. MATERIALS AND SUPPLIES

1. Office materials and supplies (04591)
2. Non-inventoried equipment (04921)

Sub Total SUPPLIES

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
AIDS OFFICE HIV PREVENTION SECTION  
Expanded Human Immunodeficiency Virus (HIV) Testing for Disproportionately Affected Population  
September 30, 2010 - September 29, 2011  
Part B: Enhanced Linkage to Medical Care and Partner Services  
Year 1

Dept / Div: HPH-03  
Fund Group: 2S/CHS/GNC  
Index Code: HCHPDHIVSVGR  
Grant Code: HCAO30  
Grant Detail: 1100

CATEGORY/LINE ITEM	Annual Salary	28.80% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
F. CONTRACTUAL SERVICES (02789)										191,156
1. PHFE										20,000
2. UCSF Clinical Lab										0
3. UCSF Positive Health Project										0
4.										0
Sub Total CONTRACTS/MOUS										211,156
G. OTHER										0
1. Rent support/mtg. facilities (03011)										0
2. Telephone/Com (03241)										0
3. Telephone/DET (081ET)										0
4. Postage (03561)										0
5. Delivery/Courier service (03521)										0
6. Photocopier leasing (03131)										0
7. Repro service (in House)(03551)										0
8. Print/Slide service (Outside)(03552)										0
9. Staff training (02201)										0
10. Promo/Advertisement (03599)										0
Sub TOTAL OTHER										0

TOTAL DIRECT COST

211,156

BUDGET SUMMARY

A. SALARIES	0
B. MANDATORY FRINGE	0
C. TRAVEL	0
D. EQUIPMENT	0
E. MATERIALS AND SUPPLIES	0
F. CONTRACT / MOU	211,156
G. OTHER	0
DIRECT COSTS	211,156
H. INDIRECT COST (24.04% of Total Salaries)	0
TOTAL BUDGET	211,156
AWARD	0
SURPLUS/(DEFICIT)	(211,156)

## **Appendix C: Budget and Budget Justification**

### **San Francisco Department of Public Health AIDS Office**

#### **HIV Prevention Section**

#### **Part A: HIV Screening and HIV Counseling, Testing, and Referral**

#### **Budget and Budget Justification**

**Year One: 9/30/2010 – 9/29/2011**

A.	Personnel	\$0
B.	Mandatory Fringe	\$0
C.	Travel	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$666,117
G.	Other Expenses	\$0
	<b>TOTAL DIRECT COSTS</b>	<b>\$666,117</b>
H.	Indirect Costs-(24.04% of Total Salaries)	\$0
	<b>TOTAL BUDGET PART A YEAR 1</b>	<b>\$666,117</b>

**Part A Year 1 Detailed Budget Justification: 9/30/2010 – 9/29/2011**

**A. PERSONNEL**

**B. MANDATORY FRINGE**

1. 0.05 2232 Sr. Phys Spec, Director of HIV Prevention & Research: G. Colfax  
Annual Salary \$183,092 x 0.05 FTE for 12 months = \$9,155  
Mandatory Fringe Benefits (@ 28.80%) = \$2,637 \$11,791/in kind

The Director of HIV Prevention oversees all activities of the HIV Prevention Section. For this project, he will supervise the Director of the HIV Testing Unit.

2. 0.10 2593 Health Program Coordinator III: T. Dowling  
Annual Salary \$93,522 x 0.10 FTE for 12 months = \$9,352  
Mandatory Fringe Benefits (@ 28.80%) = \$2,693 \$12,046/in kind

The Director of the HIV Testing Unit is responsible for supervising all activities of the HPS HIV testing program. For this project, the Director of HIV Testing is responsible for the overall planning, implementation and evaluation of the Expanded HIV Testing project. The position is also responsible for supervision of the Medical Testing Coordinator, the Medical Testing Data Coordinator, and the Linkages and Partner Services Coordinator, and will oversee the work of the contractual staff to ensure all objectives are met.

Total Personnel:	\$23,837/in kind
Total Salaries	\$18,507/in kind
Total Fringe	\$ 5,330/in kind
<b>TOTAL PERSONNEL:</b>	<b>\$23,837/in kind</b>

<b>C. TRAVEL</b>	<b>\$0</b>
<b>D. EQUIPMENT</b>	<b>\$0</b>
<b>E. MATERIALS AND SUPPLIES</b>	<b>\$0</b>
<b>F. CONTRACTUAL</b>	<b>\$661,117</b>

**1. Public Health Foundation Enterprises, Inc. (PHFE)**

PHFE was selected through a Request for Qualifications process held in 2009 by the SFDPH Contracts Unit. PHFE acts as a fiscal intermediary for staff hired by SFDPH to implement the project. The period of performance will be September 30, 2010 through September 29, 2013, with annual contract renewals. The scope of work for PHFE will be to hire the Medical Testing Manager, provide human resources support as needed to the Director of HIV Testing and the Medical Testing Manager overseeing the project, and to

provide travel arrangements and purchase materials and supplies as directed by DPH staff. The target population includes all patients tested, with an emphasis on reaching African Americans, Latinos, MSM, and transfemales. DPH staff develops and monitors the contract with PHFE annually to ensure objectives and deliverables are met.

A. PHFE Personnel:

1. Medical Testing Manager (Project Manager): To be hired

Annual Salary:  $\$112,052 \times 1 \text{ FTE for 12 months} = \$112,052$

Mandatory Fringe Benefits (25%) = \$28,013

Total Personnel = **\$140,065**

The Medical Testing Manager is responsible for collaborating with staff from HPS, UCSF, and the DPH clinics to implement all aspects of this three year project. Will supervise the Linkage to Care and Partner Services Specialists (if funded in Part B), support and provide technical assistance to DPH Primary Care leadership to establish and implement an incremental plan to expand HIV testing in the primary care clinics, work closely with the Medical Testing Data Manager to collect and analyze data needed for this project, staff the DPH HIV Testing Advisory Committee for this project, act as primary liaison with Jail Health Services, San Francisco General and Primary Care administrative staff to stabilize testing in the ED and expand testing in the clinics and jail clinics, and will network with other hospitals, federally funded primary care clinics and private medical providers to expand HIV testing beyond DPH.

2. Medical Testing Data Manager (Data Manager): Noah Carraher

Annual Salary:  $\$68,000 \times 0.40 \text{ FTE for 12 months} = \$27,200$

Mandatory Fringe Benefits (25%) = \$6,800

Total Personnel = **\$34,000**

The Medical Testing Data Manager is responsible for managing all data required for this project. This includes working with UCSF, SFGH, and DPH staff, including HIV Epidemiology Section staff, to access clinical records such as LCR and Sunquest, managing the data in HPS and analyzing the data monthly to provide reports to the Medical Testing Manager, HIV Testing Director, UCSF, and SFGH staff to monitor and evaluate the program. In addition to managing all data required for Part A, the Medical Testing Data Manager will be responsible for managing all data related to partner services, linkage to medical care, and STD/HIV prevention services for all persons testing HIV positive within in SFDPH.

3. Linkage/Partner Services Coordinator: Nyisha Underwood

Annual Salary:  $\$54,999 \times 0.10 \text{ FTE for 12 months} = \$5,500$

Mandatory Fringe Benefits (25%) = \$1,375  
Total Personnel = **\$6,875**

The Linkages to Care/Partner Services Coordinator is responsible for contacting medical providers to ensure and document that persons testing HIV positive in the DPH primary care clinics are linked to medical care and that partner services were offered.

#### B. PHFE Travel

##### Out-of-State Travel:

1 trip x 3 staff members x \$500 round trip airfare to Atlanta = \$1,500

1 night lodging \$130 x 3 staff members = \$390

Ground transportation \$50 x 3 staff members = \$150

Total PHFE Travel = **\$2,040**

Travel costs for three staff members to attend one CDC meeting or conference annually.

**PHFE Contract Total: \$182,980**

## 2. University of California, San Francisco (UCSF) Clinical Lab

The HPS will subcontract with the Clinical Laboratory of UCSF at San Francisco General. The Clinical Lab or Clin Lab processes all HIV tests for the SFGH ED and its clinics. UCSF Clin Lab participates in the SFDPH/UCSF Affiliation Agreement which allows DPH to subcontract with UCSF to provide staffing. The period of performance will be September 30, 2010 through September 29, 2013 with annual renewals. The scope of work will be to hire and supervise the Clinical Laboratory Scientist and the Lab Technician, oversee quality assurance for all HIV testing, and purchase and store the HIV rapid test kits. The target population will be all those tested through this project and will focus on reaching African Americans, Latinos, MSM, and transfemales. DPH staff develops and monitors the agreement with UCSF annually to ensure objectives and deliverables are met. The Medical Testing Manager will work closely with the director of the lab to ensure collaboration.

#### A. UCSF Clinical Lab Personnel:

1. Clinical Lab Scientist: To be hired  
Annual Salary \$77,928 X 1 FTE for 12 months = \$77,928  
Mandatory Fringe Benefits (25%) = \$19,482  
Total Personnel = **\$97,410**

The Clinical Lab Scientist is responsible for running and recording the HIV rapid test screening and confirmatory testing (IFA) at SFGH.

2. Lab Technician: To be hired  
Annual Salary \$66,420 X 1 FTE for 12 months = \$66,420  
Mandatory Fringe Benefits (25%) = \$16,605  
Total Personnel = **\$83,025**

The Lab Technician is responsible for the set up of HIV rapid testing specimens for processing at SFGH.

**B. UCSF Clinical Lab Supplies:**

1. HIV Rapid Tests  
\$10.00 per test x 8,255 = \$82,551  
**Total Budget = \$82,551**

Trinity Biotech Uni-Gold Recombigen HIV Rapid Tests will be purchased and stored by the Clinical Lab. Approximately 8,255 tests will be processed in year 1 by Clin Labs. It is anticipated that 10,330 tests will be processed in year 2 and 16,029 tests in year 3. Tests will be ordered as needed.

**UCSF Clinical Lab Contract Total: \$262,986**

**3. University of California, San Francisco (UCSF) Positive Health Project**

The HPS will subcontract with the Positive Health Project of UCSF at San Francisco General Hospital. The period of performance will be September 30, 2010 through September 29, 2013 with annual renewals. The scope of work will be to hire and supervise the Hospital Testing Coordinator and the Hospital Testing Associate. PHP will provide the support to the clinics and the Emergency Department for expansion and maintenance of HIV testing at SFGH. The target populations are patients seen at SFGH and will reach African Americans, Latinos, MSM, and transfemales. DPH staff will develop and monitor the contract with UCSF annually to ensure objectives and deliverables are met.

**A. UCSF PHP Personnel:**

1. Director, Positive Health Program (PHP)/SFGH: Brad Hare, MD  
Annual salary = \$189,300 x 0.05 FTE for 12 months = \$9,465  
Mandatory Fringe Benefits (25%) = 2,366  
Total Personnel = **\$11,831**

The PHP Director will supervise the Hospital Testing Coordinator and Hospital Testing Associate, will be the internal SFGH advocate to work with key hospital



staff to support expanded HIV testing, and will participate on the HIV Testing Advisory Group.

2. Hospital Testing Coordinator: To be hired  
Annual salary = \$111,036 x 1 FTE for 12 months = \$111,036  
Mandatory Fringe Benefits (25%) = \$27,759  
Total Personnel = **\$138,795**

The Hospital Testing Coordinator is responsible for stabilizing testing in the SFGH ED, identifying barriers to expanding testing at SFGH and implementing plans to reduce those barriers, expanding HIV testing in the Family Health Center and the General Medical Clinic at SFGH in year 1 and expanding to Inpatient Clinics, Urgent Care or other clinics in years 2 and

3. Hospital Testing Associate: Alida Marreno  
Annual Salary = \$55,620 x 1 FTE for 12 months = \$55,620  
MFB Mandatory Fringe Benefits (25%) = \$13,905  
Total Budget = **\$69,525**

The Hospital Testing Associate will provide support to the ED staff and primary care clinic staff at SFGH for disclosure of results to patients, will follow up with positives to link to and maintain in medical care. Will provide support to SFGH primary care clinic staff to expand HIV testing.

**UCSF PHP Contract Total: \$220,151**

<b>G.</b>	<b>OTHER</b>	<b>\$0</b>
	<b>TOTAL DIRECT COSTS:</b>	<b>\$666,117</b>
<b>H.</b>	<b>INDIRECT COSTS (24.04% of total salaries)</b>	<b>\$0</b>
	<b>TOTAL BUDGET PART A YEAR 1:</b>	<b>\$666,117</b>

**San Francisco Department of Public Health  
AIDS Office  
HIV Prevention Section  
Part B: Enhanced Linkage to Medical Care and Partner Services  
Budget and Budget Justification  
Year One: 9/30/2010 – 9/29/2011**

A.	Personnel	\$0
B.	Mandatory Fringe	\$0
C.	Travel	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$211,156
G.	Other Expenses	\$0
<b>TOTAL DIRECT COSTS</b>		<b>\$211,156</b>
H.	Indirect Costs (24.04% of Total Salaries)	\$0
<b>TOTAL BUDGET PART B YEAR 1</b>		<b>\$211,156</b>

**Part B Year 1 Detailed Budget Justification: 9/30/2010 – 9/29/2011**

<b>A.</b>	<b>PERSONNEL</b>	<b>\$0</b>
<b>B.</b>	<b>MANDATORY FRINGE</b>	<b>\$0</b>
<b>C.</b>	<b>TRAVEL</b>	<b>\$0</b>
<b>D.</b>	<b>EQUIPMENT</b>	<b>\$0</b>
<b>E.</b>	<b>MATERIALS AND SUPPLIES</b>	<b>\$0</b>
<b>F.</b>	<b>CONTRACTUAL</b>	<b>\$211,156</b>

**1. University of California, San Francisco (UCSF) Clinical Lab**

The HPS will subcontract with the Clinical Laboratory of UCSF at San Francisco General. The Clinical Lab or Clin Lab processes all HIV tests for the SFGH ED and its clinics. UCSF Clin Lab participates in the SFDPH/UCSF Affiliation Agreement which allows DPH to subcontract with UCSF to provide staffing. The period of performance will be September 30, 2010 through September 29, 2013 with annual renewals. The scope of work will be to hire and supervise the Clinical Laboratory Scientist and the Lab Technician, oversee quality assurance for all HIV testing, and purchase and store the HIV rapid test kits. The target population will be all those tested through this project and will focus on reaching African Americans, Latinos, MSM, and transfemales. DPH staff develops and monitors the agreement with UCSF annually to ensure objectives and deliverables are met. The Medical Testing Manager will work closely with the director of the lab to ensure collaboration.

**A. UCSF Clinical Lab Supplies:**

- 1. HIV Rapid Tests**  
\$10.00 per test x 2,000 = \$20,000  
Total Budget = \$20,000

Trinity Biotech Uni-Gold Recombigen HIV Rapid Tests will be purchased and stored by the Clinical Lab. Approximately 2,000 tests will be processed each year by Clin Labs. Tests will be ordered as needed

**Total UCSF Clin Lab Contract: \$20,000**

**2. Public Health Foundation Enterprises, Inc. (PHFE)**

PHFE was selected through a Request for Qualifications process held in 2009 by the SFDPH Contracts Unit. PHFE acts as a fiscal intermediary for staff hired by SFDPH to

implement the project. The period of performance will be September 30, 2010 through September 29, 2013, with annual contract renewals. The scope of work for PHFE will be to hire the Medical Testing Manager, provide human resources support as needed to the Director of HIV Testing and the Medical Testing Manager overseeing the project, and to provide travel arrangements and purchase materials and supplies as directed by DPH staff. The target population includes all patients tested, with an emphasis on reaching African Americans, Latinos, MSM, and transfemales. DPH staff develops and monitors the contract with PHFE annually to ensure objectives and deliverables are met.

**A. PHFE Personnel:**

1. Linkage to Care/Partner Services Specialist: To be hired  
 Annual Salary \$59,462 X 1.0 FTE = \$59,462  
 Mandatory Fringe Benefits (25%) = \$14,866  
 Total Budget: **\$74,328**

The Linkage to Care/Partner Services Specialist will provide linkage to medical care and partner services for all persons testing HIV positive at DPH medical facilities in the project.

2. Linkage to Care/Partner Services Specialists: To be hired  
 Annual Salary \$59,462 X 1.0 FTE = \$59,462  
 Mandatory Fringe Benefits (25%) = \$14,866  
 Total Budget: **\$74,328**

The Linkage to Care/Partner Services Specialist will provide linkage to medical care and partner services for all persons testing HIV positive at DPH medical facilities in the project.

3. Medical Testing Data Manager (Data Manager): Noah Carraher  
 Annual Salary \$68,000 x 0.50 = \$34,000  
 Mandatory Fringe Benefits (25%) = \$8,500  
 Total Budget = **\$42,500**

In addition to managing all data required for Part A, the Medical Testing Data Manager will be responsible for managing all data related to partner services, linkage to medical care, and STD/HIV prevention services for all persons testing HIV positive within in the DPH.

**Total PHFE Contract: \$191,156**

**G. OTHER**

**\$0**

**TOTAL DIRECT COSTS:**

**\$211,156**

<b>H.</b>	<b>INDIRECT COSTS (24.04% of total salaries)</b>	<b>\$0</b>
	<b>TOTAL BUDGET PART B YEAR 1:</b>	<b>\$211,156</b>

<b>Opportunity Title:</b>	Expanded Human Immunodeficiency Virus (HIV)
<b>Offering Agency:</b>	Centers for Disease Control and Prevention
<b>CFDA Number:</b>	93.940
<b>CFDA Description:</b>	HIV Prevention Activities Health Department Based
<b>Opportunity Number:</b>	CDC-RFA-PS10-10138
<b>Competition ID:</b>	
<b>Opportunity Open Date:</b>	04/01/2010
<b>Opportunity Close Date:</b>	06/03/2010
<b>Agency Contact:</b>	CDC PROCUREMENT AND GRANTS OFFICE (PGO) TECHNICAL INFORMATION MANAGEMENT SECTION (TIMS) PHONE: 770-488-2700 EMAIL: PGOTIM@CDC.GOV

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* **Application Filing Name:** San Francisco Dept of Public Health

## Mandatory Documents

Move Form to Complete

Move Form to Delete

## Mandatory Documents for Submission

Application for Federal Assistance (SF-424)  
Disclosure of Lobbying Activities (SF-LLL)  
HHS Checklist Form PHS-5161  
Budget Narrative Attachment Form  
Budget Information for Non-Construction Program  
Project Abstract Summary  
Project Narrative Attachment Form

## Optional Documents

Other Attachments Form

Move Form to Submission List

Move Form to Delete

## Optional Documents for Submission

## Instructions

- 1 Enter a name for the application in the Application Filing Name field.**

  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.**

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Application for Federal Assistance SF-424

Version 02

<b>* 1. Type of Submission:</b> <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		<b>* 2. Type of Application:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision		<b>* If Revision, select appropriate letter(s):</b> <input type="text"/> <b>* Other (Specify)</b> <input type="text"/>	
<b>* 3. Date Received:</b> Completed by Grants.gov upon submission.		<b>4. Applicant Identifier:</b> <input type="text"/>			
<b>5a. Federal Entity Identifier:</b> <input type="text"/>			<b>* 5b. Federal Award Identifier:</b> <input type="text"/>		
<b>State Use Only:</b>					
<b>6. Date Received by State:</b> <input type="text"/>		<b>7. State Application Identifier:</b> <input type="text"/>			
<b>8. APPLICANT INFORMATION:</b>					
<b>* a. Legal Name:</b> San Francisco Department of Public Health					
<b>* b. Employer/Taxpayer Identification Number (EIN/TIN):</b> 94-6000417			<b>* c. Organizational DUNS:</b> 103717336		
<b>d. Address:</b>					
<b>* Street1:</b>		25 Van Ness Avenue, Suite 500			
<b>Street2:</b>		<input type="text"/>			
<b>* City:</b>		San Francisco			
<b>County:</b>		<input type="text"/>			
<b>* State:</b>		CA: California			
<b>Province:</b>		<input type="text"/>			
<b>* Country:</b>		USA: UNITED STATES			
<b>* Zip / Postal Code:</b>		94102			
<b>e. Organizational Unit:</b>					
<b>Department Name:</b> AIDS Office			<b>Division Name:</b> HIV Prevention		
<b>f. Name and contact information of person to be contacted on matters involving this application:</b>					
<b>Prefix:</b>		<b>* First Name:</b> Sajid			
<b>Middle Name:</b>		<input type="text"/>			
<b>* Last Name:</b>		Shaikh			
<b>Suffix:</b>		<input type="text"/>			
<b>Title:</b> Senior Administrative Analyst					
<b>Organizational Affiliation:</b> <input type="text"/>					
<b>* Telephone Number:</b>		(415) 255-3512		<b>Fax Number:</b> (415) 503-4710	
<b>* Email:</b> sajid.shaikh@sfdph.org					

**Application for Federal Assistance SF-424**

Version 02

**9. Type of Applicant 1: Select Applicant Type:**

B: County Government

**Type of Applicant 2: Select Applicant Type:**

**Type of Applicant 3: Select Applicant Type:**

**\* Other (specify):**

**\* 10. Name of Federal Agency:**

Centers for Disease Control and Prevention

**11. Catalog of Federal Domestic Assistance Number:**

93.940

**CFDA Title:**

HIV Prevention Activities\_Health Department Based

**\* 12. Funding Opportunity Number:**

CDC-RFA-PS10-10138

**\* Title:**

Expanded Human Immunodeficiency Virus (HIV)

**13. Competition Identification Number:**

**Title:**

**14. Areas Affected by Project (Cities, Counties, States, etc.):**

**\* 15. Descriptive Title of Applicant's Project:**

Expanded HIV Testing in San Francisco Department of Public Health Medical Facilities to Reach Disproportionately Affected Populations.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments



Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

\* a. Applicant

CA-008

\* b. Program/Project

CA-008

Attach an additional list of Program/Project Congressional Districts if needed.

Add Attachment

Delete Attachment

View Attachment

17. Proposed Project:

\* a. Start Date:

09/30/2010

\* b. End Date:

09/29/2013

18. Estimated Funding (\$):

\* a. Federal

2,651,320.00

\* b. Applicant

0.00

\* c. State

0.00

\* d. Local

0.00

\* e. Other

0.00

\* f. Program Income

0.00

\* g. TOTAL

2,651,320.00

\* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

☐ a. This application was made available to the State under the Executive Order 12372 Process for review on

☐ b. Program is subject to E.O. 12372 but has not been selected by the State for review.

☒ c. Program is not covered by E.O. 12372.

\* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

☐ Yes

☒ No

Explanation

21. \*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 218, 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.

Authorized Representative:

Prefix:

\* First Name:

Barbara

Middle Name:

\* Last Name:

Garcia

Suffix:

\* Title:

Deputy Director of Health

\* Telephone Number:

(415) 255-3593

Fax Number:

(415) 255-3005

\* Email:

barbara.garcia@sfdph.org

\* Signature of Authorized Representative:

Completed by Grants.gov upon submission.

\* Date Signed:

Completed by Grants.gov upon submission.

**Application for Federal Assistance SF-424**

**Version 02**

**\* Applicant Federal Debt Delinquency Explanation**

The following field should contain an explanation if the Applicant organization is delinquent on any Federal Debt. Maximum number of characters that can be entered is 4,000. Try and avoid extra spaces and carriage returns to maximize the availability of space.

## Project Abstract Summary

**Program Announcement (CFDA)**

93.940

**\* Program Announcement (Funding Opportunity Number)**

CDC-RFA-PS10-10138

**\* Closing Date**

06/03/2010

**\* Applicant Name**

San Francisco Department of Public Health

**\* Length of Proposed Project**

36

**Application Control No.****Federal Share Requested (for each year)****\* Federal Share 1st Year**

\$ 883,772

**\* Federal Share 2nd Year**

\$ 883,774

**\* Federal Share 3rd Year**

\$ 883,774

**\* Federal Share 4th Year**

\$ 0

**\* Federal Share 5th Year**

\$ 0

**Non-Federal Share Requested (for each year)****\* Non-Federal Share 1st Year**

\$ 0

**\* Non-Federal Share 2nd Year**

\$ 0

**\* Non-Federal Share 3rd Year**

\$ 0

**\* Non-Federal Share 4th Year**

\$ 0

**\* Non-Federal Share 5th Year**

\$ 0

**\* Project Title**

Expanded HIV Testing in San Francisco Department of Public Health Medical Facilities to Reach Disproportionately Affected Populations.

## Project Abstract Summary

### \* Project Summary

#### Project Abstract

##### Project description

The goals of this proposed project are to 1) increase HIV testing in San Francisco Department of Public Health (DPH) medical facilities (i.e., community clinics, Jail Health Services and San Francisco General Hospital (SFGH)) in order to enhance testing efforts and reach populations with the greatest HIV disparities in San Francisco [i.e., African Americans, Latino males who have sex with males (MSM), Latina transfemales, transfemales who have sex with males and MSM]; and 2) enhance linkage to care and partner services for those individuals testing HIV-positive.

##### Objectives

By the end of the three year project, HPS will:

- increase HIV testing in DPH medical facilities over three years by 35,130 tests, reflecting a 128% increase from baseline.
- ensure at least 90% of persons who test positive for HIV in selected DPH facilities will receive their test results
- ensure at least 90% of persons who receive their HIV positive test results will attend an initial medical evaluation within 90 days of diagnosis as documented in DPH surveillance database
- ensure at least 80% of persons who receive their HIV positive test results will be offered partner services within 30 days of diagnosis as documented in the DPH partner services database
- ensure at least 95% of persons diagnosed HIV-infected and linked to care will receive appropriate STD, hepatitis, and TB screening services as recommended by CDC during their initial medical visit as documented by data collected by the staff with this FOA.
- ensure at least 90% of persons linked to medical care will still be in care three months after their first medical appointment as documented by medical provider, patient self report and verified by CD4/viral load data in the surveillance database.

##### Methods

The HIV Prevention Section of the DPH will fund hospital staff through a contract with San Francisco General Hospital, will hire HPS staff to manage this project, will establish a DPH HIV Testing Advisory Committee; and develop and implement, with the help of the Committee, a planning document including clinic selection, project timeline, testing rollout, and other critical project components. HPS, in collaboration with the DPH HIV Testing Advisory Committee, will analyze 3rd party reimbursement for testing within the DPH and develop a written plan outlining future HIV testing efforts to sustain testing past this grant. In addition, HPS will provide necessary quality assurance oversight, training and technical assistance to ensure program objectives are met. HPS will expand a very successful SFGH linkage to care model adding a strong partner services component for all patients who test positive for HIV in DPH medical facilities.

### \* Estimated number of people to be served as a result of the award of this grant.

35130

# DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

Approved by OMB

0348-0046

<b>1. * Type of Federal Action:</b> <input type="checkbox"/> a. contract <input checked="" type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. * Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input checked="" type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. * Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> SubAwardee * Name: San Francisco Department of Public Health * Street 1: 25 Van Ness Avenue, Suite 500 Street 2: * City: San Francisco State: CA: California Zip: 94102 Congressional District, if known: 8		
<b>5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:</b>		
<b>6. * Federal Department/Agency:</b> CDC	<b>7. * Federal Program Name/Description:</b> HIV Prevention Activities_Health Department Based CFDA Number, if applicable: 93.940	
<b>8. Federal Action Number, if known:</b> CDC-RFA-PS10-10138	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant:</b> Prefix: * First Name: Barbara Middle Name: * Last Name: Garcia Suffix: * Street 1: 1380 Howard Street, 5th Floor Street 2: * City: San Francisco State: CA: California Zip: 94103		
<b>b. Individual Performing Services (including address if different from No. 10a)</b> Prefix: * First Name: Barbara Middle Name: * Last Name: Garcia Suffix: * Street 1: 1380 Howard Street, 5th Floor Street 2: * City: San Francisco State: CA: California Zip: 94103		
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. * Signature: Completed on submission to Grants.gov * Name: Prefix: * First Name: Barbara Middle Name: * Last Name: Garcia Suffix: Title: Deputy Director of Health Telephone No.: (415) 255-3593 Date: Completed on submission to Grants.gov		
Federal Use Only		Authorized for Local Reproduction Standard Form - LIL (Rev. 7-97)

# BUDGET INFORMATION - Non-Construction Programs

OMB Approval No. 4040-0006  
Expiration Date 07/30/2010

## SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Part A: HIV Screening and HIV Counseling, Testing, and Referral	93.940	\$	\$	\$ 672,616.00	\$	672,616.00
2. Part B: Enhanced Linkage to Medical Care and Partner Services	93.940			211,156.00		211,156.00
3.						
4.						
5. Totals		\$	\$	883,772.00	\$	883,772.00

# SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	Part A: HIV Screening and HIV Counseling, Testing, and Referral	Part B: Enhanced Linkage to Medical Care and Partner Services			
a. Personnel	\$ 0.00	\$ 0.00	\$	\$	\$
b. Fringe Benefits	0.00	0.00			
c. Travel	0.00	0.00			
d. Equipment	0.00	0.00			
e. Supplies	0.00	0.00			
f. Contractual	672,616.00	211,156.00			883,772.00
g. Construction	0.00	0.00			
h. Other	0.00	0.00			
i. Total Direct Charges (sum of 6a-6h)	672,616.00	211,156.00			883,772.00
j. Indirect Charges	0.00	0.00			
k. TOTALS (sum of 6i and 6j)	\$ 672,616.00	\$ 211,156.00	\$	\$	\$ 883,772.00
7. Program Income	\$	\$	\$	\$	\$

SECTION C - NON-FEDERAL RESOURCES					
(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS	
8.	\$	\$	\$	\$	\$
9.					
10.					
11.					
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS					
	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$	\$
14. Non-Federal	\$				
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT				
(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16. Part A: HIV Screening and HIV Counseling, Testing, and Referral	\$ 672,616.00	672,618.00	672,618.00	\$
17. Part B: Enhanced Linkage to Medical Care and Partner Services	211,156.00	211,156.00	211,156.00	
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$ 883,772.00	883,774.00	883,774.00	\$

SECTION F - OTHER BUDGET INFORMATION	
21. Direct Charges: \$883,772	22. Indirect Charges: 0
23. Remarks: Year 1: Part A \$672,616, Part B \$211,156 for total \$883,772	



## CHECKLIST

OMB Approval No. 0920-0428

## Public Burden Statement:

Public reporting burden of this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC,

Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-0428). Do not send the completed form to this address.

## NOTE TO APPLICANT:

This form must be completed and submitted with the original of your application. Be sure to complete both sides of this form. Check the appropriate boxes and provide the information requested. This form should be attached as the last page of the signed original of the application. This page is reserved for PHS staff use only.

Type of Application:

☒ NEW☐ Noncompeting Continuation☐ Competing Continuation☐ Supplemental

## PART A: The following checklist is provided to assure that proper signatures, assurances, and certifications have been submitted.

- |  | Included                            | NOT Applicable                      |
|--|-------------------------------------|-------------------------------------|
| 1. Proper Signature and Date .....   | <input checked="" type="checkbox"/> |                                     |
| 2. Proper Signature and Date on PHS-5161-1 "Certifications" page. ....   | <input checked="" type="checkbox"/> |                                     |
| 3. Proper Signature and Date on appropriate "Assurances" page, i.e., SF-424B (Non-Construction Programs) or SF-424D (Construction Programs) .....  | <input checked="" type="checkbox"/> |                                     |
| 4. If your organization currently has on file with DHHS the following assurances, please identify which have been filed by indicating the date of such filing on the line provided. (All four have been consolidated into a single form, HHS Form 690) |                                     |                                     |
| <input checked="" type="checkbox"/> Civil Rights Assurance (45 CFR 80) .....   | 09/27/2006                          |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning the Handicapped (45 CFR 84) .....   | 09/27/2006                          |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning Sex Discrimination (45 CFR 86) .....  | 09/27/2006                          |                                     |
| <input checked="" type="checkbox"/> Assurance Concerning Age Discrimination (45 CFR 90 & 45 CFR 91) .....  | 09/27/2006                          |                                     |
| 5. Human Subjects Certification, when applicable (45 CFR 46) .....   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## PART B: This part is provided to assure that pertinent information has been addressed and included in the application.

- |  | YES                                 | NOT Applicable                      |
|--|-------------------------------------|-------------------------------------|
| 1. Has a Public Health System Impact Statement for the proposed program/project been completed and distributed as required? .....                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 2. Has the appropriate box been checked on the SF-424 (FACE PAGE) regarding intergovernmental review under E.O. 12372 ? (45 CFR Part 100) .....  | <input checked="" type="checkbox"/> |                                     |
| 3. Has the entire proposed project period been identified on the SF-424? .....   | <input checked="" type="checkbox"/> |                                     |
| 4. Have biographical sketch(es) with job description(s) been attached, when required? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 5. Has the "Budget Information" page, SF-424A (Non-Construction Programs) or SF-424C (Construction Programs), been completed and included? ..... | <input checked="" type="checkbox"/> |                                     |
| 6. Has the 12 month detailed budget been provided? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 7. Has the budget for the entire proposed project period with sufficient detail been provided? .....   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8. For a Supplemental application, does the detailed budget address only the additional funds requested? .....                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 9. For Competing Continuation and Supplemental applications, has a progress report been included? .....  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

## PART C: In the spaces provided below, please provide the requested information.

Business Official to be notified if an award is to be made

Name: Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
 Title:   
 Organization:   
 Address: \* Street1:   
 Street 2:   
 \* City:   
 \* State:  Province:   
 \* Country:  \* Zip / Postal Code:   
 \* Telephone Number:   
 E-mail Address:   
 Fax Number:

APPLICANT ORGANIZATION'S 12-DIGIT DHHS EIN (If already assigned)

 - 94-6000417 -

**PART C (Continued): In the spaces provided below, please provide the requested information.**

Program Director/Project Director/Principal Investigator designated to direct the proposed project

Name: Prefix:  \* First Name:  Middle Name:   
 \* Last Name:  Suffix:   
 Title:   
 Organization:   
 Address: \* Street1:   
 Street2:   
 \* City:   
 \* State:  Province:   
 \* Country:  \* Zip / Postal Code:   
 \* Telephone Number:   
 E-mail Address:   
 Fax Number:

SOCIAL SECURITY NUMBER

HIGHEST DEGREE EARNED

**PART D: A private, nonprofit organization must include evidence of its nonprofit status with the application. Any of the following is acceptable evidence. Check the appropriate box or complete the "Previously Filed" section, whichever is applicable.**

- ☐ (a) A reference to the organization's listing in the Internal Revenue Service's (IRS) most recent list of tax-exempt organizations described in section 501(c)(3) of the IRS Code.
- ☐ (b) A copy of a currently valid Internal Revenue Service Tax exemption certificate.
- ☐ (c) A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ (d) A certified copy of the organization's certificate of incorporation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ (e) Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the applicant organization is a local nonprofit affiliate.

If an applicant has evidence of current nonprofit status on file with an agency of PHS, it will not be necessary to file similar papers again, but the place and date of filing must be indicated.

Previously Filed with: \* (Agency)

on \* (Date)

**INVENTIONS**

If this is an application for continued support, include: (1) the report of inventions conceived or reduced to practice required by the terms and conditions of the grant; or (2) a list of inventions already reported, or (3) a negative certification.

**EXECUTIVE ORDER 12372**

Effective September 30, 1983, Executive Order 12372 (Intergovernmental Review of Federal Programs) directed OMB to abolish OMB Circular A-95 and establish a new process for consulting with State and local elected officials on proposed Federal financial assistance. The Department of Health and Human Services implemented the Executive Order through regulations at 45 CFR Part 100 (Inter-governmental Review of Department of Health and Human Services Programs and Activities). The objectives of the Executive Order are to (1) increase State flexibility to design a consultation process and select the programs it wishes to review, (2) increase the ability of State and local elected officials to influence Federal decisions and (3) compel Federal officials to be responsive to State concerns, or explain the reasons.

The regulations at 45 CFR Part 100 were published in *Federal Register* on June 24, 1983, along with a notice identifying the

Department's programs that are subject to the provisions of Executive Order 12372. Information regarding PHS programs subject to Executive Order 12372 is also available from the appropriate awarding office.

States participating in this program establish State Single Points of Contact (SPOCs) to coordinate and manage the review and comment on proposed Federal financial assistance. Applicants should contact the Governor's office for information regarding the SPOC, programs selected for review, and the consultation (review) process designed by their State.

Applicants are to certify on the face page of the SF-424 (attached) whether the request is for a program covered under Executive Order, 12372 and, where appropriate, whether the State has been given an opportunity to comment.

## Project Narrative File(s)

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\* Mandatory Project Narrative File Filename:

SFDPH FINAL Narrative A and B.pdf

Add Mandatory Project Narrative File

Delete Mandatory Project Narrative File

View Mandatory Project Narrative File

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To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File

Delete Optional Project Narrative File

View Optional Project Narrative File

## Budget Narrative File(s)

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\* Mandatory Budget Narrative Filename:

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To add more Budget Narrative attachments, please use the attachment buttons below.



COOPERATIVE AGREEMENTS  
Department of Health and Human Services  
Centers for Disease Control and Prevention  
NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Notice of Award

Issue Date: 09/17/2010



**Grant Number:** 1U62PS003198-01

**Principal Investigator(s):**

Grant Nash Colfax, MD

**Project Title:** PS10-10138, EXPANDED HIV TESTING FOR DISPROPORTIONATELY AFFECTED POPULATIONS

DIRECTOR OF HIV PREVENTION, AIDS  
SAN FRANCISCO DEPT OF PUBLIC HEA  
25 VAN NESS AVENUE, SUITE 500  
SAN FRANCISCO, CA 94102

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

**Budget Period:** 09/30/2010 – 09/29/2011

**Project Period:** 09/30/2010 – 09/29/2013

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$877,273 (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 307,317K2 PHSA, 42USC241,247BK2, PL108 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.

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

Sincerely yours,

Roslyn Curington  
Grants Management Officer  
Centers for Disease Control and Prevention

Additional information follows

**SECTION I – AWARD DATA – 1U62PS003198-01****Award Calculation (U.S. Dollars)**

Consortium/Contractual Cost	\$877,273
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Federal Direct Costs	\$877,273
Approved Budget	\$877,273
Federal Share	\$877,273
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$877,273</b>

<b>AMOUNT OF THIS ACTION (FEDERAL SHARE)</b>	<b>\$877,273</b>
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Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

02	\$877,273
03	\$877,273

**Fiscal Information:**

CFDA Number:	93.943
EIN:	1946000417A8
Document Number:	003198HT10

IC	CAN	2010	2011	2012
PS	921Z9HC	\$678,883	\$877,273	\$877,273
PS	939ZCLQ	\$52,823		
PS	939ZDEV	\$145,567		

SUMMARY TOTALS FOR ALL YEARS			
YR	THIS AWARD	CUMULATIVE TOTALS	
1	\$877,273	\$877,273	
2	\$877,273	\$877,273	
3	\$877,273	\$877,273	

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

**CDC Administrative Data:**  
PCC: N / OC: 4151

**SECTION II – PAYMENT/HOTLINE INFORMATION – 1U62PS003198-01**

For payment information see Payment Information section in Additional Terms and Conditions.

**INSPECTOR GENERAL:** The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhtips@oig.hhs.gov](mailto:hhtips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

**SECTION III – TERMS AND CONDITIONS – 1U62PS003198-01**

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

- a. The grant program legislation and program regulation cited in this Notice of Award.

- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

National Center For Hiv, Viral Hepatitis, Stds And Tb Prevention (PS)

**Treatment of Program Income:**  
Additional Costs

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#### **SECTION IV – PS Special Terms and Conditions – 1U62PS003198-01**

Funding Opportunity Announcement Number (FOA), PS10-10138  
Award Number, 1U62PS003198-01 (SAN FRANCISCO)  
Approval List Number, PSC0143R10

#### **ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD**

**NOTE 1. INCORPORATION.** Funding Opportunity Announcement Number PS10-10138 titled, Expanded HIV Testing for Disproportionately Affected Populations, as amended, additional requirements, the application dated May 26, 2010 and the budget discussions dated September 09, 2010, are made a part of this award by reference.

**NOTE 2. SUMMARY STATEMENT.** Attached to this Notice of Award is a Summary Statement, which is a summary of reviewer comments, recommendations, strengths, and weaknesses.

**NOTE 3. APPROVED FUNDING.** Funding in the amount of \$877,273 is approved for the Year 01 budget period, which is September 30, 2010, through September 29, 2011. All funding for future years is based on satisfactory programmatic progress and subject to the availability of funds.

**NOTE 4. APPROVED INTERVENTIONS.** Funds are approved to implement the following:  
Part A : \$666,117  
Part B: \$211,156  
Total: \$ 877,273

#### **NOTE 5a. SPECIAL AWARD CONDITION:**

a. **REVISE BUDGET:** As discussed during the budget discussion, adjustments to the budget were made to match approved funding level. The difference was deducted from the Supplies budget category. A revised budget for the amount of the approved funding level listed above must be submitted no later than October 30, 2010. Failure to submit the required information in a timely manner may adversely effect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Officer will receive the information.

#### **NOTE 5b. ADDITIONAL PROGRAMMATIC REQUIREMENTS.**

a. Appropriate grantee staff is required to attend all CDC mandatory meetings, trainings, and conferences, including a weeklong orientation meeting as scheduled by CDC.  
b. Grantees will be expected to follow CDC guidance on assuring confidentiality and security of data, including signatures from each directly funded agency on (1) the Data Security Memorandum of Understanding and (2) the associated Rules of Behavior for CDC Grantees Regarding National HIV Prevention Program Monitoring and Evaluation Data, both of which will be provided by CDC. Grantees will also be provided with a copy of the Assurance of Confidentiality for National HIV Prevention Program Monitoring and Evaluation Data, which describes CDC's roles and responsibilities for the protection of these data.

**NOTE 6. INDIRECT COSTS.** N/A.

**NOTE 7. REPORTING REQUIREMENTS.**

a.) Annual Financial Status Report (FSR, SF 269 or SF 269A). The FSR for this budget period is due to the Grants Management Specialist by December 30, 2011. Reporting timeframe is September 30, 2010, through September 30, 2011 (Year 01). The FSR should only include those funds authorized and disbursed during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked not final, and an amount of unliquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting, <http://www.whitehouse.gov/omb/grants/sf269a.pdf> (short form) or <http://www.whitehouse.gov/omb/grants/sf269.pdf> (long form).

Failure to submit the required information in a timely manner may adversely effect the future funding of this project. If the information cannot be provided by the due date, you must submit a letter explaining the reason and state the date by which the Grants Officer will receive the information.

**ANNUAL PROGRESS REPORTING.** Annual progress reports are a requirement of this program, due 90 days following the end of each budget period.

a.) Interim Progress Report (IPR). The IPR will serve as the non-competing continuation application. IPR reporting timeframe is September 30, 2010, through March 29, 2011. This report must be submitted via [www.grants.gov](http://www.grants.gov). A due date and specific IPR guidance will be provided at a later date.

b.) Annual Progress Report (APR). The APR will be due 90 days after the end of the budget period, December 30, 2011. Reporting timeframe is September 30, 2010, through September 30, 2011 (Year 01). APR programmatic guidance will be provided by the program office at a later date.

**NOTE 8. HIV PROGRAM REVIEW PANEL REQUIREMENT.** All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials have to be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist with the Interim Progress Report.

**NOTE 9. ASSURANCE OF COMPLIANCE.** Web page notices must be used on websites to alert individuals who may be searching or browsing the web. The certification of compliance with this requirement must be signed and returned to the Procurement and Grants Office. Not complying with these requirements will result in restrictions or disallowance of funds related to the use of the unapproved materials and related staff activities.

**NOTE 10. CORRESPONDENCE.** ALL correspondence (including emails and faxes) regarding this award must be dated and identified with the AWARD NUMBER as shown at the top left of this page, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist.

**NOTE 11. PRIOR APPROVAL.** All requests, that require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request. Refer to the HHS Grants Policy Statement, <http://www.hhs.gov/grantsnet/adminis/gpd/>

Prior approval is required but is not limited to the following types of requests. 1) Use of unobligated funds from prior budget period (Carryover), 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant, 5) Supplemental funds, 6) Response to Technical Review, or 7) Change in Key Personnel.

**NOTE 12. INVENTIONS.** Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

**NOTE 13. PUBLICATIONS.** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as,



This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

**NOTE 14. CANCEL YEAR.** 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2005 funds will expire September 30, 2010. All FY 2005 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2010. After this date, corrections or cash requests will not be permitted.

**NOTE 15. CONFERENCE DISCLAIMER AND USE OF LOGOS.**

**Disclaimer.** Where a conference is funded by a grant or cooperative agreement, a subgrant or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and Internet sites.

Funding for this conference was made possible (in part) by the cooperative agreement award number above from the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services, nor does mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government

**Logos.** Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the source of the conference or give the false appearance of Government endorsement. A non-federal entity unauthorized use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits the misuse of the HHS name and emblem in written communication. The appropriate use of the HHS logo is subject to the review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for the use of the logo in sufficient detail to assure a complete depiction and disclosure of all uses of the Government logos, and to assure that in all cases of the use of Government logos, the written consent of either the Project Officer or the Grants Management Officer has been received.

**NOTE 16. EQUIPMENT AND PRODUCTS.** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as Tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization policy.

The grantee may use its own property management standards and procedures provided it observes the provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

- i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education, hospitals, and other non-profit organizations  
<http://www.whitehouse.gov/omb/circulars/a110/a110.html>
- ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments: [http://www.access.gpo.gov/nara/cfr/waisidx\\_03/45cfr92\\_03.html](http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html)

NOTE 17. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term and condition, go to

[http://www.cdc.gov/od/pgo/funding/grants/Award\\_Term\\_and\\_Condition\\_for\\_Trafficking\\_in\\_Persons.shtm](http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons.shtm)

Note 18. ACKNOWLEDGMENT OF FEDERAL SUPPORT. When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

**NOTE 19. AUTOMATIC DRAWDOWN.**

**PAYMENT INFORMATION:** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). The Division of Payment Management, Program Support Center, administers PMS. HHS administers PMS. PMS will forward instructions for obtaining payments.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows:

Director  
Division of Payment Management  
OS/ASAM/PSC/FMS/DPM  
P.O. Box 6021  
Rockville, MD 20852

Phone Number: (877) 614-5533

Fax Numbers: Governmental and Tribal Payment Branch (301) 443-2569

Email [PMSSupport@psc.gov](mailto:PMSSupport@psc.gov)

Website: [http://www.dpm.psc.gov/grant\\_recipient/shortcuts/shortcuts.aspx?explorer.event=true](http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true)

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management  
FMS/PSC/HHS  
Rockwall Building #1, Suite 700  
11400 Rockville Pike  
Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**NOTE 20. CERTIFICATION STATEMENT:** By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations, and the President's Budget and Congressional intent.

**Note 21. AUDIT REQUIREMENT.** An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditors report(s), or nine months after the end of the audit period. The audit report must be sent to:

Federal Audit Clearing House  
Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: [govs.fac@census.gov](mailto:govs.fac@census.gov)

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or grant funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantees own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipients records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

**NOTE 22. CDC CONTACT NAMES.**

**Business and Grants Policy Contact**

Louvern Asante, Grants Management  
Centers for Disease Control, PGO, Branch I  
2960 Brandywine Road, Mail Stop E-15  
Atlanta, GA 30341-4146  
Telephone: (770) 488-2835  
Fax: (770) 488-2820  
Email: [LHA5@cdc.gov](mailto:LHA5@cdc.gov)

**Programmatic and Technical Contact**

Jeffery Brock, Project Officer  
Centers for Disease Control and Prevention  
Division of HIV/AIDS Prevention  
Prevention Program Branch  
8 Corporate Blvd, Mail Stop E-58  
Atlanta, GA 30329  
Telephone: 404-639-8015  
Email: [ihu8@cdc.gov](mailto:ihu8@cdc.gov)

**STAFF CONTACTS**

**Grants Management Specialist:** Louvern Asante  
Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
Koger Center, Colgate  
2920 Brandywine Road, Mailstop E15  
Atlanta, GA 30341  
Email: [lha5@cdc.gov](mailto:lha5@cdc.gov) Phone: (770) 488-2835 Fax: 770-488-2868

**Grants Management Officer:** Roslyn Curington  
Centers for Disease Control and Prevention  
OD/OCCO/PGO/AABI  
Koger Center, Colgate Builder  
2920 Brandywine Road, Mailstop E15  
Atlanta, GA 30341  
Email: [rcurington@cdc.gov](mailto:rcurington@cdc.gov) Phone: (770) 488-2832 Fax: 770-488-2868

**SPREADSHEET SUMMARY**

**GRANT NUMBER:** 1U62PS003198-01

**INSTITUTION:** SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	Year 1	Year 2	Year 3
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Consortium/Contractual Cost	\$877,273		
TOTAL FEDERAL DC	\$877,273	\$877,273	\$877,273
TOTAL FEDERAL F&A			
TOTAL COST	\$877,273	\$877,273	\$877,273

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

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

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Public Health Foundation Enterprises, Inc.	
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.	
1. Azhar K. Qureshi, Ellen R. DiGiampaolo, Mark J. Bertler, Michael S. Ascher, Eugene F. Carpino, Bruce Y. Lai, Senator Deborah Ortiz (retired), Robert D. Westfall, Peter Jacobson, Dennis V. Ferrero, Karen Angel, Patrick M. Libbey 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	
Date that contract was approved:	Amount of contract: \$21,356
Describe the nature of the contract that was approved: HIV Prevention	
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

☒ 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

<b>Filer Information</b> <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 Place, San Francisco, CA 94102	E-mail: Bos.leislaction@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

