

File No. 230104

Committee Item No. 10

Board Item No. 20

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date February 15, 2023

Board of Supervisors Meeting Date February 28, 2023

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" 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 and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input 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 checked="" type="checkbox"/>	<u>DPH Statement on Retroactivity 2/9/2023</u>
<input type="checkbox"/>	<input type="checkbox"/>	
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Completed by: Brent Jalipa Date February 9, 2023

Completed by: Brent Jalipa Date February 22, 2023

1 [Accept and Expend Grant - Retroactive - Heluna Health - Patient-Centered Outcomes  
2 Research Institute (PCORI) - \$134,528]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant increase in the amount of \$34,645 from the Patient-Centered Outcomes**  
5 **Research Institute (PCORI) through Heluna Health for a total amount of \$134,528 for**  
6 **participation in a program, entitled “Patient-Centered Outcomes Research Institute**  
7 **(PCORI),” for the period of October 1, 2021, through September 30, 2022.**

8  
9 WHEREAS, The Patient-Centered Outcomes Research Institute (PCORI), through  
10 Heluna Health (HH) as a pass-through entity, has agreed to fund the Department of Public  
11 Health (DPH) in the amount of \$134,528 for participation in a program, entitled “Patient-  
12 Centered Outcomes Research Institute (PCORI),” for the period of October 1, 2021, to  
13 September 30, 2022; and

14 WHEREAS, PCORI is funding a study to compare two mobile health technologies for  
15 supporting pre-exposure prophylaxis (PrEP) use among cisgender men, transgender men,  
16 and transgender women; and

17 WHEREAS, Individuals in three sites in the US (San Francisco, Miami, Washington,  
18 DC) will be enrolled in this study to compare the impact of these mobile health strategies on  
19 PrEP adherence and continuation, satisfaction with medical care, and patient engagement in  
20 a 12-month study; and

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

22 WHEREAS, A grant increase of \$34,645 from \$99,883 was approved for the period of  
23 October 1, 2021, through September 30, 2022; and

24 WHEREAS, A request for retroactive approval is being sought because DPH received  
25 the award on April 27, 2022, for a project start date of October 1, 2021; and

1           WHEREAS, The grant budget includes a provision for indirect costs in the amount of  
2     \$26,906; now, therefore, be it

3           RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
4     in the amount of \$134,528 from the PCORI through HH; and, be it

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

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

9           FURTHER RESOLVED, That within 30 days of the Agreement being fully-executed by  
10    all parties, the Director of Health shall provide the final Agreement to the Clerk of the Board  
11    for inclusion into the official file.

12       .

1 Recommended: Approved:     /s/      
2 Mayor  
3     /s/      
4 Dr. Grant Colfax Approved:     /s/      
5 Director of Health Controller  
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**File Number:** 230104  
(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: **\$134,528**
- 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: **This a study funded by the Patient Centered Outcomes Research Institute that is comparing two mobile health technologies for supporting pre-exposure prophylaxis (PrEP) use among cisgender men, transgender men, and transgender women. We are enrolling 300 individuals across 3 sites in the US (San Francisco, Miami, Washington DC) and will compare the impact of these mobile health strategies on PrEP adherence and continuation, satisfaction with medical care and patient engagement in a 12-month study.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **10/01/2021** End-Date: **09/30/2022**
- 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? **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? **\$26,906**

b2. How was the amount calculated? **25% of total direct cost**

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:

**We respectfully request for approval to accept and expend these funds retroactive to October 01, 2021. The Department received the award on April 27, 2022.**

**The grant does not require an ASO amendment and partially reimburses the department for four existing positions for 12 months for the period from October 01, 2021 through September 30, 2022.**

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.20	10/01/2021	09/30/2022
2	2232	Senior Physician Specialist	0.05	10/01/2021	09/30/2022
3	0943	Manager VIII	0.05	10/01/2021	09/30/2022
4	2232	Senior Physician Specialist	0.10	10/01/2021	09/30/2022

**Proposal ID:** CTR00002325  
**Version ID:** V101  
**Department ID:** 162646  
**Project Description:** HD HIV PD153 2122 PCORI  
**Project Code:** 10037371  
**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  
AS120EF7001F44D  
(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  
20327324732843F  
(Signature Required)

San Francisco Department of Public Health (SFPDH)  
Population Health Division – Bridge HIV  
Patient-Centered Outcomes Research Institute (PCORI)

**BUDGET JUSTIFICATION**  
October 01, 2021 - September 30, 2022

**A. PERSONNEL**

**B. MANDATORY FRINGE**

1. 0.20 2232 – Senior Physician Specialist: Albert Liu  
Annual Salary \$199,300 x 0.20 FTE for 12 months = \$39,860  
Mandatory Fringe Benefits (@ 35%) = \$13,951 \$53,811

2. 0.05 2232 – Senior Physician Specialist: Jonathan Fuchs  
Annual Salary \$199,300 x 0.05 FTE for 12 months = \$9,965  
Mandatory Fringe Benefits (@ 35%) = \$3,488 \$13,453

3. 0.05 0943 – Manager VIII: Susan Buchbinder  
Annual Salary \$199,300 x 0.05 FTE for 12 months = \$9,965  
Mandatory Fringe Benefits (@ 35%) = \$3,488 \$13,453

4. 0.10 2232 – Senior Physician Specialist: Hyman Scott  
Annual Salary \$199,300 x 0.10 FTE for 12 months = \$19,930  
Mandatory Fringe Benefits (@ 35%) = \$6,976 \$26,906

Total Salaries \$79,720

Total Fringe \$27,902

**TOTAL PERSONNEL: \$107,622**

**C. TRAVEL \$0**

**D. EQUIPMENT \$0**

**E. SUPPLIES \$0**

**F. CONTRACTUAL \$0**



<b>G.</b>	<b>OTHER</b>	<b>\$0</b>
	<b>TOTAL DIRECT COSTS</b>	<b>\$107,622</b>
<b>H.</b>	<b>INDIRECT COSTS (25% of total salaries &amp; benefits)</b>	<b>\$26,906</b>
	<b>TOTAL BUDGET:</b>	<b>\$134,528</b>



**[SUBCONTRACT/SUBAWARD] AGREEMENT BETWEEN**

**HELUNA HEALTH**

**AND**

**CITY AND COUNTY OF SAN FRANCISCO**

This [Subcontract/Sub-Award] Agreement (this "Agreement") is made and entered into as of October 1, 2021 by and between PUBLIC HEALTH FOUNDATION ENTERPRISES, INC., DBA Heluna Health, a 501(c)(3) California nonprofit corporation (hereinafter referred to as "HELUNA HEALTH"), and the party identified in Section 1 below (hereinafter be referred to as "Subcontractor/Subawardee."

**RECITALS**

- A. HELUNA HEALTH has been granted an award by Patient-Centered Outcomes Research Institute (the "Funding Agency"), under contract number AD-2019C2-17281; Catalog of Federal Domestic Assistance (CFDA) number N/A under which HELUNA HEALTH and its subcontractors and subawardees will collaborate on the program.
- B. Subcontractor/Subawardee has expertise in the necessary area(s) which their expertise can assist HELUNA HEALTH to perform its obligations under the Funding Award Agreement; and
- C. HELUNA HEALTH desires to engage the services of Subcontractor/Subawardee to assist HELUNA HEALTH in the performance of certain of its obligations under the Funding Award Agreement as set forth herein.
- D. The Parties understand and agree that any funding amount above \$1,000,000, that constitutes revenue to the City requires formal approval by the San Francisco Board of Supervisors acting in its sole discretion under San Francisco Charter Section 9.118.

**AGREEMENT**

**1. IDENTITIES OF PARTIES**

**SUBCONTRACTOR/SUBAWARDEE:**

**Legal Name of Subcontractor/Subawardee:** City and County of San Francisco  
**DBA of Subcontractor/Subawardee:** San Francisco Department of Public Health  
**Type of Entity:** ☐ Sole Proprietorship; ☐ Partnership; ☐ Corporation;  
☐ Limited Liability Company; ☒ Government  
**State of Organization (if an entity):** California

Address: 101 Grove Street, Room 402  
City/State/Zip: San Francisco, CA 94102  
Business Telephone: (415) 554-2778  
Social Security or Employer Identification Number: 94-6000417  
License Number and Expiration Date, if any: N/A  
Email Address: Sajid.shaikh@sfdph.org

Name of Principal Investigator/Project Coordinator: Albert Liu  
Phone Number of Principal Investigator/Project Coordinator: (415) 437-7408

Is Subcontractor/Subawardee required to file a Single Audit with the Federal Government? (Required for parties who receive Federal funds in the aggregate amount of \$500,000 or more):  
☒ Yes ☐ No

If yes, has Subcontractor/Subawardee filed the required Single Audit? ☒ Yes ☐ No  
(If yes, submit copy to HELUNA HEALTH prior to signing this Agreement)

**HELUNA HEALTH:**

Heluna Health  
Address and Phone #: 13300 Crossroads Parkway North, Suite 450, City of Industry, CA, 91746-3505; (562) 699-7320  
Program Name: PCORI  
Program/CID #: 0759.0102  
Project Director Name: Albert Liu  
Project Director Phone #: (415) 437-7408  
Project Director Email Address: Albert.liu@sfdph.org  
Contracts Manager Name: Adam Abate  
Contracts Manager Email Address: AAbate@helunahealth.org

**2. SCOPE OF SERVICES**

(a) Services. Subcontractor/Subawardee shall perform the services, duties and obligations set forth in the Statement of Work ("SOW") attached as Exhibit A hereto, which is made a part hereof and incorporated herein by reference (the "Services"). The Services relate Exhibit C, if attached hereto. Subcontractor/Subawardee shall perform the Services in accordance with the specifications, timetables and requirements set forth in the SOW and this Agreement. HELUNA HEALTH may, in its discretion, provide to Subcontractor/Subawardee a copy of the Funding Award Agreement or the relevant sections thereof. If Subcontractor/Subawardee is provided with a copy of the Funding Award Agreement or the relevant sections thereof, Subcontractor/Subawardee shall carefully review them and shall perform the Services in accordance with the specifications, timetables and requirements set forth therein.

(b) Location(s) of Services. Subcontractor/Subawardee shall perform the Services at the following location(s):

25 Van Ness Avenue, Suite 100  
San Francisco, CA 94102

(c) Subcontractor/Subawardee Principal Investigator/Project Coordinator. Subcontractor/Subawardee shall appoint the Principal Investigator/Project Coordinator (the "PI") identified above to be primary point of contact with HELUNA HEALTH with respect to the Services and to have primary responsibility within Subcontractor's/Subawardee's organization for the performance of the (technical or programmatic) aspects of the Services. Subcontractor/Subawardee shall not replace or reassign the PI without HELUNA HEALTH's prior written approval.

(d) HELUNA HEALTH Project Director. The HELUNA HEALTH Project Director identified above shall be primarily responsible on behalf of HELUNA HEALTH for the overall direction of the Services, including review and approval of Subcontractor's/Subawardee's performance of the Services. HELUNA HEALTH will notify Subcontractor/Subawardee if HELUNA HEALTH replaces or reassigns such Project Director.

(e) Performance Reporting. If requested by HELUNA HEALTH or the Funding Agency, Subcontractor/Subawardee shall submit a final technical or performance report, annual performance report, and quarterly performance reports. The final report shall be due 30 days after expiration or termination of this Agreement; annual reports and quarterly reports shall be due 30 days after the reporting period. Subcontractor/Subawardee shall also provide any other reports as may be requested by HELUNA HEALTH. Performance reports shall include a comparison of actual accomplishments with goals and objectives established for the period, findings of the PI, or both, as requested by HELUNA HEALTH. Where possible, quantitative output data should be related to cost data for computation of unit costs. Other pertinent information will include, when appropriate, the reasons why established goals were not met and an analysis. Subcontractor/Subawardee shall immediately notify HELUNA HEALTH of developments that have a significant impact on the performance of the Services hereunder and of any problems, delays, or adverse conditions that materially impair its ability to meet the objectives of the Services, including providing a statement of the action taken or contemplated and any assistance needed to resolve the situation.

### **3. COMPLIANCE WITH FUNDINGAWARD AGREEMENT AND LAWS AND REGULATIONS; FLOW DOWN PROVISIONS**

(a) Compliance with Funding Contract. Subcontractor/Subawardee shall comply with, and shall ensure that all of its personnel and lower-tier subcontractors comply with, all of the rules, requirements and restrictions set forth in the Funding Award Agreement, if attached hereto as Exhibit C, that are applicable to Subcontractor/Subawardee and Subcontractor's/Subawardee's activities.

(b) Flow Down Provisions. Without limiting the generality of Section 3(a) above, Subcontractor/Subawardee shall comply with, and shall ensure that all of its personnel and lower-tier subcontractors comply with, all of the flow-down provisions of the Funding Award Agreement applicable to Subcontractor/Subawardee, if attached as Exhibit C (the "Flow Down Provisions"). Subcontractor/Subawardee represents and warrants that it has carefully reviewed all of the Flow Down Provisions, if attached as Exhibit C, and is able to comply with all of the Flow Down Provisions. In the event that the requirements set forth in the Flow Down Provisions are greater than the requirements set forth in this Agreement, or in the event of any conflict between the provisions of this Agreement and the Flow Down Provisions, the Flow Down Provisions shall control and Subcontractor/Subawardee shall comply with the requirements set forth in the Flow Down Provisions in accordance with Section 2(a).

(c) Laws and Regulations. Subcontractor/Subawardee shall also comply with all state and federal statutes and regulations applicable to Subcontractor/Subawardee, the Services or the Funding Award Agreement, in performing its obligations under this Agreement. Without limiting the generality of the foregoing, Subcontractor shall:

(i) unless exempt, comply with the requirements under 45 CFR Part 74, and the Public Health Service Grants Policy Statement;

(ii) unless exempt, comply with Executive Order 11246 entitled "Equal Employment Opportunity" as amended by Executive Order 11375 and as supplemental in Dept. of Labor regulations (41 CFR Part 60);

(iii) comply with (and not violate) all statutes, laws, rules and regulations relating to non-discrimination against any employees or applicants for employment, including, without limitation, Title VII of the Civil Rights Act of 1964, The Americans with Disabilities Act Amendments Act of 2008, and the California Fair Employment and Housing Act (if Subcontractor/Subawardee is located within California), and shall take affirmative action to ensure that all employment related decisions are made in conformance with all such statutes, laws, rules and regulations; and

(iv) unless it is exempt from doing so, comply with 45 CFR Part 76, Appendix B-Certification Regarding Debarment, Suspension, and Ineligibility, Voluntary Exclusion-Lower Tier Covered Transactions.

(d) HIPAA Business Associate Agreement. If the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") is applicable to the Services, Subcontractor/Subawardee shall execute and deliver HELUNA HEALTH's standard Business Associate Agreement as required by HIPAA.

(e) Lower-tier Subcontractors/Subawardees. Subcontractor/Subawardee shall incorporate all of the terms and conditions of this Agreement into all lower-tier subcontracts that Subcontractor/Subawardee may enter into in connection with this Agreement, and shall

ensure that all such lower-tier subcontractors/subawardees and their personnel comply with all of the requirements of this Agreement applicable to Subcontractor/Subawardee, and all of the rules, requirements and restrictions set forth in the Funding Award Agreement, if attached as Exhibit C, including the Flow Down Provisions, that are applicable to such lower-tier subcontractors'/subawardees' activities.

#### **4. PAYMENT FOR SERVICES**

(a) Budget. The total compensation and reimbursements payable to Subcontractor/Subawardee hereunder shall be as set forth in the detailed budget for the Services attached hereto as Exhibit B (the "Budget"), which is made a part hereof and incorporated herein by reference. The maximum amount payable to Subcontractor/Subawardee hereunder shall not exceed the maximum amount set forth in the Budget.

(b) Must Stay Within Budget Time Periods. Subcontractor/Subawardee shall be compensated only for Services actually performed by Subcontractor/Subawardee and within the appropriate time period set forth in the Budget.

(c) Approval of Services by HELUNA HEALTH. All Services must be completed to the satisfaction of HELUNA HEALTH in order to be entitled to payment hereunder.

(d) Funds Available to HELUNA HEALTH. HELUNA HEALTH shall not be obligated to make payment under this Agreement unless the corresponding funds are disbursed to HELUNA HEALTH under the Funding Award Agreement.

(e) Billing of Expenses and Costs. All expenses and costs shall be billed in accordance with the approved budget. Expenses incurred after the expiration or termination of this Agreement shall be disallowed. Subcontractor/Subawardee shall submit its final invoice no later than 30 days after the date of expiration of the term or termination of this Agreement.

(f) Budget Modifications. The Budget may be modified only by written agreement of HELUNA HEALTH and Subcontractor/Subawardee and the prior written approval of the Funding Agency.

#### **5. INVOICING PROCEDURES**

(a) Approval by Funding Agency. If required under the Funding Award Agreement, attached hereto as Exhibit C, Subcontractor/Subawardee must first submit all timesheets and invoices to the Funding Agency for approval by the Funding Agency. After the Funding Agency has approved a timesheet and invoice submitted by Subcontractor/Subawardee, Subcontractor/Subawardee shall submit the same to HELUNA HEALTH.

(b) Address for Invoices. Subcontractor/Subawardee shall send all timesheets and invoices to the attention of the HELUNA HEALTH Project Director at the address set forth in Section 1 above.

(c) Invoicing Period. All invoices shall be submitted not more frequently than monthly, in arrears and must be submitted to HELUNA HEALTH within 30 days after the end of the applicable month or within 15 days after approval by the Funding Agency (if applicable), whichever is later. All final invoices must be received within 30 days of the expiration or termination of this Agreement or within such earlier time period as HELUNA HEALTH may require. If any invoices are not submitted within such time periods, Subcontractor/Subawardee waives (in HELUNA HEALTH's discretion) all rights to payment under such invoices.

(d) Formatting and Requirements of Invoices. All invoices shall be submitted in the form attached hereto as Exhibit D, as it may be modified by HELUNA HEALTH from time to time.

## **6. TERM AND TERMINATION**

(a) Term. Unless earlier terminated as provided herein, the term of this Agreement shall be from October 1, 2021 to September 30, 2022 the "Term").

(b) Termination Without Cause. Reserved.

(c) Termination for Cause. With reasonable cause, either party may terminate this Agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

i. A material violation or breach of this Agreement by the other party which is not cured within 15 days after written notice from the terminating party;

ii. Any act of the other party that exposes the terminating party to liability to others for personal injury or property damage or any other harm, damage or injury; or

iii. If either party receives notice from the Funding Agency of the cancellation or termination of, or reduction of funding under, the Funding Award Agreement affecting the Services.

(d) Termination for Lack of Funding. HELUNA HEALTH may terminate this Agreement if for any reason the funding available under the Funding Award Agreement is withdrawn, limited, or impaired.

(e) Cessation Upon Termination. On the effective date of termination, Subcontractor/Subawardee shall cease all further Services under this Agreement, and Subcontractor/Subawardee shall cancel as many outstanding obligations as possible and not incur any additional obligations.

(f) Payment After Termination. Subject to the terms and conditions set forth in this Agreement, upon termination of this Agreement, provided, that HELUNA HEALTH has received the corresponding funds from the Funding Agency under the Funding Award Agreement , HELUNA HEALTH shall pay for any reasonable non-cancellable obligations properly incurred by Subcontractor/Subawardee under this Agreement and in accordance with the Budget prior to termination, and shall pay any amounts due to Subcontractor/Subawardee and properly invoiced under this Agreement for Services performed prior to termination; provided, that if HELUNA HEALTH has terminated this Agreement for reasonable cause under Section 6(c) above, then HELUNA HEALTH shall have the right to offset and deduct from any payments due to Subcontractor/Subawardee hereunder any damages or losses incurred by HELUNA HEALTH as a result of such violation or breach.

(g) Return of Materials. Reserved.

(h) Surviving Provisions. The provisions of Sections 7 through 16, and any other sections that by their nature should or are intended to survive the expiration or termination of this Agreement shall survive and the parties shall continue to comply with the provisions of this Agreement that survive.

**7. REPRESENTATIONS AND WARRANTIES.** Subcontractor/Subawardee represents, warrants and covenants to HELUNA HEALTH as follows:

(a) Licenses and Permits. Subcontractor/Subawardee maintains and shall maintain during all relevant times under this Agreement all applicable federal, state and local business and other licenses, including any professional licenses or certificates, industrial permits and/or licenses, industry specific licenses, licenses required by the state(s) and/or locality(s) in which it does business, fictitious business names, federal tax identification numbers, insurance, and anything else required of Subcontractor/Subawardee as a business operator.

(b) Qualifications and Performance. Subcontractor/Subawardee (i) has the experience and skill to perform the Services hereunder, (ii) shall perform the Services in a good and workman like manner and in accordance with generally accepted professional standards and in an expeditious and economical manner consistent with sound professional practices, and (iii) is adequately financed to meet any financial obligation it may be required to incur hereunder.

(c) Not Debarred. Neither Subcontractor/Subawardee nor its principals or personnel are presently, nor will any of them be during the term of this Agreement, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or funding agency.



## **8. INDEPENDENT CONTRACTOR STATUS**

(a) Independent Contractor. Nothing in this Agreement is intended to place the parties in the relationship of employer-employee, partners, joint venturers, or in anything other than an independent contractor relationship. It is the parties' intention that Subcontractor/Subawardee shall be an independent contractor and not HELUNA HEALTH's employee or agent, and in conformity therewith, that Subcontractor/Subawardee shall retain sole and absolute discretion and judgment in the manner and means of carrying out Subcontractor/Subawardee's Services hereunder. Subcontractor/Subawardee is under the control of HELUNA HEALTH as to the results of Subcontractor/Subawardee's Services only, and not as to the means by which such results are accomplished.

(b) No Power to Bind HELUNA HEALTH. Without limiting the generality of the foregoing paragraph, this Agreement does not designate Subcontractor/Subawardee as the agent or legal representative of HELUNA HEALTH for any purpose whatsoever. Subcontractor/Subawardee is not granted any right or authority to assume or create any obligation or responsibility, or to make any promise or commitment regarding any work, on behalf of or in the name of HELUNA HEALTH or to bind it in any manner, or to make any contract or agreement on behalf of or in the name of HELUNA HEALTH, without the prior written consent from HELUNA HEALTH management. No sales, invoices nor orders for goods or services shall be valid and binding upon HELUNA HEALTH (whether as the provider or the recipient) unless and until accepted by HELUNA HEALTH, at its sole and absolute discretion, through its established channels. HELUNA HEALTH shall not be liable for any obligation incurred by Subcontractor/Subawardee.

(c) No Withholding. Except for tax withholdings that are required by law, neither federal, nor state, nor local income tax nor payroll taxes of any kind shall be withheld or paid by HELUNA HEALTH on behalf of Subcontractor/Subawardee or the employees of Subcontractor/Subawardee. Subcontractor/Subawardee and its personnel shall not be treated as employees or HELUNA HEALTH with respect to the Services performed hereunder for federal or state tax purposes or for any other purposes.

(d) No Employee Benefits. Neither Subcontractor/Subawardee nor its personnel shall be eligible for, and shall not participate in, any of HELUNA HEALTH's retirement, health, or other fringe benefit plans.

(e) Workers' Compensation. No workers' compensation insurance shall be obtained by HELUNA HEALTH concerning Subcontractor/Subawardee or Subcontractor's/Subawardee's personnel. Subcontractor/Subawardee shall comply with all workers' compensation laws concerning Subcontractor/Subawardee and its personnel.

(f) Taxes. Subcontractor/Subawardee understands that Subcontractor/Subawardee is responsible to pay, according to law, Subcontractor's/Subawardee's income taxes. If Subcontractor/Subawardee is not an entity, Subcontractor/Subawardee further understands

that Subcontractor/Subawardee may be liable for self-employment (social security) tax, to be paid by Subcontractor/Subawardee according to law. Subcontractor/Subawardee shall be solely responsible for the payment of all federal, state and local income taxes, social security taxes, federal and state unemployment insurance and similar taxes and all other assessments, taxes, contributions or sums payable with respect to Subcontractor/Subawardee or its employees as a result of or in connection with the Services performed by Subcontractor/Subawardee hereunder. Subcontractor/Subawardee represents and warrants and covenants that it shall report all income earned as a result of this Agreement and pay all federal, state and local income and self-employment taxes and other assessments required to be paid under applicable law. Subcontractor/Subawardee agrees to defend, indemnify and hold HELUNA HEALTH harmless from any and all claims made by federal, state and local taxing authorities on account of Subcontractor's/Subawardee's failure to pay any such federal, state or local income and self-employment taxes or other assessments due as a result of Subcontractor's/Subawardee 's Services hereunder.

(g) Sub-Tier Subcontractors/Subawardees. Subcontractor/Subawardee shall have control over the manner and means of Subcontractor/Subawardee's performance under this Agreement. However, HELUNA HEALTH is engaging Subcontractor/Subawardee for Subcontractor's/Subawardee's unique skills, knowledge, abilities and other attributes. Any lower-tier subcontractors/subawardees who are approved by HELUNA HEALTH must execute all agreements and documents required by HELUNA HEALTH prior to performing any work. Subcontractor/Subawardee shall ensure that all lower-tier subcontractors/subawardees comply with all of the terms and provisions of this Agreement and shall be responsible and liable for all acts and omissions of all lower-tier subcontractors/subawardees as if they were the acts or omissions of Subcontractor/Subawardee.

## **9. OWNERSHIP OF WORK PRODUCT**

(a) Ownership of Work Product. Subcontractor/Subawardee owns all work product developed under this Agreement.

(b) No Infringement. Subcontractor/Subawardee represents and warrants that any Work Product developed by Subcontractor/Subawardee and shall not infringe or violate any patents, copyrights, trademarks, trade secrets or other proprietary rights of any third party.

(c) No Harmful Code. With respect to the website and any computer programs or software code ("Software") included in the Services hereunder, Subcontractor/Subawardee represents and warrants that: (i) the Software and its media shall contain no computer instructions or inappropriate functions whose purpose or result is to disrupt, damage or interfere with HELUNA HEALTH's or its affiliates' or their customers' use of or access to the Software or any of their data, programs or computer or telecommunications facilities and (ii) unless expressly authorized in writing by HELUNA HEALTH, such Software shall not contain any mechanism which electronically notifies Subcontractor/Subawardee of any fact or event, nor contain any key, node lock, time-out, logic bomb or other function, implemented by any means,

which may restrict HELUNA HEALTH's or its affiliates' or customers' use of or access to the Software or any other programs, data or equipment.

## **10. PUBLICATIONS**

(a) Right to Publish Works. Subcontractor/Subawardee may, with HELUNA HEALTH's and the Funding Agency's prior written consent, publish articles written by Subcontractor/Subawardee in connection with the Services performed by Subcontractor/Subawardee hereunder. Subcontractor/Subawardee shall submit all such articles for review by HELUNA HEALTH and the Funding Agency at least 60 days prior to the proposed publication date.

(b) Acknowledgment in Publications. On any publication approved by HELUNA HEALTH and the Funding Agency as described above, Subcontractor/Subawardee shall place an acknowledgment of federal government support, and shall include a disclaimer, as appropriate, as follows: "The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of Heluna Health. or [Name of Funding Agency]".

(c) Use of HELUNA HEALTH's or Funding Agency's Name. Subcontractor/Subawardee shall not use in any manner HELUNA HEALTH's name, logo or trademarks without HELUNA HEALTH's prior written consent. Subcontractor/Subawardee shall not use in any manner the Funding Agency's name, logo or trademarks without the Funding Agency's prior written consent.

## **11. INDEMNIFICATION**

HELUNA HEALTH hereby agrees to indemnify, hold harmless and defend Subcontractor/Subawardee, its officers, directors, agents, contractors and employees from any and all claims, causes of action, costs, demands, expenses (including attorney's fees and costs), losses, damages, injuries, and liabilities arising from (i) any accident, death, or injury whatsoever or however caused to any person or property arising out of the intentional action or negligence of HELUNA HEALTH, (ii) HELUNA HEALTH's violation of any federal, state or local law or regulation or (iii) the breach by HELUNA HEALTH of any its representations, warranties or agreements under this Agreement.

## **12. INSURANCE**

Subcontractor/Subawardee shall, unless otherwise agreed in writing by HELUNA HEALTH, maintain: (i) Workers' Compensation insurance, (ii) Professional Liability Insurance and Commercial General Liability Insurance (including broad form contractual and automobile liability coverage), with minimum limits of ONE MILLION DOLLARS (\$1,000,000) combined single limit per occurrence, and (iii) Automobile Liability on each automobile owned by him/her/it or his/her/its agents, subcontractors/subawardees or employees, which is used at any time to carry out Subcontractor's/Subawardee's duties hereunder, with minimum limits of \$100,000 per

person and \$300,000 per occurrence for bodily injury. If higher or additional coverages are required under the Flow Down Provisions, attached as Exhibit C, Subcontractor/Subawardee shall procure such coverages. A program of self-insurance is acceptable.

### **13. CONFIDENTIALITY**

(a) Sunshine Ordinance. HELUNA HEALTH acknowledges that this Agreement and all records related to its formation, and the performance of Services, and HELUNA HEALTH's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

(b) Confidential Information. Confidential Information includes, but is not limited to, the identity of actual and potential clients of HELUNA HEALTH, client lists, particular needs of each client, the manner in which business is conducted with each client, addresses, telephone numbers, and specific characteristics of clients; Subcontractor/Subawardee shall not disclose in any manner whatsoever any of the aforesaid Confidential Information, directly or indirectly, or use it in any way whatsoever, either during this Agreement or at any time thereafter, except as required in the course of Subcontractor's/Subawardee's work with HELUNA HEALTH or except as otherwise provided in this Agreement or permitted by law. Further, Subcontractor/Subawardee shall develop and maintain procedures and take other reasonable steps in furtherance of HELUNA HEALTH's desire to maintain the confidentiality of its Confidential Information.

(c) Funding Agency Confidentiality. Subcontractor/Subawardee shall also comply with all confidentiality obligations imposed by the Funding Agency in the Funding Award Agreement, if attached as Exhibit C.

### **14. RECORD RETENTION AND ACCESS TO RECORDS**

Subcontractor/Subawardee shall grant to HELUNA HEALTH, the Funding Agency and the U.S. Comptroller General and their respective authorized representatives upon demand, access to any books, documents, papers and records of Subcontractor/Subawardee relating to this Agreement or the Services for audit, examination, excerpt and transcription. Subcontractor/Subawardee shall retain all such records for seven (7) years (or longer if required under HELUNA HEALTH's record retention policy, under the Funding Award Agreement or by law, including under Circular A-110, Subpart C, Post-Award Requirements and FAR Subpart 4.7 Contractor Records Retention - 4.703 Policy) after final payment is made under this Agreement and all pending matters are closed, unless extended by an audit, litigation, or other action involving the records, whichever is later.

## 15. GENERAL TERMS

(a) Amendments. Amendments to this Agreement shall be in writing, signed by the party to be obligated by such amendment and attached to this Agreement.

(b) Governing Law; Venue. This Agreement shall be interpreted, construed and governed by, in accordance with and consistent with the laws of the State of California with venue in San Francisco.

(c) Equitable Relief. In light of the irreparable harm to HELUNA HEALTH that a breach by Subcontractor/Subawardee of Sections 9, 10, 13 and 14 of this Agreement would cause, in addition to other remedies set forth in this Agreement and other relief for violations of this Agreement, HELUNA HEALTH shall be entitled to enjoin Subcontractor/Subawardee from any breach or threatened breach of such Sections, to the extent permitted by law and without bond.

(d) Binding Agreement. All terms, conditions and covenants to be observed and performed by the parties hereto shall be applicable to and binding upon their respective agents, employees, heirs, executors, administrators, affiliates, subsidiaries, associates, employees, successors and assigns.

(e) Captions. All captions (section headings) set forth herein are inserted only as a matter of convenience and for reference, and shall not affect the interpretation of this Agreement.

(f) Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original but all of which, when taken together, shall constitute one and the same document.

(g) Additional Documents. The parties hereto each agree that they shall execute and, if appropriate, acknowledge any and all additional and other documents, instruments and writings which may be reasonably requested by the other party in order to fully carry out the intent and purpose of this Agreement.

(h) Entire Agreement. This Agreement, and all documents referred to in it, or incorporated in it, is an integrated document containing and expressing all terms, covenants, conditions, warranties and agreements of the parties relating to the subject matter hereof. No other or prior agreements or understandings, written or oral, pertaining to the same shall be valid or of any force or effect.

(i) Facsimile or Email Transmissions. A facsimile transmission or transmission by Email of the executed signature page of this Agreement shall be accepted as, relied upon as, and deemed to be, an original.

(j) Fair Interpretation. The language appearing in all parts of this Agreement shall be construed, in all cases, according to its fair meaning in the English language, and not strictly construed for or against any party hereto. This Agreement has been prepared jointly by the parties hereto after arm's length negotiations and any uncertainty or ambiguity contained in this Agreement, if any, shall not be interpreted or construed against any party, but according to its fair meaning applying the applicable rules of interpretation and construction of contracts.

(k) No Waiver. No failure or delay by any party in exercising a right, power or remedy under the Agreement shall operate as a waiver of any such right or other right, power or remedy. No waiver of, or acquiescence in, any breach or default of any one or more of the terms, provisions or conditions contained in this Agreement shall be deemed to imply or constitute a waiver of any other or succeeding or repeated breach or default hereunder. The consent or approval by any party hereto to or of any act of the other party hereto requiring further consent or approval shall not be deemed to waive or render unnecessary any consent or approval to or of any subsequent similar acts.

(l) Notices. Any notice, demand, consent or other communication required or permitted to be given hereunder shall be made in the English language and shall be so given by personal delivery, by (i) registered or certified (return receipt) or First Class United States Postal Service mail, postage pre-paid, or (ii) recognized overnight national courier service, or (iii) facsimile transmission confirmed by letter sent by First Class United States Postal Service mail, postage pre-paid, or (iv) by email confirmed by letter sent by First Class United States Postal Service mail, postage pre-paid, addressed to the recipient of such notice at the following address or facsimile number, as the case may be, or any other address or facsimile number or email address provided by a party in the manner described hereinabove:

In the case of HELUNA HEALTH, addressed to:

Heluna Health  
13300 Crossroads Parkway North, Suite 450  
City of Industry, CA 91746-3505  
Attention: Adam Abate  
Facsimile: (562) 692-6950  
Email: [Contracts@helunahealth.org](mailto:Contracts@helunahealth.org)

In the case of Subcontractor, addressed to:

San Francisco Department of Public Health  
1380 Howard Street  
San Francisco, CA 94103  
Attention: Sajid Shaikh  
Facsimile: (415) 503-4710  
Email: [Sajid.shaikh@sfdph.org](mailto:Sajid.shaikh@sfdph.org)

And

San Francisco Department of Public Health  
101 Grove St. Street, Rm. 410  
San Francisco, CA 94102  
Attention: Contract Analyst  
Facsimile: (415) 554-2555  
Email: [DPH-ContractsRm410@sfdph.org](mailto:DPH-ContractsRm410@sfdph.org)

Any such notice shall be deemed to have been received by the addressee, and service thereof shall be deemed effective, five (5) days following deposit thereof with the United States Postal Service, or upon actual receipt, whichever first occurs, unless the address for delivery is not within one of the United States or its territories or possessions, in which case service shall be effective seven (7) days following deposit, or upon actual receipt, whichever first occurs.

(m) Remedies Non-Exclusive. Except where otherwise expressly set forth herein, all remedies provided by this Agreement shall be deemed to be cumulative and additional and not in lieu of or exclusive of each other or of any other remedy available to the respective parties at law or in equity.

(n) Severability. If any term, provision, condition or other portion of this Agreement is determined to be invalid, void or unenforceable by a forum of competent jurisdiction, the same shall not affect any other term, provision, condition or other portion hereof, and the remainder of this Agreement shall remain in full force and effect, as if such invalid, void or unenforceable term, provision, condition or other portion of this Agreement did not appear herein.

(o) Limitation of Liability. EXCEPT FOR A BREACH OF SECTIONS 9 AND 13 ABOVE AND EXCEPT TO THE EXTENT INCLUDED IN A PARTY'S INDEMNIFICATION OBLIGATIONS UNDER SECTION 11 ABOVE, IN NO EVENT SHALL ANY PARTY BE LIABLE TO THE OTHER FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, WHETHER BASED ON BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, AND WHETHER OR NOT THAT PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

(p) Non-Assignability. None of the parties shall assign, transfer, sell, encumber, hypothecate, alienate or otherwise dispose of this Agreement, or any right, title or interest to or in this Agreement, nor shall a party delegate any duty or obligation to be performed hereunder, without the express written consent of the other party having been first obtained, except that any party may assign this Agreement without the consent of the other party in the case of a reorganization, merger, consolidation, or sale of all or substantially all of its assets so long as the assignee expressly assumes all of the obligations of the assignor under this Agreement. Notwithstanding the foregoing, HELUNA HEALTH may assign this Agreement to an affiliate of HELUNA HEALTH without the consent of the other party. Any attempt to assign this Agreement other than as permitted above shall be null and void.

(q) Signing Person. The individuals signing this Agreement on behalf of an entity represents and warrants that he/she has authority to bind such entity to this Agreement.

[Signatures follow on next page]



The undersigned have caused this Subcontract/Subaward Agreement to be executed as of the date first set forth above:

**HELUNA HEALTH**

By: \_\_\_\_\_  
Peter Dale  
Chief Program Officer

Date: \_\_\_\_\_

**THE CITY AND COUNTY OF SAN FRANCISCO**

By: \_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Date: \_\_\_\_\_

Approved as to Form

David Chiu  
City Attorney

By: \_\_\_\_\_  
Louise S. Simpson  
Deputy City Attorney

Date: \_\_\_\_\_

**Exhibits**

Exhibit A: Scope of Work (SOW)  
Exhibit B: Budget  
Exhibit C: Flow Down Provisions (Not applicable to this project)  
Exhibit D: Form of Invoice  
Exhibit E: Certificate of Self Insurance

EXHIBIT A  
TO SUBCONTRACT/SUBAWARD AGREEMENT

SCOPE OF WORK (SOW)

**Albert Liu, MD, MPH (Principal Investigator):**

As Principal Investigator (PI), Dr. Liu will be responsible for the overall scientific, operational, and administrative aspects of the study. Dr. Liu will direct the design, implementation and dissemination of study results, and oversee patient and key stakeholder engagement activities. He will also have regular meetings with co-PI Dr. Myers to coordinate study implementation and ensure successful integration of the process evaluation into the study. 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 results.

**Susan Buchbinder, MD (Co-Investigator):**

Buchbinder 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 (Co-Investigator):**

He will serve as the primary liaison with the External Advisory Group, and will oversee dissemination of study results.

EXHIBIT B  
TO SUBCONTRACT/SUBAWARD AGREEMENT

BUDGET

Program Director/Principal Investigator (Last, First, Middle):						Liu, Albert		
<b>DETAILED BUDGET FOR INITIAL BUDGET PERIOD</b>						FROM	THROUGH	
<b>DIRECT COSTS ONLY</b>						10/01/21	09/30/22	
List PERSONNEL ( <i>Applicant organization only</i> )								
Use Cal, Acad, or Summer to Enter Months Devoted to Project								
Enter Dollar Amounts Requested ( <i>omit cents</i> ) for Salary Requested and Fringe Benefits								
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST. BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Liu, Albert	PD/PI	0.20	12.00		199,300	39,860	13,951	53,811
Jonathan Fuchs	Co-PI	0.05	12.00		199,300	9,965	3,488	13,453
Susan Buchbinder	Co-PI	0.05	12.00		199,300	9,965	3,488	13,453
Hyman Scott	Co-PI	0.10	12.00		199,300	19,930	6,976	26,906
<b>SUBTOTALS</b>						79,720	27,902	107,622
CONSULTANT COSTS								0
EQUIPMENT ( <i>Itemize</i> )								0
SUPPLIES ( <i>Itemize by category</i> )								0
TRAVEL								0
INPATIENT CARE COSTS								0
OUTPATIENT CARE COSTS								0
ALTERATIONS AND RENOVATIONS ( <i>Itemize by category</i> )								0
OTHER EXPENSES ( <i>Itemize by category</i> )								0
CONSORTIUM/CONTRACTUAL COSTS								0
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> ( <i>Item 7a, Face Page</i> )							DIRECT COSTS	<b>107,622</b>
CONSORTIUM/CONTRACTUAL COSTS					25.00%	FACILITIES AND ADMINISTRATIVE COSTS		26,906
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>								<b>134,528</b>

EXHIBIT C  
TO SUBCONTRACT/SUBAWARD AGREEMENT  
FLOW DOWN PROVISIONS

Not applicable to this project.

EXHIBIT D  
TO SUBCONTRACT/SUBAWARD AGREEMENT

FORM OF INVOICE

Please submit monthly invoices to Tyler Norgord at [TNorgord@helunahealth.org](mailto:TNorgord@helunahealth.org).

The final invoice must be marked FINAL.

EXHIBIT E  
TO SUBCONTRACT/SUBAWARD AGREEMENT  
CERTIFICATE OF SELF-INSURANCE

Refer to the following page.

**From:** [Altman, Claire \(DPH\)](#)  
**To:** [Chan, Connie \(BOS\)](#); [Mandelman, Rafael \(BOS\)](#); [Safai, Ahsha \(BOS\)](#)  
**Cc:** [Jalipa, Brent \(BOS\)](#); [Hsieh, Frances \(BOS\)](#); [Prager, Jackie \(BOS\)](#); [Chung, Lauren \(BOS\)](#); [Liu, Albert \(DPH\)](#); [Validzic, Ana \(DPH\)](#); [Wong, Greg \(DPH\)](#)  
**Subject:** 2/15 Budget & Finance: DPH Retroactive Items  
**Date:** Thursday, February 9, 2023 2:10:10 PM

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Hello Supervisors Chan, Mandelman and Safai,

The Department of Public Health (DPH) will request approval for two (2) retroactive items at the February 15<sup>th</sup> Budget & Finance committee meeting. We've provided a brief description of the grant and our DPH representative. Please let us know if you have any questions.

**File 230103 - Accept and Expend Grant - Retroactive - Heluna Health - Patient-Centered Outcomes Research Institute (PCORI) - \$133,515** - Resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase in the amount of \$33,632 from the Patient-Centered Outcomes Research Institute (PCORI) through Heluna Health for a total amount of \$133,515 for participation in a program, entitled "Patient-Centered Outcomes Research Institute (PCORI)," for the period of October 1, 2020, through September 30, 2021.

&

**File 230104 – Accept and Expend Grant – Retroactive – Heluna Health – Patient-Centered Outcomes Research Institute (PCORI) - \$134,528** – Resolution retroactively authorizing the Department of Public Health to accept and expend a grant increase in the amount of \$34,645 from the Patient-Centered Outcomes Research Institute (PCORI) through Heluna Health for a total amount of \$134,528 for participation in a program, entitled "Patient-Centered Outcomes Research Institute (PCORI)," for the period of October 1, 2021, through September 30, 2022.

- **Description:** Both grants are from the Patient-Centered Outcomes Research Institute (PCORI). PCORI is funding a study to compare two mobile health technologies for supporting pre-exposure prophylaxis (PrEP) use among cisgender men, transgender men, and transgender women. Individuals will be enrolled in this study to compare the impact of these mobile health strategies on PrEP adherence and continuation, satisfaction with medical care, and patient engagement. These grants do not require ASO amendments and partially reimburse DPH for four existing positions.
- **Reason for Retroactivity:** The PCORI grants are recurring grants received by DPH. The initial grant for an amount of \$99,883 was received on November 25<sup>th</sup>, 2020, for a project start date of October 1<sup>st</sup>, 2020, through September 30<sup>th</sup>, 2021. This initial grant was accepted through the Controller's office and was set up in the budget for FY22. On July 29<sup>th</sup>, 2021, DPH received a grant increase of \$33,632 (file 230103) to the initial grant which increased the total grant amount to \$133,515, which is over the \$100K threshold for grants requiring BOS approval. Regretfully, there was a misunderstanding regarding the thresholds for grant increases, and this grant increase was not set up as an accept and expend until the error was discovered on May 18<sup>th</sup>, 2022. Once the error was identified, the A&E packet for this grant increase was sent to the Controller's office for review on May 23<sup>rd</sup>, 2022, and was forwarded to the Mayor's

Office June 3 , 2022, for introduction. However, this grant increase was held while it was determined whether it was subject to the Behested Payments legislation.

During that time, DPH received a second PCORI grant in the amount of \$99,883 for the period beginning October 1<sup>st</sup>, 2021, through September 30<sup>th</sup>, 2022. On April 27<sup>th</sup>, 2022, DPH received a grant increase to the second grant in the amount of \$34,645 (file 230104). After the budget was created, this grant increase was submitted to the Controller's Office on May 18<sup>th</sup>, 2022, for review and subsequently forwarded to the Mayor's Office on June 3<sup>rd</sup>, 2022, for introduction. Once it was determined that both PCORI grants were compliant with the Behested Payments legislation, they were introduced by the Mayor on January 31<sup>st</sup>, 2023.

- **DPH Representative:** Albert Liu, MD, MPH | Clinical Research Director, Bridge HIV, Population Health Division, Department of Public Health | email: [albert.liu@sfdph.org](mailto:albert.liu@sfdph.org)

Thank you for your time and consideration,

Claire

**Claire Altman (Lindsay), MPH**

Senior Health Planner | Office of Policy and Planning

San Francisco Department of Public Health

[claire.altman@sfdph.org](mailto:claire.altman@sfdph.org) – updated email address





**London N. Breed**  
**Mayor**

**TO:** Angela Calvillo, Clerk of the Board of Supervisors

**FROM:** Dr. Grant Colfax  
Director of Health

**DATE:** 2/1/2023

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** Patient-Centered Outcomes Research Institute (PCORI) -  
\$134,528

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

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

**Special Timeline Requirements:**

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

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

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

Certified copy required Yes ☐

No ☒