

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

**Grant Resolution Information Form**  
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **The Bridge Clinic: Optimizing Injectable PrEP Delivery for Transgender and Non-Binary People**

2. Department: **Department of Public Health  
Population Health Division**

3. Contact Person: **Albert Liu** Telephone: **628-217-7408**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$160,074**  
(Year 1 April 01, 2023 - January 31, 2024: **\$71,144**  
Year 2 February 22, 2024 - January 31, 2025: **\$88,930**)

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

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

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

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

8. Proposed Grant Project Summary:

**Dr. Albert Liu is an international leader in pre-exposure prophylaxis (PrEP) research, including studies of long-acting injectable PrEP, innovative strategies for adherence monitoring and support, and implementation science research to expand PrEP and Anti Retroviral Therapy (ART) delivery in real-world settings. He was protocol co-chair (along with Dr. Wilson) of the first PrEP Demonstration study for Transgender and Non-Binary People (TNB) people in the SF Bay Area. His research has also focused on use of mobile health technologies to increase PrEP uptake and adherence to PrEP including PrEPmate, a Centers for Disease Control and Prevention (CDC)-endorsed text-messaging based intervention to support PrEP adherence and retention. He will serve as Principal Investigator (PI) of this study and be responsible for the overall scientific vision and study implementation. This project will adapt a patient-based website to help transgender women choose the form of PrEP that would work best for them, and will test this website in addition to an SMS communication tool, to see if the combination is feasible, acceptable, and if it improves PrEP use.**

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

Approved Year one project: Start-Date: **04/01/2023** End-Date: **01/31/2024**

Approved Year two project: Start-Date: **02/22/2024** End-Date: **01/31/2025**

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? **\$31,743**      b2. How was the amount calculated? **24.73% of Total Personnel 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 April 1, 2023. The Department received the grant increase of \$88,930 on June 6, 2024, for the period of February 22, 2024, to January 31, 2025. The AL # for this grant is 93.242.**

**This grant does not require an ASO amendment, does not create net new positions, and partially reimburses the Department for the existing positions:**

No.	Class	Job Title	FTE	Start Date	End Date
1	2232	Senior Physician Specialist	0.15	02/22/2024	01/31/2025
2	2232	Senior Physician Specialist	0.10	02/22/2024	01/31/2025

**Project Description:**                    **The Bridge Clinic: Optimizing Injectable PrEP Delivery f**  
**Project ID:**                                **10041594**  
**Proposal ID:**                              **CTR00004298**  
**Fund:**                                        **11580**  
**Version ID:**                                **V101**  
**Authority ID:**                              **10001**  
**Activity ID:**                                **001**

**\*\*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: 7/18/2024 | 11:22 AM PDT

DocuSigned by:  
Toni Rucker  
(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Dr. Grant Colfax  
(Name)

Director of Health  
(Title)

Date Reviewed: 7/22/2024 | 3:47 PM PDT

DocuSigned by:  
Jenny Louie for Dr. Colfax  
Jenny Louie, COO for