Docusign Envelope ID: F419C235-8060-4657-AE60-89E0881C7C87

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: **Adolescent Medicine Trials Network for HIV/AIDS Interventions (ATN) Scientific Leadership Center**

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

3. Contact Person: **Susan Buchbinder** Telephone: **415-437-7479**

4. Grant Approval Status (check one):

[**X**] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$235,358**
(Year 1 January 25, 2023 – November 30, 2023: $34,629
Year 2 December 1, 2023 – November 30, 2024: $138,434
Year 3 May 21, 2025 – November 30, 2025: $62,295)

6a. Matching Funds Required: **$0**
b. Source(s) of matching funds (if applicable): **N.A.**

7a. Grant Source Agency: **National Institutes of Health**
b. Grant Pass-Through Agency (if applicable): **Florida State University**

8. Proposed Grant Project Summary: **The Adolescent Medicine Trials Network for human immunodeficiency virus (HIV)/ acquired immunodeficiency syndrome (AIDS) Interventions (ATN) Scientific Leadership Group (SLG) will provide the necessary multidisciplinary expertise to set, prioritize and manage the ATN scientific agenda. The ATN SLG will develop and refine the research agenda of the ATN, convene working groups as needed, prioritize emerging research projects, efficiently manage the development of clinical protocols, implement and complete clinical trials and ensure timely publication and communication of results. The ATN SLG will work in collaboration with the ATN Scientific Leadership Center (SLC) PIs, the Statistical and Data Management Center, the Operations and Collaboration Center, and NIH and industry partners. The Department of Public Health (DPH) will lead the site consortium, support site infrastructure, and contribute to development and implementation of innovative recruitment and retention strategies and maintain internal metrics. DPH will also contribute to, review and approve site consortium standard operating procedures and quality management plan. DPH will lead and contribute to drafting protocol-specific budgets, initiate and maintain community partnerships, and participate in the development of trials.**

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

Approved Year one project:	Start-Date: **01/25/2023**	End-Date: **11/30/2023**
Approved Year two project:	Start-Date: **12/01/2023**	End-Date: **11/30/2024**
Approved Year three project:	Start-Date: **05/21/2025**	End-Date: **11/30/2025**

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

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

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**

d. Is this likely to be a one-time or ongoing request for contracting out? **N.A.**

11a. Does the budget include indirect costs? [**X**] Yes [ ] No

b1. If yes, how much? **$45,687 ($11,074 is for grant increase portion)**
b2. How was the amount calculated? **24% of Personnel Costs**

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 May 21, 2025. The Department received the grant increase of $62,295 on September 6, 2025, for the period of May 1, 2025, to November 30, 2025. The AL # for this grant is 93.865.

The 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	0943	Manager VIII	0.192	05/21/2025	11/30/2025
2	2232	Senior Physician Specialist	0.083	05/21/2025	11/30/2025
3	2232	Senior Physician Specialist	0.083	05/21/2025	11/30/2025

Project Description: Adolescent Medicine Trials Network for HIV/AIDS Interven
Project ID: 10042439
Proposal ID: CTR00004809
Dept ID: 162646
Authority ID: 10001
Activity ID: 0001
Version ID: V101

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****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):

[X] 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)	

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: 11/7/2025 | 12:34 PM PST

DocuSigned by:
Toni Rucker
A64292F7331F44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 11/7/2025 | 2:52 PM PST

Signed by:
jenny louie for daniel tsai
40CFE25DD8B4464...
(Signature Required)