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File Number: _____
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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: **Disease Intervention Specialist (DIS) Workforce Development Grant**

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

3. Contact Person: **Stephanie Cohen, MD, MPH** Telephone: **628-217-6674**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: **$1,123,180 (Only year 1 ($1,123,180) of the total grant amount of $10,108,616 is guaranteed and subsequent years depend on State appropriations.)**

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

7a. Grant Source Agency: **California Department of Public Health (CDPH)**
b. Grant Pass-Through Agency (if applicable): **N.A.**

8. Proposed Grant Project Summary:
California Department of Public Health (CDPH)is awarding funds to San Francisco Department of Public Health (SFDPH) for the Disease Intervention Specialist (DIS) Workforce Development Grant, which will develop, expand, train, and sustain the disease investigation and intervention workforce and address jurisdictional prevention and response needs for Human immunodeficiency virus (HIV), Sexually Transmitted Infections (STIs), Hepatitis C virus (HCV), and monkeypox (mpox). This grant project is intended to scale prevention, increase capacity to conduct disease investigation, ensure appropriate treatment, link people to care and ongoing case management, monitor disease trends and rapidly respond to changes in disease trends and outbreaks of STIs, HIV, HCV, and mpox.

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

Start-Date: **7/01/2025** End-Date: **6/30/2026**

10a. Amount budgeted for contractual services: **$234,083**

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? **One-time**

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

b1. If yes, how much? $**116,123**
b2. How was the amount calculated? **21.62% of Personnel and Fringe 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 July 01, 2025. The Department received the grant on October 28, 2025.

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

No.	Class	Job Title	FTE	Start Date	End Date
1	2233	Supervising Physician Specialist	0.10	07/01/2025	06/30/2026
2	2232	Senior Physician Specialist	0.31	07/01/2025	06/30/2026
3	2593	Health Program Coordinator III	1.00	07/01/2025	06/30/2026
4	2593	Health Program Coordinator III	1.00	07/01/2025	06/30/2026
5	2588	Health Worker IV	0.50	07/01/2025	06/30/2026
6	2588	Health Worker IV	0.55	07/01/2025	06/30/2026
7	2588	Health Worker IV	1.00	07/01/2025	06/30/2026
8	2806	Disease Control Investigator	0.25	07/01/2025	06/30/2026
9	2803	Epidemiologist II	0.30	07/01/2025	06/30/2026
10	2803	Epidemiologist II	0.30	07/01/2025	06/30/2026
11	1052	IS Business Analyst	1.00	07/01/2025	06/30/2026
12	1822	Budget Analyst	0.10	07/01/2025	06/30/2026
13	2312	Licensed Vocational Nurse	1.00	07/01/2025	06/30/2026
14	2587	Health Worker III	0.60	07/01/2025	06/30/2026
15	2586	Health Worker II	1.00	07/01/2025	06/30/2026

The grantor is a State entity.

Equipment will require tracking per grantor and will need capitalization. Equipment will be owned by DPH.

Project Description: **PD226-27 CDPH-STDCB ADAP DIS**
Proposal ID: **CTR00005143**
Version ID: **V101**
Project ID: **10042927**
Department ID: **251974**
Activity ID: **0001**

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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: 11/10/2025 | 11:58 AM 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: 11/21/2025 | 8:39 AM PST

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