File No. 251188 **Committee Item No.** 11
Board Item No. 9

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee **Date** January 7, 2026
Board of Supervisors Meeting **Date** January 13, 2026

Cmte Board

Cmte	Board	
☐	☐	**Motion**
☒	☒	**Resolution**
☐	☐	**Ordinance**
☐	☐	**Legislative Digest**
☐	☐	**Budget and Legislative Analyst Report**
☐	☐	**Youth Commission Report**
☐	☐	**Introduction Form**
☐	☐	**Department/Agency Cover Letter and/or Report**
☐	☐	**MOU**
☒	☒	**Grant Information Form**
☒	☒	**Grant Budget**
☐	☐	**Subcontract Budget**
☒	☒	**Contract/Agreement**
☐	☐	**Form 126 – Ethics Commission**
☒	☒	**Award Letter**

- **Award Letter 10/28/2025**
- **CalDPH Letter of Intent to Award 7/29/2025**

☐	☐	**Application**
☐	☐	**Public Correspondence**

OTHER **(Use back side if additional space is needed)**

☒	☒	DPH Statement on Retroactivity 12/29/2025
☒	☒	DPH Presentation 1/7/2026
☐	☒	Presidential Action Memo – Temp Member – 1/5/2026
☐	☐	
☐	☐	
☐	☐	
☐	☐	
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Completed by: Brent Jalipa **Date** December 31, 2025
Completed by: Brent Jalipa **Date** January 8, 2026

FILE NO. 251188 RESOLUTION NO.

[Accept and Expend Grant - Retroactive - California Department of Health - Disease Intervention Specialist (DIS) Workforce Development Grant - $1,123,180]

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of $1,123,180 from the California Department of Health for participation in a program, entitled "Disease Intervention Specialist (DIS) Workforce Development Grant," for the period of July 1, 2025, through June 30, 2026; approving the Grant Agreement pursuant to Charter, Section 9.118(a); and to authorize the Director of Health to enter into amendments or modifications to the Grant Agreement that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the Grant.

WHEREAS, The California Department of Health (CDPH) has agreed to fund the San Francisco Department of Public Health (DPH) in the amount of $1,123,180 for participation in a program entitled, "Disease Intervention Specialist (DIS) Workforce Development Grant," for the period of July 1, 2025, through June 30, 2026; and

WHEREAS, CDPH is awarding funds to DPH 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); and

WHEREAS, 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; and

WHEREAS, Charter, Section 9.118(a), requires Board of Supervisors' approval by Resolution of any contract that when entered into has anticipated revenue of $1 million dollars or more; and

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

WHEREAS, A request for retroactive approval is being sought because DPH received the award letter on October 28, 2025, for a project start date of July 1, 2025; and

WHEREAS, The grant budget includes a provision for indirect costs in the amount of $116,123; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of $1,123,180 from the CDPH; and, be it

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

FURTHER RESOLVED, That the Board of Supervisors hereby delegates authority under Charter, Section 9.118(a), to the Director of Health to approve the Grant Agreement with the California Department of Health for use of these grant funds with a total not to exceed amount of $1,123,180, from July 1, 2025 to June 30, 2026, for implementation of the program entitled "Disease Intervention Specialist (DIS) Workforce Development Grant"; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health or the Director's designee to enter into any amendments or modifications to the Grant Agreement that the Department determines, in consultation with the City Attorney, are in the best interests of the City, do not otherwise materially increase the obligations or liabilities of the City, are necessary to effectuate the purposes of the Grant, and are in compliance with all applicable laws; and, be it

FURTHER RESOLVED, That within 30 days of the Grant Agreement being fully executed by all parties, the Department of Public Health shall submit to the Clerk of the Board

of Supervisors a completely executed copy for inclusion in File No. 251188; this requirement and obligation resides with the Department, and is for purposes of having a complete file only, and in no manner affects the validity of approved Grant Agreement.

Recommended:

__/s/Jenny Louie for___

Daniel Tsai

Director of Health

Approved: __/s/Sophia Kittler_____

Daniel Lurie, Mayor

Approved: _/s/Jocelyn Quintos for _____

Greg Wagner, Controller

Docusign Envelope ID: 01C9CC37-5F27-45CB-B64F-970489770ADF

File Number: 251188
(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: **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**

Docusign Envelope ID: 01C9CC37-5F27-45CB-B64F-970489770ADF

****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)

CALIFORNIA SEXUALLY TRANSMITTED DISEASES BRANCH
STD Program Management

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter "Department"

TO

City and County of San Francisco, hereinafter "Grantee"

"Disease Intervention Specialist (DIS) Workforce Development," hereinafter "Project"

GRANT AGREEMENT NUMBER 25-10641

The Department awards this Grant, and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code, Section 131085(a).

PURPOSE: The Department shall award this Grant Agreement to and for the benefit of the Grantee; the purpose of the Disease Intervention Specialist (DIS) Workforce Development grant is to 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 mpox. **The funding 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.**

STI prevention is HIV prevention. People with STIs are at an increase risk for acquiring and transmitting HIV. CDC states in the STI Treatment Guidelines that "diagnosis of an STI is a biomarker for HIV acquisition, especially among persons with primary or secondary syphilis or, among MSM individuals with rectal gonorrhea or chlamydia." Data shows men who have sex with men (MSM) diagnosed with rectal gonorrhea and early syphilis were at the greatest risk of being diagnosed with HIV infection post-STI diagnosis and that these individuals should be prioritized for more intensive prevention interventions, including PrEP (Katz et al, 2016). Hence, identifying, treating and preventing STIs has a clear link to preventing HIV infection.

Additionally, HIV, STIs, HCV, and mpox have shared populations at risk, including MSM due to similar transmission mechanisms including sexual activity. In California, STI and HIV rates are particularly high among vulnerable populations already at elevated risk for HIV, including gay, bisexual, and other MSM, transgender and non-binary individuals, BIPOC communities, people who use drugs, and people experiencing homelessness or incarceration. Recent data also indicates STI rates are significantly higher - up to 39% (Williams & Bryant, 2018) and the CDC reports an increased HIV burden among people experiencing homelessness. Additionally, a composite literature review of STI prevalence in homeless adults identified HCV as the highest reported prevalence, at 52% among older men experiencing homelessness (Williams & Bryant, 2018).

According to HHS Guidelines: Both HIV and HCV can be transmitted by percutaneous exposure to blood or blood products, sexual intercourse, and perinatal transmission; however, the relative efficiency of transmission by these routes varies substantially. HCV transmission via injection drug use remains the most common mode of acquisition in the United States. The prevalence of HCV infection among people with HIV is distributed in the following subgroups: people who inject drugs (82.4%), men who have sex with men (MSM, 6.4%). In the United States, it is estimated that 62% to 80% of people who inject drugs and have HIV also have HCV infection. Estimates of HCV/HIV coinfection in the United States have been cited as 21% but have ranged from 6% to 30% with high variability based on the distribution of HIV transmission risk factors.

The potential for rapid spread of HIV among this population of PWID was realized during a 2015 outbreak in rural Scott County, Indiana. In January 2015, disease intervention specialists reported 11 new cases of confirmed HIV infection epidemiologically linked through injection drug use; by comparison, only 5 HIV infections had been diagnosed in this county in the prior 10 years (2004–2013). By November 2015, 181 new cases of HIV had been diagnosed; 92% of infected persons were coinfected with HCV. In this outbreak among PWID, HCV infection typically preceded HIV infection, representing an important opportunity for HIV prevention. HCV among PWID is often an indicator of syringe-sharing, which also increases HIV risk. Empirical evidence and program evaluation data in California has shown that offering HCV testing increases acceptability and utilization of HIV testing among PWID.

Finally, people who are living with or are at risk for HIV are disproportionately impacted by mpox. Mitigation of mpox severity and transmission through vaccination is a core priority in California since approximately 40% of mpox cases in California in 2023 were among people with HIV. People with HIV, particularly those with a low CD4 cell count or those not receiving antiretroviral therapy, are at higher risk for severe mpox and even death.

Evidence for increasing STI, HCV and mpox incidence and prevalence in HIV-negative men seen in HIV PrEP clinics has also led to current recommendations to monitor for STIs, HCV and mpox as part of PrEP care. For this reason, it is critical that HIV prevention funds also incorporate these preventive services.

The syndemic of HIV, STIs, HCV and mpox from sexual and/or bloodborne transmission highlights the need for a syndemic approach to risk reduction. Given this context, LHJ disease investigators, epidemiologists, clinicians, and other program and grant managers play a critical role in identifying and responding to cases of HIV, STIs, HCV, and mpox, as well as reaching their partners. This work is essential for identifying those at greatest risk for HIV for expanding prevention, conducting investigations, monitoring disease trends, ensuring treatment, linking individuals and their partners to care and prevention are vital strategies for controlling the spread of HIV, STIs, HCV and mpox in California.

GRANT AMOUNT: The maximum amount payable under this Grant Agreement shall not exceed the amount of $10,108,616.00.

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 01, 2025, and terminates on June 30, 2030. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2030.

PROJECT REPRESENTATIVES. The Project Representatives during the term of this Grant will be:

California Department of Public Health	**Grantee: City and County of San Francisco**
Name: Alexia McGonagle, Assistant Branch Chief, STD Control Branch	Name: Stephanie Cohen, Director, STI/HIV Branch
Address: P.O. Box 997377, MS 7320	Address: 25 Van Ness, Suite 500
City, ZIP: Sacramento, CA 95899-7377	City, ZIP: San Francisco, CA 94102
Phone: (279) 667-2164	Phone: (628) 217-6674
E-mail: Alexia.McGonagle@cdph.ca.gov	E-mail: stephanie.cohen@sfdph.org

Direct all inquiries to the following representatives:

California Department of Public Health, STD Control Branch	**Grantee: City and County of San Francisco**
Attention: Adriana Cervantes, Grant Manager	Attention: Julia Janssen, Medical Director, Disease Intervention Services
Address: P.O. Box 997377, MS 7320	Address: 25 Van Ness St, Suite 650
City, ZIP: Sacramento, CA 95899-7377	City, ZIP: San Francisco, CA 94102
Phone: (279) 667-1464	Phone: (628) 217-6074
E-mail:Adriana.Cervantes@cdph.ca.gov	E-mail: julia.janssen@sfdph.org

All payments from CDPH to the Grantee; shall be sent to the following address:

Remittance Address
Grantee: City and County of San Francisco
Attention: Miguel Quinonez
Address: 101 Grove St., Room 110
City, ZIP: San Francisco, CA 94102-4505
Phone: (415) 255-3465
E-mail: miguel.quinonez@sfdph.org

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party, said changes shall not require an amendment to this agreement but must be maintained as supporting documentation. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form and the STD 205 Payee Data Supplement which can be requested through the CDPH Project Representatives for processing.

STANDARD GRANT PROVISIONS. The Grantee must adhere to all Exhibits listed and any subsequent revisions. The following Exhibits are attached hereto or attached by reference and made a part of this Grant Agreement:

Exhibit A AWARD LETTER, FUNDING ALLOCATIONS/ALLOCATION PROCESS

Note: Once the Grant Agreement has been fully executed, requests for modifications/changes thereafter to the existing Exhibit A and/or Exhibit A, Attachment 1, do not require a formal amendment but must be agreed to in writing by both parties. The CDPH/Grantee Project Representatives are responsible for keeping records of approved modifications/changes. Such modifications/changes must be made at least 30 days prior to implementation. A formal written amendment is required when there is an increase or decrease in funding or a change in the term of the agreement.

Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS

Exhibit C STANDARD GRANT CONDITIONS

Exhibit D ADDITIONAL PROVISIONS

Exhibit E STD LOCAL ASSISTANCE FUNDS – STANDARDS AND PROCEDURES

Exhibit F INFORMATION PRIVACY AND SECURITY REQUIREMENTS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its subgrantee's to comply with all applicable laws, policies, and regulations.

GRANT EXECUTION. Unless otherwise prohibited by law or Grantees policy, the parties agree that an electronic copy of a signed Grant agreement, or an electronically signed Grant agreement, has the same force and legal effect as a Grant agreement executed with an original ink signature. The term "electronic copy of a signed Grant" refers to a transmission by facsimile, electronic mail, or other electronic means of a copy of an original signed Grant in a portable document format. The term "electronically signed Grant" means a grant agreement that is executed by applying an electronic signature using technology approved by the Grantee.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____

Daniel Tsai
Director of Health, San Francisco Department of Public Health
City and County of San Francisco
25 Van Ness
San Francisco, CA 94102

Date: _____

Javier Sandoval, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800-1804
Sacramento, CA 95899-7377

Exhibit A
Funding Allocation Process
Disease Intervention Specialist (DIS) Workforce Development Grant

The California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB) will allocate approximately $83,921,550 dollars in State local assistance funds through the Disease Intervention Specialist (DIS) Workforce Development Grant, funded by the AIDS Drug Assistance Program Rebate Fund. This Grant is to fund local disease intervention specialists supporting current or eligible services and programs as per Sections 120956 and 120972.2 of the Health and Safety Code. This Grant is set to begin on July 01, 2025, and end on June 30, 2030.

The Grantee will use this funding to 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 mpox. **The funding 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.**

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Additionally, HIV, STIs, HCV, and mpox have shared populations at risk, including MSM due to similar transmission mechanisms including sexual activity. In California, STI and HIV rates are particularly high among vulnerable populations already at elevated risk for HIV, including gay, bisexual, and other MSM, transgender and non-binary individuals, BIPOC communities, people who use drugs, and people experiencing homelessness or incarceration. Recent data also indicates STI rates are significantly higher - up to 39% (Williams & Bryant, 2018) and the CDC reports an increased HIV burden among people experiencing homelessness. Additionally, a composite literature review of STI prevalence in homeless adults identified HCV as the highest reported prevalence, at 52% among older men experiencing homelessness (Williams & Bryant, 2018).

According to HHS Guidelines: Both HIV and HCV can be transmitted by percutaneous exposure to blood or blood products, sexual intercourse, and perinatal transmission; however, the relative efficiency of transmission by these routes varies substantially. HCV transmission via injection drug use remains the most common mode of acquisition in the United States. The prevalence of HCV infection among people with HIV is distributed in the following subgroups: people who inject drugs (82.4%), men who have sex with men (MSM, 6.4%). In the United States, it is estimated that 62% to 80%

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of people who inject drugs and have HIV also have HCV infection. Estimates of HCV/HIV coinfection in the United States have been cited as 21% but have ranged from 6% to 30% with high variability based on the distribution of HIV transmission risk factors.

The potential for rapid spread of HIV among this population of PWID was realized during a 2015 outbreak in rural Scott County, Indiana. In January 2015, disease intervention specialists reported 11 new cases of confirmed HIV infection epidemiologically linked through injection drug use; by comparison, only 5 HIV infections had been diagnosed in this county in the prior 10 years (2004–2013). By November 2015, 181 new cases of HIV had been diagnosed; 92% of infected persons were coinfected with HCV. In this outbreak among PWID, HCV infection typically preceded HIV infection, representing an important opportunity for HIV prevention. HCV among PWID is often an indicator of syringe-sharing, which also increases HIV risk. Empirical evidence and program evaluation data in California has shown that offering HCV testing increases acceptability and utilization of HIV testing among PWID.

Finally, people who are living with or are at risk for HIV are disproportionately impacted by mpox. Mitigation of mpox severity and transmission through vaccination is a core priority in California since approximately 40% of mpox cases in California in 2023 were among people with HIV. People with HIV, particularly those with a low CD4 cell count or those not receiving antiretroviral therapy, are at higher risk for severe mpox and even death.

Evidence for increasing STI, HCV and mpox incidence and prevalence in HIV-negative men seen in HIV PrEP clinics has also led to current recommendations to monitor for STIs, HCV and mpox as part of PrEP care. For this reason, it is critical that HIV prevention funds also incorporate these preventive services.

The syndemic of HIV, STIs, HCV and mpox from sexual and/or bloodborne transmission highlights the need for a syndemic approach to risk reduction. Given this context, LHJ disease investigators, epidemiologists, clinicians, and other program and grant managers play a critical role in identifying and responding to cases of HIV, STIs, HCV, and mpox, as well as reaching their partners. This work is essential for identifying those at greatest risk for HIV for expanding prevention, conducting investigations, monitoring disease trends, ensuring treatment, linking individuals and their partners to care and prevention are vital strategies for controlling the spread of HIV, STIs, HCV and mpox in California.

Funding will be allocated to sixty-one (61) local health jurisdictions (LHJ).

CDPH/STDCB included the following factors in the allocation model:

- These funds will maintain the disease intervention specialist workforce across 61 LHJs and ensure the continuation of essential services to prevent and control HIV, STIs, HCV, and mpox.

- The original 2021 cycle of grant funds were allocated to LHJs using the United States Census Community Resilience Estimates (details about what is included is available) or the Social Vulnerability Index. CDPH/STDCB used the Community Resilience Estimates since that is what CDC used to distribute the funds to states. There is an expectation that the most vulnerable communities will be supported, rather than focusing on morbidity.
- This information was presented, and approval was provided by the California Conference of Local Health Officers and County Health Executives Association of California.
- Local deliverables with these funds will include activities related to expanded access to HIV/STI/HCV/mpox screening, testing, prevention services and materials for at risk populations. Activities should include increasing awareness and access to HIV/STI/HCV/mpox services, monitoring and responding to disease trends, delivering clinical expertise, providing timely treatment and prevention, notifying and providing partner services, linking patient and partners to prevention and care services including in atypical settings such as emergency departments and correctional facilities, and responding to outbreaks.
- Hiring priority should be given to front-line public health workforce DIS, DIS supervisors, PH nursing or other clinical, epidemiological staff and other roles that support the success of front-line DIS prevention, disease response and outbreak efforts.
- According to the 2018 Infrastructure Survey of local STD programs, the average salary of DIS, including DIS Supervisors, ranges between $38,048 to $131,418.

Authority for this new funding can be found at:

Bill Text: CA AB 116 | 2025-2026 | Regular Session | Chaptered:
https://legiscan.com/CA/text/AB116/id/3260237
SEC. 118.

AIDS Drug Assistance Program Rebate Fund:
https://leginfo.legislature.ca.gov/faces/codes_displaySection.xhtml?sectionNum=120956.&lawCode=HSC
Chapter 228, Statues of 2004 (SB 1103)
Health and Safety Code section 120956

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DIS Workforce Development Grant
Funding Allocation List
FY 2025 - 2030

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Alameda County* (excluding Berkeley)	$151,477	$302,953	$302,953	$302,953	$302,953	$1,363,289
Alpine County**	$50,072	$100,143	$100,143	$100,143	$100,143	$450,644
Amador County	$52,575	$105,149	$105,149	$105,149	$105,149	$473,171
City of Berkeley	$58,217	$116,434	$116,434	$116,434	$116,434	$523,953
Butte County	$65,365	$130,729	$130,729	$130,729	$130,729	$588,281
Calaveras County	$53,139	$106,278	$106,278	$106,278	$106,278	$478,251
Colusa County	$51,238	$102,475	$102,475	$102,475	$102,475	$461,138
Contra Costa County	$121,677	$243,353	$243,353	$243,353	$243,353	$1,095,089
Del Norte County	$51,488	$102,976	$102,976	$102,976	$102,976	$463,392
El Dorado County	$60,168	$120,336	$120,336	$120,336	$120,336	$541,512
Fresno County	$126,319	$252,638	$252,638	$252,638	$252,638	$1,136,871
Glenn County	$51,739	$103,477	$103,477	$103,477	$103,477	$465,647
Humboldt County	$58,484	$116,968	$116,968	$116,968	$116,968	$526,356
Imperial County	$65,258	$130,516	$130,516	$130,516	$130,516	$587,322
Inyo County	$51,240	$102,480	$102,480	$102,480	$102,480	$461,160
Kern County	$112,648	$225,296	$225,296	$225,296	$225,296	$1,013,832
Kings County	$60,040	$120,080	$120,080	$120,080	$120,080	$540,360
Lake County	$54,245	$108,490	$108,490	$108,490	$108,490	$488,205
Lassen County	$51,415	$102,830	$102,830	$102,830	$102,830	$462,735
City of Long Beach	$84,584	$169,168	$169,168	$169,168	$169,168	$761,256
Madera County	$60,726	$121,451	$121,451	$121,451	$121,451	$546,530
Marin County	$64,953	$129,905	$129,905	$129,905	$129,905	$584,573
Mariposa County	$51,192	$102,384	$102,384	$102,384	$102,384	$460,728
Mendocino County	$56,568	$113,136	$113,136	$113,136	$113,136	$509,112
Merced County	$68,407	$136,814	$136,814	$136,814	$136,814	$615,663
Modoc County	$50,561	$101,122	$101,122	$101,122	$101,122	$455,049
Mono County	$50,721	$101,442	$101,442	$101,442	$101,442	$456,489
Monterey County	$80,704	$161,408	$161,408	$161,408	$161,408	$726,336
Napa County	$60,274	$120,548	$120,548	$120,548	$120,548	$542,466
Nevada County	$56,335	$112,670	$112,670	$112,670	$112,670	$507,015
Orange County	$281,829	$563,657	$563,657	$563,657	$563,657	$2,536,457
City of Pasadena	$62,215	$124,429	$124,429	$124,429	$124,429	$559,931
Placer County	$72,639	$145,278	$145,278	$145,278	$145,278	$653,751
Plumas County	$51,441	$102,882	$102,882	$102,882	$102,882	$462,969
Riverside County	$210,045	$420,089	$420,089	$420,089	$420,089	$1,890,401
Sacramento County	$157,158	$314,315	$314,315	$314,315	$314,315	$1,414,418
San Benito County	$53,869	$107,738	$107,738	$107,738	$107,738	$484,821
San Bernardino County	$189,238	$378,476	$378,476	$378,476	$378,476	$1,703,142
San Diego County	$261,726	$523,452	$523,452	$523,452	$523,452	$2,355,534
San Joaquin County	$105,371	$210,741	$210,741	$210,741	$210,741	$948,335
San Luis Obispo County	$68,134	$136,267	$136,267	$136,267	$136,267	$613,202
San Mateo County	$98,628	$197,256	$197,256	$197,256	$197,256	$887,652
Santa Barbara County	$81,529	$163,058	$163,058	$163,058	$163,058	$733,761
Santa Clara County	$168,935	$337,870	$337,870	$337,870	$337,870	$1,520,415
Santa Cruz County	$67,652	$135,303	$135,303	$135,303	$135,303	$608,864
Shasta County	$60,413	$120,826	$120,826	$120,826	$120,826	$543,717

DIS Workforce Development Grant
Funding Allocation List
FY 2025 - 2030

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Sierra County	$50,246	$100,492	$100,492	$100,492	$100,492	$452,214
Siskiyou County	$53,145	$106,289	$106,289	$106,289	$106,289	$478,301
Solano County	$77,710	$155,420	$155,420	$155,420	$155,420	$699,390
Sonoma County	$83,360	$166,720	$166,720	$166,720	$166,720	$750,240
Stanislaus County	$89,018	$178,035	$178,035	$178,035	$178,035	$801,158
Sutter County	$56,378	$112,756	$112,756	$112,756	$112,756	$507,402
Tehama County	$53,900	$107,799	$107,799	$107,799	$107,799	$485,096
Trinity County	$50,991	$101,982	$101,982	$101,982	$101,982	$458,919
Tulare County	$84,401	$168,801	$168,801	$168,801	$168,801	$759,605
Tuolumne County	$53,419	$106,838	$106,838	$106,838	$106,838	$480,771
Ventura County	$108,138	$216,276	$216,276	$216,276	$216,276	$973,242
Yolo County	$64,028	$128,056	$128,056	$128,056	$128,056	$576,252
Yuba County	$54,803	$109,606	$109,606	$109,606	$109,606	$493,227
Los Angeles	$3,299,258	$6,598,516	$6,598,516	$6,598,516	$6,598,516	$29,693,322
San Francisco	$1,123,180	$2,246,359	$2,246,359	$2,246,359	$2,246,359	$10,108,616
Total	**$9,324,626.00**	**$18,649,231**	**$18,649,231**	**$18,649,231**	**$18,649,231**	**$83,921,550**

**City estimates were calculated using census tracts. Alameda Health Department estimates do not include Berkeley census tracts in the formula.*

Exhibit B
Budget Detail and Payment Provisions

1. Invoicing and Payment

A. Upon completion of Grant Activities and upon receipt and approval of the invoices, the State agrees to reimburse the Grantee for activities performed and expenditures incurred in accordance with the total amount of this Agreement.

B. Invoices shall include the Grant Number and shall be submitted electronically not more frequently than quarterly in arrears to:

Adriana Cervantes
California Department of Public Health
STD Control Branch
MS 7320
P.O. Box 997377-7377
Sacramento, CA 95899-7377

Electronic invoice submissions can be transmitted via email to Adriana.Cervantes@cdph.ca.gov with a cc to STDLHJInvoices@cdph.ca.gov.

C. Invoices shall:

1) Be prepared on Grantee letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with the Grant Activities under this Grant.
2) Bear the Grantee's name as shown on the Grant.
3) Identify the billing and /or performance period covered by the invoice.
4) Itemize costs for the billing period in the same or greater level of detail as indicated in this Grant. Subject to the terms of this Grant, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable and approved by CDPH.

D. Amount awarded under this Grant is identified in the CDPH 1229 Grant Agreement.

Exhibit B
Budget Detail and Payment Provisions

2. Budget Contingency Clause

A. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to fulfill any provisions of this Agreement.

B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an Agreement amendment to Grantee to reflect the reduced amount.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Timely Submission of Final Invoice

A. A final undisputed invoice shall be submitted for payment no more than forty-five (45) calendar days following the expiration or termination date of this Grant, unless a later or alternate deadline is agreed to in writing by the Grant Manager. Said invoice should be clearly marked “Final Invoice”, indicating that all payment obligations of the State under this Grant have ceased and that no further payments are due or outstanding.

B. The State may, at its discretion, choose not to honor any delinquent final invoice if the Grantee fails to obtain prior written State approval of an alternate final invoice submission deadline.

5. Travel and Per Diem Reimbursement

Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the State of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation. The total budget for out-of-state travel shall not exceed five (5) percent of the total annual budget of this Grant.

Exhibit B
Budget Detail and Payment Provisions

6. Proper Use of Funds

A. The funds for this Grant Agreement may be used for the following items, with supportive justification, tracking, and reporting of outcomes:
   1) Local health jurisdiction workforce members to support DIS workforce development activities.
   2) Out-of-state travel to conferences and meetings. Travel costs may include travel and per diem for funded staff (including staff listed in the budget as in-kind) to attend conferences, or other national forums as relevant. Prior written approval for out-of-state travel must be obtained from CDPH and shall not exceed five (5) percent of the total annual budget of this Grant Agreement.
   3) In-state travel to support local capacity building. This includes training course fees, travel, and per diem to support enhancement of knowledge, skills, and abilities of disease intervention specialist workforce development activities.
   4) Costs associated with HIV/ STIs/HCV and mpox testing and treatment services and supplies.
   5) Provider education materials.
   6) Client education materials.
   7) The lease or other operational and maintenance support of vehicles or mobile testing units.
      a. The Grantee shall only use said vehicles for the performance of activities under the terms of this Agreement.
      b. The Grantee agrees that all operators of motor vehicles reimbursed by CDPH under the terms of this Agreement shall hold a valid State of California driver's license. In the event that ten or more passengers are to be transported in any one vehicle, the Grantee shall ensure that anyone operating said vehicles possesses a State of California Class B Commercial Driver’s License and holds a Passenger Transport endorsement, if required by law.
      c. If any motor vehicle costs are reimbursed by CDPH under the terms of this Agreement, the Grantee, as applicable, shall provide, maintain, and certify that, at a minimum, the following type and amount of automobile liability insurance is in effect during the term of this Agreement or any extension period during which any vehicle remains in the Grantee's possession:
         i. The Grantee, by signing this Agreement, hereby certifies that it possesses or will obtain automobile liability insurance in the amount of $1,000,000 per occurrence for bodily injury and property damage combined or more if required by law for the vehicle type. Said insurance must be obtained and made effective upon the delivery date of any motor vehicle reimbursed with Agreement funds by CDPH under the terms of this Agreement to the Grantee.
         ii. The Grantee shall furnish a copy of the certificate of insurance to the Grant Manager within thirty (30) days of leasing the motor vehicle.

iii. The Grantee agrees that bodily injury and property damage liability insurance, as required herein, shall remain in effect at all times during the term of this Agreement and any extension period.
iv. The Grantee agrees to provide to the Grant Manager at least thirty (30) days prior to the expiration date of said insurance coverage a copy of a new certificate of insurance evidencing continued coverage, as indicated herein for not less than the remainder of the term of this agreement, the term of any extension or continuation thereof, or for a period of not less than one (1) year.
v. In the event the Grantee fails to maintain insurance coverage as required herein in effect at all times during vehicle possession, CDPH may, in addition to any other remedies it may have, terminate this Agreement.

B. The funds for this Grant Agreement may be used for the following items, with supportive justification, tracking, and reporting of outcomes:
   a. Incentives such as low value gift cards (e.g., Walmart, Safeway, transportation vouchers), and/or other HIV/ STIs/HCV/ and mpox-related incentives (e.g., sleeping bags, tarps, clothing items, and hygiene kits). Client incentives, such as low value gift cards, may be approved as Behavioral Modification Materials (BMM). BMMs are provided to program participants to motivate and/or reinforce positive behavior and/or involvement in HIV/ STIs/HCV/ and mpox control and prevention activities.
      b. All proposals for incentives must be submitted to CDPH STDCB for review prior to purchase and project implementation.
   c. The value of the gift card incentive is limited to $50.00 of merchandise per person per intervention (e.g., client attendance for syphilis treatment at $25.00 for each Bicillin injection).
   d. Current CDPH approvals require the BMM to be justified with scientific proof of behavior change, and be accompanied by a targeted distribution plan, incentive tracking log, and reporting of incentive distribution.
   e. Incentives cannot be used for the purchase of alcohol, tobacco, firearms, lottery tickets or drug or cannabis products.
   f. There is no prepayment for incentives. The Grantee will only be reimbursed for the total cost of incentives distributed during each quarter.
   g. The Grantee is responsible for the possession, security (e.g., will keep the BMMs or in a secure location), and accountability of the BMMs. The Grantee will complete a Distribution and Tracking log that will track and identify the date purchased, product name, product type, quantity, product number, denomination, total cost, recipient information, reason for distribution and date distributed for each of the BMMs. A copy of the Distribution and Tracking Log must be submitted with the quarterly invoice. The Distribution and Tracking Log must be kept for a minimum of five (5) years after the termination or expiration of the Grant. CDPH reserves the right to conduct audit of such log sheet on a once per year basis and agrees to provide prior notification to the Grantee within a reasonable time frame for the scheduling of said audit.

Exhibit B
Budget Detail and Payment Provisions

C. The funds for this Grant Agreement cannot be used for:
   1) Stuff We All Get (SWAG) - The purchase of free promotional items for health promotion events including but not limited to pens, mugs, t-shirts, posters, key chains, bumper stickers, etc. This provision is in accordance with the California State Constitution, Article 16, section 6, which prohibits any gifting of public funds.
   2) Individual prizes or high value incentives (e.g., iPads, iPhones) for health promotion competitions.
   3) Cash incentives paid to an individual.
   4) Scholarships paid to an individual or a school on behalf of an individual.
   5) Food (e.g., sponsored lunch or dinner at provider education sessions, brown bag lunches, buffets at screening events).
   6) Construction, renovation, improvement, or repair of property.

EXHIBIT C

STANDARD GRANT CONDITIONS

1. **APPROVAL:** This Grant is of no force or effect until signed by both parties and approved by the Department of General Services, if required. The Grantee may not commence performance until such approval has been obtained

2. **AMENDMENT:** No amendment or variation of the terms of this Grant shall be valid unless made in writing, signed by the parties, and approved as required. No oral understanding or Agreement not incorporated in the Grant is binding on any of the parties. In no case shall the Department materially alter the scope of the Project set forth in Exhibit A.

3. **ASSIGNMENT:** This Grant is not assignable by the Grantee, either in whole or in part, without the written consent of the Grant Manager in the form of a written amendment to the Grant.

4. **AUDIT:** Grantee agrees that the Department, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to this Grant. Grantee agrees to maintain such records for a possible audit for a minimum of three (3) years after final payment or completion of the project funded with this Grant, unless a longer period of records retention is stipulated. Grantee agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Grantee agrees to include a similar right of the State to audit records and interview staff in any subcontract related to the project.

5. **CONFLICT OF INTEREST:** Grantee certifies that it is in compliance with all applicable state and/or federal conflict of interest laws.

6. **INDEMNIFICATION**: Grantee agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the project, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Grantee in the performance of any activities related to the Project.

7. **FISCAL MANAGEMENT SYSTEMS AND ACCOUNTING STANDARDS:** Grantee agrees that, at a minimum, its fiscal control and accounting procedures will be sufficient to permit tracing of all grant funds to a level of expenditure adequate to establish that such funds have not been used in violation of any applicable state or federal law, or the provisions of this Grant. Grantee further agrees that it will maintain separate Project accounts in accordance with generally accepted accounting principles.

8. **GOVERNING LAW:** This Grant is governed by and shall be interpreted in accordance with the laws of the State of California.

9. **INCOME RESTRICTIONS:** Grantee agrees that any refunds, rebates, credits, or other amounts (including any interest thereon) accruing to or received by the Grantee under this Grant shall be paid by the Grantee to the Department, to the extent that they are properly allocable to costs for which the Grantee has been reimbursed by the Department under this Grant.

10. **INDEPENDENT CONTRACTOR:** Grantee, and its agents and employees of Grantee, in the performance of the Project, shall act in an independent capacity and not as officers, employees or agents of the Department.

11. **MEDIA EVENTS:** Grantee shall notify the Department's Grant Manager in writing at least twenty (20) working days before any public or media event publicizing the accomplishments and/or results of the Project and provide the opportunity for attendance and participation by Department's representatives.

12. **NO THIRD-PARTY RIGHTS:** The Department and Grantee do not intend to create any rights or remedies for any third- party as a beneficiary of this Grant or the project.

13. **NOTICE:** Grantee shall promptly notify the Department's Grant Manager in writing of any events, developments or changes that could affect the completion of the project or the budget approved for this Grant.

14. **PROFESSIONALS:** Grantee agrees that only licensed professionals will be used to perform services under this Grant where such services are called for.

15. **RECORDS:** Grantee certifies that it will maintain Project accounts in accordance with generally accepted accounting principles. Grantee further certifies that it will comply with the following conditions for a grant award as set forth in the Request for Applications (Exhibit D) and the Grant Application (Exhibit A).

    A. Establish an official file for the Project which shall adequately document all significant actions relative to the Project;
    B. Establish separate accounts which will adequately and accurately depict all amounts received and expended on this Project, including all grant funds received under this Grant;
    C. Establish separate accounts which will adequately depict all income received which is attributable to the Project, especially including any income attributable to grant funds disbursed under this Grant;
    D. Establish an accounting system which will adequately depict final total costs of the Project, including both direct and indirect costs; and,
    E. Establish such accounts and maintain such records as may be necessary for the state to fulfill federal reporting requirements, including any and all reporting requirements under federal tax statutes or regulations.

16. **RELATED LITIGATION:** Under no circumstances may Grantee use funds from any disbursement under this Grant to pay for costs associated with any litigation between the Grantee and the Department.

17. RIGHTS IN DATA: Grantee and the Department agree that all data, plans, drawings, specifications, reports, computer programs, operating manuals, notes, and other written or graphic work submitted under Exhibit A in the performance of the Project funded by this Grant shall be in the public domain. Grantee may disclose, disseminate and use in whole or in part, any final form data and information received, collected, and developed under this Project, subject to appropriate acknowledgment of credit to the Department for financial support. Grantee shall not utilize the materials submitted to the Department (except data) for any profit making venture or sell or grant rights to a third-party who intends to do so. The Department has the right to use submitted data for all governmental purposes.

18. VENUE: (This provision does not apply to Local Governmental Entities)

The Department and Grantee agree that any action arising out of this Grant shall be filed and maintained in the Superior Court, California. Grantee waives any existing sovereign immunity for the purposes of this Grant, if applicable.

19. STATE-FUNDED RESEARCH GRANTS:

A. Grantee shall provide for free public access to any publication of a department-funded invention or department-funded technology. Grantee further agrees to all terms and conditions required by the California Taxpayer Access to Publicly Funded Research Act (Chapter 2.5 (commencing with Section 13989) of Part 4.5 of Division 3 of Title 2 of the Government Code).

B. As a condition of receiving the research grant, Grantee agrees to the following terms and conditions which are set forth in Government Code section 13989.6 ("Section 13989.6"):

1) Grantee is responsible for ensuring that any publishing or copyright agreements concerning submitted manuscripts fully comply with Section 13989.6.

2) Grantees shall report to the Department the final disposition of the research grant, including, but not limited to, if it was published, when it was published, where it was published, when the 12-month time period expires, and where the manuscript will be available for open access.

3) For a manuscript that is accepted for publication in a peer-reviewed journal, the Grantee shall ensure that an electronic version of the peer-reviewed manuscript is available to the department and on an appropriate publicly accessible database approved by the Department, including, but not limited to, the University of California's eScholarship Repository at the California Digital Library, PubMed Central, or the California Digital Open Source Library, to be made publicly available not later than 12 months after the official date of publication. Manuscripts submitted to the California Digital Open Source Library shall be exempt from the requirements in subdivision (b) of Section 66408 of the Education Code. Grantee shall make reasonable efforts to comply with this requirement by ensuring that their manuscript is accessible on an approved publicly accessible database, and notifying the Department that the manuscript is available on a department-approved database. If Grantee is unable to ensure that their manuscript is accessible on an approved publicly accessible database, Grantee may comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

4) For publications other than those described inparagraph B.3 above,, including meeting abstracts, Grantee shall comply by providing the manuscript to the Department not later than 12 months after the official date of publication.

5) Grantee is authorized to use grant money for publication costs, including fees charged by a publisher for color and page charges, or fees for digital distribution.

Exhibit D
Additional Provisions

1. Cancellation / Termination

A. This Grant may be cancelled by CDPH without cause upon thirty (30) calendar days advance written notice to the Grantee.

B. CDPH reserves the right to cancel or terminate this Grant immediately for cause. The Grantee may submit a written request to terminate this Grant only if CDPH substantially fails to perform its responsibilities as provided herein.

C. The term "for cause" shall mean that the Grantee fails to meet the terms, conditions, and/or responsibilities of this agreement. Causes for termination include, but are not limited to the following occurrences:

1) If the Grantee knowingly furnishes any statement, representation, warranty, or certification in connection with the agreement, which representation is materially false, deceptive, incorrect, or incomplete.

2) If the Grantee fails to perform any material requirement of this Grant or defaults in performance of this agreement.

3) If the Grantee files for bankruptcy, or if CDPH determines that the Grantee becomes financially incapable of completing this agreement.

D. Grant termination or cancellation shall be effective as of the date indicated in CDPH's notification to the Grantee. The notice shall stipulate any final performance, invoicing or payment requirements.

E. In the event of early termination or cancellation, the Grantee shall be entitled to compensation for services performed satisfactorily under this agreement and expenses incurred up to the date of cancellation and any non-cancelable obligations incurred in support of this Grant.

F. In the event of termination, and at the request of CDPH, the Grantee shall furnish copies of all proposals, specifications, designs, procedures, layouts, copy, and other materials related to the services or deliverables provided under this Grant, whether finished or in progress on the termination date.

G. The Grantee will not be entitled to reimbursement for any expenses incurred for services and deliverables pursuant to this agreement after the effective date of termination.

H. Upon receipt of notification of termination of this Grant, and except as otherwise specified by CDPH, the Grantee shall:

1) Place no further order or subgrants for materials, services, or facilities.

Exhibit D
Additional Provisions

2) Settle all outstanding liabilities and all claims arising out of such termination of orders and subgrants.

3) Upon the effective date of termination of the Grant and the payment by CDPH of all items properly changeable to CDPH hereunder, Grantee shall transfer, assign and make available to CDPH all property and materials belonging to CDPH, all rights and claims to any and all reservations, grants, and arrangements with owners of media/PR materials, or others, and shall make available to CDPH all written information regarding CDPH's media/PR materials, and no extra compensation is to be paid to Grantee for its services.

4) Take such action as may be necessary, or as CDPH may specify, to protect and preserve any property related to this agreement which is in the possession of the Grantee and in which CDPH has or may acquire an interest.

I. CDPH may, at its discretion, require the Grantee to cease performance of certain components of the Scope of Work as designated by CDPH and complete performance of other components prior to the termination date of the Grant.

2. Avoidance of Conflicts of Interest by Grantee

A. CDPH intends to avoid any real or apparent conflict of interest on the part of the Grantee, subgrants, or employees, officers and directors of the Grantee or subgrants. Thus, CDPH reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Grantee to submit additional information or a plan for resolving the conflict, subject to CDPH review and prior approval.

B. Conflicts of interest include, but are not limited to:

1) An instance where the Grantee or any of its subgrants, or any employee, officer, or director of the Grantee or any subgrant or has an interest, financial or otherwise, whereby the use or disclosure of information obtained while performing services under the grant would allow for private or personal benefit or for any purpose that is contrary to the goals and objectives of the grant.

2) An instance where the Grantee's or any subgrant's employees, officers, or directors use their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business or other ties.

C. If CDPH is or becomes aware of a known or suspected conflict of interest, the Grantee will be given an opportunity to submit additional information or to resolve the conflict. A Grantee with a suspected conflict of interest will have five (5) working days from the date of notification of the conflict by CDPH to provide complete

information regarding the suspected conflict. If a conflict of interest is determined to exist by CDPH and cannot be resolved to the satisfaction of CDPH, the conflict will be grounds for terminating the grant. CDPH may, at its discretion upon receipt of a written request from the Grantee, authorize an extension of the timeline indicated herein.

3. Dispute Resolution Process

A. A Grantee grievance exists whenever there is a dispute arising from CDPH's action in the administration of an agreement. If there is a dispute or grievance between the Grantee and CDPH, the Grantee must seek resolution using the procedure outlined below.

1) The Grantee should first informally discuss the problem with the CDPH Program Grant Manager. If the problem cannot be resolved informally, the Grantee shall direct its grievance together with any evidence, in writing, to the program Branch Chief. The grievance shall state the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought. The Branch Chief shall render a decision within ten (10) working days after receipt of the written grievance from the Grantee. The Branch Chief shall respond in writing to the Grantee indicating the decision and reasons therefore. If the Grantee disagrees with the Branch Chief's decision, the Grantee may appeal to the second level.

2) When appealing to the second level, the Grantee must prepare an appeal indicating the reasons for disagreement with Branch Chief's decision. The Grantee shall include with the appeal a copy of the Grantee's original statement of dispute along with any supporting evidence and a copy of the Branch Chief's decision. The appeal shall be addressed to the Deputy Director of the division in which the branch is organized within ten (10) working days from receipt of the Branch Chief's decision. The Deputy Director of the division in which the branch is organized or his/her designee shall meet with the Grantee to review the issues raised. A written decision signed by the Deputy Director of the division in which the branch is organized or his/her designee shall be directed to the Grantee within twenty (20) working days of receipt of the Grantee's second level appeal.

B. If the Grantee wishes to appeal the decision of the Deputy Director of the division in which the branch is organized or his/her designee, the Grantee shall follow the procedures set forth in Division 25.1 (commencing with Section 38050) of the Health and Safety Code and the regulations adopted thereunder. (Title 1, Division 2, Chapter 2, Article 3 (commencing with Section 1140) of the California Code of Regulations).

C. Disputes arising out of an audit, examination of an agreement or other action not covered by subdivision (a) of Section 20204, of Chapter 2.1, Title 22, of the California Code of Regulations, and for which no procedures for appeal are provided in statute, regulation or the Agreement, shall be handled in accordance with the

procedures identified in Sections 51016 through 51047, Title 22, California Code of Regulations.

D. Unless otherwise stipulated in writing by CDPH, all dispute, grievance and/or appeal correspondence shall be directed to the CDPH Grant Manager.

E. There are organizational differences within CDPH's funding programs and the management levels identified in this dispute resolution provision may not apply in every contractual situation. When a grievance is received and organizational differences exist, the Grantee shall be notified in writing by the CDPH Grant Manager of the level, name, and/or title of the appropriate management official that is responsible for issuing a decision at a given level.

4. Executive Order N-6-22 - Economic Sanctions

On March 4, 2022, Governor Gavin Newsom issued Executive Order N-6-22 (the EO) regarding Economic Sanctions against Russia and Russian entities and individuals. "Economic Sanctions" refers to sanctions imposed by the U.S. government in response to Russia's actions in Ukraine, as well as any sanctions imposed under state law. The EO directs state agencies to terminate contracts with, and to refrain from entering any new contracts with, individuals or entities that are determined to be a target of Economic Sanctions. Accordingly, should the State determine Contractor is a target of Economic Sanctions or is conducting prohibited transactions with sanctioned individuals or entities, that shall be grounds for termination of this agreement. The State shall provide Contractor advance written notice of such termination, allowing Contractor at least 30 calendar days to provide a written response. Termination shall be at the sole discretion of the State.

5. Insurance Requirements

A. General Provisions Applying to All Policies

1. Coverage Term – Coverage needs to be in force for the complete term of the Agreement. If insurance expires during the term of the Agreement, a new certificate and required endorsements must be received by the State at least ten (10) business days prior to the expiration of this insurance. Any new insurance must comply with the original Agreement terms.

2. Policy Cancellation or Termination and Notice of Non-Renewal – Contractor shall provide to the CDPH within five (5) business days following receipt by Contractor a copy of any cancellation or non-renewal of insurance required by this Contract. In the event Contractor fails to keep in effect at all times the specified insurance coverage, the CDPH may, in addition to any other remedies it may have, terminate this Contract upon the occurrence of such event, subject to the provisions of this Contract.

Exhibit D
Additional Provisions

3. Premiums, Assessments and Deductibles – Contractor is responsible for any premiums, policy assessments, deductibles or self-insured retentions contained within their insurance program.

4. Primary Clause – Any required insurance contained in this Agreement shall be primary and not excess or contributory to any other insurance carried by the CDPH.

5. Insurance Carrier Required Rating – All insurance companies must carry an AM Best rating of at least "A–" with a financial category rating of no lower than VI. If Contractor is self-insured for a portion or all of its insurance, review of financial information including a letter of credit may be required.

6. Endorsements – Any required endorsements requested by the CDPH must be physically attached to all requested certificates of insurance and not substituted by referring to such coverage on the certificate of insurance.

7. Inadequate Insurance – Inadequate or lack of insurance does not negate Contractor's obligations under the Agreement.

8. Use of Subcontractors - In the case of Contractor's utilization of Subcontractors to complete the contracted scope of work, Contractor shall include all Subcontractors as insured under Contractor's insurance or supply evidence of the Subcontractor's insurance to the CDPH equal to policies, coverages, and limits required of Contractor.

B. Insurance Coverage Requirements

Contractor shall display evidence of certificate of insurance evidencing the following coverage:

1. Commercial General Liability – Contractor shall maintain general liability with limits not less than $1,000,000 per occurrence for bodily injury and property damage combined with a $2,000,000 annual policy aggregate. The policy shall include coverage for liabilities arising out of premises, operations, independent Contractors, products, completed operations, personal and advertising injury, and liability assumed under an insured Agreement. This insurance shall apply separately to each insured against whom claim is made or suit is brought subject to Contractor's limit of liability. The policy shall be endorsed to include, "The State of California, its officers, agents and employees, are included as additional insured, but only with respect to work performed for the state of California under this agreement." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

2. Automobile Liability (when required) – Contractor shall maintain motor vehicle liability insurance with limits not less than $1,000,000 combined single limit per accident. Such insurance shall cover liability arising out of a motor vehicle including owned, hired and non-owned motor vehicles. Should the scope of the

Exhibit D
Additional Provisions

Agreement involve transportation of hazardous materials, evidence of an MCS-90 endorsement is required. The policy shall be endorsed to include, "The State of California, its officers, agents and employees, are included as additional insured, but only with respect to work performed for the state of California under this agreement." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

3. Worker's Compensation and Employer's Liability (when required) – Contractor shall maintain statutory worker's compensation and employer's liability coverage for all its employees who will be engaged in the performance of the Agreement. Employer's liability limits of $1,000,000 are required. When work is performed on State owned or controlled property the policy shall contain a waiver of subrogation endorsement in favor of the State. This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

4. Professional Liability (when required) – Contractor shall maintain professional liability covering any damages caused by a negligent error act or omission with limits not less than $1,000,000 per occurrence and $1,000,000 policy aggregate. The policy's retroactive date must be displayed on the certificate of insurance and must be before the date this Agreement was executed or before the beginning of Agreement work.

5. Environmental/Pollution Liability (when required) – Contractor shall maintain pollution liability for limits not less than $1,000,000 per claim covering Contractor's liability for bodily injury, property damage and environmental damage resulting from pollution and related cleanup costs incurred arising out of the work or services to be performed under this Agreement. Coverage shall be provided for both work performed on site as well as transportation and proper disposal of hazardous materials. The policy shall be endorsed to include, "The State of California, its officers, agents and employees, are included as additional insured, but only with respect to work performed for the state of California under this agreement." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

6. Aircraft Liability (when required) - Contractor shall maintain aircraft liability with a limit not less than $3,000,000. The policy shall be endorsed to include, "The State of California, its officers, agents and employees, are included as additional insured, but only with respect to work performed for the state of California under this agreement." This endorsement must be supplied under form acceptable to the Office of Risk and Insurance Management.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

1. Overview

The California Department of Public Health (CDPH) sets forth the following standards and procedures. These standards and procedures specify the conditions for receipt of CDPH local assistance funds under this Grant agreement.

The local health department has the authority for STD Prevention and Control as outlined in the Summary of Regulations Related to STD Prevention and Control Efforts in California. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-ForLocalHealthJurisdictions.aspx

2. Grantee's Responsibilities

The Grantee agrees to:

A. Direct activities toward achieving the program objectives set forth by the CDPH.

B. Use these funds in accordance with any additional guidance set forth by the CDPH regarding the granting, use and reimbursement of the local assistance funds. Additional consideration should be given to other guidance from the Centers for Disease Control and Prevention (CDC) intended to highlight successful HIV, STIs, HCV, and mpox prevention and control strategies or outline California specific initiatives, policies and procedures. Please find relevant programmatic guidance documents on the CDPH STD Control Branch (STDCB) website: https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD.aspx

C. Abide by the most recent standards of care for HIV, STIs, HCV, and mpox screening, treatment, control and prevention as promulgated by:
   1. California Department of Public Health https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDs-ClinicalGuidelines.aspx
   2. Centers for Disease Control and Prevention https://www.cdc.gov/std/

D. Share health advisories, health education materials, outreach, testing and linkage to care and care coordination protocols, and other products created to enhance HIV, STIs, HCV, and mpox awareness, prevention, testing, linkage to care, and care coordination funded with these dollars

with CDPH and other LHJs and community-based organizations (CBOs) in California. The intent of this is to allow duplication (where possible) and cross-jurisdictional reach of successful interventions and activities aimed at the priority populations, clinical providers, and community partners. Source documents should be submitted to CDPH upon completion and with the annual progress report, and upon request from CDPH, as relevant.

E. Submit information and reports as requested by CDPH.

F. Ensure the use of a competitive bid process in the selection of all subgrantees. If the subgrantee is one where the LHJ has a current agreement with, indicate the date the agreement was effective.

3. Reporting Requirements

A. Case Report, Laboratory, and Interview Record

All Grantees shall comply with morbidity reporting requirements for reportable STDs identified in Title 17, California Code of Regulations (CCR) §2500, §2593, §2641.5-2643.20, and §2800 – 20182 Reportable Diseases and Conditions.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/ReportableDiseases.pdf

All Grantees, excluding Los Angeles and San Francisco, must enter HIV, STIs, HCV, and mpox provider reports and laboratory results for their jurisdiction directly into the California Reportable Disease Information Exchange (CalREDIE) system, the CDPH web-based reporting software for notifiable diseases. Interview and investigation data must be entered into either CalREDIE or the California Confidential Network for Contact Tracing (CalCONNECT). Data must be entered into the appropriate tabs and forms in either CalREDIE or CalCONNECT. Submission of hard copy forms for data entry into CalREDIE by CDPH or scanning of case reports, laboratory results, or interview records into the electronic filing cabinet (EFC), sans data entry, will not be accepted. Specific case investigation and report requirements are as follows:

1. Syphilis laboratory tests and confidential morbidity reports should be processed and assigned for investigation according to the California Syphilis Reactor Alert System (SRAS). Some health jurisdictions may have a more nuanced local system for prioritizing reported reactive syphilis tests.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/SyphilisReactorSRASChartAlgorithm.pdf

2. Syphilis cases and Congenital Syphilis (CS) case investigations are to be reported according to updated CDPH protocols on the appropriate case report forms (Syphilis Interview Record or California Congenital Syphilis-CS Case Investigation and Report) found in CalREDIE or CalCONNECT; samples of these forms can be viewed at https://www.cdph.ca.gov/Programs/PSB/Pages/CommunicableDiseaseControl.aspx. Grantees will complete and close investigations in CalREDIE or CalCONNECT within 45 days of initial report to local health department.
3. Grantees will participate in syphilis and CS-specific CalREDIE or CalCONNECT trainings and conduct quality control procedures, including review of cases to ensure appropriate surveillance case definition and reconciliation of case counts.

For additional STD-related CalREDIE help, please email STDCalREDIE@cdph.ca.gov.

For STD case definitions, please visit https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STDCaseDefinitions.aspx

For frequently asked questions, manuals/guidelines, and forms/instructions. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-CalREDIE-Resources.aspx

Los Angeles and San Francisco Grantees must report the data outlined above to CDPH via a secure file transfer protocol (FTP) on a weekly basis. Data will be transmitted using the following formats:

- Case report data to be submitted using the National Electronic Telecommunications System for Surveillance (NETSS) or Message Mapping Guides (MMG) standards.
- Interview record data to be submitted in a format that conforms to the corresponding CalREDIE or CalCONNECT data elements.

Exhibit E

STD Local Assistance Funds – Standards and Procedures

B. Performance Measurement and Program Evaluation

Grantees will submit performance indicators specified in the Grant Activities, including for subcontracted activities. Project specific data reporting requirements and performance indicators will be determined in collaboration with CDPH within the first three months of the project period.

C. Data Security and Confidentiality

To the extent such recommendations are not in conflict with the terms of this Grant agreement, Grantees shall comply with recommendations set forth in CDC's "Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs." http://www.cdc.gov/nchhstp/programintegration/docs/PCSIDataSecurityGuidelines.pdf. Grantees shall have staff complete CDPH required confidentiality and data security training and maintain on file associated confidentiality agreements for each staff person with access to STD data.

D. Outbreak Reporting

The California Code of Regulations (Title 17, Section 2502[c]) directs local health officers to immediately report unusual disease occurrences or outbreaks to CDPH. Reports should be conveyed by calling the CDPH STDCB Office at (510) 620-3400.

F. Performance Progress Reporting

The Annual Performance Progress Report is due no later than 30 days after the end of the budget period. All publications and manuscripts published as a result of the work supported in part or whole by this Grant must be submitted with the performance progress reports. Additionally, health advisories, health education materials, and other products should be submitted. Annual Performance Progress Reports should be submitted to STDLHJContracts@cdph.ca.gov.

4. Rights of California Department of Public Health

A. CDPH reserves the right to use and reproduce all reports and data produced and delivered pursuant to the local assistance awards and reserves the right to authorize others to use or reproduce such materials, provided that the confidentiality of patient information and records is protected pursuant to California State laws and regulations.

Exhibit F

Information Privacy and Security Requirements

This Information Privacy and Security Requirements Exhibit (Exhibit) sets forth the information privacy and security requirements Contractor is obligated to follow with respect to all personal and confidential information (as defined herein) Disclosed to Contractor, or collected, created, maintained, stored, transmitted, or Used by Contractor for or on behalf of the California Department of Public Health (CDPH), pursuant to Contractor's agreement with CDPH. (Such personal and confidential information is referred to herein collectively as CDPH PCI.) CDPH and Contractor desire to protect the privacy and provide for the security of CDPH PCI pursuant to this Exhibit and in compliance with state and federal laws applicable to the CDPH PCI.

I. Order of Precedence: With respect to information privacy and security requirements for all CDPH PCI, the terms and conditions of this Exhibit shall take precedence over any conflicting terms or conditions set forth in any other part of the agreement between Contractor and CDPH, including Exhibit A (Scope of Work), all other exhibits and any other attachments, and shall prevail over any such conflicting terms or conditions.

II. Effect on lower tier transactions: The terms of this Exhibit shall apply to all contracts, subcontracts, and subawards, and the information privacy and security requirements Contractor is obligated to follow with respect to CDPH PCI Disclosed to Contractor, or collected, created, maintained, stored, transmitted, or Used by Contractor for or on behalf of CDPH, pursuant to Contractor's agreement with CDPH. When applicable the Contractor shall incorporate the relevant provisions of this Exhibit into each subcontract or subaward to its agents, subcontractors, or independent consultants.

III. Definitions: For purposes of the agreement between Contractor and CDPH, including this Exhibit, the following definitions shall apply:

A. Breach:

"Breach" means:

1. the unauthorized acquisition, access, Use, or Disclosure of CDPH PCI in a manner which compromises the security, confidentiality, or integrity of the information; or

2. the same as the definition of "breach of the security of the system" set forth in California Civil Code section 1798.29(f).

B. Confidential Information: "Confidential Information" means information that:

1. does not meet the definition of "public records" set forth in California Government code section 7920.530, or is exempt from Disclosure under any of the provisions of Section 7920.000, et seq. of the California Government code or any other applicable state or federal laws; or

2. is contained in documents, files, folders, books, or records that are clearly labeled, marked, or designated with the word "confidential" by CDPH.

C. Disclosure: "Disclosure" means the release, transfer, provision of, access to, or divulging in any manner of information outside the entity holding the information.

Exhibit F
Information Privacy and Security Requirements

D. PCI: "PCI" means "Personal Information" and "Confidential Information" (as these terms are defined herein).

E. Personal Information: "Personal Information" means information, in any medium (paper, electronic, oral) that:

1. directly identifies or uniquely describes an individual; or

2. could be Used in combination with other information to indirectly identify or uniquely describe an individual, or link an individual to the information; or

3. meets the definition of "personal information" set forth in California Civil Code section 1798.3, subdivision (a); or

4. is one of the data elements set forth in California Civil Code section 1798.29, subdivision (g)(1) or (g)(2); or

5. meets the definition of "medical information" set forth in either California Civil Code section 1798.29, subdivision (h)(2) or California Civil Code section 56.05, subdivision (j); or

6. meets the definition of "health insurance information" set forth in California Civil Code section 1798.29, subdivision (h)(3); or

7. is protected from Disclosure under applicable state or federal law.

F. Security Incident: "Security Incident" means:

1. an attempted Breach; or

2. the attempted or successful unauthorized access or Disclosure, modification, or destruction of CDPH PCI, in violation of any state or federal law or in a manner not permitted under the agreement between Contractor and CDPH, including this Exhibit; or

3. the attempted or successful modification or destruction of, or interference with, Contractor's system operations in an information technology system, that negatively impacts the confidentiality, availability, or integrity of CDPH PCI; or

4. any event that is reasonably believed to have compromised the confidentiality, integrity, or availability of an information asset, system, process, data storage, or transmission; or

5. an information Security Incident may also include an event that constitutes a violation or imminent threat of violation of information security policies or procedures, including acceptable use policies.

6. The term "Security Incident" shall not include pings and other broadcast attacks on Contractor's firewall, port scans, unsuccessful log-on attempts, denials of service and any combination of the above, so long as no such incident results in any defeat or circumvention of Contractor's IT security infrastructure or in any unauthorized access to, or Use, or Disclosure of, CDPH PCI.

Exhibit F
Information Privacy and Security Requirements

G. Use: "Use" means the sharing, employment, application, utilization, examination, or analysis of information.

H. Workforce Member(s): "Workforce Member(s)" means an employee, contractor, agent, volunteer, trainee, or other person whose conduct, in the performance of work for Contractor, is under the direct control of Contractor, whether or not they are paid by Contractor. Pursuant to state policy, Workforce Member(s) must only be located in the continental United States.

IV. Use and Disclosure Restrictions: The Contractor and its Workforce Member(s) shall protect from unauthorized Use or Disclosure any CDPH PCI. The Contractor shall not Use or Disclose, except as otherwise specifically permitted by the agreement between Contractor and CDPH (including this Exhibit), any CDPH PCI to anyone other than CDPH personnel or programs without prior written authorization from the CDPH Program Contract Manager, except if Disclosure is required by state or federal law.

V. [Reserved]

VI. Safeguards: The Contractor shall implement administrative, physical, and technical safeguards that reasonably and appropriately protect the privacy, confidentiality, security, integrity, and availability of CDPH PCI, including electronic or computerized CDPH PCI. At each location where CDPH PCI exists under Contractor's control, the Contractor shall develop and maintain a written information privacy and security program that includes administrative, technical, and physical safeguards appropriate to the size and complexity of the Contractor's operations and the nature and scope of its activities in performing its agreement with CDPH, including this Exhibit, and which incorporates the requirements of Section VII, Security, below. Contractor shall provide CDPH with Contractor's current and updated policies within five (5) business days of a request by CDPH for the policies.

VII. Security: The Contractor shall take any and all steps reasonably necessary to ensure the continuous security of all computerized data systems containing CDPH PCI. These steps shall include, at a minimum, complying with all of the data system security precautions listed in the Contractor Data Security Standards set forth in Attachment 1 to this Exhibit.

VIII. Security Officer: At each place where CDPH PCI is located, the Contractor shall designate a Security Officer to oversee its compliance with this Exhibit and to communicate with CDPH on matters concerning this Exhibit.

IX. Training: The Contractor shall provide training on its obligations under this Exhibit, at its own expense, to all of its Workforce Member(s) who assist in the performance of Contractor's obligations under Contractor's agreement with CDPH, including this Exhibit, or otherwise Use or Disclose CDPH PCI.

A. The Contractor shall require Workforce Member(s) who receive training to certify, either in hard copy or electronic form, the date on which the training was completed.

B. The Contractor shall retain Workforce Member(s) certifications for CDPH inspection for a period of three (3) years following contract termination or completion.

C. Contractor shall provide CDPH with its Workforce Member(s)' certifications within five (5) business days of a request by CDPH for the Workforce Member(s)' certifications.

Exhibit F
Information Privacy and Security Requirements

X. Workforce Member(s) Discipline: Contractor shall impose discipline that it deems appropriate (in its sole discretion) on such employees and other Contractor Workforce Member(s) under Contractor's direct control who intentionally or negligently violate any provisions of this Exhibit.

XI. Breach and Security Incident Responsibilities:

A. Notification to CDPH of Breach or Security Incident: The Contractor shall notify CDPH **immediately by telephone and email** upon the discovery of a Breach, and **within twenty-four (24) hours by email** of the discovery of any Security Incident, unless a law enforcement agency determines that the notification will impede a criminal investigation, in which case the notification required by this section shall be made to CDPH immediately after the law enforcement agency determines that such notification will not compromise the investigation. Notification shall be provided to the CDPH Program Contract Manager, the CDPH Privacy Officer and the CDPH Chief Information Security Officer, using the contact information listed in Section XI(F), below. If the Breach or Security Incident is discovered after business hours or on a weekend or holiday and involves CDPH PCI in electronic or computerized form, notification to CDPH shall be provided by calling the CDPH Information Security Office at the telephone numbers listed in Section XI(F), below. For purposes of this Section, Breaches and Security Incidents shall be treated as discovered by Contractor as of the first day on which such Breach or Security Incident is known to the Contractor, or, by exercising reasonable diligence would have been known to the Contractor. Contractor shall be deemed to have knowledge of a Breach if such Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is a Workforce Member(s) or agent of the Contractor.

Contractor shall take:

1. Prompt action to immediately investigate such Breach or Security Incident

2. prompt corrective action to mitigate any risks or damages involved with the Breach or Security Incident and to protect the operating environment; and

3. any action pertaining to a Breach required by applicable state and federal laws, including, specifically, California Civil Code section 1798.29.

B. Investigation of Breach and Security Incidents: The Contractor shall immediately investigate such Breach or Security Incident. As soon as the information is known and subject to the legitimate needs of law enforcement, Contractor shall inform the CDPH Program Contract Manager, the CDPH Privacy Officer, and the CDPH Chief Information Security Officer of:

1. what data elements were involved, and the extent of the data Disclosure or access involved in the Breach, including, specifically, the number of individuals whose Personal Information was Breached;

2. a description of the unauthorized persons known or reasonably believed to have improperly Used the CDPH PCI and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the CDPH PCI, or to whom it is known or reasonably believed to have had the CDPH PCI improperly Disclosed to them;

Exhibit F
Information Privacy and Security Requirements

3. a description of where the CDPH PCI is believed to have been improperly Used or Disclosed;

4. a description of the probable and proximate causes of the Breach or Security Incident; and

5. whether Civil Code section 1798.29 or any other state or federal laws requiring individual notifications of Breaches have been triggered.

C. Written Report(s): The Contractor shall provide written report(s) of the investigation to the CDPH Program Contract Manager, the CDPH Privacy Officer, and the CDPH Chief Information Security Officer as soon as practicable after the discovery of the Breach or Security Incident, and as further requested. The report(s) shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the Breach or Security Incident, and measures to be taken to prevent the recurrence or further Disclosure of CDPH PCI regarding such Breach or Security Incident.

D. Notification to Individuals: If notification to individuals whose information was Breached is required under state or federal law, and regardless of whether Contractor is considered only a custodian and/or non-owner of the CDPH PCI, Contractor shall, at its sole expense, and at the sole election of CDPH, either:

1. make notification to the individuals affected by the Breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal Breach notice laws. Contractor shall inform the CDPH Privacy Officer of the time, manner, and content of any such notifications, prior to the transmission of such notifications to the individuals; or

2. cooperate with and assist CDPH in its notification (including substitute notification) to the individuals affected by the Breach.

E. Submission of Sample Notification to Attorney General: If notification to more than 500 individuals is required pursuant to California Civil Code section 1798.29, and regardless of whether Contractor is considered only a custodian and/or non-owner of the CDPH PCI, Contractor shall, at its sole expense, and at the sole election of CDPH, either:

1. electronically submit a single sample copy of the security breach notification, excluding any personally identifiable information, to the Attorney General pursuant to the format, content and timeliness provisions of Section 1798.29, subdivision (e). Contractor shall inform the CDPH Privacy Officer of the time, manner, and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or

2. cooperate with and assist CDPH in its submission of a sample copy of the notification to the Attorney General.

F. CDPH Contact Information: To direct communications to the above referenced CDPH staff, the Contractor shall initiate contact as indicated herein. CDPH reserves the right to make changes to the contact information below by verbal or written notice to the Contractor. Said changes shall not require an amendment to this Exhibit or the agreement to which it is incorporated.

Exhibit F
Information Privacy and Security Requirements

CDPH Program Contract Manager	CDPH Privacy Officer	CDPH Chief Information Security Officer
See the Scope of Work exhibit for Program Contract Manager	Privacy Officer Privacy Office c/o Office of Legal Services California Dept. of Public Health P.O. Box 997377, MS 0506 Sacramento, CA 95899-7377 Email: privacy@cdph.ca.gov Telephone: (877) 421-9634	Chief Information Security Officer Information Security Office California Dept. of Public Health P.O. Box 997413, MS 6302 Sacramento, CA 95899-7413 Email: CDPH.InfoSecurityOffice@cdph.ca.gov Telephone: (855) 500-0016

XII. Documentation of Disclosures for Requests for Accounting: Contractor shall document and make available to CDPH or (at the direction of CDPH) to an individual such Disclosures of CDPH PCI, and information related to such Disclosures, necessary to respond to a proper request by the subject individual for an accounting of disclosures of Personal Information as required by Civil Code section 1798.25, or any applicable state or federal law.

XIII. Requests for CDPH PCI by Third Parties: The Contractor and its employees, agents, or subcontractors shall promptly transmit to the CDPH Program Contract Manager all requests for Disclosure of any CDPH PCI requested by third parties to the agreement between Contractor and CDPH, unless prohibited from doing so by applicable state or federal law. The only instance in which this would not be required is if the person requesting the information or accounting of disclosures is the individual themselves, seeking information directly from the Contractor as to all records directly held by the Contractor.

XIV. Audits, Inspection and Enforcement: CDPH may inspect the facilities, systems, books, and records of Contractor as it may relate to CDPH, to monitor compliance with this Exhibit. Contractor shall promptly remedy any violation of any provision of this Exhibit and shall certify the same to the CDPH Program Contract Manager in writing.

XV. Return or Destruction of CDPH PCI on Expiration or Termination: Upon expiration or termination of the agreement between Contractor and CDPH for any reason, Contractor shall securely return or destroy the CDPH PCI. If return or destruction is not feasible, Contractor shall provide a written explanation to the CDPH Program Contract Manager, the CDPH Privacy Officer and the CDPH Chief Information Security Officer, using the contact information listed in Section XI (F), above.

A. Retention Required by Law: If required by state or federal law, Contractor may retain, after expiration or termination, CDPH PCI for the time specified as necessary to comply with the law.

B. Obligations Continue Until Return or Destruction: Contractor's obligations under this Exhibit shall continue until Contractor returns or destroys the CDPH PCI or returns the CDPH PCI to CDPH; provided however, that on expiration or termination of the agreement between Contractor and CDPH, Contractor shall not further Use or Disclose the CDPH PCI except as required by state or federal law.

C. Notification of Election to Destroy CDPH PCI: If Contractor elects to destroy the CDPH PCI, Contractor shall certify in writing, to the CDPH Program Contract Manager, the CDPH Privacy

Exhibit F
Information Privacy and Security Requirements

Officer, and the CDPH Chief Information Security Officer, using the contact information listed in Section XI (F), above, that the CDPH PCI has been securely destroyed. The notice shall include the date and type of destruction method used.

XVI. Amendment: The parties acknowledge that state and federal laws regarding information security and privacy rapidly evolve, and that amendment of this Exhibit may be required to provide for procedures to ensure compliance with such laws. The parties specifically agree to take such action as is necessary to implement new standards and requirements imposed by regulations and other applicable laws relating to the security or privacy of CDPH PCI. The parties agree to promptly enter into negotiations concerning an amendment to this Exhibit consistent with new standards and requirements imposed by applicable laws and regulations.

XVII. Assistance in Litigation or Administrative Proceedings: Contractor shall make itself and any subcontractors, Workforce Member(s) or agents assisting Contractor in the performance of its obligations under the agreement between Contractor and CDPH, available to CDPH at no cost to CDPH to testify as witnesses, in the event of litigation or administrative proceedings being commenced against CDPH, its director, officers, or employees based upon claimed violation of laws relating to security and privacy, which involves inactions or actions by the Contractor, except where Contractor or its subcontractor, Workforce Member(s) or agent is a named adverse party.

XVIII. No Third-Party Beneficiaries: Nothing express or implied in the terms and conditions of this Exhibit is intended to confer, nor shall anything herein confer, upon any person other than CDPH or Contractor and their respective successors or assignees, any rights, remedies, obligations, or liabilities whatsoever.

XIX. Interpretation: The terms and conditions in this Exhibit shall be interpreted as broadly as necessary to implement and comply with regulations and applicable state laws. The parties agree that any ambiguity in the terms and conditions of this Exhibit shall be resolved in favor of a meaning that complies and is consistent with state and federal laws and regulations.

XX. Survival: If Contractor does not return or destroy the CDPH PCI upon the completion or termination of the Agreement, the respective rights and obligations of Contractor under Sections VI, VII and XI of this Exhibit shall survive the completion or termination of the agreement between Contractor and CDPH.

Exhibit F
Information Privacy and Security Requirements

Attachment 1
Contractor Data Security Standards

I. Personnel Controls

A. ***Workforce Member(s) Training and Confidentiality.*** Before being allowed access to CDPH PCI, all Contractor's Workforce Member(s) who will be granted access to CDPH PCI must be trained in their security and privacy roles and responsibilities at Contractor's expense and must sign a confidentiality Use statement indicating they will not improperly Use or Disclose the CDPH PCI to which they have access. Training must be on an annual basis. Acknowledgments of completed training and confidentiality statements, which have been signed and dated by Workforce Member(s) must be retained by the Contractor for a period of three (3) years following contract termination. Contractor shall provide the acknowledgements within five (5) business days to CDPH if so requested.

B. ***Workforce Member(s) Discipline.*** Appropriate sanctions, including termination of employment where appropriate, must be applied against Workforce Member(s) who fail to comply with privacy policies and procedures, acceptable Use agreements, or any other provisions of these requirements.

C. ***Workforce Member(s) Assessment.*** Before being permitted access to CDPH PCI, Contractor must assure there is no indication its Workforce Member(s) may present a risk to the security or integrity of CDPH PCI. Contractor shall retain the Workforce Member(s)' assessment documentation for a period of three (3) years following contract termination.

II. Technical Security Controls

A. ***Encryption.***

- All desktop computers and mobile computing devices must be encrypted, in accordance with CDPH Cryptographic Standards or using the latest FIPS 140 validated cryptographic modules.

- All electronic files that contain CDPH PCI must be encrypted when stored on any removable media type device (such as USB thumb drives, CD/DVD, tape backup, etc.), in accordance with CDPH Cryptographic Standards or using the latest FIPS 140 validated cryptographic modules.

- CDPH PCI must be encrypted during data in-transit and at-rest on all public telecommunications and network systems, and at all points not in the direct ownership and control of the Department, in accordance with CDPH Cryptographic Standards or using the latest FIPS 140 validated cryptographic modules.

B. ***Server Security.*** Servers containing unencrypted CDPH PCI must have sufficient local and network perimeter administrative, physical, and technical controls in place to protect the CDPH information asset, based upon a current risk assessment/system security review.

C. ***Minimum Necessary.*** Only the minimum amount of CDPH PCI required to complete an authorized task or workflow may be copied, downloaded, or exported to any individual device.

Exhibit F
Information Privacy and Security Requirements

D. ***Antivirus software.*** Contractor shall employ automatically updated malicious code protection mechanisms (anti-malware programs or other physical or software-based solutions) at its network perimeter and at workstations, servers, or mobile computing devices to continuously monitor and take action against system or device attacks, anomalies, and suspicious or inappropriate activities.

E. ***Patch Management.*** All devices that process or store CDPH PCI must have a documented patch management process. Vulnerability patching for Common Vulnerability Scoring System (CVSS) "Critical" severity ratings (CVSS 9.0 – 10.0) shall be completed within forty-eight (48) hours of publication or availability of vendor supplied patch; "High" severity rated (CVSS 7.0- 8.9) shall be completed within seven (7) calendar days of publication or availability of vendor supplied patch; all other vulnerability ratings (CVSS 0.1 – 6.9) shall be completed within thirty (30) days of publication or availability of vendor supplied patch, unless prior ISO and PO variance approval is granted.

F. ***User Identification and Access Control.*** All Contractor Workforce Member(s) must have a unique local and/or network user identification (ID) to access CDPH PCI. To access systems/applications that store, process, or transmit CDPH PCI, it must comply with SIMM 5360-C Multi-factor Authentication (MFA) Standard and NIST SP800-63B Digital Identity Guidelines. The SIMM 5350-C provides steps for determining the Authenticator Assurance Level (AAL), and a set of permitted authenticator types for each AAL (0-3). Note: MFA requirement does not apply to AAL 0.

All Contractor Workforce Member(s) are required to leverage FIDO authentication. The FIDO authentication is AAL 3 compliance. FIDO certified devices such as YubiKeys and Windows Hello for Business (WHfB) are the mechanism for user authentication in the Department.

Should a Workforce Member(s) no longer be authorized to access CDPH PCI, or an ID has been compromised, that ID shall be promptly disabled or deleted. User ID's must integrate with user role-based access controls to ensure that individual access to CDPH PCI is commensurate with job-related responsibilities.

	AAL 1	**AAL 2**	**AAL 3**
Permitted Authenticator Types	- Memorized Secret - Look-Up Secret - Out-of-Band Devices - Single-Factor One-Time Password (OTP) Device - Multi-Factor OTP Device - Single-Factor Cryptographic Software - Single-Factor Cryptographic Device - Multi-Factor Cryptographic Software - Multi-Factor Cryptographic Device	- Multi-Factor OTP Device - Multi-Factor Cryptographic Software - Multi-Factor Cryptographic Device - Memorized Secret **plus**: - Look-Up Secret - Out-of-Band Device - Single-Factor OTP Device - Single-Factor Cryptographic Software - Single-Factor Cryptographic Device	- Multi-Factor Cryptographic Device - Single-Factor Cryptographic Device used in conjunction with Memorized Secret - Multi-Factor OTP device (software or hardware) used in conjunction with a Single-Factor Cryptographic Device - Multi-Factor OTP device (hardware only) used in conjunction with a Single-Factor Cryptographic Software - Single-Factor OTP device (hardware only) used in conjunction with a Multi-Factor Cryptographic Software Authenticator - Single-Factor OTP device (hardware only) used in conjunction with a Single-Factor Cryptographic Software Authenticator and a Memorized Secret.

Exhibit F
Information Privacy and Security Requirements

G. ***CDPH PCI Destruction.*** When no longer required for business needs or legal retention periods, all electronic and physical media holding CDPH PCI must be purged from Contractor's systems and facilities using the appropriate guidelines for each media type as described in the prevailing "National Institute of Standards and Technology – Special Publication 800-88" – "Media Sanitization Decision Matrix."

H. ***Reauthentication.*** Contractor's computing devices holding, or processing CDPH PCI must comply the Reauthentication requirement, in which a session must be terminated (e.g., logged out) when the specified time is reached. Note: Reauthentication requirement does not apply to Authenticator Assurance Level (AAL) 0.

	AAL 1	**AAL 2**	**AAL 3**
Reauthentication	30 Days – Fix Period of Time, regardless user activity	12 hours – Fix Period of Time, regardless user activity; 30 minutes inactivity May use one of the authenticators to reauthenticate	12 hours – Fix Period of Time regardless user activity; 15 minutes inactivity Must use both authenticators to reauthenticate

In addition, reauthentication of individuals is required in the following situations:

- When authenticators change
- When roles change
- When the execution of privileged function occurs (e.g., performing a critical transaction)

I. ***Warning Banners.*** During a user log-on process, all systems providing access to CDPH PCI, must display a warning banner stating that the CDPH PCI is confidential, system and user activities are logged, and system and CDPH PCI Use is for authorized business purposes only. User must be directed to log-off the system if they do not agree with these conditions.

J. System Logging. Contractor shall ensure its information systems and devices that hold or process CDPH PCI are capable of being audited and the events necessary to reconstruct transactions and support after-the-fact investigations are maintained. This includes the auditing necessary to cover related events, such as the various steps in distributed, transaction-based processes and actions in service-oriented architectures. Audit trail information with CDPH PCI must be stored with read-only permissions and be archived for six (6) years after event occurrence. There must protect audit information and audit logging tools from unauthorized access, modification, and deletion. There must also be a documented and routine procedure in place to review system logs for unauthorized access.

K. Live Data Usage. Using live data (production data) for testing and training purposes is not allowed. Synthetic data must be Used. If synthetic data cannot be generated and/or Used, a de-identification process against the live data must be done to reduce privacy risks to individuals. The de-identification process removes identifying information from a dataset so that individual data cannot be linked with specific individuals. Refer to CHHS Data De-Identification Guidelines.

L. Privileged Access Management (PAM). Contractor who responsible for setting up and maintaining privileged accounts related to CDPH electronic information resources shall comply with the CDPH PAM Security Standard. Information resources include user workstations as well as servers, databases, applications, and systems managed on-premises and on the cloud.

M*. *Intrusion Detection. All Contractor systems and devices holding, processing, or transporting CDPH PCI that interact with untrusted devices or systems via the Contractor intranet and/or the internet must be protected by a monitored comprehensive intrusion detection system and/or intrusion prevention system.

III. Audit Controls

A. ***System Security Review.*** Contractor, to assure that administrative, physical, and technical controls are functioning effectively and providing adequate levels of protection for CDPH PCI, shall conduct at least, an annual administrative assessment of risk, including the likelihood and magnitude of harm from the unauthorized access, Use, Disclosure, disruption, modification, or destruction of an information system or device holding processing, or transporting CDPH PCI, along with periodic technical security reviews using vulnerability scanning tools and other appropriate technical assessments.

B. ***Change Control.*** All Contractor systems and devices holding, processing, or transporting CDPH PCI shall have a documented change control process for hardware, firmware, and software to protect the systems and assets against improper modification before, during, and after system implementation.

IV. Business Continuity / Disaster Recovery Controls

A. ***Emergency Mode Operation Plan.*** Contractor shall develop and maintain technical recovery and business continuity plans for systems holding, processing, or transporting CDPH PCI to ensure the continuation of critical business processes and the confidentiality, integrity, and availability of CDPH PCI following an interruption or disaster event lasting more than twenty-four (24) hours.

B. ***CDPH PCI Backup Plan.*** Contractor shall have a documented, tested, accurate, and regularly scheduled full backup process for systems and devices holding CDPH PCI.

V. Paper Document Controls

A. ***Supervision of CDPH PCI.*** CDPH PCI in any physical format shall not be left unattended at any time. When not under the direct observation of an authorized Contractor Workforce Member(s), the CDPH PCI must be stored in a locked file cabinet, desk, or room. It also shall not be left unattended at any time in private vehicles or common carrier transportation, and it shall not be placed in checked baggage on common carrier transportation.

B. ***Escorting Visitors.*** Visitors who are not authorized to see CDPH PCI must be escorted by authorized Workforce Member(s) when in areas where CDPH PCI is present, and CDPH PCI shall be kept out of sight of visitors.

C. ***Removal of CDPH PCI.*** CDPH PCI in any format must not be removed from the secure computing environment or secure physical storage of the Contractor, except with express written permission of the CDPH PCI owner.

D. ***Faxing and Printing.*** Contractor shall control access to information system output devices, such as printers and facsimile devices, to prevent unauthorized individuals from obtaining any output containing CDPH PCI. Fax numbers shall be verified with the intended recipient before transmittal.

Exhibit F
Information Privacy and Security Requirements

E. ***Mailing.*** Mailings of CDPH PCI shall be sealed and secured from damage or inappropriate viewing to the extent possible. Mailings which include five hundred (500) or more individually identifiable records of CDPH PCI in a single package shall be sent using a tracked mailing method which includes verification of delivery and receipt, unless the prior written permission of CDPH to use another method is obtained.

File 251188: Grant Accept & Expend

California Department of Health: Disease Intervention Specialist (DIS) Workforce Development Grant

BOS Budget & Finance Committee

January 7, 2026

Anthony Taylor, STI & HIV Program Manager, Population Health Division

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of Grant

California Department of Public Health – Disease Intervention Specialist (DIS) Workforce Grant:

- **Total Amount:** $1,123,180
- **Timeline:** July 1, 2025 – June 30, 2026
- **Grantor:** California Department of Public Health (CDPH)
- **Grant Summary:**
  - The grant supports DPH in developing, expanding, training, and sustaining the disease investigation and intervention workforce, with a focus on HIV, STIs, HCV, and mpox.
  - The grant project is intended to scale prevention efforts, increase capacity to conduct disease investigation, ensure appropriate treatment, link people to care and ongoing case management, monitor disease trends, and rapidly respond to outbreaks.

Retroactivity

We are seeking **retroactive authorization** to accept and expend this grant.

- DPH received the award letter for this grant on October 28, 2025, for a project start date of July 1, 2025.
- The project start date was predetermined by the grantor.
- DPH brought this item to the BOS after going through the fiscal approvals process, including Controller's Office review and approval.

Conclusion

DPH respectfully requests retroactive approval of this item. Thank you!

CDPH - STDCB TABLE OF CONTENTS

Tab Name	Tab Description
Instructions	This tab details the budget preparation and submission process, specifying the necessary steps LHJs must take to complete their budget.
DIS Worforce Development Grant Funding	This tab provides the annual funding totals for each of the LHJs.
Summary Budget	The summary budget tab calculates budget category costs for the fiscal year.
FY 2025-2026	This tab provides a blank budget template for the LHJ for fiscal year 2025-2026.
Subcontractor Budget	This tab provides a blank budget template for subcontracts in fiscal year 2025-2026.

STEP-BY-STEP GUIDE: BUDGET AND BUDGET REVISION INSTRUCTIONS

STEP 1 - Budget Preparation

- The Local Assistance Funding Specialist (LAFS) will email Local Health Jurisdictions (LHJs) the Award Letter and budget template.
- The LHJs must submit a complete budget to LAFS by the deadline specified in the Award Letter, prior to conducting Grant Activities. Grant Activities undertaken without prior budget approval may not be eligible for reimbursement.
- LHJs must complete the fiscal year budget tab.
- LHJs must provide the LHJ name, Grant Agreement number, name and fiscal year (FY).
- LHJs must fill out the budget categories for each FY. The budget categories are Personnel, Operating Expenses, Major Equipment, Travel, Subcontractors, Other Costs, Indirect Cost Rate (ICR), and Budget Grand Total.
  - **The Guide to Non-Allowable and Allowable Use of Funds is available at: STI/HCV Local Assistance Funding SharePoint.**
  - The Total Cost column requires no action (auto-populates once information is provided).
- LHJs must submit their finalized budget via email to LAFS, with a cc to **STDLHJContracts@cdph.ca.gov** by the deadline in the Award Letter.

STEP 2 - Budget Submission and Approval

- LAFS will review the budget and may reach out to LHJs with questions or requests for corrections during the two-week review period. Budgets will be reviewed in the order they are received.
- Once approved, LAFS will email LHJs the finalized budget along with the Electronic Invoice Template (EIT) for the FY.

STEP 3 - Invoice Submission

- LHJs must submit their invoices no more than forty-five (45) calendar days after the end of each quarter unless a later or alternate deadline is agreed to in writing by LAFS.
- Completed and signed invoices must be sent via email to LAFS with a cc to **STDLHJInvoices@cdph.ca.gov** by the due dates outlined below:

Quarter	Budget Revision Requests Deadline (<$10,000)	Budget Revision Requests Deadline (>$10,000)	Invoice Due Date
Q1: July 01 - September 30	NA	Ongoing; 30 days prior to purchase and implementation.	November 15th
Q2: October 01 - December 31	NA	Ongoing; 30 days prior to purchase and implementation.	February 15th
Q3: January 01 - March 31	NA	Ongoing; 30 days prior to purchase and implementation.	May 15th
Q4: April 01 - June 30	June 15th	Ongoing; 30 days prior to purchase and implementation.	August 15th

STEP 4 - Budget Revision Requests and Approval

- LHJs must submit a formal budget revision request if adding a new line item or making a budget shift exceeding $10,000. The request must be sent to LAFS for review and approval before purchase and implementation. Budget revisions that do not involve a new line item or a shift over $10,000 do not require formal submission until two months before the Q4 invoice due date (June 15th for the August 15th deadline). LHJs must follow the outlined steps to submit their budget revision requests.
  - **IMPORTANT - A new line item is defined as any expense not previously reviewed and approved by LAFS. LHJs must consult with LAFS before initiating contracts or procurements for services exceeding an established dollar amount (e.g., marketing, public outreach campaigns, promotional media, advertising, major equipment, etc.) or reallocating funds to these line items. Refer to the Guide to Non-Allowable and Allowable Use of Funds, available at: STI/HCV Local Assistance Funding SharePoint.**
- LHJs must submit budget revision requests via email to LAFS with a cc **STDLHJContracts@cdph.ca.gov**.
- LAFS will supply LHJs with the budget revision template.
- LHJs must update the 'Current Revision' template tab to reflect new budget information by changing outdated text from black to bold red. The 'Description of Expense' section must also be revised to reflect the updates and must include a detailed explanation of why funds are being added, deleted, or shifted.
- LHJs must email the budget revision to LAFS with a cc to **STDLHJContracts@cdph.ca.gov**.
- LAFS will review the budget revision and issue final approval within two weeks of receipt.
- Once the review is complete, LAFS will email LHJs the approved budget and revised EIT.

Exhibit A1
Funding Allocation List
For DIS Workforce Development

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Alameda County* (excluding Berkeley)	$151,477	$302,953	$302,953	$302,953	$302,953	$1,363,289
Alpine County**	$50,072	$100,143	$100,143	$100,143	$100,143	$450,644
Amador County	$52,575	$105,149	$105,149	$105,149	$105,149	$473,171
City of Berkeley	$58,217	$116,434	$116,434	$116,434	$116,434	$523,953
Butte County	$65,365	$130,729	$130,729	$130,729	$130,729	$588,281
Calaveras County	$53,139	$106,278	$106,278	$106,278	$106,278	$478,251
Colusa County	$51,238	$102,475	$102,475	$102,475	$102,475	$461,138
Contra Costa County	$121,677	$243,353	$243,353	$243,353	$243,353	$1,095,089
Del Norte County	$51,488	$102,976	$102,976	$102,976	$102,976	$463,392
El Dorado County	$60,168	$120,336	$120,336	$120,336	$120,336	$541,512
Fresno County	$126,319	$252,638	$252,638	$252,638	$252,638	$1,136,871
Glenn County	$51,739	$103,477	$103,477	$103,477	$103,477	$465,647
Humboldt County	$58,484	$116,968	$116,968	$116,968	$116,968	$526,356
Imperial County	$65,258	$130,516	$130,516	$130,516	$130,516	$587,322
Inyo County	$51,240	$102,480	$102,480	$102,480	$102,480	$461,160
Kern County	$112,648	$225,296	$225,296	$225,296	$225,296	$1,013,832
Kings County	$60,040	$120,080	$120,080	$120,080	$120,080	$540,360
Lake County	$54,245	$108,490	$108,490	$108,490	$108,490	$488,205
Lassen County	$51,415	$102,830	$102,830	$102,830	$102,830	$462,735
City of Long Beach	$84,584	$169,168	$169,168	$169,168	$169,168	$761,256
Madera County	$60,726	$121,451	$121,451	$121,451	$121,451	$546,530
Marin County	$64,953	$129,905	$129,905	$129,905	$129,905	$584,573
Mariposa County	$51,192	$102,384	$102,384	$102,384	$102,384	$460,728
Mendocino County	$56,568	$113,136	$113,136	$113,136	$113,136	$509,112
Merced County	$68,407	$136,814	$136,814	$136,814	$136,814	$615,663
Modoc County	$50,561	$101,122	$101,122	$101,122	$101,122	$455,049
Mono County	$50,721	$101,442	$101,442	$101,442	$101,442	$456,489
Monterey County	$80,704	$161,408	$161,408	$161,408	$161,408	$726,336
Napa County	$60,274	$120,548	$120,548	$120,548	$120,548	$542,466
Nevada County	$56,335	$112,670	$112,670	$112,670	$112,670	$507,015
Orange County	$281,829	$563,657	$563,657	$563,657	$563,657	$2,536,457
City of Pasadena	$62,215	$124,429	$124,429	$124,429	$124,429	$559,931
Placer County	$72,639	$145,278	$145,278	$145,278	$145,278	$653,751
Plumas County	$51,441	$102,882	$102,882	$102,882	$102,882	$462,969
Riverside County	$210,045	$420,089	$420,089	$420,089	$420,089	$1,890,401
Sacramento County	$157,158	$314,315	$314,315	$314,315	$314,315	$1,414,418
San Benito County	$53,869	$107,738	$107,738	$107,738	$107,738	$484,821
San Bernardino County	$189,238	$378,476	$378,476	$378,476	$378,476	$1,703,142
San Diego County	$261,726	$523,452	$523,452	$523,452	$523,452	$2,355,534
San Joaquin County	$105,371	$210,741	$210,741	$210,741	$210,741	$948,335
San Luis Obispo County	$68,134	$136,267	$136,267	$136,267	$136,267	$613,202
San Mateo County	$98,628	$197,256	$197,256	$197,256	$197,256	$887,652
Santa Barbara County	$81,529	$163,058	$163,058	$163,058	$163,058	$733,761
Santa Clara County	$168,935	$337,870	$337,870	$337,870	$337,870	$1,520,415
Santa Cruz County	$67,652	$135,303	$135,303	$135,303	$135,303	$608,864
Shasta County	$60,413	$120,826	$120,826	$120,826	$120,826	$543,717
Sierra County	$50,246	$100,492	$100,492	$100,492	$100,492	$452,214
Siskiyou County	$53,145	$106,289	$106,289	$106,289	$106,289	$478,301
Solano County	$77,710	$155,420	$155,420	$155,420	$155,420	$699,390
Sonoma County	$83,360	$166,720	$166,720	$166,720	$166,720	$750,240
Stanislaus County	$89,018	$178,035	$178,035	$178,035	$178,035	$801,158
Sutter County	$56,378	$112,756	$112,756	$112,756	$112,756	$507,402
Tehama County	$53,900	$107,799	$107,799	$107,799	$107,799	$485,096

Exhibit A1
Funding Allocation List
For DIS Workforce Development

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Trinity County	$50,991	$101,982	$101,982	$101,982	$101,982	$458,919
Tulare County	$84,401	$168,801	$168,801	$168,801	$168,801	$759,605
Tuolumne County	$53,419	$106,838	$106,838	$106,838	$106,838	$480,771
Ventura County	$108,138	$216,276	$216,276	$216,276	$216,276	$973,242
Yolo County	$64,028	$128,056	$128,056	$128,056	$128,056	$576,252
Yuba County	$54,803	$109,606	$109,606	$109,606	$109,606	$493,227
Los Angeles	$3,299,258	$6,598,516	$6,598,516	$6,598,516	$6,598,516	$29,693,322
San Francisco	$1,123,180	$2,246,359	$2,246,359	$2,246,359	$2,246,359	$10,108,616
Total	**$9,324,626.00**	**$18,649,231**	**$18,649,231**	**$18,649,231**	**$18,649,231**	**$83,921,550**

SUMMARY BUDGET *(Auto Fills, Do Not Enter Data)*

LOCAL HEALTH JURISDICTION NAME:	COUNTY OF SAN FRANCISCO
GRANT AGREEMENT NUMBER AND NAME:	25-10641 - DIS WF Development Grant
FISCAL YEAR:	2025-2026

SECTIONS	2025-2026
1. PERSONNEL	$ 537,109
2. OPERATING EXPENSES	$ 94,777
3. MAJOR EQUIPMENT	$ 75,000
4. TRAVEL	$ 66,088
5. SUBCONTRACTORS I	$ 234,083
6. SUBCONTRACTORS II	$ -
7. OTHER	$ -
8. INDIRECT COST RATE	$ 116,123
9. TOTAL	$ 1,123,180

SECTIONS	2025-2026 Revised
1. PERSONNEL	$ -
2. OPERATING EXPENSES	$ -
3. MAJOR EQUIPMENT	$ -
4. TRAVEL	$ -
5. SUBCONTRACTORS I	$ -
6. SUBCONTRACTORS II	$ -
7. OTHER	$ -
8. INDIRECT COST RATE	$ -
9. TOTAL	$ -

LOCAL HEALTH JURISDICTION NAME:	**COUNTY OF SAN FRANCISCO**
GRANT AGREEMENT NUMBER AND NAME:	**25-10641 - DIS WF Development Grant**
FISCAL YEAR:	**2025-2026**

1 PERSONNEL *(Description: An LHJ employee responsible for carrying out one or more of the Grant Activities, including newly funded personnel under this funding and personnel contributing time in-kind toward Grant Activities. For fringe benefit rates exceeding 50%, a justification for the rate must be provided.)*

	Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
1.1	2233 Supervising Physician Specialist (S Cohen)	$ 31,394	10%	4	40%	$ 17,581	A, B, C, D, H, I	This is the STI/HIV Branch Director position and ensures that all funding requirements are being met and activities follow standard protocols and procedures. This position is the primary liasion for developing and implementing local STD policies and guidelines, performing medical updates regarding syphilis and other STIs for health care providers, and overseeing all STI/HIV Branch activities including oversight of San Francisco City Clinic, the city's only municipal sexual health clinic, LINCS, the partner services and linkage to care program, biomedical prevention program, research, and training and technical assistance.
1.2	2232 Senior Physician Specialist (J Janssen)	$ 27,275	21%	4	40%	$ 32,075	A, C, D, E, H	This is the STI/HIV Branch Deputy Director position who is the Medical Director for the LINCS team and the Medical Director for the RADR team, a team that provides support the DIS workforce through trainings, data support, professional development opportunities, building cross-collaborative relationships, and supporting resilience. Act as medical epidemiology lead for mpox response. Works with LINCS manager to guide prioritization, evaluation, and quality improvement as it relates to partner services, including push to incorporate doxyPEP counseling for syphilis partner services during FY25-26.
1.3	2593 Health Program Coordinator III (J Cristantiello)	$ 12,775	100%	4	40%	$ 71,540	C, D, E, H	This position is the Program Manager for the RADR team, a team that provides support the DIS workforce through trainings, data support, professional development opportunities, building cross-collaborative relationships, and supporting resilience. Oversees 3 RADR staff positions and all RADR activities, including 2 Communities of Practices, training development and implementation, outbreak response efforts.
1.4	2593 Health Program Coordinator III (E Antunez)	$ 12,775	100%	4	40%	$ 71,540	A, C, D, E, H	This position provides oversight and management under direction of the Medical Director to the LINCS program, which provides comprehensive sexual health services, partner services, and linkage to care and treatment to people diagnosed with sexually transmitted infections, including syphilis and HIV. Responsible for supervision of STI and HIV coordinators in 20+ person team of DIS and navigators focused on HIV and STI prevention at City Clinic. Supervision responsibilities also includes Health Worker Supervisors, DCI and Health Program Coordinators and supervisors.
1.5	2593 Health Program Coordinator III (A Taylor)	$ 12,775	0%	4	40%	$ -	All Activities	**IN-KIND:** This position provides grant budget, progress report, and contract management support.
1.6	2591 Health Program Coordinator II (R Shaw)	$ 11,141	0%	4	40%	$ -	C, D, E	**IN-KIND:** Supervisor for 1) the Syphilis/HIV LINCS Team, which conducts partner services, linkage to care/treatment, case management, and/or navigation services to patients recently diagnosed with syphilis and/or HIV, or to patients previously diagnosed with HIV who are out of care; and 2) the Health Program Coordinator who oversees the syphilis-specific activities of the Syphilis/HIV LINCS Team. Responsible for ensuring the assignment and completion of syphilis/HIV partner services, including PrEP consultation and referral for HIV-negative patients and contacts, and re-engagement in care for HIV-positive patients and contacts. Performs case reviews and field audits; maintain good-working relationships with CBOs and clinical providers/screening sites; maintain and monitor staff evaluation data; produce required reports; and participate in planning and evaluation meetings.
1.7	2589 Health Program Coordinator I (G Calero)	$ 9,789	0%	4	40%	$ -	C, D, E	**IN-KIND:** This position is the Reactor Desk supervisor for LINCS. This position triages positive syphilis results among SF residents, positive HIV results within the SF Health Network, and positive mpox results. This position identifies which results represents new diagnoses and assigns to a DIS or DCI for investigation. This position also supervises 3 DCIs and up to 2 DIS, including training DCIs in how to manage reactor desk functions. Provides syphilis test history to providers who call.
1.8	2588 Health Worker V (M Harris)	$ 9,508	50%	4	40%	$ 26,622	C	This position is a team lead for LINCS and supervises 4 DIS who provide partner services for syphilis, HIV, mpox and resistant gonorrhea, and Navigation Services for persons with HIV who are out of care. The DIS under the team lead's supervision also provide treatment assurance for all SFCC patients who are diagnosed with STIs, and with SF-resident patients of providers by request.
1.9	2588 Health Worker IV (vice-Fields)	$ 9,508	55%	4	40%	$ 29,285	C	This position is a team lead for LINCS and supervises 4 DIS who provide partner services for syphilis, HIV, mpox and resistant gonorrhea, and Navigation Services for persons with HIV who are out of care. The DIS under the team lead's supervision also provide treatment assurance for all SFCC patients who are diagnosed with STIs, and with SF-resident patients of providers by request.
1.10	2588 Health Worker IV (J Hawkins)	$ 9,186	100%	4	40%	$ 51,442	C	This position is a team lead for LINCS and supervises 4 DIS who provide partner services for syphilis, HIV, mpox and resistant gonorrhea, and Navigation Services for persons with HIV who are out of care. The DIS under the team lead's supervision also provide treatment assurance for all SFCC patients who are diagnosed with STIs, and with SF-resident patients of providers by request.
1.11	2806 Disease Control Investigator (E Mendoza)	$ 8,173	0%	4	40%	$ -	C	**IN-KIND:** This position is a Disease Control Investigator position on the Reactor Desk. This position triages positive syphilis results among SF residents, positive HIV results within the SF Health Network, and positive mpox results. This position identifies which results represents new diagnoses and assigns to a DIS or DCI for investigation. This position also provides partner services for HIV, mpox, and syphilis clients, and may offer up to 3 months of Navigation services to persons with HIV who are out of care.
1.12	2806 Disease Control Investigator (T Echevarria)	$ 7,779	0%	4	40%	$ -	C	**IN-KIND:** This position is a Disease Control Investigator position on the Reactor Desk. This position triages positive syphilis results among SF residents, positive HIV results within the SF Health Network, and positive mpox results. This position identifies which results represents new diagnoses and assigns to a DIS or DCI for investigation. This position also provides partner services for HIV, mpox, and syphilis clients, and may offer up to 3 months of Navigation services to persons with HIV who are out of care.
1.13	2806 Disease Control Investigator (R Mendez)	$ 8,173	25%	4	40%	$ 11,442	C	This position is a Disease Control Investigator position on the Reactor Desk. This position triages positive syphilis results among SF residents, positive HIV results within the SF Health Network, and positive mpox results. This position identifies which results represents new diagnoses and assigns to a DIS or DCI for investigation. This position also provides partner services for HIV, mpox, and syphilis clients, and may offer up to 3 months of Navigation services to persons with HIV who are out of care.
1.14	0922 Epidemiolgy Manager I (T Nguyen)	$ 14,320	0%	4	40%	$ -	F, G	**IN-KIND**: Serves as the manager of the STI Epidemiology, Surveillance, and Program Evaluation Unit of the SFDPH PHD Applies Research, Community Health Epidemiology (ARCHES) Branch and lead epidemiologist. Will oversee core surveillance activities for STIs and work with STI/HIV Branch Leadership to analyze local surveillance data and disseminate findings.
1.15	2803 Epidemiologist II (R Kohn)	$ 12,659	30%	4	40%	$ 21,267	F, G	This position serves as the STD Program Data Manager. They are responsible for overseeing and managing ISCHTR, the STD electronic data system; verifying, analyzing, interpreting, and summarizing all STD data from surveillance records, SF City Clinic, and field investigations for routine reports and ad-hoc requests, grants, and program evaluation; using the results of STD morbidity and STD clinic, interview, and epidemiologic data to evaluate, develop or modify STD policies, STD surveillance systems and SF City Clinic QA practices; and providing training in epidemiologic methods and how to use ISCHTR to perform basic analysis of STD morbidity data. The work of this position is integral to ensuring ongoing successful use of integrated STD case and program data.
1.16	2803 Epidemiologist II (M Sankaren)	$ 12,659	30%	4	40%	$ 21,267	F, G	This position serves as an epidemiologist for the STI/HIV ARCHES Section. This position works closely with the STI Epidemiology, Surveillance, and Program Evaluation Manager (T. Nguyen) and STD Program Data Manager and Senior Epidemiologist (R. Kohn) to ensure that grant objectives and deliverables are met. This position is a critical contributor to ongoing and developing new epidemiologic and program evaluation activities related to the STD Program, including design, analysis, and interpretation of epidemiologic studies related to STD control and surveillance. They conduct data analyses, synthesis, and translation for presentation to appropriate groups and at scientific meetings. They also ensure QA of data reported through the various STD surveillance streams; apply policies and protocols for data monitoring and surveillance activities; and identify and problem-solve around system- and technologic-level barriers to improving surveillance and program activities and interventions.
1.17	1052 IS Business Analyst (M Sanad)	$ 10,537	100%	4	40%	$ 59,007	F, G	This position is responsible for maintaining, monitoring, and updating the STI surveillance and partner services data systems; supporting the end users at SF City Clinic with IT needs and requests including the configuration of new computers and peripherals; performing software upgrades; troubleshooting SF City Clinic hardware problems; assisting with creation, maintenance, and optimization of data interfaces needed to maintain STI surveillance and disease control activities, including importing of SFCC Epic EMR data, citywide electronic lab reporting, and ad hoc research data sets; and assisting in troubleshooting STI Program staff with programming problems, data-entry errors, and network administration.
1.18	Budget Analyst (W Woo)	$ 10,748	10%	4	40%	$ 6,019	All Activities	This position is responsible for providing fiscal oversight and administrative support for the Project; for negotiating and setting-up budgets; working with the local fiscal department and budget staff; and preparing budget revisions as needed. This position also ensures appropriate budget expenditures on the necessary timetable.
1.19	2312 Licensed Vocational Nurse (R Peralta)	$ 9,283	100%	4	40%	$ 51,985	C	This position is responsible for performing and assisting clinic staff in the performance of chlamydia, gonorrhea, syphilis serology, and HIV testing as a LVN.
1.20	2320 Registered Nurse (T Tran)	$ 17,378	0%	4	40%	$ -	C	**IN-KIND:** This position is the Charge Nurse for SFCC, supporting testing and administration of medications to patients by the nursing staff. Supports development of plans for inclusion of lenacapavir for PrEP, assists with protocol maintainence, and covers needed functions in the laboratory as needed.
1.21	2322 Nurse Manager (E Rodriguez)	$ 20,657	0%	4	40%	$ -	C	**IN-KIND:** Serves as Nurse Manager for San Francisco City Clinic (SFCC), supervising the nursing team and the on-site CLIA-certified moderate-complexity laboratory. This position supports the seamless integration of clinical and disease intervention services at SFCC through the development and implementation of protocols informed by clinic and program evaluation data, thus ensuring the provision to supportive services for persons receiving STI services and will assist with the identification, building, and maintenance relationships with local and/or regional coalitions in order to integrate and improve STI prevention, testing, care and treatment into services.
1.22	2232 Senior Physician Specialist (O Bacon)	$ 30,098	0%	4	40%	$ -	C	**IN-KIND:** This position is the Medical Director of SF City Clinic, the municipal STI clinic and physical home for the LINCS team. This position is responsible for the development and oversight of clinical operations at SF City Clinic and provides medical care to STD and HIV patients. This position provides citywide capacity building for STI prevention and control and provides technical assistance to private providers regarding management of syphilis patients; performs medical updates regarding syphilis and other STDs for health care providers. This position also ensures that the LINCS team is integrated into clinical operations and provides clinical consultation as needed for LINCS clients. This position helps oversee neurosyphilis surveillance.
1.23	2232 Senior Physician Specialist (F Chevalier)	$ 27,275	0%	4	40%	$ -	C	**IN-KIND:** This position is the supervising physician at SF City Clinic. He supervises the Nurse Practitioner team and is the lead preceptor for clinical students, interns, and fellows and house staff who rotate through the clinic. Dr. Chevalier supports the development and implementation of clinical protocols and assists with evaluation of clinical workflows and guidance. This position provides STD testing and treatment consultation to citywide providers and supports the seamless integration of clinical and disease intervention services at SF City Clinic. □
1.24	2822 Health Care Educator (M Levy)	$ 11,759	0%	4	40%	$ -	A, B	**IN KIND:** This position maintains the public-facing STI/HIV Branch webpages, including facilitating the move to an sf.gov hosted website platform. Develops and reviews community facing content to ensure clear and effective communication. □
1.25	2328 Nurse Practitioner (A Decker)	$ 23,197	0%	4	40%	$ -	I	**IN-KIND:** Co-Facilitates the Congenital Syphilis Case Review Board, provides support to Jail Health Services and community-based Health Access Points (HAPs) around the provision of STI testing and treatment, particularly to vulnerable and underserviced clients at high risk for STIs, provide oversight of UCSF Team Lily contract activities, provide technical assistance to HAPs to ensure that GC, CT and syphilis screening are offered alongside HIV and HCV screening, assist with the identification, building, and maintenance of relationships with local and/or regional coalitions in order to integrate and improve STI prevention, testing, care and treatment into services, attend clinical services-related meetings, lead training and TA program which provides consultation and TA to primary care providers and others; and assist with maintaining medically accurate information on SFCC website.
1.26	2587 Health Worker III (K Hampton)	$ 8,254	60%	4	40%	$ 27,733	C	This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.27	2587 Health Worker III (A Mayfield)	$ 7,484	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.28	2587 Health Worker III (C James)	$ 8,254	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.29	2587 Health Worker III (V Aburto)	$ 8,254	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.30	2587 Health Worker III (D Branner)	$ 7,130	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.31	2587 Health Worker III (P Aine)	$ 7,484	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.

1.32	2587 Health Worker III (R Brown)	$ 8,254	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.33	2587 Health Worker III (E Taylor)	$ 7,484	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.34	2587 Health Worker III (A Vargas)	$ 7,484	0%	4	40%	$ -	C	**IN-KIND:** This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position conducts partner services for persons newly diagnosed with HIV or mpox, and for a prioritized list of syphilis patients. This position may also provide up to 3 months of HIV Navigation services, for persons who are living with HIV and out of care, and partner services for people with AR-GC. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.35	2586 Health Worker II (JP Medellin)	$ 6,840	100%	4	40%	$ 38,304	C	This is a Disease Intervention Specialist (DIS) position on LINCS, the HIV/STI/mpox partner services and linkage to care program at SFDPH. This position also ensures treatment for anyone diagnosed with STIs who need treatment at SFCC, and a prioritized list of SF residents with syphilis.
1.36	2593 Health Program Coordinator III (T Tuohey)	$ 12,775	0%	4	40%	$ -	B, I	**IN-KIND:** This position is the program coordinator who oversees the YUTHE (Youth United Through Health Education) and Community Based Screening (CBS) teams in the Community Health Equity and Promotion (CHEP) Branch. The YUTHE and CBS teams are responsible for establishing and maintaining community partnerships; providing support to community-based organizations who are offering STI screening; providing STI/HIV training and technical assistance to staff in CBOs and within SFDPH; developing and implementing STI media and social marketing campaigns; and promoting and helping to manage home STI screening programs, including the Don't Think Know and Take Me Home programs.
1.37	2803 Epidemiologist II (J Melo)	$ 12,054	0%	4	40%	$ -	F, G	**IN KIND:** As the RADR epidemiologist, the position supports creating and maintaining DIS process and outcome metrics, conducting the analysis, distributing reports, and working closely with LINCS supervisors and managers to update and refine reports to update current practices and supervision needs. This position is also a part of the reserve component of RADR and can provide surge epi support during an outbreak as needed.
1.38	2119 Healthcare Analyst (M Zaragoza-Soto)	$ 9,442	0%	4	40%	$ -	C, E	**IN-KIND:** This position is part of the LINCS team. The LINCS team is comprised of DIS and navigators that help ensure patients are notified of their syphilis diagnosis, confirm syphilis treatment completion, and help link patients to medical care and social services as needed. The job duties include supporting the development and documentation of syphilis workflows on LINCS, including drafting standard work and protocols, and creating visual job aides for frontline staff. This position also coordinates quality improvement efforts and provides administrative support so staff have the supplies they need to work with patients and their partners diagnosed with syphilis.
1.39	2802 Epidemiologist I (Multiple Staff)	$ 9,767	0%	4	40%	$ -	F, G	**IN-KIND:** SAS Analysts/Epidemiologists providing core surveillance activities for HIV, STI, Hepatitis, mpox, and/or emerging infectious diseases for the SFDPH PHD Applies Research, Community Health Epidemiology (ARCHES) Branch, analysing local surveillance data and disseminating findings. **Staff:** A. Pena, A. Richards, K. Gonzalez Barrera, K. Doherty, and K. Ru
1.40	2803 Epidemiologist II (Multiple Staff)	$ 12,054	0%	4	40%	$ -	F, G	**IN-KIND:** SAS Analysts/Epidemiologists providing core surveillance activities for HIV, STI, Hepatitis, mpox, and/or emerging infectious diseases for the SFDPH PHD Applies Research, Community Health Epidemiology (ARCHES) Branch, analysing local surveillance data and disseminating findings. **Staff:** R. Santana, J. Wong, A. Sanoussini, S. Pipken, D. Bhatta, H. Miskier, J. Chin, N. Deot, J. Wong, E. Morris, W. Lu, V. Ossah, L. Romo-Timme, and J.L. Gonzalez
1.41	0922 Epidemiolgy Manager I (A. Terzian)	$ 14,320	0%	4	40%	$ -	F, G	**IN-KIND:** Serves as the manager of the HIV Epidemiology and Surveillance Unit of the SFDPH PHD Applies Research, Community Health Epidemiology (ARCHES) Branch and lead epidemiologist. Will oversee core surveillance activities for **HIV** and work with STI/HIV Branch Leadership to analyze local surveillance data and disseminate findings.
1.42	0922 Epidemiolgy Manager I (M. Sanchez)	$ 14,320	0%	4	40%	$ -	F, G	**IN-KIND:** Serves as the manager of the Communicable Disease Unit & Viral Hepatitis Surveillance Unit of the SFDPH PHD Applies Research, Community Health Epidemiology (ARCHES) Branch and lead epidemiologist. Will oversee core surveillance activities for H**epatitis** and **emerging infectious diseases**, and work with STI/HIV Branch Leadership to analyze local surveillance data and disseminate findings.
1.43		$ -	0%	0	0%	$ -		Duties and Responsibilities:
1.44		$ -	0%	0	0%	$ -		Duties and Responsibilities:
1.45		$ -	0%	0	0%	$ -		Duties and Responsibilities:
					1. PERSONNEL SUBTOTAL	**$ 537,109**		

2 OPERATING EXPENSES *(Description: Costs incurred by the LHJ to support the completion of one or more Grant Activities.)*

	Item Name	Cost Per Item	Number of Items	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
2.1	Medical Supplies-- Medications	$ 150	348	$ 52,197	A & B	Purchase of medications for treatment, including but not limited to alternative to Bicillin L-A due to shortage (i.e., Lentocillin and Extencilline), starter packs for HIV PEP/PrEP (i.e., Biktarvy or FTC/TDF), and mpox vaccine. May be used for uninsured and due to SFCC being unable to send to pharmacy due prohibitive cost. **Cost Estimate:** Alternatives to Bicillin L-A (338 doses x $36.09= ~$12,197) + ART (10 30-day supply bottles x $4,000 = $40,000)
2.2	Office Supplies	$ 41	4	$ 164	All Activities	Supplies (such as paper, pens, pencils, staff phones and services plans) for program related activities as allowed under CDPH's Guide to Non-allowable and Allowable Use of Funds. **Cost Estimate:** ~$40.88 per month x 4 months)
2.3	Overhead: Office Rent	$ 1,433.00	4	$ 5,732	All Activities	Covers expense of office space rentals for the HPS staff **Cost Estimate**: 2.97 Annualized FTE x 4 months x 250 sq feet x $1.93/sq ft
2.4	Medical Supplies-- Vaccine	$ 3,084	6	$ 18,504	A & E	Purchase of mpox, HPV and/or Hepatitis vaccines to be used for uninsured patients in order to to support implementation of core public health competencies related to STI vaccinations resulting from training new and existing staff and developing and implementing patient and provider education and communication materials. **Cost Estimate:** 1 box (10 doses/month) x 6 months x $3,084/doses = $18,504
2.5	Medical Supplies - Testing/Diagnosis	$ 186	98	$ 18,180	B	Testing and specimen collection supplies for HIV, STI (GC/CT/TV), HCV and mpox and other emerging infections for at risk populations. Anticiapted test kits include GeneXpert CT/NG and TV test cartridges and associated collection kits, including swab speciment collection and urine collection devices. **Cost Estimate:** (71 10pak-GX GC/NG test kits x $265 = $14,555) + 17 50pak-Urine Collection Device kits = $1,955) + (8 10pak-GX TV Test Kits x $180 = $1,440) + 2 50pak-Swab Specimen Collection kits = $230)
2.6	Item Name	$ -	0	$ -		
2.7	Item Name	$ -	0	$ -		
2.8	Item Name	$ -	0	$ -		
2.9	Item Name	$ -	0	$ -		
2.10	Item Name	$ -	0	$ -		
2.11	Item Name	$ -	0	$ -		
2.12	Item Name	$ -	0	$ -		
2.13	Item Name	$ -	0	$ -		
2.14	Item Name	$ -	0	$ -		
2.15	Item Name	$ -	0	$ -		
2.16	Item Name	$ -	0	$ -		
2.17	Item Name	$ -	0	$ -		
2.18	Item Name	$ -	0	$ -		
2.19	Item Name	$ -	0	$ -		
2.20	Item Name	$ -	0	$ -		
2.21	Item Name	$ -	0	$ -		
2.22	Item Name	$ -	0	$ -		
2.23	Item Name	$ -	0	$ -		
2.24	Item Name	$ -	0	$ -		
2.25	Item Name	$ -	0	$ -		
2.26	Item Name	$ -	0	$ -		
2.27	Item Name	$ -	0	$ -		
2.28	Item Name	$ -	0	$ -		
2.29	Item Name	$ -	0	$ -		
2.30	Item Name	$ -	0	$ -		
			2. OPERATING EXPENSES SUBTOTAL	**$ 94,777**		

3 MAJOR EQUIPMENT *(Description: Any equipment purchase exceeding $5,000 necessary for the completion of one or more Grant Activities.)*

	Unit Name	Cost Per Unit	Number of Units	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
3.1	Back-up Battery for a Freezer and Refrigerator	$ 75,000	1	$ 75,000	A	Purchase of freezer back-up battery and installation of freezer and existing refrigerator back-up batteries. The back-up batteries would prevent the loss of immunization and select medication inventory stored in the refrigerator and freezer in the event of an afterhours power excursion or outage. Estimated Costs incluce: - Back-up Batteries: Freezer Battery ($25,000 cost + shipping) + Refrigerator battery (Purchased in July 2025 with alternative funding) - Mechanical assessment of ventilation ($15,000) - Load study of electrical system ($5,000) - Electrical Installation ($30,000)
3.2	Item Name	$ -	0	$ -		
3.3	Item Name	$ -	0	$ -		
3.4	Item Name	$ -	0	$ -		
3.5	Item Name	$ -	0	$ -		
3.6	Item Name	$ -	0	$ -		
3.7	Item Name	$ -	0	$ -		
3.8	Item Name	$ -	0	$ -		
3.9	Item Name	$ -	0	$ -		
3.10	Item Name	$ -	0	$ -		
			3. MAJOR EQUIPMENT SUBTOTAL	**$ 75,000**		

4 TRAVEL *(Description: Travel expenses for trainings or conferences related to one or more Grant Activities. Reimbursement for necessary travel, meals, and incidentals will follow the current rates established by the California Department of Human Resources (CalHR).)*

	Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
4.1	Transportation	$ 30.00	32	$ 960	A & C	Ground transportation for attendance at the following regional, statewide, and/or out-of-state meetings or conferences: > **STI Engage** (Projected Location & Date: TBD) Cost Estimate: Up to 5 paid or in-kind staff x 4 ride share trips x $30/trip = $600 Proposed Staff: 1 Health Program Coordinator, 3 Health Worker III, & 1 Disase Control Investigator > **CROI Conference** (Denver, CO - Feb 22-25, 2026) Cost Estimate: Up to 3 paid or in-kind staff x 4 ride share trips x $30/trip = $360 Proposed Staff: 1 Supervising Physian Specialist, 2 Senior Physican Specialists
4.2	Conference Registration Fees	$ 995	5	$ 4,975	C	Registration for attendance at the following regional, statewide, and/or out-of-state meetings or conferences: > **STI Engage** (Projected Location & Date: TBD) Cost Estimate: Up to 5 paid and in-kind staff x $995 = $4,975 Proposed Staff: 1 Health Program Coordinator, 3 Health Worker III, & 1 Disase Control Investigator
4.3	Airfare Fees	$ 564	8	$ 4,510	A & C	Airfare for attendance at the following regional, statewide, and/or out-of-state meetings or conferences: > **STI Engage** (Projected Location & Date: TBD) Cost Estimate: Up to 5 paid and in-kind staff x $700 airfare + $70 bag check RT = $3,850 Proposed Staff: 1 Health Program Coordinator, 3 Health Worker III, & 1 Disase Control Investigator > **CROI Conference** (Denver, CO - Feb 22-25, 2026) Cost Estimate: Up to 3 paid and in-kind staff x $150 airfare + $70 bag check RT =~$660 Proposed Staff: 1 Supervising Physian Specialist, 2 Senior Physican Specialists
4.4	Lodging Fees	$ 262	27	$ 7,079	A & C	Lodging for attendance at the following regional, statewide, and/or out-of-state meetings or conferences (based on GSA Rates) > **STI Engage** (Projected Location & Date: TBD) Cost Estimate: Up to 5 paid and in-kind staff x 3 nights x $318.86 ($275 + 15.95% tax) = $4,782.90 Proposed Staff: 1 Health Program Coordinator, 3 Health Worker III, & 1 Disase Control Investigator > **CROI Conference** (Denver, CO - Feb 22-25, 2026) Cost Estimate: Up to 3 paid and in-kind staff x 4 nights x $191.32 ($165 + 15.95% tax) = $2,295.84 Proposed Staff: 1 Supervising Physian Specialist, 2 Senior Physican Specialists

4.5	Per Diem Fees	$	58	27	$ 1,564	A & C	For Meals and Incidentals for attendance at the following regional, statewide, and/or out-of-state meetings or conferences. Any reimbursement for necessary travel shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR) for meals and incidentals for in state and out of state travel.] **> STI Engage** (Projected Location & Date: TBD) Cost Estimate: Up to 5 paid and in-kind staff x [$68 2nd Day + ($51 x 2 for 1st and last day) = $170) = $850 Proposed Staff: 1 Health Program Coordinator, 3 Health Worker III, & 1 Disase Control Investigator **> CROI Conference** (Denver, CO - Feb 22-25, 2026) Cost Estimate: Up to 3 paid and in-kind staff x [($68 x 2 for middle days) + ($51 x 2 for 1st and last day) = $238] = $714 Proposed Staff: 1 Supervising Physian Specialist, 2 Senior Physican Specialists
4.6	Training Fees	$	23,500	2	$ 47,000	F & G	**R Training:** Funding would be used for an R Training for SAS Analysts/Epidemiologies. The training will ensure DPH epidemiologists have the analytic skills they need to "monitor data, respond to emerging infectious diseases, and support timely and effective response to incident infections and outbreaks for STI, HIV, HCV, mpox and emerging infectious diseases. The training will also ensure they have the skills needed to use the data in CalREDIE, CalConnect and other surveillance databases used by DPH (Maven and ISCHTR) to monitor project outcomes and evaluation public health programs aimed to prevent HIV, STIs, HCV, mpox and other emerging infectious diseases. This training is necessary due to a pending PHD transition from SAS to R. **Cost Estimate:** 2 Trainings (up to 15 staff per training) x $23,500 (flat rate per training) = $47,000) - Cost covers communications/meetings with DPH, pre-trainings prep, 5 days of training facilitation per training (1 in-person + 4 virtual); and provision of virtual curricula and training materials. Travel costs will be borne by the vendor. **Proposed Staff:** 5 Epidemiologist I, 17 Epidemiologist II, & 3 Epidemiolgy Manager I
4.7	Mileage	$	-	0	$ -		
4.8	Item Name	$	-	0	$ -		
4.9	Item Name	$	-	0	$ -		
4.10	Item Name	$	-	0	$ -		
				4. TRAVEL SUBTOTAL	**$ 66,088**		

5 SUBCONTRACTORS I *(Description: Any agreement with a nonprofit community-based organization or nonprofit healthcare provider (e.g., CBO, community clinic, federally qualified health center [FQHC]) to complete one or more Grant Activities. Each subcontractor must complete the subcontractor budget template included in this document.)*

	Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
5.1	Public Health Foundation Enterprises, Inc. dba Heluna Health	Nonprofit 501c Organization	RFP	$ 234,083	A, B, C, D, E, F, G, H, I	The staff suported by these funds directly support the DIS Workforce by maintaining a trained, diverse workforce, developing training on HIV/STI/HCV/mpox investigation and prevention, and supporting data systems like CalCONNECT. The team also provides surge capacity and outbreak response support, quality improvement, and increased DIS training access.
5.2				$ -		
5.3				$ -		
5.4				$ -		
5.5				$ -		
5.6				$ -		
5.7				$ -		
5.8				$ -		
5.9				$ -		
5.10				$ -		
			5. SUBCONTRACTORS I SUBTOTAL	**$ 234,083**		

6 SUBCONTRACTOR II *(Description: Any agreement with a for profit organization (e.g., consultants, jail medical services contractors, private organizations, etc.) to complete one or more Grant Activities. Each subcontractor must complete the subcontractor budget template included in this document.)*

	Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
6.1				$ -		
6.2				$ -		
6.3				$ -		
6.4				$ -		
6.5				$ -		
6.6				$ -		
6.7				$ -		
6.8				$ -		
6.9				$ -		
6.10				$ -		
			6. SUBCONTRACTORS II SUBTOTAL	**$ -**		

7 OTHER *(Description: Expenses not categorized under previous budget sections. The unit of measure will vary based on the item or service.)*

	Item Name	Cost per Item	Number of Items	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
7.1	Item Name	$ -	0	$ -		
7.2	Item Name	$ -	0	$ -		
7.3	Item Name	$ -	0	$ -		
7.4	Item Name	$ -	0	$ -		
7.5	Item Name	$ -	0	$ -		
7.6	Item Name	$ -	0	$ -		
7.7	Item Name	$ -	0	$ -		
7.8	Item Name	$ -	0	$ -		
7.9	Item Name	$ -	0	$ -		
7.10	Item Name	$ -	0	$ -		
			7. OTHER SUBTOTAL	**$ -**		

8 INDIRECT COST RATE *(Description: The Indirect Cost Rate (ICR) must not exceed the approved negotiated rate for the LHJ for the fiscal year. The ICR applied to this budget is for total personnel costs.)*

	ICR	Total Cost	Grant Activities Reference	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
8.1	21.62%	$ 116,123	N/A	The indirect cost rate applied to this budget is for total personnel and benefits costs. This rate does not exceed the CDPH approved negotiated rate for the LHJ for the fiscal year.
	8. ICR SUBTOTAL	**$ 116,123**		

9 BUDGET GRAND TOTAL (Description: The sum of direct and indirect costs.)

	TOTAL
9.1	**$ 1,123,180**

SUBCONTRACTOR NAME:	**Public Health Foundation Enterprises, Inc. dba Heluna Health**
GRANT AGREEMENT NUMBER AND NAME:	**25-10641 - DIS WF Development Grant**
FISCAL YEAR:	**2025-2026**

1 PERSONNEL *(Description: An employee responsible for carrying out one or more Grant Activities, including newly funded personnel under this Grant and personnel contributing time in-kind toward Grant Activities. For fringe benefit rates exceeding 50%, a justification for the rate must be provided.)*

	Position Title/Classification	Monthly Salary	Percent of Time	Months on Project	Fringe Benefit Rate **For benefit rates that exceed 50%, please provide an itemized justification for the rate	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
1.1	Communicable Disease Database Manager (N Spahr)	$ 9,957	100%	4	36%	$ 54,090	This position will serve as the CalCONNECT point of contact for SFDPH, providing updates on CalCONNECT to all SFDPH users, including those in STI/HIV Branch and Communicable Disease. Organize CalCONNECT trainings and facilitate onboarding of new staff. Provide assistance on SFDPH investigation into future disease surveillance systems. Create surveys to evaluate trainees and trainings, and provide data cleaning and analysis support. **Supports Activity(ies):** D, F, G, H, I
1.2	Training Lead (J Boone)	$ 8,432	100%	4	36%	$ 45,806	Liaise with internal and external partners to increase retention and staff capacity to conduct disease intervention via targeted in-services, training support, development of materials for frontline staff, and outbreak preparedness activities with special focus on diversity and health equity. **Supports Activity(ies):** D, E, H, I
1.3	Disease Intervention Specialist Fellow (T. Yeh)	$ 6,629	100%	4	36%	$ 36,011	These fellowship positions will learn to investigate cases and outbreaks of communicable and other diseases, under the mentorship and training of DIS staff operating in the office and the field. DIS Fellows will learn new skills, conduct tabletop outbreak simulation exercises, further enhance and refine training materials, and learn about other disease areas, to develop innovative ideas for the DIS workforce overall. **Supports Activity(ies):** C, G, I
1.4	Disease Intervention Specialist Fellow (C. Valdez)	$ 6,629	100%	4	36%	$ 36,011	These fellowship positions will learn to investigate cases and outbreaks of communicable and other diseases, under the mentorship and training of DIS staff operating in the office and the field. DIS Fellows will learn new skills, conduct tabletop outbreak simulation exercises, further enhance and refine training materials, and learn about other disease areas, to develop innovative ideas for the DIS workforce overall. **Supports Activity(ies):** C, G, I
1.5	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.6	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.7	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.8	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.9	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.10	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.11	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.12	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.13	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.14	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.15	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.16	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.17	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.18	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.19	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.20	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.21	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.22	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.23	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.24	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.25	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.26	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.27	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.28	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.29	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
1.30	Position Title/Classification	$ -	0%	0	0%	$ -	Duties and Responsibilities:
					1. PERSONNEL SUBTOTAL	**$ 171,919**	

2 OPERATING EXPENSES *(Description: Costs incurred to support the completion of one or more Grant Activities.)*

	Item Name	Cost Per Item	Number of Items	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
2.1	Material Support - General	$ 55	16	$ 880	Phones are for LINCS clients to maintain contact with their DIS and health care team during their course of linkage to care and treatment (e.g., ensure latent syphilis case patients receive treatment). **Cost Breakdown:** $55/phone x 4 phones x 4 months = $880 **Supports Activity(ies):** C
2.2	Lexis Nexus Subscription	$ 154	4	$ 616	Used by designated PHFE dba Heluna Health staff and LINCS disease intervention specialists (i.e., Health Program Coordinators, Health Workers, Disease Control Investigators) to conduct searches through public records to get into contact with a patient who recently tested positive for an STI or HIV and invite them to receive care and treatment. This is part of the LINCS locator protocol. **Cost Breakdown:** 4 months x $153.90 /month **Supports Activity(ies):** C
2.3	General Subscriptions	$ 1,080	1	$ 1,080	For subscriptions pre-approved by SFCC and funder. These include, but are not limited to, SurveyMonkey. Survey Monkey is used to create progress reporting surveys for LINCS patients and PHFE dba Heluna Helath staff. **Cost Breakdown**: Survey Monkey (1 x $1,080) **Supports Activity(ies)**: C, E
2.4	Medical Supplies-- Medications	$ 36	28	$ 1,009	Purchase of medications for treatment, including but not limited to alternative to Bicillin L-A due to shortage (i.e., Lentocillin and Extencilline). May be used for uninsured and due to SFCC being unable to send to pharmacy due prohibitive cost. **Cost Estimate:** Alternatives to Bicillin L-A (28 doses x $36.04= $1,009) **Supports Activity(ies):** A, B
2.5	Item Name	$ -	0	$ -	
2.6	Item Name	$ -	0	$ -	
2.7	Item Name	$ -	0	$ -	
2.8	Item Name	$ -	0	$ -	
2.9	Item Name	$ -	0	$ -	
2.10	Item Name	$ -	0	$ -	
2.11	Item Name	$ -	0	$ -	
2.12	Item Name	$ -	0	$ -	
2.13	Item Name	$ -	0	$ -	
2.14	Item Name	$ -	0	$ -	
2.15	Item Name	$ -	0	$ -	
2.16	Item Name	$ -	0	$ -	
2.17	Item Name	$ -	0	$ -	
2.18	Item Name	$ -	0	$ -	
2.19	Item Name	$ -	0	$ -	
2.20	Item Name	$ -	0	$ -	
2.21	Item Name	$ -	0	$ -	
2.22	Item Name	$ -	0	$ -	
2.23	Item Name	$ -	0	$ -	
2.24	Item Name	$ -	0	$ -	
2.25	Item Name	$ -	0	$ -	
2.26	Item Name	$ -	0	$ -	
2.27	Item Name	$ -	0	$ -	
2.28	Item Name	$ -	0	$ -	
2.29	Item Name	$ -	0	$ -	
2.30	Item Name	$ -	0	$ -	
			2. OPERATING EXPENSES SUBTOTAL	**$ 3,585**	

3 MAJOR EQUIPMENT *(Description: Any equipment purchase exceeding $5,000 necessary for the completion of one or more Grant Activities.)*

	Unit Name	Cost Per Unit	Number of Units	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
3.1	Item Name	$ -	0	$ -	
3.2	Item Name	$ -	0	$ -	
3.3	Item Name	$ -	0	$ -	
3.4	Item Name	$ -	0	$ -	
3.5	Item Name	$ -	0	$ -	
3.6	Item Name	$ -	0	$ -	
3.7	Item Name	$ -	0	$ -	
3.8	Item Name	$ -	0	$ -	
3.9	Item Name	$ -	0	$ -	
3.10	Item Name	$ -	0	$ -	
			3. MAJOR EQUIPMENT SUBTOTAL	**$ -**	

4 TRAVEL *(Description: Travel expenses for trainings or conferences related to one or more Grant Activities. Reimbursement for necessary travel, meals, and incidentals will follow the current rates established by the California Department of Human Resources (CalHR).)*

	Item Name	Rate	Number of People/ Miles/Nights/Days	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
4.1	Transportation	$ 30.00	16	$ 480	Ground transportation for PHFE dba Heluna Health staff attendance at the following regional, statewide, and/or out-of-state meetings or conferences: > STI Engage (Projected Location & Date: Washington, DC - June 2026) **Cost Estimate:** Up to 4 paid or in-kind staff x 4 ride share trips x $30/trip = $480 **Proposed Staff:** Communicable Disease Database Mgr, Training Lead, & 2 DIS Fellows
4.2	Conference Registration Fees	$ 995	4	$ 3,980	Registration for PHFE dba Heluna Health staff attendance at the following regional, statewide, and/or out-of-state meetings or conferences: > STI Engage (Projected Location & Date: Washington, DC - June 2026) **Cost Estimate:** Up to 4 paid and in-kind staff x $995 = $3,980 **Proposed Staff:** Communicable Disease Database Mgr, Training Lead, & 2 DIS Fellows
4.3	Airfare Fees	$ 770	4	$ 3,080	Airfare for PHFE dba Heluna Health staff attendance at the following regional, statewide, and/or out-of-state meetings or conferences: > STI Engage (Projected Location & Date: Washington, DC - June 2026) **Cost Estimate:** Up to 4 paid and in-kind staff x $700 airfare + $70 bag check RT = $3,080 **Proposed Staff:** Communicable Disease Database Mgr, Training Lead, & 2 DIS Fellows
4.4	Lodging Fees	$ 319	12	$ 3,826	Lodging for PHFE dba Heluna Health staff attendance at the following regional, statewide, and/or out-of-state meetings or conferences (based on GSA Rates) > STI Engage (Projected Location & Date: Washington, DC - June 2026) **Cost Estimate:** Up to 4 paid and in-kind staff x 3 nights x $318.86 ($275 + 15.95% tax) = $3,826.32 **Proposed Staff:** Communicable Disease Database Mgr, Training Lead, & 2 DIS Fellows

4.5	Per Diem Fees	$	170	4	$ 680	For Meals and Incidentals for PHFE dba Heluna Health staff attendance at the following regional, statewide, and/or out-of-state meetings or conferences. Any reimbursement for necessary travel shall be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR) for meals and incidentals for in state and out of state travel.] > STI Engage (Projected Location & Date: Washington, DC - June 2026) **Cost Estimate:** Up to 4 paid and in-kind staff x [$68 2nd Day + ($51 x 2 for 1st and last day) = $170] = $680 **Proposed Staff:** Communicable Disease Database Mgr, Training Lead, & 2 DIS Fellows
4.6	Mileage	$	-	0	$ -	
4.7	Training Fees	$	-	0	$ -	
4.8	Item Name	$	-	0	$ -	
4.9	Item Name	$	-	0	$ -	
4.10	Item Name	$	-	0	$ -	
	4. TRAVEL SUBTOTAL				**$ 12,046**	

5 **SUBCONTRACTORS I** *(Description: Any agreement with a nonprofit community-based organization or nonprofit healthcare provider (e.g., CBO, community clinic, federally qualified health center [FQHC]) to complete one or more Grant Activities. Each subcontractor must complete the subcontractor budget template included in this document.)*

	Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
5.1				$ -	
5.2				$ -	
5.3				$ -	
5.4				$ -	
5.5				$ -	
5.6				$ -	
5.7				$ -	
5.8				$ -	
5.9				$ -	
5.10				$ -	
			5. SUBCONTRACTORS I SUBTOTAL	**$ -**	

6 **SUBCONTRACTOR II** *(Description: Any agreement with a for profit organization (e.g., consultants, jail medical services contractors, private organizations, etc.) to complete one or more Grant Activities. Each subcontractor must complete the subcontractor budget template included in this document.)*

	Subcontractor Name	Type of Organization	Subcontractor Selection Method	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
6.1	a)Plan Coaching	For-profit	Existing Contract/Agreement	$ 16,000	Provide leadership coaching (e.g., plannign activities, coaching sessions, & summary of evaluation and core themes) to build capacity of BIPOC workforce at SF City Clinic and LINCS, including mid-level managers/ leaders to drive said changes and retain a workforce aligned with the population served. Coaching seeks to support the whole-person approach to HIV prevention and care at the clinic by maintaining and implementing low-barrier and non-stigmatizing services that retain patients with the greatest barriers and challenges in accessing care (e.g., BIPOC, trans, homeless communities). **Proposed Attendees**: Nurse Manager, Health Worker IV & Heal Care Analyst **Cost Estimate:** $16,000 > 3 participants x $3,000 for planning phase activities (45-minute virtual group kick-off session; 1:1 45- min virtual client launch meeting; 360-review (online and manager interview); 1:1 launch exercise; and devleopment of individual leadership plan) = $9,000 > 3 participants x $400 per 50-minute virtual coaching session x 5 sessions = $6,000 > 1 post-coachign evaluation of leadership develpoment goals, summary of evaluation and core themes = $1,000 **Support Activity(ies)**: C & D
6.2				$ -	
6.3				$ -	
6.4				$ -	
6.5				$ -	
6.6				$ -	
6.7				$ -	
6.8				$ -	
6.9				$ -	
6.10				$ -	
			6. SUBCONTRACTORS II SUBTOTAL	**$ 16,000**	

7 **OTHER** *(Description: Expenses not categorized under previous budget sections. The unit of measure will vary based on the item or service.)*

	Item Name	Cost per Item	Number of Items	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
7.1	Item Name	$ -	0	$ -	
7.2	Item Name	$ -	0	$ -	
7.3	Item Name	$ -	0	$ -	
7.4	Item Name	$ -	0	$ -	
7.5	Item Name	$ -	0	$ -	
7.6	Item Name	$ -	0	$ -	
7.7	Item Name	$ -	0	$ -	
7.8	Item Name	$ -	0	$ -	
7.9	Item Name	$ -	0	$ -	
7.10	Item Name	$ -	0	$ -	
			7. OTHER SUBTOTAL	**$ -**	

8 **INDIRECT COST RATE** *(Description: It is recommended that LHJs negotiate a reasonable rate with their subcontractors, and rates should not exceed 15 percent of personnel and benefits; OR 15 percent of Total Allowable Direct Costs. If using Total Allowable Direct Costs, the LHJ must notify their LAFS to obtain a revised budget template to properly calculate this cost on the budget.)*

	ICR	Total Cost	Description of Expense (Provide a detailed description of how this budget line directly supports the Grant Activities)
8.1	15.00%	$ 30,533	The indirect rate is the "de minimis " rate of 15% applied to the total direct costs
	8. ICR SUBTOTAL	**$ 30,533**	

9 **BUDGET GRAND TOTAL** (Description: The sum of direct and indirect costs.)

	TOTAL	
9.1	**$**	**234,083**

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Outlook

FY 2025-2026 Budget Approved - County of San Francisco – Agreement 25-10641 - DIS Workforce Development Grant

From Cervantes, Adriana@CDPH <Adriana.Cervantes@cdph.ca.gov>
Date Fri 11/14/2025 4:19 PM
To Saunders, Elijah (DPH) <elijah.saunders@sfdph.org>; Taylor, Anthony (DPH) <anthony.taylor@sfdph.org>
Cc Woo, Win See (DPH) <winsee.woo@sfdph.org>; Cohen, Stephanie <stephanie.cohen@sfdph.org>; Janssen, Julia (DPH) <julia.janssen@sfdph.org>; Marek, Jill@CDPH <Jill.Marek@cdph.ca.gov>; Piper, Rachel@CDPH <Rachel.Piper@cdph.ca.gov>

1 attachment (72 KB)
San Francisco-DIS WF Development Grant-Budget-11-14-2025.xlsx;

Dear Elijah and Taylor,

The STDCB has completed its review of your FY 2025-2026 Budget for the DIS Workforce Development Grant. The approved budget for FY 2025-2026 is attached for your reference. Please note that the Electronic Invoice Template will be provided to the LHJ once the Grant Agreement is fully executed between the LHJ and CDPH. Consequently, invoices cannot be submitted until after the Grant Agreement is executed and the EIT is provided by the STDCB.

If you have any further questions, please feel free to reach out to me.

Best regards,

Adriana Cervantes
Local Assistance Funding Specialist
Business Operations Support Section, STD Control Branch
Center for Infectious Diseases, Division of Communicable Disease Control
California Department of Public Health
Adriana.Cervantes@cdph.ca.gov

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From: Saunders, Elijah (DPH) <elijah.saunders@sfdph.org>
Sent: Friday, November 14, 2025 10:18 AM

Docusign Envelope ID: 01C9CC37-5F27-45CB-B64F-970489770ADF

To: Cervantes, Adriana@CDPH <Adriana.Cervantes@cdph.ca.gov>; Taylor, Anthony (DPH) <anthony.taylor@sfdph.org>
Cc: Woo, Win See (DPH) <winsee.woo@sfdph.org>; Cohen, Stephanie <stephanie.cohen@sfdph.org>; Janssen, Julia (DPH) <Julia.janssen@sfdph.org>; Marek, Jill@CDPH <Jill.Marek@cdph.ca.gov>; Piper, Rachel@CDPH <Rachel.Piper@cdph.ca.gov>
Subject: Re: Budget Corrections - County of San Francisco – Agreement 25-10641 - DIS Workforce Development Grant

Good morning Adriana,

Please find SFDPH's updated budget attached with updates in red. If we can receive budget approval today, we will still be able to make the Dec BOS agenda, and it would be much appreciated. Please let us know if there are any follow up questions.

Thank you,
Elijah

Elijah Saunders (*he/him)*

Grants Analyst, Administration, Policy, & Performance (APP) Branch

Population Health Division | San Francisco Department of Public Health

Phone: (628) 217-6070

Office: 1360 Mission, 1st Floor, San Francisco, CA, 94103

POPULATION HEALTH DIVISION
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
ADMINISTRATION, POLICY, AND PERFORMANCE BRANCH

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From: Cervantes, Adriana@CDPH <Adriana.Cervantes@cdph.ca.gov>
Sent: Thursday, November 13, 2025 2:32 PM
To: Taylor, Anthony (DPH) <anthony.taylor@sfdph.org>
Cc: Saunders, Elijah (DPH) <elijah.saunders@sfdph.org>; Woo, Win See (DPH) <winsee.woo@sfdph.org>; Cohen, Stephanie <stephanie.cohen@sfdph.org>; Janssen, Julia (DPH) <julia.janssen@sfdph.org>; Marek, Jill@CDPH <Jill.Marek@cdph.ca.gov>; Piper, Rachel@CDPH <Rachel.Piper@cdph.ca.gov>
Subject: Budget Corrections - County of San Francisco – Agreement 25-10641 - DIS Workforce Development Grant

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DIS Workforce Development Grant
Funding Allocation List
FY 2025 - 2030

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Alameda County* (excluding Berkeley)	$151,477	$302,953	$302,953	$302,953	$302,953	$1,363,289
Alpine County**	$50,072	$100,143	$100,143	$100,143	$100,143	$450,644
Amador County	$52,575	$105,149	$105,149	$105,149	$105,149	$473,171
City of Berkeley	$58,217	$116,434	$116,434	$116,434	$116,434	$523,953
Butte County	$65,365	$130,729	$130,729	$130,729	$130,729	$588,281
Calaveras County	$53,139	$106,278	$106,278	$106,278	$106,278	$478,251
Colusa County	$51,238	$102,475	$102,475	$102,475	$102,475	$461,138
Contra Costa County	$121,677	$243,353	$243,353	$243,353	$243,353	$1,095,089
Del Norte County	$51,488	$102,976	$102,976	$102,976	$102,976	$463,392
El Dorado County	$60,168	$120,336	$120,336	$120,336	$120,336	$541,512
Fresno County	$126,319	$252,638	$252,638	$252,638	$252,638	$1,136,871
Glenn County	$51,739	$103,477	$103,477	$103,477	$103,477	$465,647
Humboldt County	$58,484	$116,968	$116,968	$116,968	$116,968	$526,356
Imperial County	$65,258	$130,516	$130,516	$130,516	$130,516	$587,322
Inyo County	$51,240	$102,480	$102,480	$102,480	$102,480	$461,160
Kern County	$112,648	$225,296	$225,296	$225,296	$225,296	$1,013,832
Kings County	$60,040	$120,080	$120,080	$120,080	$120,080	$540,360
Lake County	$54,245	$108,490	$108,490	$108,490	$108,490	$488,205
Lassen County	$51,415	$102,830	$102,830	$102,830	$102,830	$462,735
City of Long Beach	$84,584	$169,168	$169,168	$169,168	$169,168	$761,256
Madera County	$60,726	$121,451	$121,451	$121,451	$121,451	$546,530
Marin County	$64,953	$129,905	$129,905	$129,905	$129,905	$584,573
Mariposa County	$51,192	$102,384	$102,384	$102,384	$102,384	$460,728
Mendocino County	$56,568	$113,136	$113,136	$113,136	$113,136	$509,112
Merced County	$68,407	$136,814	$136,814	$136,814	$136,814	$615,663
Modoc County	$50,561	$101,122	$101,122	$101,122	$101,122	$455,049
Mono County	$50,721	$101,442	$101,442	$101,442	$101,442	$456,489
Monterey County	$80,704	$161,408	$161,408	$161,408	$161,408	$726,336
Napa County	$60,274	$120,548	$120,548	$120,548	$120,548	$542,466
Nevada County	$56,335	$112,670	$112,670	$112,670	$112,670	$507,015
Orange County	$281,829	$563,657	$563,657	$563,657	$563,657	$2,536,457
City of Pasadena	$62,215	$124,429	$124,429	$124,429	$124,429	$559,931
Placer County	$72,639	$145,278	$145,278	$145,278	$145,278	$653,751
Plumas County	$51,441	$102,882	$102,882	$102,882	$102,882	$462,969
Riverside County	$210,045	$420,089	$420,089	$420,089	$420,089	$1,890,401
Sacramento County	$157,158	$314,315	$314,315	$314,315	$314,315	$1,414,418
San Benito County	$53,869	$107,738	$107,738	$107,738	$107,738	$484,821
San Bernardino County	$189,238	$378,476	$378,476	$378,476	$378,476	$1,703,142
San Diego County	$261,726	$523,452	$523,452	$523,452	$523,452	$2,355,534
San Joaquin County	$105,371	$210,741	$210,741	$210,741	$210,741	$948,335
San Luis Obispo County	$68,134	$136,267	$136,267	$136,267	$136,267	$613,202
San Mateo County	$98,628	$197,256	$197,256	$197,256	$197,256	$887,652
Santa Barbara County	$81,529	$163,058	$163,058	$163,058	$163,058	$733,761
Santa Clara County	$168,935	$337,870	$337,870	$337,870	$337,870	$1,520,415
Santa Cruz County	$67,652	$135,303	$135,303	$135,303	$135,303	$608,864
Shasta County	$60,413	$120,826	$120,826	$120,826	$120,826	$543,717

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DIS Workforce Development Grant
Funding Allocation List
FY 2025 - 2030

County/City	Year 1 Award (50%)	Year 2 Annual Award	Year 3 Annual Award	Year 4 Annual Award	Year 5 Annual Award	Total Five-Year Allocation
Sierra County	$50,246	$100,492	$100,492	$100,492	$100,492	$452,214
Siskiyou County	$53,145	$106,289	$106,289	$106,289	$106,289	$478,301
Solano County	$77,710	$155,420	$155,420	$155,420	$155,420	$699,390
Sonoma County	$83,360	$166,720	$166,720	$166,720	$166,720	$750,240
Stanislaus County	$89,018	$178,035	$178,035	$178,035	$178,035	$801,158
Sutter County	$56,378	$112,756	$112,756	$112,756	$112,756	$507,402
Tehama County	$53,900	$107,799	$107,799	$107,799	$107,799	$485,096
Trinity County	$50,991	$101,982	$101,982	$101,982	$101,982	$458,919
Tulare County	$84,401	$168,801	$168,801	$168,801	$168,801	$759,605
Tuolumne County	$53,419	$106,838	$106,838	$106,838	$106,838	$480,771
Ventura County	$108,138	$216,276	$216,276	$216,276	$216,276	$973,242
Yolo County	$64,028	$128,056	$128,056	$128,056	$128,056	$576,252
Yuba County	$54,803	$109,606	$109,606	$109,606	$109,606	$493,227
Los Angeles	$3,299,258	$6,598,516	$6,598,516	$6,598,516	$6,598,516	$29,693,322
San Francisco	$1,123,180	$2,246,359	$2,246,359	$2,246,359	$2,246,359	$10,108,616
Total	**$9,324,626.00**	**$18,649,231**	**$18,649,231**	**$18,649,231**	**$18,649,231**	**$83,921,550**

**City estimates were calculated using census tracts. Alameda Health Department estimates do not include Berkeley census tracts in the formula.*

For more information about how Community Resilience Estimates are calculated, see the US Census technical document.

CDPH
Health and Human Services Agency
California Department of Public Health

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

Letter of Award

DATE: October 28, 2025

TO: CALIFORNIA LOCAL HEALTH JURISDICTIONS

SUBJECT: DISEASE INTERVENTION SPECIALIST (DIS) WORKFORCE DEVELOPMENT GRANT

The California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB), is awarding Local Health Jurisdictions (LHJ) local assistance funds through the Disease Intervention Specialist (DIS) Workforce Development Grant. Funded by the AIDS Drug Assistance Program Rebate Fund, this Grant is to fund local disease intervention specialists supporting current or eligible services and programs as per Sections 120956 and 120972.2 of the Health and Safety Code. This Grant is set to begin on July 01, 2025, and end on June 30, 2030.

Grant Activities

The purpose of the Disease Intervention Specialist (DIS) Workforce Development Grant is to 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 mpox. **The funding 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.**

STI prevention is HIV prevention. People with STIs are at an increase risk for acquiring and transmitting HIV. CDC states in the STI Treatment Guidelines that “diagnosis of an STI is a biomarker for HIV acquisition, especially among persons with primary or secondary syphilis or, among MSM individuals with rectal gonorrhea or chlamydia.” Data shows men who have sex with men (MSM) diagnosed with rectal gonorrhea and early syphilis were at the greatest risk of being diagnosed with HIV infection post-STI diagnosis and that these individuals should be prioritized for more intensive prevention interventions, including PrEP (Katz et al, 2016). Hence, identifying, treating and preventing STIs has a clear link to preventing HIV infection.

Additionally, HIV, STIs, HCV, and mpox have shared populations at risk, including MSM due to similar transmission mechanisms including sexual activity. In California, STI and HIV rates are particularly high among vulnerable populations already at elevated risk for HIV, including gay, bisexual, and other MSM, transgender and non-binary individuals, BIPOC communities, people who use drugs, and people experiencing homelessness or incarceration. Recent data also indicates STI rates are significantly higher - up to 39% (Williams & Bryant, 2018) and the CDC reports an increased HIV burden among people experiencing homelessness. Additionally, a composite literature review of STI prevalence in homeless adults identified HCV as the highest reported prevalence, at 52% among older men experiencing homelessness (Williams & Bryant, 2018).

According to HHS Guidelines: Both HIV and HCV can be transmitted by percutaneous exposure to blood or blood products, sexual intercourse, and perinatal transmission; however, the relative efficiency of transmission by these routes varies substantially. HCV transmission via injection drug use remains the most common mode of acquisition in the United States. The prevalence of HCV infection among people with HIV is distributed in the following subgroups: people who inject drugs (82.4%), men who have sex with men (MSM, 6.4%). In the United States, it is estimated that 62% to 80% of people who inject drugs and have HIV also have HCV infection. Estimates of HCV/HIV coinfection in the United States have been cited as 21% but have ranged from 6% to 30% with high variability based on the distribution of HIV transmission risk factors.

The potential for rapid spread of HIV among this population of PWID was realized during a 2015 outbreak in rural Scott County, Indiana. In January 2015, disease intervention specialists reported 11 new cases of confirmed HIV infection epidemiologically linked through injection drug use; by comparison, only 5 HIV infections had been diagnosed in this county in the prior 10 years (2004–2013). By November 2015, 181 new cases of HIV had been diagnosed; 92% of infected persons were coinfected with HCV. In this outbreak among PWID, HCV infection typically preceded HIV infection, representing an important opportunity for HIV prevention. HCV among PWID is often an indicator of syringe-sharing, which also increases HIV risk. Empirical evidence and program evaluation data in California has shown that offering HCV testing increases acceptability and utilization of HIV testing among PWID.

Finally, people who are living with or are at risk for HIV are disproportionately impacted by mpox. Mitigation of mpox severity and transmission through vaccination is a core priority in California since approximately 40% of mpox cases in California in 2023 were among people with HIV. People with HIV, particularly those with a low CD4 cell count or those not receiving antiretroviral therapy, are at higher risk for severe mpox and even death.

Evidence for increasing STI, HCV and mpox incidence and prevalence in HIV-negative men seen in HIV PrEP clinics has also led to current recommendations to monitor for STIs, HCV and mpox as part of PrEP care. For this reason, it is critical that HIV prevention funds also incorporate these preventive services.

The syndemic of HIV, STIs, HCV and mpox from sexual and/or bloodborne transmission highlights the need for a syndemic approach to risk reduction. Given this context, LHJ disease investigators, epidemiologists, clinicians, and other program and grant managers play a critical role in identifying and responding to cases of HIV, STIs, HCV, and mpox, as well as reaching their partners. This work is essential for identifying those at greatest risk for HIV for expanding prevention, conducting investigations, monitoring disease trends, ensuring treatment, linking individuals and their partners to care and prevention are vital strategies for controlling the spread of HIV, STIs, HCV and mpox in California.

The Grant Activities are enclosed for your information and available on the STI/HCV Local Assistance Funding SharePoint site. Grantees are responsible for all grant objectives in the Grant Activities unless they are marked as “Optional.”

Grantees must adhere to the Grant Activities, and any subsequent revisions, along with all instructions, policy memoranda, or directives issued by CDPH/STDCB. CDPH/STDCB will make any changes and/or additions to these guidelines in writing and, whenever possible, notification of such changes shall be made 30 days prior to implementation.

Updates to the Grant Activities or additional guidance can be found at the STI/HCV Local Assistance Funding SharePoint site.

Funding

These annual DIS Workforce Development Grant funds will maintain the disease intervention specialist workforce across 61 LHJs and ensure the continuation of essential services to prevent and control STIs, HIV, HCV, and mpox. A detailed summary of the funding for the 61 LHJs in California, including final amounts, is available at STI/HCV Local Assistance Funding SharePoint site. Funding availability in subsequent fiscal years will be determined by satisfactory recipient performance and is subject to the availability of appropriated funds.

Next Steps

To receive these funds, the LHJs must return the following documents no later than close of business, **December 05, 2025** via email to Adriana.Cervantes@cdph.ca.gov with a cc to STDLHJContracts@cdph.ca.gov. The name of the LHJ must be included in the subject line to help us easily identify which LHJ you represent (*County of XXXX – Agreement # - DIS Workforce Development Grant*).

1. **Signed Grant Agreement (CDPH 1229)**
   - The signature page only. It must bear original or digital signatures.
2. **Copy of the Board Resolution/Order/Motion, ordinance, or other similar document authorizing execution of the agreement.**
   - The LHJs may exercise their delegated authority to accept and implement this grant and future amendments to support the continuation of DIS Workforce Development activities.
     - If your next board meeting is after December 05, 2025, email Adriana.Cervantes@cdph.ca.gov with the date you plan to add this to the board of supervisor's agenda.
3. **California Civil Rights Laws and Attachment (DGS OLS 04)**
4. **Certificate of Insurance (COI)**
   - The COI must also include the following language under the Description of Operations section: *"The State of California, its officers, agents and employees are included as additional insured, but only with respect to work performed for the State of California under the contract. The additional insured endorsement must accompany the certificate of insurance."*
   - The certificate holder must be listed as California Department of Public Health (CDPH).
5. **Contractor Certification Clause (CCC 042017)**
6. **Government Agency Taxpayer ID Form (CDPH 9083)**
7. **Budget for FY 2025-2026**
   - The budget template can be accessed on the STI/HCV Local Assistance Funding SharePoint site.
   - The budgets are due for future FYs as follows:
     - FY 2026-2027 due March 6, 2026
     - FY 2027-2028 due March 5, 2027
     - FY 2028-2029 due March 3, 2028
     - FY 2029-2030 due March 2, 2029

Upon final approval of the grant agreement documents, you will receive an executed copy.

The DIS Workforce Development Grant webinar has been scheduled for November 19, 2025, from 9:30 am to 10:30 am.

Microsoft Teams Meeting Information
Join the meeting now
Meeting ID: 211 238 838 633 1
Passcode: iX7EN2rZ

During the webinar, the STDCB will provide an overview of the Grant including background, goals of the funding, funding information, Grant Activities, and anticipated next steps and timeline. The presentation will be followed by a question-and-answer period. Please forward this invitation to staff in your jurisdiction that should participate in the webinar. This meeting will be recorded for those unable to attend and posted to the STI/HCV Local Assistance Funding SharePoint site.

Contact Information
We look forward to collaborating with you to support the DIS workforce. If you have any questions, please do not hesitate to contact your Local Assistance Funding Specialist, Adriana Cervantes by email (Adriana.Cervantes@cdph.ca.gov).

Sincerely,

Alexia McGonagle
Assistant Branch Chief
STD Control Branch

Enclosures

cc: Kathleen Jacobson, MD, Chief, STD Control Branch
Jill Marek, Chief, Disease Intervention Section
Orlanda Tafolla, Chief, Business Operations Support Section
Rachel Piper, Chief, Contracts and Purchasing Unit
Adriana Cervantes, Local Assistance Funding Specialist

CDPH
Health and Human Services Agency
California Department of Public Health

Erica Pan, MD, MPH
Director and State Public Health Officer

Gavin Newsom
Governor

Letter of Intent

DATE: July 29, 2025

TO: CALIFORNIA LOCAL HEALTH JURISDICTIONS

SUBJECT: DISEASE INTERVENTION SPECIALIST (DIS) WORKFORCE DEVELOPMENT GRANT

The California Department of Public Health (CDPH), Sexually Transmitted Disease Control Branch (STDCB), is pleased to announce the intent to award Local Health Jurisdictions (LHJs) funds through the Disease Intervention Specialist (DIS) Workforce Development Grant. Funded by the AIDS Drug Assistance Program (ADAP) Rebate Fund, this Grant is to fund local disease intervention specialists supporting current or eligible services and programs as per Sections 120956 and 120972.2 of the Health and Safety Code. This Grant is tentatively set to begin on July 1, 2025, and end on June 30, 2030.

The purpose of the DIS Workforce Development Grant is to develop, expand, train, and sustain the DIS workforce and address jurisdictional prevention and response needs for sexually transmitted infections (STIs), human immunodeficiency virus (HIV), Hepatitis C Virus (HCV), and mpox over the performance period. The funding 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 or other emerging sexually transmissible diseases. The Grant Activities will be available on the STDCB STI/HCV Local Assistance Funding SharePoint site once they are finalized.

These annual DIS Workforce Development Grant funds will maintain the disease investigation workforce across 61 LHJs and ensure the continuation of essential services to prevent and control HIV, STIs, HCV, and mpox. See attached ADAP DIS Workforce Development LHJ Allocation Funding for a comprehensive summary of the funding, including final amounts. Funding availability in subsequent fiscal years will be determined by satisfactory recipient performance and is subject to the availability of appropriated funds.

To secure these funds, an official Grant Agreement will be developed and executed between the LHJs and CDPH. To assist the STD Control Branch staff in preparing the Grant Agreements, please return the following documents no later than close of business, **August 15, 2025,** via email to Adriana.Cervantes@cdph.ca.gov with a cc to STDLHJContracts@cdph.ca.gov. Include the name of your LHJ in the subject line to facilitate easy identification of the LHJ you represent (City/County of XXXX – DIS WF Development Grant).

1) **LHJ Program Contact Information**

If you have any questions, please do not hesitate to contact your Local Assistance Funding Specialist, Adriana Cervantes by email (Adriana.Cervantes@cdph.ca.gov).

Sincerely,

Alexia McGonagle
Assistant Branch Chief
STD Control Branch

Attachments:
1. DIS Workforce Development Grant LHJ Funding Allocation FY 2025-2030
2. LHJ Program Contact Information

cc: Kathleen Jacobson, MD, Chief, STD Control Branch
Jill Marek, Chief, Disease Intervention Section
Orlanda Tafolla, Chief, Business Operations Support Section
Rachel Piper, Chief, Contracts and Purchasing Unit
Adriana Cervantes, Local Assistance Funding Specialist
Michelle Gibbons, County Health Executives Association of California (CHEAC)
Jake Hanson, MPH, California Conference of Local Health Officers (CCLHO)

City and County of San Francisco
Daniel Lurie
Mayor

San Francisco Department of Public Health
Daniel Tsai
Director of Health

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Monday, December 29, 2025

RE: **Retroactivity re: File 251188**

This Resolution seeks authorization for the Department of Public Health (DPH) to retroactively accept and expend a grant increase in the amount of $1,123,180, from the California Department of Public Health for the Disease Intervention Specialist (DIS) Workforce Grant.

This grant accept and expend is retroactive because DPH received notice of the grant increase after the pre-determined project start date. DPH received notice of the grant increase on October 28, 2025, for a project period of July 1, 2025 through June 30, 2026. The project period was predetermined by the grantor. Upon receiving the notice of grant increase, DPH brought the item to the Controller's Office for review on November 6, 2025. The Controller's Office reviewed and forwarded the packet to the Mayor's Office on November 24, 2025 for introduction on December 2, 2025.

We respectfully request retroactive authorization for these items. Please contact Lily Conover, SFDPH Controller, at lily.conover@sfdph.org for any questions about this request for retroactive authorization.

President, District 8
BOARD of SUPERVISORS

City Hall
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689
Tel. No. 554-6968
Fax No. 554-5163
TDD/TTY No. 544-5227

RAFAEL MANDELMAN

PRESIDENTIAL ACTION

Date: 1/5/26

To: Angela Calvillo, Clerk of the Board of Supervisors

Madam Clerk,
Pursuant to Board Rules, I am hereby:

☐ Waiving 30-Day Rule (Board Rule No. 3.23)

File No. _____ _____
(Primary Sponsor)

Title. _____

☐ Transferring (Board Rule No 3.3)

File No. _____ _____
(Primary Sponsor)

Title. _____

From: _____ Committee

To: _____ Committee

☒ Assigning Temporary Committee Appointment (Board Rule No. 3.1)

Supervisor: Chen Replacing Supervisor: _____

For: 1/7/26 (Date) Budget & Finance (Committee) Meeting

Start Time: _____ End Time: _____

Temporary Assignment: ○ Partial ◉ Full Meeting

Rafael Mandelman, President
Board of Supervisors

Docusign Envelope ID: 01C9CC37-5F27-45CB-B64F-970489770ADF

Daniel L. Lurie
Mayor

Daniel Tsai
Director of Health

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

FROM: **Daniel Tsai**
Director of Health

DATE: **11/20/2025**

SUBJECT: **Grant Accept and Expend**

GRANT TITLE: **Disease Intervention Specialist (DIS) Workforce Development Grant - $1,123,180**

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): Funding allocation

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 ☒

OFFICE OF THE MAYOR
SAN FRANCISCO

DANIEL LURIE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Adam Thongsavat, Liaison to the Board of Supervisors
RE: Accept and Expend Grant - Retroactive - California Department of Health - Disease Intervention Specialist (DIS) Workforce Development Grant - $1,123,180
DATE: December 2, 2025

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of $1,123,180 from the California Department of Health for participation in a program entitled, "Disease Intervention Specialist (DIS) Workforce Development Grant," for the period of July 1, 2025 to June 30, 2026; and approving the Grant Agreement pursuant to Charter, Section 9.118(a).

Should you have any questions, please contact Adam Thongsavat at adam.thongsavat@sfgov.org

1 DR. CARLTON B. GOODLETT PLACE, ROOM 200
SAN FRANCISCO, CALIFORNIA 94102-4681
TELEPHONE: (415) 554-6141