| Committee Item No. | 1 | |
|--------------------|----|--|
| Board Item No | _2 | |
| | | |

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

| Committee CITY OPERATIONS AND | Date | 9/26/11 |
|------------------------------------|---------------------------------------|---------------------------------------|
| NEIGHBORHOOD SERVICES | | |
| Board of Supervisors Meeting | Date | 16/4/11 |
| Cmte Board | | |
| ☐ Motion | • | |
| 🕅 🕅 Resolution | | |
| Ordinance | | |
| Legislative Digest | | |
| ☐ Budget Analyst Report | | |
| Legislative Analyst Report | | |
| Introduction Form (for heari | ings) | |
| | _etter and/or Rep | ort |
| MOU | • | |
| Grant Information Form | | |
| 💹 🗵 Grant Budget | | |
| Subcontract Budget | | |
| Contract/Agreement | | |
| Award Letter | | |
| Application | | 3 |
| Public Correspondence | | |
| | | |
| OTHER (Use back side if additional | space is needed) | |
| | · · · · · · · · · · · · · · · · · · · | · · · · · · · · · · · · · · · · · · · |
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| | | |
| | | • |
| Completed by: Gail Johnson | Date | 9/22/11 |
| Completed by: $\angle \omega$ | Date | 9/28/11 |
| ounpicted by. | | 1/-0/11 |

An asterisked item represents the cover sheet to a document that exceeds 25 pages.

The complete document is in the file.

[Accept and Expend Grant - the STOP Study - \$443,333]

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant from the Centers for Disease Control and Prevention in the amount of \$443,333 to fund the STOP Study for the period June 15, 2011, through June 14, 2012.

WHEREAS, The Centers for Disease Control and Prevention (CDC) has agreed to fund DPH in the amount of \$443,333 for the period of June 15, 2011 through June 14, 2012; and,

WHEREAS, The STOP Study is evaluating HIV screening and partner notification; and, WHEREAS, DPH will subcontract with Public Health Foundation Enterprises, Inc; UCSF/AIDS Health Project; SF AIDS Foundation, Magnet; and Tenderloin Health, and MOUs with DPH's Lab and STD units, in the total amount of \$409,582; for the period of June 15, 2011 through June 14, 2012; and,

WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH for two existing positions, one Senior Physician Specialist (Job Class #2232) at .05 FTE, and one Health Program Coordinator III (Job Class #2593) at .05 FTE, for the period of June 15, 2011 through June 14, 2012; and,

WHEREAS, The grant budget includes a provision for indirect costs in the amount of \$3,931; and,

WHEREAS, DPH is seeking retroactive approval because the CDC did not send the grant award until June 08, 2011; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of \$443,333 from the CDC; and, be it

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

FURTHER RESOLVED, That the Director of Health is authorized to enter into the agreement on behalf of the City.

RECOMMENDED:

Barbara A. Garcia Director of Health APPROVED:

Office of the Mayor

Office of the Controller

City and County of San Fractisco

TO:

Partment of Public Health



Edwin M. Lee Mayor Barbara A. Garcia, MPA Director of Health

| FROM: | Barbara A. Garcia MPA Director of Health | | |
|--------------------|--|----------------------|--------------------------------|
| DATE: | July 7, 2011 | | |
| SUBJECT: | Grant Accept & Expend | | |
| GRANT TITLE: | The STOP Study- \$443,3 | 33 | |
| Attached please | find the original and 4 copies | of each of the follo | owing: |
| | grant resolution, original sign | ed by Department | |
| | mation form, including disabi | lity checklist | |
| | get and justification | | |
| | er | | |
| | ication | | |
| | | | |
| Special Timeline | Requirements: | | |
| Departmental re | epresentative to receive a c | opy of the adopte | d resolution: |
| Name: Richelle- | Lynn Mojica | Pho | ne: 255-3555 |
| Interoffice Mail A | ddress: DPH, Community Pr | ograms, 1380 How | ard St., 4 th Floor |
| Certified copy re | quired Yes 🗌 | No [| |

Angela Calvillo, Clerk of the Board of Supervisors

| File Number: (Provided by Clerk of Board of Sup | ervisors) | | | | |
|--|-------------------------------------|--|--|--|---------------------------------|
| | | : Information Fo | | | |
| Purpose: Accompanies proposed Board funds. | d of Supervisors | s resolutions auth | norizing a Departm | ent to accept ar | d expend grant |
| The following describes the grant referre | ed to in the acc | ompanying resol | ution: | | |
| Grant Title: The STOP Study | | | | | |
| Department: Department of Public AIDS Office HIV Prevention Section | 1. | | | | |
| 3. Contact Person: Grant Colfax | Telep | hone: 554-9173 | | | |
| 4. Grant Approval Status (check one): | | | | | • |
| [X] Approved by funding agend | су | [] No | t yet approved | | |
| 5. Amount of Grant Funding Approved | or Applied for: | | | | |
| 6a. Matching Funds Required: \$0 b. Source(s) of matching funds (if appl | | | | | |
| 7a. Grant Source Agency: Centers for Db. Grant Pass-Through Agency (if appl | isease Control licable): N/A | and Prevention | (CDC) | | |
| 8. Proposed Grant Project Summary: | | | | | |
| i) To evaluate the yield, cost-c fourth-generation enzyme ir acid amplification testing (N | mmunoassay (E | nd feasibility of s EIA) in high-risk/h | creening for acute high-incidence setti | HIV infection (Annual of the HIV infection (Annual of the HIV) | vHI) with a o pooled nucleic |
| ii) To evaluate the yield, cost-e techniques linked to acute h | effectiveness, a HV infection (A | nd feasibility of e | nhanced partner n | otification/conta | ct tracing |
| 9. Grant Project Schedule, as allowed in | n approval docı | uments, or as pro | pposed: | | |
| Start-Date: 06/15/2011 | End-Date: | 06/14/2012 | | | • |
| 10a. Amount budgeted for contractual sinternal DPH divisions | ervices: \$409,5 | 82 of which \$266 | 3,120 will actually b | e retained for u | se by two |
| b. Will contractual services be put out | to bid? No. | , * | | | |
| c. If so, will contract services help to requirements? N/A | further the goal | s of the departm | ent's MBE/WBE | | |
| d. Is this likely to be a one-time or on | going request f | or contracting ou | t? N/A | | • |
| 11a. Does the budget include indirect co | osts? | [X]Yes | [] No | | |
| b1. If yes, how much? \$3,931 b2. How was the amount calculated? | 24 84% of total | salaries | | | |

| [] Not allowed by granting agency [] Other (please explain): | [] To maximize use of grant funds on direct services |
|---|--|
| c2. If no indirect costs are included, what would have | been the indirect costs? |
| 12. Any other significant grant requirements or comment | s: |
| We respectfully request for approval to accept and example. The Department received the cooperative agreement | xpend this year 2 fund effective June 15, 2011. t on June 8, 2011. |
| Grant Code is: HCAO24/11 | |
| **Disability Access Checklist*** | |
| 13. This Grant is intended for activities at (check all that a | apply): |
| [X] Existing Site(s) [] Rehabilitated Site(s) [] New Site(s) [] New Structure(s) | [X] Existing Program(s) or Service(s) re(s) [] New Program(s) or Service(s) |
| that the project as proposed will be in compliance with the | r's Office on Disability have reviewed the proposal and concluded e Americans with Disabilities Act and all other Federal, State and aclusion of persons with disabilities, or will require unreasonable ion: |
| Comments: | |
| Departmental or Mayor's Office of Disability Reviewer: <a> | Jason Hashimoto |
| Date Reviewed: 1/1/11 Department Approval: | |
| Barbara A. Garcia, MPA | Director of Public Health |

N FRANCISCO DEPARTMENT OF PUBLIC HEAL AIDS OFFICE - HIV PREVENTION SECTION The STOP Project June 15, 2017 - June 14, 2012

HPH/03 2S/CHS/GNC HCHPDHIVSVGH HCAO24 1100

Dept / Div: Fund Group: Index Code: Grant Code: Grant Detail:

| | | | 35.00% | | | | | | | | | | . |
|-----|---|------------------|---|--|--------------|-------------|-----------------|-----|------------------|----------------------------------|-----------------|----------|----------|
| ⊢ | CATEGORY/LINE ITEM | Annual Salary | Annual Annual otal Annua % OF Salary Frin Ben sal/Frin Bei TIME | Annual otal Annua % OF % OF Frin Ben sal/Frin Bei TIME FTE | % OF TIME | % OF FTE | Monthly Rate | Mth | Salary Budget | Salary Frin Ben Budget Budget | Total Budget | Comments | |
| ~ | A. PERSONNEL | | | | | | | | | · | | | Г |
| | Senior Physician Specialist 2232 7 G. Colfax | 183,092 | 64,082 247,174 | 247,174 | 2% | 0.05 | 15,258 | 12 | 9,155 | 3,204 | 3,204 12,359 | | |
| જાં | Health Program Coordinator III 2593 5 T. Dowling | 90,818 | 90,818 31,786 122,604 | | 2% | 0.05 | 7,568 | 12 | 4,541 | 1,589 | 6,130 | | |
| | COLA 4% | 0 | 0 | 0 | %0 | 0.00 | ò | 0 | 2,131 | | 2,131 | | · . |
| - 1 | 4. STEP Increases 5% | 0 | 0 | 0 | %0 | 0.00 | 0 | 0 | 0 | 0 | 0 | | |

TOTAL SALARY/FRINGE 273,910 95,869 369,779 00101 SALARIES: 00103 FRNG BN: Sub TOTAL:

15,826 4,793

0.10

C. TRAVEL

Sub Total TRAVEL

Sub Total EQUIPMENT

D. EQUIPMENT

E. MATERIALS AND SUPPLIES
1. Office supplies (04951)
Sub Total SuppLIES

F. CONTRACTUAL SERVICES (02789)

PHFE UCSF/AIDS Health Project SF AIDS Foundation, Magnet Tenderloin Health

Sub Total CONTRACTUAL

G. OTHER 1. IRB Fees (02799) Sub Total OTHER

TOTAL DIRECT COSTS

66,231 29,047 28,583 21,601 200,927 grant detail 1101 56,193 grant detail 1102 409,582 3,200

439,402

N FRANCISCO DEPARTMENT OF PUBLIC HEAL AIDS OFFICE - HIV PREVENTION SECTION The STOP Project June 15, 2011 - June 14, 2012

HPH/03 2S/CHS/GNC HCHPDHIVSVGR HCAO24

| CATEGORY/LINE ITEM | Annual | 35.00% Annual Frin Ben | 35.00% Annual otal Annua % OF % OF Monthly Frin Ben sal/Frin Bei TiME FTE Rate | % OF TIME | % OF I | Monthly Rate | Mth | Salary | Frin Ben Budget | Total Budget | Comments |
|---------------------------|-------------------------|------------------------------|--|--------------|--------|-----------------|-----|--------|--------------------|-----------------|------------------------------------|
| | | | BUDGET SUMMARY | SUMMAR | ≥ | | | | | | |
| A. SALARIES | | | | FTE= | 0.10 | | | | | 15,826 | |
| B. MANDATORY FRINGE | • | | | | | | - : | | | 4,793 | |
| C. TRAVEL | | | | | | | , | | | 6,000 | |
| D. EQUIPMENT | | | | | | | | _ | | 0 | |
| E. MATERIALS AND SUPPLIES | IES | | | | | | | ٠ | | 0 | |
| F. CONTRACT / MOU | | ' | | | | | | | • | 409,582 | |
| в. отнея | | | | | | | | | | 3,200 | |
| DIRECT COSTS | | | | | | | | | | 439,402 | |
| H. INDIRECT COST (24.84% | .84% of total salaries) | laries) | | | | | | | | 3,931 | 3,931 FY 2010-11 IC rate is 24.84% |
| TOTAL BUDGET | | | | | | | | | | 443,333 | |
| AWARD | | | | | | | | | | 443,333 maxi | maxi |
| SURPL/(DEFICFIT) | | | | | | | | | | 0 | |

"The STOP Project" San Francisco Department of Public Health Budget Justification Year 2: June 15, 2011 – June 14, 2012

A. SENIOR/KEY PERSON

| 1. | | Principal Investigator (0.05 FTE) - Colfax, Grant | 0.6 Calendar Months |
|----|---|---|-----------------------|
| | • | Annual Salary \$183,092 | ora caronidar Monthia |
| | | 0.60 Person Months\$9,155 | |
| : | | 35% Mandatory Fringe Benefits <u>\$3,204</u> | |
| : | | Total \$12,359 | |

Dr. Grant Colfax will be responsible for the overall scientific, operational and administrative aspects of the project. In close collaboration with Drs. Klausner and Pandori, San Francisco AIDS Foundation/Magnet, AIDS Health Project, Tenderloin Health, City Clinic and DPH staff and consultants, Dr. Colfax will direct the design, implementation and analysis of all other scientific aspects of this project. As Director of the HIV Prevention Section, which oversees HIV testing and partner services at the project sites, Dr. Colfax has overall responsibility for ensuring that all staff adhere to good clinical practice guidelines in keeping with DPH regulations. Dr. Colfax will oversee project design, development of data, collection instruments, data analysis, evaluation, and presentation and publication of results. His primary responsibility is to ensure project goals are being met in a timely manner, and that high-quality data are collected. He is the principal contact for all parties involved, including the CDC and other sites collaborators.

| 2. | Project Director (0.05FTE) - Dowling, Teri | 0.60 Calendar Months |
|----|--|-----------------------|
| | Annual Salary \$90,818 | o.oo Calendar Mortins |
| | 0.60 Person Months\$4,541 | |
| | 35% Mandatory Fringe Benefits\$1,589 | |
| | Total \$6,130 | |

Ms. Dowling reports directly to Grant Colfax. Responsible for overseeing day-to-day operational aspects of the project, including supervising the Project Coordinator and, in collaboration with Giuliano Nieri STD/HIV Program Manager, overseeing the work of the Acute HIV Services Coordinator; facilitate regular meetings with key staff; manage contracts and budgets, work with Lab and UCSD to monitor project progress and to develop *pol* gene sequencing protocol.

| 3. COLA | \$2,131 | |
|----------------------|---------|----------|
| Total Salary/Fringe. | ••••••• | \$20,620 |
| C. EQUIPMENT | | N/A |
| つ. TRAVEL | | \$6,000 |

Domestic Travel –

Travel for one employee to Atlanta to attend the STOP Study participant meeting and two employees to attend the National HIV Prevention Conferences. (Round trip air fare \$600 + lodge \$90 x 2 nights + ground transportation \$100 + registration fees \$1,120) x 3 staff = \$6,000

2. Foreign Travel - N/A

| E. PARTICIPANT/TRAINEE SUPPORT COSTS | N/A |
|---|---------------------------------------|
| Tuition/Fees/Health Insurance - N/A Client Stipends - N/A Travel - N/A Subsistence - N/A Other - N/A | |
| F. OTHER DIRECT COSTS | \$412,782 |
| Materials and Supplies- Publication Costs- Consultant Services- ADP/Computer Services- Subawards/Consortium/Contractual Costs | N/A N/A N/A N/A \$409,582 |
| See Subaward budgets for detailed budget justifications. | |
| a. Public Health Foundation Enterprises Inc. (PHFE) | \$66,231 |
| b. UCSF- AIDS Health Project | \$29,047 |
| c. San Francisco AIDS Foundation, Magnet | \$26,583 |
| d. Tenderloin Health | \$21,601 |
| e. MOU-San Francisco Department of Public Health Microbiology Laboratory | \$209,927 |
| f. MOU-San Francisco Department of Public Health, STD Prevention & Contro | ol \$56,193 |
| 6. IRB Fees- Cost associated with obtaining local IRB approval for the study. | \$3,200 |
| G. DIRECT COSTS | \$439,402 |
| H. INDIRECT COSTS (24.84% of total Salaries) | \$3,931 · |
| I. TOTAL DIRECT AND INDIRECT COSTS | \$443,333 |
| J. FEE – N/A | v , |

"The STOP Project" Public Health Foundation Enterprises Inc. (PHFE) Subaward Budget Justification Year 2: June 15, 2011 – June 14, 2012

A. SENIOR/KEY PERSON B. OTHER PERSONNEL

1. Project Coordinator (0.50 FTE) – TBD

6 Calendar Months

N/A

| Annual Salary | | \$65,000 |
|-------------------------------|------|----------|
| 6 Person Months | | \$32,500 |
| 30% Mandatory Fringe Benefits | | \$9,750 |
| To | otal | \$42,250 |

Under supervision of the Project Director, this person will work with each of the four testing sites to do the following: ensure that the protocols identified in year 1 are followed; provide support and assistance to the four agencies; serve as the liaison between the labs and the agencies; collaborate with the Acute HIV Services Coordinator to ensure partner services works effectively at each of the four sites; and work with the Data Management Coordinator to ensure data quality data collection at each of the four sites.

| 2. | | COLA | ٠. | • | • |
|----|-----|---------------------|------|---|---------|
| | • • | 4% x Total Salaries | | | \$1,300 |

| | the state of the s | | the state of the s | |
|---|--|--|--|--------------|
| _ | FOLIPMENT | | | . |
| | | | | |

D.TRAVEL N/A

E. PARTICIPANT/TRAINEE SUPPORT COSTS N/A

F. OTHER DIRECT COSTS

1. <u>Materials and Supplies</u> N/A

2. <u>Publication Costs</u> N/A

3. Consultant Services

a. Consultant - Pilcher, Chris, MD

Dr. Pilcher will provide consultation to project staff on NAAT testing, and new testing technologies. His expertise with NAAT testing and his research and clinical work with persons with acute HIV will greatly benefit this project and the clients served.

Pilcher, Chris, M.D. \$100 x 50 hrs/yr x1 Years = \$5,000

b. Consultant - Kahn, Jim, MD

Dr. Kahn will provide consultation to project staff on developing and implementing an evaluation plan to measure cost effectiveness of enhanced partner notification and screening for acute HIV infection with a 4th generation EIA compared to pooled NAAT

Kahn, Jim, M.D. \$100 x 50 hrs/yr x1 Years = \$5,000

- 4. <u>Subawards/Consortium/Contractual Costs</u>
- a. San Francisco General Hospital- To support HCV screening (288 tests \times \$12=\$3,456) and Hep B screening (288 tests \times \$16=\$4,608) for a total of \$8,064.
- 5. <u>Single Audit and Insurance</u> Public Health Foundation Enterprises, Inc. will provide insurance coverage (0.4% of MTDC), and a prorated cost for federally equipped annual single audit (0.1% of MTDC).

| Single Aud | it Fees (0.1%) | \$62 |
|------------|----------------|----------|
| | | |

G. DIRECT COSTS \$61,922 H. INDIRECT COSTS \$4,309

I. TOTAL DIRECT AND INDIRECT COSTS \$66,231

J. FEE - N/A

"The STOP Project" UCSF-AIDS Health Project Subaward Budget Justification

Year 2: June 15, 2011 - June 14, 2012

| ^ | SENIOR/KE | Y DEDCAN | N/A |
|---------------|---------------------|----------|--------|
| \rightarrow | -3 F N II J R / P F | PERSUN | . N/ A |
| - 4 | | | 11// |

B. OTHER PERSONNEL

1. HIV Testing Coordinator (0.05 FTE) – TBD

0.6 Calendar Months

| Annual Salary | \$90,000 |
|-------------------------------|----------|
| 0.60 Person Months | \$4,500 |
| 29% Mandatory Fringe Benefits | \$1,305 |
| Total | \$5,805 |

During year two, the HIV Testing Coordinator will oversee expanded pooled testing and delinked 4th generation EIA at AIDS Health Project. This employee will also oversee the new Syphilis, HBV and HCV screening and follow-up for all persons found to be HIV infected.

2. Counselor/Phlebotomist (0.30 FTE) -TBD

3.6 Calendar Months

N/A

| Annual Salary | \$50,000 |
|-------------------------------|----------------|
| 3.6 Person Months | |
| 29% Mandatory Fringe Benefits | |
| | Total \$19.350 |

During year two the Counselor/Phelbotomist will provide counseling and refer to those persons testing antibody positive for HBV, HCV or positive for Syphilis, will provide back-up phlebotomy, will assist AHP Linkage Coordinator with linkage to care for persons with AHI.

| 2. | COLA | | - | |
|----|---------------------|-----|---|-------|
| | 4% x Total Salaries | · · | | \$780 |

| Tota | l Salary/Fringe | | | | \$25,93 | 5 |
|-------------|------------------------|----------|------|--|---------|---|
| C. EQUI | IPMENT | | * | | N/A | |
| D.TRAV | 'EL | | | | N/A | |
| E. PART | ΓΙCIPANT/TRAINEE SU | JPPORT C | OSTS | | N/A | • |
| F. OTHE | R DIRECT COSTS | | | | | |
| 1. <u>M</u> | laterials and Supplies | • | | | N/A | |
| ∠. <u>P</u> | ublication Costs | • | | | N/A | |

| 3. <u>Consultant Services</u> | N/A |
|---|----------|
| 4. Subawards/Consortium/Contractual Costs | N/A |
| G. DIRECT COSTS | \$25,935 |
| H. INDIRECT COSTS (12%) | \$3,112 |
| I. TOTAL DIRECT AND INDIRECT COSTS | \$29,047 |
| LEEE NIA | |

"The STOP Project" SF AIDS Foundation- Magnet Subaward Budget Justification Year 2: June 15, 2011 - June 14, 2012

A. SENIOR/KEY PERSON N/A

B. OTHER PERSONNEL

1. HIV Testing Coordinator (0.05 FTE) - TBD

0.6 Calendar Months

| Annual Salary | | \$46.744 |
|-------------------------------|-------|----------|
| 0.60 Person Months | | |
| 29% Mandatory Fringe Benefits | | \$678 |
| | Total | \$3,015 |

During year two, the HIV Testing coordinator at Magnet will oversee expanded pooled testing and delinked 4th generation EIA at Magnet. This employee will also oversee the new Syphilis, HBV and HCV screening and follow-up for all persons HIV-infected.

2. Counselor/Phlebotomist (0.40 FTE) –TBD

4.8 Calendar Months

| Annual Salary | \$40,000 |
|-------------------------------|-------------|
| 4.8 Person Months | \$16,000 |
| 29% Mandatory Fringe Benefits | \$4,640 |
| Tot | al \$20.640 |

During year two this person will provide counseling and refer those persons testing antibody positive for HBV/HCV or positive for Syphilis to follow-up services, will provide back-up phlebotomy, will assist the Manager for HIV Counseling and Testing at Magnet with linkage to care for persons with AHI.

| 2. COLA 4% x Total Salaries \$733 | |
|--------------------------------------|----------|
| Total Salary/Fringe | \$24,388 |
| C. EQUIPMENT | N/A |
| D.TRAVEL | N/A |
| E. PARTICIPANT/TRAINEE SUPPORT COSTS | N/A |
| F. OTHER DIRECT COSTS | |
| Materials and Supplies | N/A |
| 2. Publication Costs | N/A |

| 3. <u>Consultant Services</u> | N/A |
|--|----------|
| 4. <u>Subawards/Consortium/Contractual Costs</u> | N/A |
| G. DIRECT COSTS | \$24,388 |
| H. INDIRECT COSTS (9%) | \$2,195 |
| I. TOTAL DIRECT AND INDIRECT COSTS | \$26,583 |
| LEEE NIA | |

"The STOP Project" <u>Tenderloin Health Subaward Budget Justification</u> Year 2: June 15, 2011 – June 14, 2012

A. SENIOR/KEY PERSON N/A

B. OTHER PERSONNEL

1. HIV Testing Coordinator (0.05 FTE) - TBD

0.6 Calendar Months

| Annual Salary | \$58.000 |
|-------------------------------|--------------|
| 0.60 Person Months | \$2.900 |
| 29% Mandatory Fringe Benefits | \$841 |
| | \$3,741 |

During year two, the HIV Testing Coordinator will oversee expanded pooled testing and delinked 4th generation EIA at Tenderloin Health. This employee will also oversee the new Syphilis, HBV and HCV screening and follow-up for all persons found to be HIV infected.

2. Counselor/Phlebotomist (0.30 FTE) –TBD

3.6 Calendar Months

\$19,817

| Annual Salary | \$40,000 |
|-------------------------------|----------|
| 3.6 Person Months | |
| 29% Mandatory Fringe Benefits | \$3,480 |
| | \$15.480 |

During year two Counselor/Phlebotomist will provide counseling and referral to those persons testing antibody positive for HBV/HCV or positive for Syphilis, will provide back-up phlebotomy, will assist the CTL Coordinator at Tenderloin Health with linkage to care for persons with AHI.

| 2. COLA | | • • | |
|---------------------|-----------|-----|-----|
| 4% x Total Salaries | \$596 | | |
| • | , | | . • |
| Total Salary/Fringe | | | |

C. EQUIPMENT

D.TRAVEL N/A

E. PARTICIPANT/TRAINEE SUPPORT COSTS N/A

F. OTHER DIRECT COSTS

Materials and Supplies N/A

2. Publication Costs N/A

| 3. | Consultant Services | | N/A |
|-------|-------------------------------------|------------|-----------------|
| 4. | Subawards/Consortium/Contractual Co | <u>sts</u> | N/A |
| G. D | RECT COSTS | | \$19,817 |
| H. IN | DIRECT COSTS (9%) | | \$1,784 |
| I. TO | TAL DIRECT AND INDIRECT COSTS | | \$21,601 |
| I FF | F - N/Δ | | |

"The STOP Project" SFDPH Microbiology Laboratory Subaward Budget Justification Year 2: June 15, 2011 – June 14, 2012

A. SENIOR/KEY PERSON

1. Co-Investigator (0.05 FTE) – Pandori, Mark, PhD

0.60 Calendar Months

| Annual Salary | \$112.525 |
|-------------------------------|---------------|
| 0.60 Person Months | |
| 30% Mandatory Fringe Benefits | |
| | Total \$7,314 |

Chief Microbiologist, Mark Pandori, PhD will be responsible for overseeing all aspects of planning, implementation, quality assurance and evaluation of the NAAT testing and the 4th generation EIA testing at the San Francisco Dept. of Public Health Microbiology Lab. He will supervise the microbiologist on this project. He will work closely with the PI and the rest of the project team in implementation of the laboratory aspects of the project protocol.

B. OTHER PERSONNEL

| 1. Microbiologist (0.50 FTE) – TBD | 6 Calendar Months |
|------------------------------------|-------------------|
| Annual Salary | \$88,636 |
| 6.0 Person Months | |
| 30% Mandatory Fringe Benefits | \$13,295 |
| Tota | J \$57.613 |

Microbiologist will report to the Chief Microbiologist and will be responsible for the NAAT testing and 4th generation EIA testing for this project at the San Francisco Dept. of Public Health Microbiology Lab. Responsibilities will include supervising a lab assistant, documenting NAAT pooled results in a laboratory information management system, de-identifying specimens prior to 4th generation EIA testing and maintaining test data, providing quality assurance and maintaining quality control for both tests, serving as the liaison with the test manufacturers.

| Total Salary/Fringe | | | \$64,927 |
|----------------------------------|------|---|-----------|
| C. EQUIPMENT | | | N/A |
| D.TRAVEL | | | N/A |
| E. PARTICIPANT/TRAINEE SUPPORT C | OSTS | • | N/A |
| OTHER DIRECT COSTS | | | |
| 1. <u>Materials and Supplies</u> | | | \$145,000 |

| • | 4 th Generation EIA Testing: \$5 per test x 11000 tests= \$55,000 NAAT Testing: \$15 per test x 6000=\$90,000 Total Lab Supplies\$145,000 | |
|-------|--|------------|
| 2. | Publication Costs | N/A |
| 3. | Consultant Services | N/A |
| 4. | Subawards/Consortium/Contractual Costs | N/A |
| G. DI | RECT COSTS | \$209,927 |
| H. IN | DIRECT COSTS | \$0 |
| I. TO | TAL DIRECT AND INDIRECT COSTS | \$209,927 |
| I EE | F _ N/Λ | |

"The STOP Project" STD Prevention and Control Services Subaward Budget Justification Year 2: June 15, 2011 – June 14, 2012

A. SENIOR/KEY PERSON

| 1. | Co-Investigato | or (0.05 FTE) – Klausner, | , Jeffery, MD | 0.6 Calenda | r Months |
|----|----------------|---------------------------|---------------|--|----------|
| | | | | A Company of the Comp | |
| | | | | and the second s | |

| Annual Salary | | \$207.565 |
|-------------------------------|-------|-----------|
| 0.60 Person Months | | |
| 30% Mandatory Fringe Benefits | | \$3,113 |
| | Total | \$13,492 |

As Co-Investigator, Jeffery Klausner, MD will be responsible for providing the PI and key staff with input regarding partner services policies and protocol for persons acutely infected with HIV. He will also provide input to the project team on the methods for locating and counseling the partners of people acutely infected with HIV. This second year he will work with the project team, including the HIV/STD Program Manager, to ensure that protocol for partner services is adequate and revised as needed.

B. OTHER PERSONNEL

1. STD/HIV Program Manager (0.05 FTE) – Nieri, Giuliano 0.6 Calendar Months

| Annual Salary | \$100,330 |
|-------------------------------|---------------|
| 0.60 Person Months | |
| 30% Mandatory Fringe Benefits | \$1,505 |
| | Total \$6,521 |

As STD/HIV Program Manager, G. Nieri will be responsible for ensuring that the partner services protocol for this project is conducted according to plan and its goals are met. He will be responsible for supervising the Acute HIV Services Coordinator.

| T | otal Salary/Fringe | | \$20,013 |
|------|----------------------------------|----------|----------|
| C. E | QUIPMENT | | N/A |
| D.TR | RAVEL | | N/A |
| E. P | ARTICIPANT/TRAINEE SUPPORT COSTS | 3 | N/A |
| F. 0 | THER DIRECT COSTS | | |
| 1. | Materials and Supplies | | N/A |
| 2. | Publication Costs | | N/A |

3. Consultant Services

N/A

4. Subawards/Consortium/Contractual Costs

\$36,180

a. Name of Contractor: Public Health Foundation Enterprises Inc. (PHFE)

The San Francisco Department of Public Health – STD Prevention and Control Services will subcontract with the PHFE, a non-profit 501 c (3) agency.

- i. PHFE Senior/Key Person- N/A
- ii. PHFE Other Staff

- Acute HIV Services Coordinator-TBD (.50 FTE)

6 Calendar Months

| Annual Salary | | \$50,000 |
|----------------------|-------|----------|
| 0.50 Person Months . | | \$25,000 |
| | | |
| | Total | \$32,500 |

The Acute HIV Services Coordinator will be responsible for working collaboratively with the site coordinators at all four test sites to provide partner services counseling with persons who are acutely infected with HIV. The Coordinator will work with the participant to identify, counsel and test sexual and needle sharing partners and social network partners. This person will be responsible for collecting data on the original participant and that person's partners, including data on any field records that are opened. This person will be an integral part of each agency's counseling and testing team

- COLA 4%.....\$833
- iii. PHFE Other Direct Costs-N/A
- Single Audit and Insurance Public Health Foundation Enterprises, Inc. will provide insurance coverage (0.4% of MTDC), and a prorated cost for federally equipped annual single audit (0.1% of MTDC).

| Single Audit Fees (0.1%) | \$33 |
|--------------------------|-------|
| Insurance (0.4%) | \$133 |

| Total Direct Costs | | \$33,500 |
|-------------------------------|--|----------|
| Indirect Cost (8% of MTDC) | | \$2,680 |
| Total PHFE Contractual Budget | | \$36,180 |

- G. DIRECT COSTS \$56,193
- H. INDIRECT COSTS \$0
- I. TOTAL DIRECT AND INDIRECT COSTS \$56,193
- J. FEE N/A



Grant Number: 5U01PS001564-02

Principal Investigator(s): Grant Nash Colfax, MD

Project Title: The STOP Study

Colfax, Grant Nash, MD Director of HIV Prevention, AIDS Office 25 Van Ness Ave. Suite 500 San Francisco, CA 94102

Award e-mailed to: barbara.garcia@sfdph.org

Budget Period: 06/15/2011 - 08/14/2012 **Project Period:** 06/15/2010 - 06/14/2014

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$443,333 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO CITY BOARD OF SUPERVISORS in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 31 USC 6305 & 6306 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Since ely yours,

SHIRLEY WYNN

Grants Management Officer

Centers for Disease Control and Prevention

Additional information follows

SECTION I - AWARD D. 1 - 5U01PS001564-02 REVISED

| Award Calculation (U.S. Dollars) Salaries and Wages Fringe Benefits Personnel Costs (Subtotal) Travel Costs Other Costs Consortium/Contractual Cost | | | \$15,827 \$4,793 \$20,620 \$6,000 \$3,200 \$409,582 |
|---|------------|------|--|
| Federal Direct Costs Federal F&A Costs Approved Budget Federal Share TOTAL FEDERAL AWARD AMOUN | VT | | \$439,402 \$3,931 \$443,333 \$443,333 \$443,333 |
| AMOUNT OF THIS ACTION (FEDE | RAL SHARE) | ./ : | \$0 |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project.

03 \$153,090 04 \$153,090

Fiscal Information:

CFDA Number:

93.943

EIN:

1946000417A1

Document Number:

UPS001564A

| IC | CAN | 2011 | 2012 | 2013 |
|----|---------|-----------|-----------|-----------|
| PS | 921ZHPD | \$443,333 | \$153,090 | \$153,090 |

| SUMMARY TOTALS FOR ALL YEARS | | | | |
|------------------------------|---|------------|-----------|-------------------|
| YR | | THIS AWARD | | CUMULATIVE TOTALS |
| 2 | | • | \$443,333 | \$443,333 |
| 3 | | | \$153,090 | \$153,090 |
| _ 4 | I | ``` | \$153,090 | \$153,090 |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

CDC Administrative Data:

PCC: / OC: 4141

SECTION II - PAYMENT/HOTLINE INFORMATION - 5U01PS001564-02 REVISED

For payment information see Payment Information section in Additional Terms and Conditions.

INSPECTOR GENERAL: The HHS Office Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to hhstips@oig.hhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous. This note replaces the Inspector General contact information cited in previous notice of award.

SECTION III - TERMS AND CONDITIONS - 5U01PS001564-02 REVISED

This award is based on t' application submitted to, and as approved. CDC on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.

b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.

c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

 The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.

e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:

Additional Costs

SECTION IV - PS Special Terms and Conditions - 5U01PS001564-02 REVISED

Funding Opportunity Announcement Number (FOA): PS09-004

Award Number: U01 PS001564-02 Approval List Number: CO-050-R11

ADDITIONAL TERMS AND CONDITIONS OF THIS AWARD

NOTE 1. INCORPORATION: Funding Opportunity/Program Announcement Number PS09-004 titled, Screening Targeted Populations to Interrupt On-Going Chains of Transmission with Enhanced Partner Notification The STOP Study, additional requirements, and the application dated February 16, 2011 are made a part of this award by reference.

NOTE 2. RESPONSE TO THE TECHNIAL REVIEW COMMENTS: A response to the following recommendations and Weaknesses noted within the Technical Review Report must be submitted to the Grants Management Specialist no later than July 10, 2011:

- 1. Re-evaluate the need for HBV and HCV screening proposed. This activity can be pursued but is no longer required in the study. An option would be to budget these funds for HIV viral loads or for Multispot confirmatory rapid tests or to fund additional partner services data.
- 2. Document that quantitative HIV viral loads will be performed for acute HIV infections and whether this activity needs a budget line, if yes, then please provide a revised budget.
- 3. Evaluate the staff listed as co-investigators, particularly those listed in the subaward sections. Please remove personnel that are no longer with the project as needed. Savings in the contractual salary support can be shifted to testing costs, any costs associated with early retesting, and partner services activities.
- 4. Although partner services activities are budgeted for, please document if collection and formatting of this data in a database has been budgeted for adequately.
- 5. Document if any additional costs would be expected from early retesting activities and that these costs have been budgeted for.
- 6. Briefly document activities and supplies for Year 2 in the budget justification section that San Francisco Department of Public Health (and affiliated organizations) is providing to the study "inkind".

Please note: Failure to respond to could result in enforcement actions, including withholding of funds or termination.

NOTE 3. INDIRECT COSTS:

Indirect costs are approved based on the Indirect Cost Rate Agreement dated October 25, 2010, which calculates indirect costs as follows: a Fixed is approved at a rate of 24.8% of the base, which includes: Salaries.

Note 4. REVISED BUDGET SPECIAL CONDITION

CDC requires an itemized detailed budget for each item of cost proposed with a narrative justification reflecting how cost is related to the program. By 07/10/2011 the grantee is required to submit a revised budget, with narrative justification and work plan, to the Grants Management Specialist, in writing, for approval. Submit the revised budget in accordance with the budget guidance template at: www.cdc.gov/od/pgo/funding/budgetguide.htm

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to submit a letter explaining the reason and date by which the Grants Officer will receive the information.

NOTE 5. HUMAN SUBJECTS NOTICE: Under governing regulations, federal funds administered by the Department of Health and Human Services shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research, without prior approval by the Office for Human Research Protections (OHRP) of an assurance to comply with the requirements of 45 CFR 46 to protect human research subjects. Whenever an institution receives funding from a DHHS agency award to support such research, the awardee institution bears the ultimate responsibility for protecting human subjects under the award. This restriction applies to all performance sites engaged in human subject research, whether domestic, foreign, or international without OHRP-approved assurances. Compliance for all performance sites must be ensured by the awardee.

- a. IRB approval must be provided to the grants management specialist for the following research sites:
- 1. San Francisco Department of Public Health
- 2. Public Health Foundation Enterprises
- 3. UCSF AIDS Health Project
- 4. San Francisco AIDS Foundation, Magnet
- 5. Tenderloin Health
- b. NOTICE OF CDC INSTITUTIONAL REVIEW BOARD (IRB) APPROVAL. It has been determined that this project will involve participation by CDC investigators in the research activities, therefore, the CDC IRB is required to approve the protocol prior to beginning any tasks or using Federal funds that involve human subjects. Once the CDC IRB approval of the protocol is rendered, the Grants Management Officer will provide written notification removing the award restriction.
- c. HUMAN SUBJECT FUNDING RESTRICTION. Research involving human subjects cannot begin until a copy of the IRB approval letter for each of the following institutions is submitted to the Grants Management Specialist. A funding restriction in the amount of \$ 44,333 has been placed on this award pending IRB approvals.

Note: Please also be reminded that Year 01 funds in the amount of \$16,666 remain restricted. As a result, these funds must be reported as unobligated funds on your Year 01 Financial Status Report due to be submitted by September 14, 2011.

NOTE 6. REPORTING REQUIREMENTS

CENTRAL CONTRACTOR REGISTRATION AND UNIVERSAL IDENTIFIER REQUIREMENTS: All applicant organizations must obtain a DUN and Bradstreet (D&B) Data Universal Numbering System (DUNS) number as the Universal Identifier when applying for Federal grants or cooperative agreements. The DUNS number is a nine-digit number assigned by Dun and Bradstreet Information Services. An AOR should be consulted to determine the appropriate number. If the organization does not have a DUNS number, an AOR should complete the US D&B D-U-N-S Number Request Form or contact Dun and Bradstreet by telephone directly at 1-866-705-5711 (toll-free) to obtain one. A DUNS number will be provided immediately by telephone at no charge. Note this is an organizational number. Individual Program Directors/Principal Investigators do not need to register for a DUNS.

Additionally, all applicant organizations must register in the Central Contractor Registry (CCR) and maintain the registration with current information at all times during which it has an application under consideration for funding by CDC and, if an award is made, until a final financial report is submitted or the final payment is received, whichever is later. CCR is the primary registrant database for the Federal government and is the repository into which an entity must provide

information required for 'conduct of business as a recipient. Additic information about registration procedures new be found at the CCR internet site at www.ccr.gov. If an award is granted, the grantee organization must notify potential sub-recipients that no organization may receive a subaward under the grant unless the organization has provided its DUNS number to the grantee organization.

FEDERAL INFORMATION SECURITY MANAGEMENT ACT (FISMA):
All information systems, electronic or hard copy which contain federal data need to be protected from unauthorized access. This also applies to information associated with CDC grants. Congress and the OMB have instituted laws, policies and directives that govern the creation and implementation of federal information possible.

implementation of federal information security practices that pertain specifically to grants and contracts. The current regulations are pursuant to the Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347.

FISMA applies to CDC grantees \only when grantees collect, store, process, transmit or use information on behalf of HHS or any of its component organizations. In all other cases, FISMA is not applicable to recipients of grants, including cooperative agreements. Under FISMA, the grantee retains the original data and intellectual property, and is responsible for the security of this data, subject to all applicable laws protecting security, privacy, and research. If and when information collected by a grantee is provided to HHS, responsibility for the protection of the HHS copy of the information is transferred to HHS and it becomes the agency's responsibility to protect that information and any derivative copies as required by FISMA. For the full text of the requirements under Federal Information Security Management Act (FISMA), Title III of the E-Government Act of 2002 Pub. L. No. 107-347, please review the following website: http://firwebgate.access.gpo.gov/cgi-bin/getdoc.cgi? dbname=107_cong_public_laws&docid=f:publ347.107.pdf

FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY ACT of 2006:

Public Law 109-282, the Federal Funding Accountability and Transparency Act of 2006 as amended (FFATA), requires full disclosure of all entities and organizations receiving Federal funds including grants, contracts, loans and other assistance and payments through a single publicly accessible Web site, USASpending.gov. The Web site includes information on each Federal financial assistance award and contract over \$25,000, including such information as:

1. The name of the entity receiving the award

2. The amount of the award

3. Information on the award including transaction type, funding agency, etc.

4. The location of the entity receiving the award

5. A unique identifier of the entity receiving the award; and

6. Names and compensation of highly-compensated officers (as applicable)

Compliance with this law is primarily the responsibility of the Federal agency. However, two elements of the law require information to be collected and reported by recipients: 1) information on executive compensation when not already reported through the Central Contractor Registry; and 2) similar information on all sub-awards/subcontracts/consortiums over \$25,000.

For the full text of the requirements under the Federal Funding Accountability and Transparency Act of 2006, please review the following website: http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi? dbname=109_cong_bills&docid=f:s2590enr.txt.pdf

NON-DELINQUENCY on FEDERAL DEBT

The Federal Debt Collection Procedures Act of 1990 (Act), 28 U.S.C. 3201(e), provides that an organization or individual that is indebted to the United States, and has a judgment lien filed against it, is ineligible to receive a Federal grant. CDC cannot award a grant unless the AOR of the applicant organization (or individual in the case of a Kirschstein-NRSA individual fellowship) certifies, by means of his/her signature on the application, that the organization (or individual) is not delinquent in repaying any Federal debt. If the applicant discloses delinquency on a debt owed to the Federal government, CDC may not award the grant until the debt is satisfied or satisfactory arrangements are made with the agency to which the debt is owed. In addition, once the debt is repaid or satisfactory arrangements made, CDC will take that delinquency into account when determining whether the applicant would be a responsible CDC grant recipient.

Anyone who has been ju. ...d to be in default on a Federal debt and w. ...nas had a judgment lien filed against him or her should not be listed as a participant in an application for a CDC grant until the judgment is paid in full or is otherwise satisfied. No funds may be used for or rebudgeted following an award to pay such an individual. CDC will disallow costs charged to awards that provide funds to individuals in violation of this Act.

These requirements apply to all types of organizations and awards, including foreign grants

NOTE 7. AUDIT REQUIREMENT: An organization that expends \$500,000 or more in a year in Federal awards shall have a single or program-specific audit conducted for that year in accordance with the provisions of OMB Circular A-133, Audit of States, Local Governments, and Non-Profit Organizations. The audit must be completed along with a data collection form, and the reporting package shall be submitted within the earlier of 30 days after receipt of the auditor?s report(s), or nine months after the end of the audit period.

The audit report must be sent to:

Federal Audit Clearing House Bureau of the Census 1201 East 10th Street Jeffersonville, IN 47132

Should you have questions regarding the submission or processing of your Single Audit Package, contact the Federal Audit Clearinghouse at: (301) 763-1551, (800) 253-0696 or email: govs.fac@census.gov.

It is very helpful to CDC managers if the recipient sends a courtesy copy of completed audits and any management letters on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC) ATTN: Audit Resolution, Mail Stop E-14 2920 Brandywine Road Atlanta, GA 30341-4146

The grantee is to ensure that the sub-recipients receiving CDC funds also meet these requirements (if total Federal grant or cooperative agreement funds received exceed \$500,000). The grantee must also ensure that appropriate corrective action is taken within six months after receipt of the sub-recipient audit report in instances of non-compliance with Federal law and regulations. The grantee is to consider whether sub-recipient audits necessitate adjustment of the grantee's own accounting records. If a sub-recipient is not required to have a program-specific audit, the Grantee is still required to perform adequate monitoring of sub-recipient activities. The grantee is to require each sub-recipient to permit independent auditors to have access to the sub-recipient's records and financial statements. The grantee should include this requirement in all sub-recipient contracts.

NOTE 8. ANNUAL FINANCIAL STATUS REPORT (FSR, SF 269 or SF 269A)/FEDERAL FINANCIAL REPORT (FFR):

- a.) Annual Financial Status Report: The FSR for this budget period is due to the Grants Management Specialist by September 14, 2012. Reporting timeframe is June 15, 2011, through June 14, 2011. The FSR should only include those funds authorized and actually expended during the timeframe covered by the report. If the FSR is not finalized by the due date, an interim FSR must be submitted, marked not final, and an amount of unliquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: http://www.whitehouse.gov/omb/grants/sf269a.pdf.
- b.) Progress Reporting: SEMI-ANNUAL PROGRESS REPORTING: Semi-annual progress reports are a requirement of this program, due 90 days following the end of each budget period.
- i. The Interim Progress Report (IPR) will serve as the non-competing continuation application. IPR reporting timeframe is June 15, 2011 thru June 14, 2012. A due date and specific IPR guidance will be provided at a later date.
- ii. The Annual Progress Report (APR) will be due 90 days after the end of the budget period, September 14. 2012. APR programmatic guidance will be provided at a later date.

ANNUAL PROGRESS R DRTING: Annual progress reports are a reference of this program, due 90 days following the end of each budget period.

NOTE 9. EXPANDED AUTHORITIES. In accordance with 45 CFR 74.25(d)(4), the recipient of this award is granted limited expanded authorities in the administration of the award. The limitations apply to the following circumstances in addition to the limitations identified in 45 CFR 74:

a. Carry Over of unobligated balances from the prior period into the current period. Grantees are strongly encouraged to avoid having unspent funds at the end of the budget period. In the event that they do have monies remaining and the amount is less than 25 percent of the awarded funds from the prior year, the grantee can unilaterally carry the funds forward into the current year. The only two conditions are that this carry over is indicated in the Financial Status Report/Federal Financial Report and that every effort is made to ensure that progress will be made toward catching up programmatically and financially in the current period. Repeated undiminished carry over amounts will be treated as large unobligated balances as described below. A Final Financial Status Report/Federal Financial Report must be submitted with the request.

b. In the event that remaining funds exceed 25 percent of the awarded amount, it will be incumbent upon the grantee to initiate a formal prior approval request to carry the funds forward in the form, format, and to the level of detail described below under the section of this award entitled PRIOR APPROVAL.

NOTE 10. SUBGRANT/SUBRECIPIENT AWARDS: Seed Grants/Sub-Grants are not authorized under this program or included in Program authorizing legislature. As a result, the recipient is not permitted to fund seed grants or sub-grants. Recipient must issue proposed funding as a procurement requirement per the organization's established procedures.

NOTE 11. TRAVEL COST: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel is only allowable for personnel directly charged and approved on the grant/cooperative agreement. There must be a direct benefit imparted on behalf of the traveler as it applies to the approved activities of the Notice of Award. To prevent disallowance of cost, Recipient is responsible for ensuring that only allowable travel reimbursements are applied in accordance with their organization's established travel policies and procedures.

NOTE 12. FOOD AND MEALS: Costs associated with food or meals are NOT permitted unless included with per diem as a part of official travel.

NOTE 13. HIV PROGRAM REVIEW PANEL REQUIREMENT: All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist.

Note 14. PRIOR APPROVAL: All requests, which require prior approval, must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director named on this notice of award. The request must be postmarked no later than 120 days prior to the end date of the current budget period and submitted with an original plus two copies. Any requests received that reflect only one signature will be returned to the grantee unprocessed. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

Prior approval is required but is not limited to the following types of requests: 1) Use of unobligated funds from prior budget period (Carryover); 2) Lift funding restriction, withholding, or disallowance, 3) Redirection of funds, 4) Change in Contractor/Consultant; 5) Supplemental funds; 6) Response to Technical Review or Summary Statement, 7) Change in Key Personnel, or 8) Liquidation Extensions.

NOTE 15. CORRESPONDENCE: ALL correspondence (including emails and faxes) regarding this award must be dated, identified with the AWARD NUMBER, and include a point of contact (name, phone, fax, and email). All correspondence should be addressed to the Grants Management Specialist listed below and submitted with an original plus two copies.

Pamela Render, Grants Management Specialist Centers for Disease Control, PGO, Branch I 2920 Brandywine Road, Mail Stop E-15 Atlanta, GA 30341-4146

Telephone: 770-488-271. Fax: (770-488-8360 Email: plr3@cdc.gov

NOTE 16. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

NOTE 17. PUBLICATIONS: Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, for example: This publication (journal article, etc.) was supported by the Cooperative Agreement Number above from The Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention.

NOTE 18. CANCEL YEAR. 31 U.S.C. 1552(a) Procedure for Appropriation Accounts Available for Definite Periods states the following, On September 30th of the 5th fiscal year after the period of availability for obligation of a fixed year appropriation account ends, the account shall be closed and any remaining balances (whether obligated or unobligated) in the account shall be canceled and thereafter shall not be available for obligation or expenditure for any purpose. An example is provided below:

FY 2005 funds will expire September 30, 2010. All FY 2005 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2010. After this date, corrections or cash requests will not be permitted.

NOTE 19. CONFERENCE DISCLAIMER AND USE OF LOGOS:

Disclaimer. If a conference is funded by a grant, cooperative agreement, sub-grant and/or a contract the recipient must include the following statement on conference materials, including promotional materials, agenda, and internet sites:

Funding for this conference was made possible (in part) by the Centers for Disease Control and Prevention. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily do not reflect the official policies of the Department of Health and Human Services, nor does the mention of trade names, commercial practices, or organizations imply endorsement by the U.S. Government.

Logos. Neither the HHS nor the CDC logo may be displayed if such display would cause confusion as to the conference source or give false appearance of Government endorsement. Use of the HHS name or logo is governed by U.S.C. 1320b-10, which prohibits misuse of the HHS name and emblem in written communication. A non-federal entity is unauthorized to use the HHS name or logo governed by U.S.C. 1320b-10. The appropriate use of the HHS logo is subject to review and approval of the Office of the Assistant Secretary for Public Affairs (OASPA). Moreover, the Office of the Inspector General has authority to impose civil monetary penalties for violations (42 C.F.R. Part 1003). Neither the HHS nor the CDC logo can be used on conference materials, under a grant, cooperative agreement, and contract or co-sponsorship agreement without the expressed, written consent of either the Project Officer or the Grants Management Officer. It is the responsibility of the grantee (or recipient of funds under a cooperative agreement) to request consent for use of the logo in sufficient detail to ensure a complete depiction and disclosure of all uses of the Government logos. In all cases for utilization of Government logos, the grantee must ensure written consent is received from the Project Officer and/or the Grants Management Officer.

NOTE 20. EQUIPMENT AND PRODUCTS: To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made. CDC defines equipment as tangible non-expendable personal property (including exempt property) charged directly to an award having a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. However, consistent with recipient policy, a lower threshold may be established. Please provide the information to the Grants Management Officer to establish a lower equipment threshold to reflect your organization's policy.

The grantee may use its own property management standards and procedures provided it observes provisions of the following sections in the Office of Management and Budget (OMB) Circular A-110 and 45 CFR Part 92:

i. Office of Management and Budget (OMB) Circular A-110, Sections 31 through 37 provides the uniform administrative requirements for grants and agreements with institutions of higher education.

hospitals, and other non fit organizations. For additional informatior ease review: the following website: http://www.whitehouse.gov/omb/circulars/a110/a110.ntml

ii. 45 CFR Parts 92.31 and 92.32 provides the uniform administrative requirements for grants and cooperative agreements to state, local and tribal governments. For additional information, please review the following website listed: http://www.access.gpo.gov/nara/cfr/waisidx_03/45cfr92_03.html

NOTE 21. PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative. The disposition of program income must have written prior approval from the Grants Management Officer.

Additional Costs Alternative—Used for costs that are in addition to the allowable costs of the project for any purposes that further the objectives of the legislation under which the cooperative agreement was made. General program income subject to this alternative shall be reported on lines 10r and 10s, as appropriate, of the FSR (Long Form).

NOTE 22. KEY PERSONNEL: In accordance with 45 CFR 74.25(c)(2) & (3) CDC recipients shall obtain prior approvals from CDC for (1) change in the project director or principal investigator or other key persons specified in the application or award document, and (2) the absence for more than three months, or a 25 percent reduction in time devoted to the project, by the approved project director or principal investigator.

Note 23. TRAFFICKING IN PERSONS. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award terms and conditions, please review the following website: http://www.cdc.gov/od/pgo/funding/grants/Award_Term_and_Condition_for_Trafficking_in_Persons .shtm

NOTE 24. ACKNOWLEDGMENT OF FEDERAL SUPPORT: When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

NOTE 25. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA): Pursuant to the Standards for Privacy of Individually Identifiable Health Information promulgated under the Health Insurance Portability and Accountability Act (HIPAA)(45 CFR Parts 160 and 164) covered entities may disclose protected health information to public health authorities authorized by law to collect or received such information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions. The definition of a public health authority includes a person or entity acting under a grant of authority from or contract with such public agency. Through this agreement, the [Insert recipient Name] is acting under a grant of authority from CDC to carry out [Insert: Name of project/activity] which is authorized by [Insert: Statutory authority from Public Health Service Act, Comprehensive Environmental Response, Compensation, and Liability Act, or other legislation (this information should be provided by the awarding program)]. The CDC grants this authority to [Insert: partner name] for purposes of this project. Further, CDC considers this to be [Insert: type of public health activity, i.e. disease/injury reporting, vital events, surveillance, investigations, intervention. registry] for which disclosure of protected health information by covered entities is authorized by section 164.512(b)).

NOTE 26. COMPLIANCE WITH EO13513, Federal Leadership on Reducing Text Messaging while Driving, October 1, 2009 is required. Grant recipients and sub-recipients of grant funds are prohibited from texting while driving a Government owned vehicle or when using Government furnished electronic equipment while driving any vehicle. This award is subject to the requirements of Executive Order (EO 13513). For the full text of the award term and condition, please review the following website: http://www.cdc.gov/od/pgo/funding/Addtl_Reqmnts.htm.

NOTE 27. PAYMENT INFORMATION:

Automatic Drawdown (Direct/Advance Payments):

PAYMENT INFORMATION: Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS), PMS will forward instructions for obtaining payments.

PMS correspondence, mailed through the U.S. Postal Service, should be addressed as a.) follows:

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM

P.O. Box 6021

Rockville, MD 20852

Phone Number: (877) 614-5533

University and Non-Profit Payment Branch (301) 443-2672 Governmental and Tribal Payment Branch (301) 443-2569

Cross Servicing Payment Branch: (301) 443-0377

Email: PMSSupport@psc.gov

Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, b.) Federal Express, or other commercial service, the correspondence should be addressed as follows:

Division of Payment Management FMS/PSC/HHS Rockwall Building #1, Suite 700 11400 Rockville Pike Rockville, MD 20852

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

NOTE 28. ACCEPTANCE OF THE TERMS OF AN AWARD:

By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grants Management Officer.

NOTE 29. CERTIFICATION STATEMENT: By drawing down funds, Awardee certifies that proper financial management controls and accounting systems to include personnel policies and procedures have been established to adequately administer Federal awards and funds drawn down are being used in accordance with applicable Federal cost principles, regulations and Budget and Congressional intent of the President.

STAFF CONTACTS

Grants Management Specialist: Pamela L Render Centers for Disease Control and Prevention Procurement and Grants Office Koger Center, Colgate Building 2920 Brandywine Road, Mail Stop K 70 Atlanta, GA 30341

Email: prender@cdc.gov Phone: 770-488-2712 Fax: 770-488-2670

Program Official: Eileen Yee

Center for Disease Control and Prevention

NCHHSTP

Executive Park Drive, MS E-60

Atlanta, GA 30329

Email: eyee@cdc.gov Phone: 404-498-0097 Fax: 404-498-2626

SPREADSHEET SUMMARY

GRANT NUMBER: 5U01PS001564-02 REVISED

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

| Budget | Year 2 | Year 3 | Year 4 |
|--------------------------------|-----------------|-----------|-----------|
| Salaries and Wages | ⇒ ₁5,827 | \$51,210 | 10017 |
| Fringe Benefits | \$4,793 | \$12,953 | |
| Personnel Costs (Subtotal) | \$20,620 | \$64,163 | |
| Travel Costs | \$6,000 | \$2,720 | |
| Other Costs | \$3,200 | \$2,240 | |
| Consortium/Contractual Cost | \$409,582 | \$83,967 | |
| TOTAL FEDERAL DC | \$439,402 | \$153,090 | \$153,090 |
| TOTAL FEDERAL F&A | \$3,931 | \$0 | W 100,000 |
| TOTAL COST | \$443,333 | \$153,090 | \$153,090 |

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

| (S.F. Campaign and Governmen | ital Collulat Code § 1.120) |
|---|---|
| City Elective Officer Information (Please print clearly.) | |
| Name of City elective officer(s): | City elective office(s) held: |
| Members, SF Board of Supervisors | Members, SF Board of Supervisors |
| | |
| Contractor Information (Please print clearly.) | |
| Name of contractor: Public Health Foundation Enterprises, Inc. | |
| Please list the names of (1) members of the contractor's board of a financial officer and chief operating officer; (3) any person who have any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1. Michael S. Ascher, MD, FACP; Bruce Y. Lai; Peter Jacobs 2. Mark J. Bertler, President/CEO, Susan Vacko, VP, Directors 3. N/A 4. N/A 5. N/A | as an ownership of 20 percent or more in the contractor; (4) all committee sponsored or controlled by the contractor. Use son, JD, MPH; Karen Angel, CPA; Patrick M. Libbey |
| Contractor address: 12801 Crossroads Parkway South, suite 200, City of Industry, CA | 91746 |
| Date that contract was approved: June 15, 2011 | Amount of contract: \$66,231 |
| Describe the nature of the contract that was approved: HIV Prevention | |
| Comments: PHFE is a 501 (c) 3 Nonprofit with a Board of Directors | |
| This contract was approved by (check applicable): the City elective officer(s) identified on this form (Mayor, Example 2 a board on which the City elective officer(s) serves San From the board of a state agency (Health Authority, Housing Auth Board, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elections. | rancisco Board of Supervisors Print Name of Board |
| Print Name of Board | |
| Filer Information (Please print clearly.) | |
| Name of filer: Clerk of the SF Board of Supervisors | Contact telephone number: (415) 554-5184 |
| Address: City Hall, Room 244 | E-mail: |
| 1 Dr. Carlton B. Goodlett Place | Bos.Legislation@sfgov.org |
| | |
| Signature of City Elective Officer (if submitted by City elective officer | cer) Date Signed |
| Signature of Board Secretary or Clerk (if submitted by Board Secretary | ary or Clerk) Date Signed |

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL (S.F. Campaign and Governmental Conduct Code § 1.126)

| City Elective Officer Information (Please print clearly.) | tal Collddet Code § 1.126) |
|---|--|
| Name of City elective officer(s): | City elective office(s) held: |
| M. I. GED. I. CO. | |
| Members, SF Board of Supervisors | Members, SF Board of Supervisors |
| | |
| Contractor Information (Please print clearly.) Name of contractor: | |
| San Francisco AIDS Foundation | |
| Please list the names of (1) members of the contractor's board of difinancial officer and chief operating officer; (3) any person who had any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1. Tom Perrault (Chair); Carol Brosgart, MD; Laurie Hane; Marchael Lorna Thornton, MD; David Galullo 2. Neil Guilano | s an ownership of 20 percent or more in the contractor; (4) l committee sponsored or controlled by the contractor. Use |
| 3. N/A | |
| 4. N/A 5. N/A | |
| Contractor address: | |
| 1035 Market Street, Suite 400, San Francisco, CA 94103 | |
| Date that contract was approved: | Amount of contract: |
| June 15, 2011 | \$26,583 |
| Describe the nature of the contract that was approved: HIV Prevention | |
| San Francisco AIDS Foundation, Magnet is a 501 (c) 3 Nonprofit | with a Board of Directors |
| This contract was approved by (check applicable): ☐ the City elective officer(s) identified on this form (Mayor, Ec | lwin M. Lee) |
| a board on which the City elective officer(s) serves San Fi | |
| | rint Name of Board |
| the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City ele | n, Relocation Appeals Board, Treasure Island |
| Print Name of Board | |
| Frint Name of Board | |
| Filer Information (Please print clearly.) | |
| Name of filer: Clerk of the SF Board of Supervisors | Contact telephone number: (415) 554-5184 |
| Address: City Hall, Room 244 | E-mail: |
| 1 Dr. Carlton B. Goodlett Place | Bos.Legislation.sfgov.org |
| | |
| Signature of City Elective Officer (if submitted by City elective offic | er) Date Signed |
| | |
| Signature of Board Secretary or Clerk (if submitted by Board Secreta | ry or Clerk) Date Signed |

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

| (S.F. Campaign and Governmental Conduct Code § 1.126) | |
|---|--|
| City Elective Officer Information (Please print clearly.) | |
| Name of City elective officer(s): | City elective office(s) held: |
| Members, SF Board of Supervisors | Members, SF Board of Supervisors |
| | |
| Contractor Information (Please print clearly.) | |
| Name of contractor: Tenderloin Health | |
| Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. 1. Andy Chen; Guido Gores, Jr.; Troy Brunet; Billie Cooper; Nicole Giacinti; Julia Grau; Bryan MacDonald; Richard Miller; Luann Simmons 2. David Fernandez 3. N/A 4. N/A | |
| 5. N/A | |
| Contractor address: 187 Golden Gate Avenue, San Francisco, CA 94102 | |
| Date that contract was approved: June 15, 2011 | Amount of contract: \$21,601 |
| Describe the nature of the contract that was approved: HIV Prevention | |
| Comments: Tenderloin Health a 501 (c) 3 Nonprofit with a Board of Directors | |
| This contract was approved by (check applicable): ☐ the City elective officer(s) identified on this form (Mayor, Ed ☐ a board on which the City elective officer(s) servesSan Fr | |
| Print Name of Board | |
| the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits | |
| Print Name of Board | |
| Filer Information (Please print clearly.) | |
| Name of filer: Clerk of the SF Board of Supervisors | Contact telephone number: (415) 554-5184 |
| Address: City Hall, Room 244 | E-mail: |
| 1 Dr. Carlton B. Goodlett Place | Bos.Legislation@sfgov.org |
| | |
| Signature of City Elective Officer (if submitted by City elective office | er) Date Signed |
| Digitality of Only District (in Committee by Cory Control of Santary) | |
| Signature of Board Socretary or Clerk (if submitted by Board Secretar | ry or Clerk) Date Signed |

City and County of San Francisco Edwin Lee Mayor

Department of Public Health Barbara Garcia, MPA Director of Health



February 8, 2011

Centers for Disease Control and Prevention (CDC) Procurement and Grants Office, Branch 1 2920 Brandywine Road, Room 3000, MS E-15 Atlanta, GA 30341-4146

Attn: Pamela Render, Grants Management Specialist

RE:

Project Title: The STOP Study

Funding Opportunity Announcement Number: PS09-004

Grant Number: 1U01PS001564-02 FY 2011 Interim Progress Report (IPR)

Enclosed is the San Francisco Department of Public Health, Population Health and Prevention, AIDS Office, HIV Prevention Section FY 2011 Interim Progress Report for year 2 budget period 6/15/2011 through 6/14/2012 in the amount of \$443,333.

Currently SFDPH does not have IRB approval for the STOP Study. We and the two other study sites are working with CDC to develop the protocol that will go into the IRB request. We will need to have the IRB approval by the start of the intervention in mid-2011.

If you have any questions, please contact Grant Colfax, Director of HIV Prevention and Research, at (415) 554-9173 for programmatic issues and Sajid Shaikh, Senior Administrative Analyst, at (415) 255-3512 for budgetary and fiscal issues.

Sincerely,

Grant Colfax, MD

Director of HIV Prevention and Research

Sajid Shaikh

Senior Administrative Analyst

San Francisco Department of Public Health

AIDS Office

The STOP Study

Funding Opportunity Announcement: PS09-004

Grant Award Number: 1U01PS001564-02

Interim Progress Report for Year 2: 6/15/2011 - 6/14/2012

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Project Title: The STOP Study
Funding Opportunity Announcement Number: PS09-004
Grant Number: 1U01PS001564-02

Interim Progress Report

1. Current Budget Period Progress (Year 01)

A. Research Aims:

- 1. Aims/Project:
 - To evaluate the yield, cost-effectiveness, and feasibility of screening for AHI with a fourth-generation enzyme immunoassay (EIA) in high-risk/high-incidence settings compared to pooled NAAT.
 - To evaluate the yield, cost-effectiveness, and feasibility of enhanced partner, notification/contact tracing techniques linked to AHI screening.

The research aims are in place. Because year one is a planning year, the planning process has helped further define the protocol and evaluation of these aims. The study is still in the planning phase to determine the protocol for all three study location so there are no significant challenges and successes at this point in the study.

- 2. Leadership/Partnership: The San Francisco STOP Study has worked closely with Phil Peters, MD, the CDC Project Officer, and the staff at the other two study sites in New York City and University of North Carolina. Internally the San Francisco STOP Study staff has developed an internal working group with the Director of the Department's Microbiology Lab and Director and Epidemiologist of the STD Prevention and Control Section. In addition to the STD Clinic, the two major testing sites that will be part of this study will be determined in the next three months as part of a new RFP process for all HIV Prevention funded services.
- 3. During year 02, the San Francisco STOP Study will work with community partners and hire designated staff and implement the study protocols at a minimum of three HIV testing sites in San Francisco.
- B. Project Timeline: During the first 6 months of the planning phase of this four year study, the PI and Project Director worked closely with Phil Peters, MD, CDC project director and staff at the two other study sites (New York City Department of Public Health and University of North Carolina) to determine the study protocol including the required data, HIV testing algorithm, and partner services. During November 2010, the San Francisco STOP PI, Project

Director, and Lab Director attended a STOP Study meeting at the CDC to discuss and plan the study protocol. During the second 6 months of the planning phase, the protocol will be finalized including genetics/ resistance testing and cost benefit analysis and will be submitted to the University of California for IRB approval. During the last three months the community testing sites working with this study will be determined and the study protocol will be integrated into the HIV testing at these agencies for a July start-up.

C. Potential translatability and public health impact: While the study is still in the planning phase, it is anticipated that there will be a public health impact of this research. Attempts to detect acutely infected individuals have mostly involved RNA-detection algorithms using pooled HIV antibody-negative specimens, as described above. Such efforts have yielded significant returns in detection of recent HIV infection in certain communities. However, the use of RNA-based detection methods may be expensive, laborious and are operationally daunting. Moreover, in most cases the time to results ranges from 7-14 days. This amount of time is less than ideal from an HIV prevention perspective, because the ability to find the infected index case may be decreased with time, resulting in the potential for continued risk behavior and onward transmission of HIV when infectiousness is extremely high. Furthermore, due to temporal delays, it is possible that the ability to maximize partner notification and testing is decreased. A potential alternative to the detection of AHI using RNA-based methods is to use antigen-antibody combination tests, also known as "fourthgeneration" EIA. Fourth-generation assays simultaneously function as both third-generation EIA (for the detection of IgG and IgM antibody) and capture EIA for the direct detection of p24 antigen (the most abundant protein of HIV virions). Because fourth-generation EIA are standard immunoassays, they are easy to perform, relatively inexpensive, and easily automated. At this time, fourth-generation EIA are not FDA-cleared within the US, but their use and performance in other locations worldwide has been well-documented. However, given the paucity of data available on performance of fourth-generation assays relative NAAT pooling, it is of considerable interest from a public health perspective to assess the ability of these assays to detect AHI cases.

There are no publications or presentations made during this budget period.

- D. Status: Currently the study is in the planning phase and it is ongoing.
- E. There are currently no findings. The study is still in the planning phase.
- F. Barriers: There are currently no barriers. The study is still in the planning phase.
- G. The study is in the planning phase and this was anticipated as a year one activity.

2. Current Budget Period Financial Progress (6/15/2010 through 6/14/11):

The year 1 funds have been efficiently utilized to develop the study. The estimated unobligated fund is \$3,800. SFDPH will request to carry forward the unobligated fund to year 2 to increase the phlebotomists' efforts in our subcontracts.

- 3. New Budget Period Proposal (6/15/2011 through 6/14/12):
- 1 Develop contracts and MOU's with contractors
- 2. Hire staff identified in the budget (DPH and contractors)
- 3. Initiate NAAT Testing and 4th Generation Testing at the study sites
- 4. Implement Expanded Partner Services for persons acutely infected with HIV including social networking
- 5. Establish system for tracking and reporting data required by the Study
- 6. Work with study sites to insure that IRB approved protocol is maintained.
- 7. Work with the CDC project officer to communicate issues, resolve problems, track progress.

Measures of Effectiveness:

- 1, Year O2 a minimum of 11,000 participant samples will be collected and screened for acute infection (NAAT, 4th Generation).
- 2. We estimate that we will detect 24 acute HIV infections.
- 3. Persons testing positive for acute HIV infection will be notified within 48 hours after testing positive and partner services/linkage to medical care will be offered partner services will be initiated within 48 hours.

"The STOP Project" San Francisco Department of Public Health Budget Justification Year 2: June 15, 2011 – June 14, 2012

A. SENIOR/KEY PERSON

| 1. | Principal Investigator (0.05 FTE) - Colfax, Grant | 0.6 Calendar Months |
|----|---|---------------------|
| | Annual Salary \$183,092 | |
| | 0.60 Person Months\$9,155 | |
| | 35% Mandatory Fringe Benefits\$3,204 | |
| | Total \$12,359 | |

Dr. Grant Colfax will be responsible for the overall scientific, operational and administrative aspects of the project. In close collaboration with Drs. Klausner and Pandori, San Francisco AIDS Foundation/Magnet, AIDS Health Project, Tenderloin Health, City Clinic and DPH staff and consultants, Dr. Colfax will direct the design, implementation and analysis of all other scientific aspects of this project. As Director of the HIV Prevention Section, which oversees HIV testing and partner services at the project sites, Dr. Colfax has overall responsibility for ensuring that all staff adhere to good clinical practice guidelines in keeping with DPH regulations. Dr. Colfax will oversee project design, development of data, collection instruments, data analysis, evaluation, and presentation and publication of results. His primary responsibility is to ensure project goals are being met in a timely manner, and that high-quality data are collected. He is the principal contact for all parties involved, including the CDC and other sites collaborators.

| 2: | Project Director (0.05FTE) - Dowling, Teri | 0.60 Calendar Months |
|-----|--|----------------------|
| | Annual Salary \$90,818 | |
| | 0.60 Person Months\$4,541 | |
| | 35% Mandatory Fringe Benefits\$1,589 | <i>5</i> . |
| - * | Total \$6,130 | |

Ms. Dowling reports directly to Grant Colfax. Responsible for overseeing day-to-day operational aspects of the project, including supervising the Project Coordinator and, in collaboration with Giuliano Nieri STD/HIV Program Manager, overseeing the work of the Acute HIV Services Coordinator; facilitate regular meetings with key staff; manage contracts and budgets, work with Lab and UCSD to monitor project progress and to develop *pol* gene sequencing protocol.

| 3. COLA | \$2,131 | |
|----------------------|-------------|----------|
| Total Salary/Fringe. | ***** | \$20,620 |
| C. EQUIPMENT | • | N/A |
| D. TRAVEL | | \$6,000 |

Domestic Travel –

Travel for one employee to Atlanta to attend the STOP Study participant meeting and two employees to attend the National HIV Prevention Conferences.

(Round trip air fare $$600 + lodge 90×2 nights + ground transportation \$100 + registration fees $$1,120) \times 3$ staff = \$6,000

2. Foreign Travel - N/A

| E. PARTICIPANT/TRAINEE SUPPORT COSTS | N/A |
|---|---------------------------------------|
| Tuition/Fees/Health Insurance - N/A Client Stipends - N/A Travel - N/A Subsistence - N/A Other - N/A | |
| F. OTHER DIRECT COSTS | \$412,782 |
| Materials and Supplies- Publication Costs- Consultant Services- ADP/Computer Services- Subawards/Consortium/Contractual Costs | N/A N/A N/A N/A \$409,582 |
| See Subaward budgets for detailed budget justifications. | |
| a. Public Health Foundation Enterprises Inc. (PHFE) | \$66,231 |
| b. UCSF- AIDS Health Project | \$29,047 |
| c. San Francisco AIDS Foundation, Magnet | \$26,583 |
| d. Tenderloin Health | \$21,601 |
| e. MOU-San Francisco Department of Public Health Microbiology Laboratory | \$209,927 |
| f. MOU-San Francisco Department of Public Health, STD Prevention & Contro | |
| 6. <u>IRB Fees-</u> Cost associated with obtaining local IRB approval for the study. | \$3,200 |
| G. DIRECT COSTS | \$439,402 |
| H. INDIRECT COSTS (24.84% of total Salaries) | \$3,931 |
| I. TOTAL DIRECT AND INDIRECT COSTS | \$443,333 |
| J. FEE - N/A | |

"The STOP Project"

Public Health Foundation Enterprises Inc. (PHFE) Subaward Budget Justification

Year 2: June 15, 2011 – June 14, 2012

| ٨ | CEN | IIO | HVEV | PERSON | ı |
|----|-----|-----|------|---------------|---|
| Α. | 357 | HUR | CALL | HERSON | 1 |

B. OTHER PERSONNEL

1. Project Coordinator (0.50 FTE) - TBD

Consultant Services

3.

6 Calendar Months

| Annual Salary | \$65,000 |
|-------------------------------|----------|
| 6 Person Months | \$32,500 |
| 30% Mandatory Fringe Benefits | \$9,750 |
| Total | \$42,250 |

Under supervision of the Project Director, this person will work with each of the four testing sites to do the following: ensure that the protocols identified in year 1 are followed; provide support and assistance to the four agencies; serve as the liaison between the labs and the agencies; collaborate with the Acute HIV Services Coordinator to ensure partner services works effectively at each of the four sites; and work with the Data Management Coordinator to ensure data quality data collection at each of the four sites.

| 2. | COLA 4% x Total Salarie | s\$1 | ,300 | |
|--------|----------------------------|---------|------|-----|
| C. EQL | JIPMENT | | | |
| : | | | | N/A |
| D.TRA | VEL | | | N/A |
| E. PAR | TICIPANT/TRAINEE SUPPOR | T COSTS | | N/A |
| | | | | |
| F. OTH | ER DIRECT COSTS | | | * . |
| 1. | Materials and Supplies | | | N/A |
| 2. | Publication Costs | | | N/A |

Consultant - Pilcher, Chris, MD a.

Dr. Pilcher will provide consultation to project staff on NAAT testing, and new testing technologies. His expertise with NAAT testing and his research and clinical work with persons with acute HIV will greatly benefit this project and the clients served.

Pilcher, Chris, M.D. \$100 x 50 hrs/yr x1 Years = \$5,000

b. Consultant - Kahn, Jim, MD

Dr. Kahn will provide consultation to project staff on developing and implementing an evaluation plan to measure cost effectiveness of enhanced partner notification and screening for acute HIV infection with a 4th generation EIA compared to pooled NAAT

Kahn, Jim, M.D. \$100 x 50 hrs/yr x1 Years = \$5,000

Subawards/Consortium/Contractual Costs 4.

- San Francisco General Hospital- To support HCV screening (288 tests x \$12=\$3,456) and Hep a. B screening (288 tests x \$16=\$4,608) for a total of \$8,064.
- Single Audit and Insurance Public Health Foundation Enterprises, Inc. will provide 5. insurance coverage (0.4% of MTDC), and a prorated cost for federally equipped annual single audit (0.1% of MTDC).

Single Audit Fees (0.1%) \$62 Insurance (0.4%) \$246

G. DIRECT COSTS

\$61,922

H. INDIRECT COSTS

\$4,309

I. TOTAL DIRECT AND INDIRECT COSTS

\$66,231

J. FEE - N/A

"The STOP Project" UCSF-AIDS Health Project Subaward Budget Justification

Year 2: June 15, 2011 - June 14, 2012

- A. SENIOR/KEY PERSON N/A
- B. OTHER PERSONNEL

1. HIV Testing Coordinator (0.05 FTE) - TBD

0.6 Calendar Months

| Annual Salary | \$90,000 |
|-------------------------------|----------|
| 0.60 Person Months | \$4,500 |
| 29% Mandatory Fringe Benefits | \$1,305 |
| Total | \$5.805 |

During year two, the HIV Testing Coordinator will oversee expanded pooled testing and delinked 4th generation EIA at AIDS Health Project. This employee will also oversee the new Syphilis, HBV and HCV screening and follow-up for all persons found to be HIV infected.

2. Counselor/Phlebotomist (0.30 FTE) –TBD

3.6 Calendar Months

| Annual Salary | \$50,000 |
|-------------------------------|----------|
| | |
| 3.6 Person Months | \$15,000 |
| 29% Mandatory Fringe Benefits | \$4,350 |
| Total | \$19,350 |

During year two the Counselor/Phelbotomist will provide counseling and refer to those persons testing antibody positive for HBV, HCV or positive for Syphilis, will provide back-up phlebotomy, will assist AHP Linkage Coordinator with linkage to care for persons with AHI.

2. COLA 4% x Total Salaries \$780

Total Salary/Fringe \$25,935

C. EQUIPMENT

N/A

D.TRAVEL N/A

E. PARTICIPANT/TRAINEE SUPPORT COSTS N/A

F. OTHER DIRECT COSTS

| 1. | Materials and Supplies | N/A |
|------------|--|------------|
| 2. | Publication Costs | |
| 3. | Consultant Services | N/A N/A |
| 4. | Subawards/Consortium/Contractual Costs | N/A |
| G. DIREC | T COSTS | \$25,935 |
| H. INDIRE | ECT COSTS (12%) | \$3,112 |
| I. TOTAL I | DIRECT AND INDIRECT COSTS | \$29,047 |
| I EEE A | M/A | |

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"The STOP Project" SF AIDS Foundation- Magnet Subaward Budget Justification Year 2: June 15, 2011 – June 14, 2012

- A. SENIOR/KEY PERSON N/A
- B. OTHER PERSONNEL
- 1. HIV Testing Coordinator (0.05 FTE) TBD

0.6 Calendar Months

| Annual Salary | \$46,744 |
|-------------------------------|----------|
| 0.60 Person Months | \$2,337 |
| 29% Mandatory Fringe Benefits | \$678 |
| Total | \$3,015 |

During year two, the HIV Testing coordinator at Magnet will oversee expanded pooled testing and delinked 4th generation EIA at Magnet. This employee will also oversee the new Syphilis, HBV and HCV screening and follow-up for all persons HIV-infected.

2. Counselor/Phlebotomist (0.40 FTE) -TBD

4.8 Calendar Months

| Annual Salary | \$40,000 |
|-------------------------------|----------|
| 4.8 Person Months | \$16,000 |
| 29% Mandatory Fringe Benefits | \$4,640 |
| Total | \$20,640 |

During year two this person will provide counseling and refer those persons testing antibody positive for HBV/HCV or positive for Syphilis to follow-up services, will provide back-up phlebotomy, will assist the Manager for HIV Counseling and Testing at Magnet with linkage to care for persons with AHI.

| 2. | COLA | • |
|----|---------------------|-------|
| | 4% x Total Salaries | \$733 |
| | | |

Total Salary/Fringe \$24,388

C. EQUIPMENT

N/A

D.TRAVEL N/A

E. PARTICIPANT/TRAINEE SUPPORT COSTS

N/A

F. OTHER DIRECT COSTS

| 1. | Materials and Supplies | N/A |
|----------|--|------------|
| 2. | Publication Costs | |
| 3. | Consultant Services | N/A N/A |
| 4. | Subawards/Consortium/Contractual Costs | N/A |
| G. DIREC | ст соѕтѕ | \$24,388 |
| H. INDIR | RECT COSTS (9%) | \$2,195 |
| I. TOTAL | DIRECT AND INDIRECT COSTS | \$26,583 |
| J. FEE – | N/A | |

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"The STOP Project" <u>Tenderloin Health Subaward Budget Justification</u> Year 2: June 15, 2011 – June 14, 2012

- A. SENIOR/KEY PERSON N/A
- B. OTHER PERSONNEL
- 1. HIV Testing Coordinator (0.05 FTE) TBD

0.6 Calendar Months

| Annual Salary | \$58,000 |
|-------------------------------|----------|
| 0.60 Person Months | \$2,900 |
| 29% Mandatory Fringe Benefits | \$841 |
| Total | |

During year two, the HIV Testing Coordinator will oversee expanded pooled testing and delinked 4th generation EIA at Tenderloin Health. This employee will also oversee the new Syphilis, HBV and HCV screening and follow-up for all persons found to be HIV infected.

2. Counselor/Phlebotomist (0.30 FTE) -TBD

3.6 Calendar Months

| Annual Salary | \$40,000 |
|-------------------------------|----------|
| 3.6 Person Months | \$12,000 |
| 29% Mandatory Fringe Benefits | \$3,480 |
| Total | \$15,480 |

During year two Counselor/Phlebotomist will provide counseling and referral to those persons testing antibody positive for HBV/HCV or positive for Syphilis, will provide back-up phlebotomy, will assist the CTL Coordinator at Tenderloin Health with linkage to care for persons with AHI.

2. COLA 4% x Total Salaries \$596

Total Salary/Fringe \$19,817

C. EQUIPMENT

N/A

D.TRAVEL N/A

E. PARTICIPANT/TRAINEE SUPPORT COSTS

N/A

F. OTHER DIRECT COSTS

| 1. | Materials and Supplies | • | N/A |
|----------|--|---|------------|
| 2. | Publication Costs | | |
| 3. | Consultant Services | | N/A N/A |
| 4. | Subawards/Consortium/Contractual Costs | | N/A |
| G. DIRE | ECT COSTS | | \$19,817 |
| H. INDII | RECT COSTS (9%) | | \$1,784 |
| I. TOTA | L DIRECT AND INDIRECT COSTS | | \$21,601 |
| J. FEE - | – N/A | | |

"The STOP Project" SFDPH Microbiology Laboratory Subaward Budget Justification

Year 2: June 15, 2011 - June 14, 2012

A. SENIOR/KEY PERSON

1. Co-Investigator (0.05 FTE) - Pandori, Mark, PhD 0.60 Calendar Months

| Annual Salary | \$112,525 |
|-------------------------------|-----------|
| 0.60 Person Months | \$5,626 |
| 30% Mandatory Fringe Benefits | , , |
| · • | \$7,314 |

Chief Microbiologist, Mark Pandori, PhD will be responsible for overseeing all aspects of planning, implementation, quality assurance and evaluation of the NAAT testing and the 4th generation EIA testing at the San Francisco Dept. of Public Health Microbiology Lab. He will supervise the microbiologist on this project. He will work closely with the PI and the rest of the project team in implementation of the laboratory aspects of the project protocol.

B. OTHER PERSONNEL

1. Microbiologist (0.50 FTE) - TBD

6 Calendar Months

| Annual Salary | \$88,636 |
|-------------------------------|----------|
| 6.0 Person Months | \$44,318 |
| 30% Mandatory Fringe Benefits | \$13,295 |
| Total | \$57,613 |

Microbiologist will report to the Chief Microbiologist and will be responsible for the NAAT testing and 4th generation EIA testing for this project at the San Francisco Dept. of Public Health Microbiology Lab. Responsibilities will include supervising a lab assistant, documenting NAAT pooled results in a laboratory information management system, de-identifying specimens prior to 4th generation EIA testing and maintaining test data, providing quality assurance and maintaining quality control for both tests, serving as the liaison with the test manufacturers.

| Total Sala | ıry/Fringe | | \$64,927 |
|----------------|---------------|------------|----------|
| C. EQUIPMENT | | | N/A |
| D.TRAVEL | | | N/A |
| E. PARTICIPANT | T/TRAINEE SUP | PORT COSTS | N/A |

F. OTHER DIRECT COSTS

| 1. | Materials and Supplies | • | \$145,000 |
|-------------|--|---|------------|
| • NAA | Generation EIA Testing: \$5 per test x 11000 tes AT Testing: \$15 per test x 6000=\$90,000 II Lab Supplies\$145,00 | 1 | |
| | | | |
| 2. | Publication Costs | | |
| 3. | Consultant Services | | N/A N/A |
| 4. | Subawards/Consortium/Contractual Costs | | N/A |
| | | | |
| G. DIRECT | соѕтѕ | | \$209,927 |
| H. INDIREC | CT COSTS | | \$0 |
| I. TOTAL D | IRECT AND INDIRECT COSTS | | \$209,927 |
| J. FEE - N/ | A | | |

"The STOP Project" STD Prevention and Control Services Subaward Budget Justification

Year 2: June 15, 2011 - June 14, 2012

A. SENIOR/KEY PERSON

1. Co-Investigator (0.05 FTE) – Klausner, Jeffery, MD 0.6 Calendar Months

As Co-Investigator, Jeffery Klausner, MD will be responsible for providing the PI and key staff with input regarding partner services policies and protocol for persons acutely infected with HIV. He will also provide input to the project team on the methods for locating and counseling the partners of people acutely infected with HIV. This second year he will work with the project team, including the HIV/STD Program Manager, to ensure that protocol for partner services is adequate and revised as needed.

B. OTHER PERSONNEL

1. STD/HIV Program Manager (0.05 FTE) – Nieri, Giuliano

0.6 Calendar Months

As STD/HIV Program Manager, G. Nieri will be responsible for ensuring that the partner services protocol for this project is conducted according to plan and its goals are met. He will be responsible for supervising the Acute HIV Services Coordinator.

| Total Salary/Fringe | | \$20,013 |
|-------------------------------|---------|----------|
| C. EQUIPMENT | | N/A |
| D.TRAVEL | | N/A |
| E. PARTICIPANT/TRAINEE SUPPOR | T COSTS | N/A |
| F. OTHER DIRECT COSTS | | |

1. <u>Materials and Supplies</u> N/A

Publication Costs

N/A

4. <u>Subawards/Consortium/Contractual Costs</u>

\$36,180

a. Name of Contractor:

Public Health Foundation Enterprises Inc. (PHFE)

The San Francisco Department of Public Health – STD Prevention and Control Services will subcontract with the PHFE, a non-profit 501 c (3) agency.

- i. PHFE Senior/Key Person- N/A
- ii. PHFE Other Staff

- Acute HIV Services Coordinator-TBD (.50 FTE)

6 Calendar Months

| · · · · · · · · · · · · · · · · · · · | |
|---------------------------------------|--------------------|
| Annual Salary | \$50,000 |
| 0.50 Person Months | \$25,000 |
| 30% Fringe Benefits | \$7.500 \$7.500 |
| | |
| Total | \$32,500 |

The Acute HIV Services Coordinator will be responsible for working collaboratively with the site coordinators at all four test sites to provide partner services counseling with persons who are acutely infected with HIV. The Coordinator will work with the participant to identify, counsel and test sexual and needle sharing partners and social network partners. This person will be responsible for collecting data on the original participant and that person's partners, including data on any field records that are opened. This person will be an integral part of each agency's counseling and testing team

| $\triangle \triangle \Gamma = A + A \triangle I$ | | | |
|--|------|------------|--------|
| COLA 4% | - | | ውስላላ |
| | | ********** | \$833 |
| | | | . 4000 |

iii. PHFE Other Direct Costs-N/A

Single Audit and Insurance - Public Health Foundation Enterprises, Inc. will provide insurance coverage (0.4% of MTDC), and a prorated cost for federally equipped annual single audit (0.1% of MTDC).

| Single Audit Fees (0.1%) | \$33 \$133 |
|-------------------------------|---------------|
| Total Direct Costs | \$33,500 |
| Indirect Cost (8% of MTDC) | \$2,680 |
| Total PHFE Contractual Budget | \$36,180 |

G. DIRECT COSTS \$56,193

H. INDIRECT COSTS \$0

I. TOTAL DIRECT AND INDIRECT COSTS \$56,193

. FEE - N/A

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH POPULATION HEALTH AND PREVENTION



DATE:

October 25, 2010

TO

Grant/Program Managers

Anna Kronenberg Valetie Inouve

FROM

Nelly Lee J Finance Manager

RE:

FY 10-11 Indirect Cost Rate

Effective immediately, the Indirect Cost rate for Population Health & Prevention-Public Health Division is 24.84% of sateries. This rate was based on FY 2009-10 costs and includes the COWCAP allocation reported in the OMB A-87 Cost Allocation Plan. Public Health Division Grant Managers should use 24.84% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 24.84%

Other Divisions in the Health Department should add the following costs to their divisions' internal indirect costs in order to reflect total indirect costs:

| | Amount |
|-------------------|------------|
| Mental Health | 7,820,363 |
| Substance Abuse - | 855,264 |
| Primary Care | 3,997,910 |
| Health at Home | 525,871 |
| Jail Health | 1,509,246 |
| LHH | 2,447,492 |
| SFGH | 11,370,386 |

Attachments

CC:

Anne Okubo Barbara Garcia Tristan Levardo Michelle Ruggels James Alexander

101 GROVE STREET, ROOM 108

SAN FRANCISCO, CA 94102

TEL #: (415) 554-2540 FAX #: (415) 554-2623

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Attachment B

ASSURANCE OF COMPLIANCE

with the

"REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (If panel has more members than can be shown here, please indicate additional members on the reverse side.)

| NAME | OCCUPATION | AFFILIATION |
|---------------------|----------------------------|-------------------------------------|
| Joseph Imbriani | Community Health Worker | HIV Prevention Section |
| Tony Robles | Medical Records Staff | Community Member |
| Thomas Hughes | Artist | Self employed |
| Sylvia Young | Group Facilitator | CAPS |
| Catherine Brannigan | Health Care Provider | Kaiser Permanente |
| Andrew Williams III | Health Program Coordinator | Community Member |
| Jenna Rapues | Community Health Worker | SFDPH – AIDS Office (Hith Dept Rep) |

| Applicant/Grantee Name | Grant Number (If Known) |
|---|---|
| City and County of San Francisco Department of Public Health – HIV Prevention Section | 1U01PS001564-02 |
| Signature: Project Director | Signature: Authorized Business Official |
| Date: February 2, 2011 | Date: //3//// |

O WP/Materialsrevew/6/01 Compliance Materials Review Form. doc

Statement of Compliance with Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questioners, Survey Instruments and Education Sessions

SUBMITTED MATERIALS FORM

| Agency Name: | City and County of San Francisco | | |
|-----------------------|----------------------------------|--------------|--------|
| | Department of Public Hea | alth, AIDS C | Office |
| Date: | 2/1/2010 | | • |
| Program Announcement: | PS09-004 | • | |
| Award Number: | 1U01PS001564-02 | | |

To comply with the requirements described in the Review of Contents of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questioners, Survey Instruments, and Education Sessions, published in the Federal Register on June 15, 1992, I certify that the following list of materials were submitted and reviewed by our Content review Panel.

| Name of Material | Date of Approval | Date of Disapproval |
|------------------|---------------------|---------------------|
| n/a | | |
| | | |
| | | |
| | | |

Sincerely,

| Signature: | (3000) |
|------------|---|
| Name: | Grant Colfax |
| Title: | Director of HIV Prevention and Research |

As of Feb 1, 2011, there are no materials submitted to the Materials Review Panel.

CERTIFICATION OF COMPLIANCE

Requirement: Content of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments and Educational Sessions - Recipient Web Site Notices Grant/Cooperative Agreement Number: 1U01PS001564-02 Grantee Name: San Francisco Department of Public Health AIDS Office X I certify that this organization has complied with the terms and conditions of the above referenced requirement. I certify that the requirement for a web notice is not applicable to this organization. If the requirement is not applicable, please state why Please list below the primary web address(es) (URLs) impacted by this requirement: www.sfdph.org. Signature of Authorization Certifying Official: Title: Director of HIV Prevention and Research Applicant Organization: Date: City and County of San Francisco Feb 1, 2011 Department of Public Health

Statement of Compliance with Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questioners, Survey Instruments and Education Sessions

NO NEW HIV/AIDS RELATED MATERIALS FORM

| Agency Name: | City and County of San Francisco | | | |
|-----------------------|--|--|--|--|
| | Department of Public Health, AIDS Office | | | |
| Date: | 2/1/2010 | | | |
| Program Announcement: | PS09-004 | | | |
| Award Number: | 1U01PS001564-02 | | | |

To comply with the requirements described in the Review of Contents of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questioners, Survey Instruments, and Education Sessions, published in the Federal Register on June 15, 1992, I certify that from the period of June 15, 2010 through February 1, 2011 that all of the materials we are using have been approved by our content review panel. We also certify that we have previously sent documentation of approval or disapproval to CDC for all the materials we are currently using.

Sincerely,

| Signature: | (57)///// | |
|------------|---|--|
| Name: | Grant Colfax | |
| Title: | Director of HIV Preyention and Research | |
| | | |

As of Feb 1, 2011, there are no new materials submitted for the Materials Review Panel.

Statement of Compliance with Content of HIV/AIDS-Related Written Materials, Pictorials, Audiovisuals, Questioners, Survey Instruments and Education Sessions

MATERIALS SUBMITTED WAITING FOR RESPONSE FORM

| 1 A 3.7 : | · · · · · · · · · · · · · · · · · · · | | | |
|--|--|---|---------------------------------------|-------------------|
| Agency Name: | City and County of San Francisco | 00 | | |
| | Department of Public Health, A | IDS Office | ٠. | |
| Date: | 2/1/2011 | | | |
| Program Announcement: | PS09-004 | | · · · | |
| Award Number: | 1U01PS001564-02 | | | |
| Related Written Materials, Education Sessions, publis from the period of materials to our review par | ements described in the Review of Pictorials, Audiovisuals, Question hed in the Federal Register on June throughnel onere receive a response a form signed | ers, Survey In e 15, 1992, I c our agency and have | strument certify that submitted | s, and t ed |
| will be forwarded to you in | our next quarterly report. | - J | F | |
| will be forwarded to you in Sincerely, | our next quarterly report. | | | |
| will be forwarded to you in | our next quarterly report. | | | |
| will be forwarded to you in Sincerely, | our next quarterly report. | | | |

As of Feb 1, 2011, there are no materials awaiting a response from the Materials Review Panel.

| | Department of Health and Human Services Public Health Services | Review Group | Туре | Activity | Grant Number 1U01PS001564-02 | |
|---|--|--|----------|-------------------|---|--|
| | | Total Project Period | | | 4 | |
| | Grant Progress Report | From: 06/15/2010 Through: 06/14/2014 Requested Budget Period | | | ugh: 06/14/2014 | |
| | | From: 06/15/2011 Through: 06/14/2012 | | | ugh 06/14/2012 | |
| 1. | TITLE OF PROJECT The STOP Study | | | | | |
| 2a | PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code) | 2b. E-MAIL ADDRESS grant.colfax@sfdph.org | | | | |
| | Grant Colfax San Francisco Department of Public Health | 2c. DEPARTMENT, S San Francisc | | | RY, OR EQUIVALENT Public Health | |
| | 25 Van Ness Avenue, Sutie 500 San Francisco, CA 94102 | 2d. MAJOR SUBDIVIS | SION | | | |
| | | 2e. Tel: (415) 554 | -9173 | Fax: | (415) 431-7154 | |
| | APPLICANT ORGANIZATION (Name and address, street, city, state, zip code) San Francisco Department of Public Health AIDS Office | 3b. Tel: (415) 554 3c. DUNS: 103717 | | Fax: | (415) 431-7154 | |
| . , | 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102 | 4. ENTITY IDENTIFI 94-6000417 | CATION N | NUMBER | | |
| 6. HUMAN SUBJECTS No Yes 6a. Research Exempt ("Yes" in 6a): No Yes If Exempt ("Yes" in 6a): Exemption No. IRB approval date 5. NAME, TITLE AND ADDRESS OF ADMINISTRATIVE OFFICIAL Sajid Shaikh Senior Administrative Analyst 1380 Horard Street, Room 423a, S.F, CA 941 | | | | | | |
| 6b. | Federal Wide Assurance No. FWA0000162 | Tel: (415) 255-35 | 512 | Fax: | (415) 503-4710 | |
| | NIH-Defined Phase III iical Trial No Yes | E-MAIL: sajid.shai | kh@sfc | lph.org | | |
| 7. | VERTEBRATE ANIMALS No Yes | 10. PROJECT/PERFC | RMANCE | SITE(S) | | |
| 7a. | If "Yes," IACUC approval Date | Organizational Name: San Francisco Dept of Public Health | | | | |
| 7b. | Animal Welfare Assurance No. | DUNS: 10371733 | 6 | | | |
| 8. | COSTS REQUESTED FOR NEXT BUDGET PERIOD | Street 1: 25 Van Ness Avenue, Suite 500 | | | | |
| 8a. | DIRECT \$439,402 8b. TOTAL \$443,333 | Street 2: | | | | |
| 9. 1 | NVENTIONS AND PATENTS No Yes | city: San Francisco | | Coun | County: | |
| lf ' | | State: CA | | Provi | Province. | |
| | ☐ Not Previously Reported | Country: Zip/Postal Code: 94102 | | ostal Code: 94102 | | |
| . <u> </u> | | Congressional Districts | | | | |
| | NAME AND TITLE OF OFFICIAL SIGNING FOR APPLICANT OF rc Trotz, Interim Director of Community Progran | | 13) | | | |
| TEL | : (415) 255-3593 FAX: (415) 252 | -3005 | E. | MAIL: mar | c.trotz@sfdph.org | |
| 12. Corrections to Page 1 Face Page | | | | | | |
| ; ; ; | 13. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the statements herein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. PHS 2590 (Rev. 06/09) Face Page SIGNATURE OF OFFICIAL NAMED IN 11. (In The | | | | AL NAMED IN DATE 2 10 (1) Form Page 1 | |
| | | - | | , , | , , , , , , , , , age | |

| Contac | t Program Director/Principal Investigator: Gran | nt Colfax | |
|-------------------|--|--------------|---|
| (Na Gr 25 | 2a. PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR (Name and address, street, city, state, zip code) Grant Colfax 25 Van Ness Avenue, Suite 500 San Francisco, CA 94102 | | il ADDRESS .colfax@sfdph.org RTMENT, SERVICE, LABORATORY, OR EQUIVALENT |
| | | San | rancisco Department of Public Health |
| | | | R SUBDIVISION Office |
| 2e. TEL | EPHONE AND FAX (Area code, number and extension) | | |
| TEL: | (415) 554-9173 | FAX; | (415) 431-7154 |
| 2a. PRO (Nar | DGRAM DIRECTOR / PRINCIPAL INVESTIGATOR me and address, street, city, state, zip code) | 2b. E-MAI | - ADDRESS |
| | | | |
| • | | 2c. DEPAI | RTMENT, SERVICE, LABORATORY, OR EQUIVALENT |
| | | 2d. MAJOI | RSUBDIVISION |
| 2e. TELI | EPHONE AND FAX (Area code, number and extension) | | |
| TEL: | | FAX: | |
| 2a. PRO (Nam | GRAM DIRECTOR / PRINCIPAL INVESTIGATOR le and address, street, city, state, zip code) | 2b. E-MAIL | ADDRESS |
| | | | |
| | | 2c. DEPAR | TMENT, SERVICE, LABORATORY, OR EQUIVALENT |
| | | 2d. MAJOR | SUBDIVISION |
| 2e. TELE | PHONE AND FAX (Area code, number and extension) | | |
| TEL: | | FAX: | |
| 2a. PROC (Name | GRAM DIRECTOR / PRINCIPAL INVESTIGATOR and address, street, city, state, zip code) | 2b. E-MAIL | ADDRESS |
| | | 0.050 | |
| | | 26. DEPAR | MENT, SERVICE, LABORATORY, OR EQUIVALENT |
| | | 2d. MAJOR | SUBDIVISION |
| ?e. TELEF | PHONE AND FAX (Area code, number and extension) | | |
| TEL: | | FAX: | |
| PHS 2590 | (Rev. 06/09) Face | Page-continu | |

Form Page 1-Continued

Face Page-continued

FROM THROUGH **GRANT NUMBER DETAILED BUDGET FOR NEXT BUDGET** 06/15/2011 06/14/2012 1U01PS001564-02 PERIOD - DIRECT COSTS ONLY List PERSONNEL (Applicant organization only) Use Cal, Acad, or Summer to Enter Months Devoted to Project Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits Cal. Acad. Summer SALARY FRINGE NAME **ROLE ON PROJECT** Mnths Mnths Mnths REQUESTED BENEFITS TOTALS **Grant Colfas** PD/PI 0.6 9,155 3,204 12,359 Teri Dowling Project Director 0.6 4,541 1,589 6,130 COLA 2,131 2,131 **SUBTOTALS** 15,826 4.793 20,620 CONSULTANT COSTS EQUIPMENT (Itemize) SUPPLIES (Itemize by category) TRAVEL to attend the STOP study participant meeting and national HIV Prevention conferences. 6,000 INPATIENT CARE COSTS **OUTPATIENT CARE COSTS** ALTERATIONS AND RENOVATIONS (Itemize by category) OTHER EXPENSES (Itemize by category) IRB fees 3,200 SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD \$ 29,820 CONSORTIUM/CONTRACTUAL COSTS DIRECT COSTS 409,582 FACILITIES AND ADMINISTRATIVE COSTS CONSORTIUM/CONTRACTUAL COSTS 3,931 TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (Item 8a, Face Page) \$ 443,333 PHS 2590 (Rev. 06/09)

Program Director/Principal Investigator (Last, First, Middle):

Colfax, Grant

BUDGET JUSTIFICATION

GRANT NUMBER 1U01PS001564-02

Provide a detailed budget justification for those line items and amounts that represent a significant change from that previously recommended. Use continuation pages if necessary, see attached detailed budget justification.

CURRENT BUDGET PERIOD

FROM 06/15/2010

THROUGH 06/14/2011

Explain any estimated unobligated balance (including prior year carryover) that is greater than 25% of the current year's total budget.

| | • | |
|--|-----------------------------------|----------------------------|
| Program Director/Principal Investigator (Last, First, Middle): | Colfax, Grant | |
| PROGRESS REPORT SUMMARY | GRANT NUMBER 1U01PS001564-02 | |
| | PERIOD COVERED BY THIS R | EPORT |
| PROGRAM DIRECTOR / PRINCIPAL INVESTIGATOR | FROM | THROUGH |
| Grant Colfax | 06/15/2010 | 06/14/2011 |
| APPLICANT ORGANIZATION | | |
| San Francisco Department of Public Health | | |
| TITLE OF PROJECT (Repeat title shown in Item 1 on first page) | | |
| The STOP Study | | |
| A. Human Subjects (Complete Item 6 on the Face Page) | | |
| Involvement of Human Subjects No Change | e Sínce Previous Submission | Change |
| B. Vertebrate Animals (Complete Item 7 on the Face Page) | | |
| Use of Vertebrate Animals No Change | e Since Previous Submission | Change |
| C. Select Agent Research No Change | e Since Previous Submission | Change |
| D. Multiple PD/PI Leadership Plan No Change | e Since Previous Submission | Change |
| E. Human Embryonic Stem Cell Line(s) Used No Change | e Since Previous Submission | Change |
| SEE PHS 2590 INSTRUCTIONS. | | |
| WOMEN AND MINORITY INCLUSION: See PHS 398 Instructions. Use Targeted/Planned Enrollment Format Page. | Inclusion Enrollment Report Forma | at Page and, if necessary, |
| see attached Interim Progress Report. | | |

| | | | GRANT NUMB 1U01PS00 | | | • | |
|---|---|--|--|---|---|--|--|
| | | CHE | CKLIST | * 1.2 | | | |
| 1. PROGRAM INCOME (See instra All applications must indicate whether anticipated, use the format below to | r program income | is anticipated during | ng the period(s) | for which grant | support is red | quested. If pro | ogram income |
| Budget Period | Antic | ipated Amount | | | Source | =(s) | |
| | general transfer | | | | | | |
| | | | | ٠., | • | • | |
| | | | | | | | |
| | | Section 1 | | | | | |
| | | • | | | | | |
| ASSURANCES/CERTIFICATION In signing the application Face Page listed in the application instructions v | S (See instruction | ns.) | | · | | ··· | · |
| (Form Page 5). 3. FACILITIES AND ADMINSTRATI Indicate the applicant organization | VE (F&A) COSTS | F&A cost rate | F&A costs | will <i>not</i> be pai | ation and pla d on constru | ction grants, | Progress Reports to Federants Follow |
| (Form Page 5). 3. FACILITIES AND ADMINSTRATI Indicate the applicant organization established with the appropriate DHF for-profit organizations, the rate est Agency Cost Advisory Office. | VE (F&A) COSTS n's most recent | F&A cost rate | F&A costs organization additional Institutional Innovation | will not be pains; grants to incinstructions partitional Research/Smats, and speciall | ation and pla d on constru lividuals, and rovided for search Servi Il Business zed grant app | ction grants, of conference grants, fice Awards, Technology olications. | Progress Rep grants to Fede rants. Follow a Career Awar Small Busing Transfer Grai |
| (Form Page 5). 3. FACILITIES AND ADMINSTRATI Indicate the applicant organization established with the appropriate DHF for-profit organizations, the rate est Agency Cost Advisory Office. DHHS Agreement dated: | VE (F&A) COSTS n's most recent IS Regional Office ablished with the | F&A cost rate, or, in the case of appropriate PHS | F&A costs organization additional Institutional Innovation foreign gran | will not be pains; grants to incinstructions partitional Research/Smats, and speciall | ation and pla d on constru lividuals, and rovided for search Servi Il Business zed grant app | ction grants, of conference grants, fice Awards, Technology olications. | Progress Rep grants to Federants. Follow a Career Awar |
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| (Form Page 5). 3. FACILITIES AND ADMINSTRATI Indicate the applicant organization established with the appropriate DHH for-profit organizations, the rate est Agency Cost Advisory Office. DHHS Agreement dated: No DHHS Agreement, but rate CALCULATION* | VE (F&A) COSTS n's most recent IS Regional Office ablished with the | F&A cost rate, or, in the case of appropriate PHS | F&A costs organization additional Institutional Innovation foreign gran | will not be pains; grants to incident instructions of National Research/Smats, and speciall | d on constru lividuals, and rovided for search Servi Il Business zed grant app lities and Adn | ction grants, conference grants, conference grants, conference grants, conference grants, conference Awards, Technology oblications. 10/25/201 | Progress Rep grants to Fede rants. Follow a Career Awar Small Busine Transfer Grain ests Requested |
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ALL PERSONNEL REPORT

GRANT NUMBER

Place this form at the end of the signed original copy of the application. Do not duplicate.

1UQ1PS001564-02

Always list the PD/PI(s). In addition, list all other personnel who participated in the project during the current budget period for at least one person month or more, regardless of the source of compensation (a person month equals approximately 160 hours or 8.3% of annualized effort). Use the following abbreviated categories for describing Role on Project:

- PD/PI
- Co-investigator
- Faculty Collaborator
- Staff Scientist (doctoral level)
- Postdoc (Postdoctoral Scholar, Fellow, or Other Postdoctoral Position)
- Grad Rsch Asst (Graduate Research Assistant)
- Undergrad Rsch Asst (Undergraduate Research Assistant)
- Rsch Asst (Research Assistant/Coordinator)
- Technician
- Consultant
- Biostatistician
- · Other (Specify)

If personnel are supported by a Reentry or Diversity Supplement or American Recovery and Reinvestment Act (ARRA) funding, please indicate such after the Role on Project, using the following abbreviations: RS - Reentry Supplement; DS - Diversity Supplement; AF - General ARRA Supplement; ASE - ARRA Summer Experience funding.

Use Cal (calendar), Acad, or Summer to enter months devoted to project.

| Commons ID | Name | Degree(s) | SSN (last 4 digits) | Role on Project | DoB (MM /YY) | Cal | Acad | Summer |
|------------|---------------|-----------|---------------------------|------------------|-----------------|------|--------|--------|
| | Grant, Colfax | MD | | PD/PI | | 0.60 | , | |
| ٠. | Dowling, Teri | | 4205 | Project Director | | 0.60 | | |
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Colfax, Grant

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| EDAMINAC DEL ATEN EVOENOES | <u> </u> | <u> </u> | | \$ | |
| TRAINING-RELATED EXPENSES (including Health Insurance when a | pplicable – see i | new Instruction | ons) | | |
| N/A | | | | | |
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| TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD (Also | | | | | · · · · · · · · · · · · · · · · · · |

Targeted/Planned Enrollment Table

This report format should NOT be used for data collection from study participants.

Study Title: The STOP Study

Total Planned Enrollment: 22,000

| TARGETED/PLANNED ENROLLMENT: Number of Subjects | | | | | | | |
|---|---------|--------|--------|--|--|--|--|
| Ethnic Category | Females | Males | Total | | | | |
| Hispanic or Latino | 288 | 3,112 | 3,400 | | | | |
| Not Hispanic or Latino | 2,262 | 16,338 | 18,600 | | | | |
| Ethnic Category: Total of All Subjects * | 2,550 | 19,450 | 22,000 | | | | |
| Racial Categories | | | | | | | |
| American Indian/Alaska Native | 98 | 546 | 644 | | | | |
| Asian | 204 | 1,746 | 1,950 | | | | |
| Native Hawaiian or Other Pacific Islander | . 111 | 971 | 1,082 | | | | |
| Black or African American | 556 | 2,219 | 2,775 | | | | |
| White | 1,581 | 13,966 | 15,549 | | | | |
| Racial Categories: Total of All Subjects * | 2,550 | 19,450 | 22,000 | | | | |

^{*}The "Ethnic Category: Total of All Subjects" must be equal to the "Racial Categories: Total of All Subjects."

Inclusion Enrollment Report

This report format should NOT be used for data collection from study participants.

| Study Title: | The STOP Study | | | |
|-------------------|-----------------|------------------|-----------------|---|
| Total Enrollment: | | Protocol Number: | | |
| Grant Number: | 1U01PS001564-02 | | | • |

| PART A. TOTAL ENROLLMENT REPORT: | Number o | f Subjects E | nrolled to Dat | e (Cumulative) |
|---|--------------|--------------|--------------------------|---|
| by Eth | nicity and R | ace | : | , |
| | | | Sex/Gender Unknown or | |
| Ethnic Category | Females | Males | Not Reported | Total |
| Hispanic or Latino | | | | 0 ** |
| Not Hispanic or Latino | | | | 0 |
| Unknown (individuals not reporting ethnicity) | | | | 0 |
| Ethnic Category: Total of All Subjects* | | | | 0 * |
| Racial Categories | | | <u> </u> | |
| American Indian/Alaska Native | | | | 0 |
| Asian | • | - | | 0 |
| Native Hawaiian or Other Pacific Islander | | | | 0 |
| Black or African American | | | | 0 |
| White | | | | 0 |
| More Than One Race | | | | 0 |
| Unknown or Not Reported | | | | 0 |
| Racial Categories: Total of All Subjects* | | | | 0 * |

PART B. HISPANIC ENROLLMENT REPORT: Number of Hispanics or Latinos Enrolled to Date (Cumulative)

| Racial Categories | Females | Males | Sex/Gender Unknown or Not Reported | Total |
|--|-------------|---------------------------------------|--|-------|
| American Indian or Alaska Native | | | | 0 |
| Asian | | | | 0 |
| Native Hawaiian or Other Pacific Islander | | | | 0 |
| Black or African American | | · | | 0 |
| White | | · · · · · · · · · · · · · · · · · · · | | 0 |
| More Than One Race | | | | 0 |
| Unknown or Not Reported | | | | 0 |
| Racial Categories: Total of Hispanics or Latinos** | | | | 0 ** |

^{*} These totals must agree.

^{**} These totals must agree.

Trainee Diversity Report

This report format should NOT be used for data collection from trainees.

| The CTOD Study | | | | | |
|---|---------------------------------------|----------------|--|--------------|-------------|
| Training Grant Title: The STOP Study | | | | | · |
| Total Number of Appointed: Grant Number: 1U01PS001564-02 | · · · · · · · · · · · · · · · · · · · | | | | |
| | · · | (T. 1 | | | |
| PART A. TOTAL TRAINEE APPOINTMENTS REPOR Ethnic Category | Females | Males | Sex/Gender Unknown or Not Reported | Total | ce |
| Hispanic or Latino | , | | | 0 | ** |
| Not Hispanic or Latino | | | | 0 | |
| Unknown (individuals not reporting ethnicity) | | | | 0 | - |
| Ethnic Category: Total of All Trainees* | | | | 0 | * |
| Racial Categories | | | | | |
| American Indian/Alaska Native | | | | 0 | |
| Asian | | | | 0 | |
| Native Hawaiian or Other Pacific Islander | | | | 0 | |
| Black or African American | | | | 0 | |
| White | | | | 0 | |
| More Than One Race | | | | 0 | •. |
| Unknown or Not Reported | , | | | 0 | |
| Racial Categories: Total of All Trainees* | | | | 0 | * |
| PART B. HISPANIC TRAINEE APPOINTMENTS REP | ORT: Numb | er of Hispanic | s or Latinos Ap | pointed | |
| Racial Categories | Females | Males | Sex/Gender Unknown or Not Reported | Total | |
| American Indian or Alaska Native | | | | 0 | |
| Asian | | | | 0 | |
| Native Hawaiian or Other Pacific Islander | | | | 0 | |
| Black or African American | | | | 0 | |
| White | | , | | 0 | |
| More Than One Race | | | | 0 | |
| Unknown or Not Reported | | | | 0 | <u> </u> |
| Racial Categories: Total of Hispanics or Latinos** | | | | 0 | ** |
| PART C. TRAINEES WITH DISABILITIES OR FROM | DISADVANT | AGED BACK | ROUNDS | | |
| Number of Trainees with Disabilities: | | | | 0 | |
| Number of Trainees from Disadvantaged Backgrounds | 0 | | | | |