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File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

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

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

1. Grant Title: **HIV Prevention Trials Network (HPTN)**

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

3. Contact Person: **Susan Buchbinder** Telephone: **415-476-2300**

4. Grant Approval Status (check one):

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

5. Amount of Grant Funding Approved or Applied for: **$181,434**
(Year 1 April 01, 2024 – November 30, 2025: $48,915
Year 2 December 01, 2024 – November 30, 2025: $36,686
Year 2 December 01, 2024 – November 30, 2025: $23,367
Year 3 December 01, 2025 – November 30, 2026: $72,466)

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

7a. Grant Source Agency: **National Institutes of Health (NIH)**
b. Grant Pass-Through Agency (if applicable): **Family Health International ("FHI 360")**

8. Proposed Grant Project Summary:

This funding allows for Department of Public Health (DPH) to provide scientific guidance in developing and testing interventions designed to prevent the transmission of human immunodeficiency virus (HIV). The main purpose of this study is to adapt and test a suite of mHealth tools to increase HIV pre-exposure prophylaxis (PrEP) uptake and adherence among young Latino gay, bisexual, and other cis-gender men who have sex with men (MSM) and evaluate the uptake, adherence, and acceptability of doxycycline for sexually transmitted infection (STI) post-exposure prophylaxis (DoxyPEP).

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

Start-Date: **04/01/2024** End-Date: **11/30/2026**

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

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

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

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

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

b1. If yes, how much? **$32,869**

b2. How was the amount calculated? **22% of Total Personnel Cost**

c1. If no, why are indirect costs not included? **N.A.**

[ ] Not allowed by granting agency [ ] To maximize use of grant funds on direct services

[ ] Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N.A.**

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to April 1, 2024. The Department received Yr1 award of $48,915 on June 12, 2024, and Yr2 award of $36,686 on November 12, 2024, $23,367 on April 17, 2025, and $72,466 on June 18, 2026, for a total of $181,434 for the period of April 1, 2024, to November 30, 2026. The AL # for this grant is 93.855.

The grant does not require an ASO amendment, does not create net new positions, and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	2233	Supervising Physician Specialist	0.10	04/01/2024	11/30/2026
2	2232	Sr Physician Specialist	0.05	04/01/2024	11/30/2026
3	2232	Sr Physician Specialist	0.05	04/01/2024	11/30/2026

Project Description: **HIV Prevention Trials Network (HPTN)**
Proposal ID: **CTR00004859**
Fund ID: **11580**
Dept. ID: **162646**
Project ID: **10042554**
Authority ID: **10001**
Activity ID: **0001**

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****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

[**X**] Existing Site(s)	[ ] Existing Structure(s)	[ ] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] New Structure(s)	

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 7/27/2026 | 8:42 AM PDT

DocuSigned by:
Toni Rucker
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(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Daniel Tsai
(Name)

Director of Health
(Title)

Date Reviewed: 7/27/2026 | 2:00 PM PDT

Signed by:
jenny louie for daniel tsai
40CFE25DD8B4464...