

File No. 111168

Board Item No.

32

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Board of Supervisors Meeting

Date: November 1, 2011

Cmte Board

- | | | |
|--------------------------|-------------------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

Completed by: Annette Lonich

Date: October 27, 2011

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

INTRODUCTION FORM

By a member of the Board of Supervisors or the Mayor

Time Stamp or Meeting Date

I hereby submit the following item for introduction:

- 1. For reference to Committee: _____
An ordinance, resolution, motion, or charter amendment
- 2. Request for next printed agenda without reference to Committee
- 3. Request for hearing on a subject matter at Committee: _____
- 4. Request for letter beginning "Supervisor _____ inquires..."
- 5. City Attorney request
- 6. Call file from Committee
- 7. Budget Analyst request (attach written motion).
- 8. Substitute Legislation File Nos.
- 9. Request for Closed Session
- 10. Board to Sit as A Committee of the Whole
- 11. Question(s) submitted for Mayoral Appearance before the BOS on _____

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Ethics Commission
- Building Inspection Commission
- Youth Commission
- Planning Commission

Note: For the Imperative Agenda (a resolution not on the printed agenda), use a different form.]

Sponsor(s): Supervisor Scott Wiener

Subject: Accept and Expend Grant – Prevention Training Center Clinical Training Program – \$96,121

The text is listed below or attached:

Resolution authorizing the San Francisco Department of Public Health (DPH) to accept and expend a grant from the University of California, San Francisco (UCSF) in the amount of \$96,121 to fund the Prevention Training Center Clinical Training Program; for the period April 1, 2012 through March 31, 2013

Signature of Sponsoring Supervisor: _____

For Clerk's Use Only:

1 [Accept and Expend Grant - Prevention Training Center Clinical Training Program -
2 \$96,121]

3 **Resolution authorizing the San Francisco Department of Public Health to accept and**
4 **expend a grant in the amount of \$96,121 from the University of California, San**
5 **Francisco to fund the Prevention Training Center Clinical Training Program for the**
6 **period of April 1, 2012, through March 31, 2013.**

7
8 WHEREAS, UCSF has agreed to fund DPH in the amount of \$96,121 for the period of
9 April 1, 2012 through March 31, 2013; and

10 WHEREAS, The full project period of the grant starts on April 1, 2012 and ends on
11 March 31, 2014, with year two subject to availability of funds and satisfactory progress of the
12 project; and

13 WHEREAS, DPH will fund a Nurse Practitioner to perform clinical services and
14 trainings in support of the State of California Prevention Training Center; and,

15 WHEREAS, An ASO amendment is not required as the grant partially supports one
16 existing position, one Nurse Practitioner (Job Class #2328) at .40 FTE, for the period of April
17 1, 2012 through March 31, 2013; and

18 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
19 \$962; and

20 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the
21 amount of \$96,121 from the California Family Health Council (CFHC); and, be it

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

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

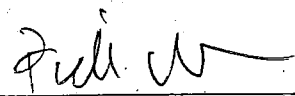
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RECOMMENDED:



Barbara A. Garcia, MPA
Director of Health

APPROVED:



Office of the Mayor



Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: October 11, 2011

SUBJECT: Grant Accept and Expend

GRANT TITLE: Prevention Training Center Clinical Training Program-
\$96,121

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted. Asked to participate in the project.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Office of Quality Management for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

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

Grant Information Form
(Effective January 2000)

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: Prevention Training Center Clinical Training Program
2. Department: Department of Public Health, STD Prevention and Control Services Section
3. Contact Person: Wendy Wolf Telephone: 487-5501
4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for:
\$ 96,121 - Year 1 (04/01/2012- 03/31/2013)
\$ 96,121 - Year 2 (04/01/2013- 03/31/2014)
\$192,242 - Total for Project

*DPH is seeking accept and expend approval for Year 1 only. The funder will approve subsequent years upon the availability of funding and successful completion of prior year objectives.

6a. Matching Funds Required: No

b. Source(s) of matching funds (if applicable): N/A

7a. Grant Source Agency: University of California, San Francisco

b. Grant Pass-Through Agency (if applicable): N/A

8. Proposed Grant Project Summary: Fund .40 FTE 2328 STD Nurse Practitioner in Year 1 and Year 2 to perform clinical services and trainings in support of the State of California Prevention Training Center.

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

Start-Date: 4/1/12

End-Date: 3/31/14

10a. Amount budgeted for contractual services: None

b. Will contractual services be put out to bid? NA

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? N/A

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

13a. Does the budget include indirect costs?

Yes

No

b1. If yes, how much? \$962 in Years 1 and \$962 in Year 2

b2. How was the amount calculated? 1.01% of Personnel

The indirect cost rate for this project was approved at the rate of 1.01% of personnel to maximize the use of funds on direct services.

c. If no, why are indirect costs not included?

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

14. Any other significant grant requirements or comments:

Grant Code in FAMIS: HCDC11/12

****Disability Access Checklist****

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

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

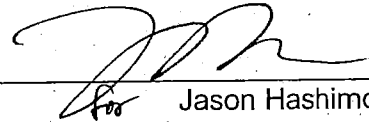
New Site(s)

New Structure(s)

16. The Departmental ADA Coordinator and/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 access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____



Jason Hashimoto

Date Reviewed: _____

10/12/11

Department Approval: _____



Barbara A. Garcia, MPA
(Signature)

Director of Health

**UCSF STD Prevention Training Center Contract
BUDGET JUSTIFICATION - Year 1
April 1, 2012 - March 31, 2013**

PERSONNEL

<u>Classification</u>	<u>BiWeekly Salary</u>	<u>Percent of Time</u>	<u>Pay Periods</u>	<u>Budget</u>
1.0 FTE (2328) Nurse Practitioner Provide clinical and training services	\$6,324	40%	26.1	\$66,432
Total Personnel				\$66,432
Fringe Benefits @ 43.24%				\$28,727
Total Personnel & Fringe				\$95,159

OPERATING EXPENSES

General office expense	\$0
Media/advertising	\$0
Printing/duplication	\$0
Lab services	\$0
Total Operating Expenses	\$0

EQUIPMENT (If >\$50K, please itemize) \$0

TRAVEL \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)

Name of subcontractor \$0

Total Subcontractors **\$0**

OTHER COSTS \$0

INDIRECT COSTS (1.01% OF PERSONNEL) **\$962**

BUDGET GRAND TOTAL **\$96,121**

**UCSF STD Prevention Training Center Contract
BUDGET JUSTIFICATION - Year 2
April 1, 2013 - March 31, 2014**

PERSONNEL

<u>Classification</u>	<u>BiWeekly Salary</u>	<u>Percent of Time</u>	<u>Pay Periods</u>	<u>Budget</u>
1.0 FTE (2328) Nurse Practitioner Provide clinical and training services	\$6,324	40%	26.1	\$66,432
Total Personnel				\$66,432
Fringe Benefits @ 43.24%				\$28,727
Total Personnel & Fringe				\$95,159

OPERATING EXPENSES

General office expense	\$0
Media/advertising	\$0
Printing/duplication	\$0
Lab services	\$0
Total Operating Expenses	\$0

EQUIPMENT (If >\$50K, please itemize) \$0

TRAVEL \$0

SUBCONTRACTORS (If >\$50K, itemize on subcontractor budget template)
Name of subcontractor \$0

Total Subcontractors **\$0**

OTHER COSTS \$0

INDIRECT COSTS (1.01% OF PERSONNEL) **\$962**

BUDGET GRAND TOTAL **\$96,121**

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH
POPULATION HEALTH AND PREVENTION



DATE: October 25, 2010
TO: Grant/Program Managers
Anne Kronenberg
Valerie Inouye
FROM: Nelly Lee
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 salaries. 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:

	<u>Amount</u>
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

A reduced indirect cost rate of 1.01% of personnel is approved for use in the FY 11-12 and FY 12 -13 Prevention Training Center UCSF Contract for the 04/01/12 to 03/31/13.



Anne Okubo, Financial Officer
Population Health and Prevention Division
San Francisco Dept. of Public Health

9/14/11

Date



Bixby Center for Global Reproductive Health

September 13, 2011

Department of Obstetrics
Gynecology and
Reproductive Sciences

33 California Street
Suite 335, Box 0744
San Francisco, CA 94143-0744
(Please use 94118 for FedEx or UPS)

Phone: 415/502-4086
Fax: 415/502-8479

http://bixbycenter.ucsf.edu

Susan Philip, M.D.
STD Director
STD Prevention & Control Section
San Francisco Department of Public Health
1360 Mission Street, Suite 401
San Francisco, CA 94103

RE: LETTER OF INTENT TO FUND

Dear Dr. Phillip,

This letter serves as notification that the University of California, San Francisco (UCSF) intends to fund the San Francisco Department of Public Health (SFDPH), STD Prevention Control Section in the amount of \$96,121 for the period of April 1, 2012 to March 31, 2013 and \$96,121 for the period of April 1, 2013 to March 31, 2014.

A subcontract between UCSF and the SFDPH will support a nurse practitioner to perform clinical training for the Prevention Training Center Program at the 40% FTE for each of designated time periods noted in the first paragraph.

The formal establishment of the subcontract will be contingent on award and receipt of funds from our funding source, Center for Disease Control and Prevention (grant #IU62PS003293-01). Payment will be contingent upon full execution of the subcontract between UCSF and SFDPH and receipt of invoices.

Any contract that will be entered into will be subject to the following:

- Valid and enforceable only if sufficient funds are made available by the Center for Disease Control and Prevention for the purposes of this program;
- Subject to any changes by the funder which may affect the provisions, terms and funding in any manner;
- Mutually agreed that if the Center for Disease Control and Prevention does not provide sufficient funds for the program the budget shall be amended to reflect any reduction
- The ratification of a subcontract between UCSF and SFDPH via UCSF and SFDPH contracts and grants.

If you have any questions regarding this funding contact Mary Delaroca at 415-514-3505.

Sincerely,

Sarah Glass
Operational Manager
University of California, San Francisco
Department of OB/GYN & Reproductive Sciences
The Bixby Center for Global Reproductive Health

