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: **Hepatitis B Early Identification and Linkage to Care for Foreign-Born Persons with Hepatitis B in San Francisco**

2. Department: **Department of Public Health, Communicable Disease Control & Prevention Section**

3. Contact Person: **Melissa Sanchez, PhD, MA** Telephone: **(415) 554-2743**

4. Grant Approval Status (check one):

[✓] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: **$300,000**

6a. Matching Funds Required: **No**
b. Source(s) of matching funds (if applicable): **N/A**

7a. Grant Source Agency: **Centers for Disease Control and Prevention**
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:
The overarching goal of the HEAL SF – B (Hepatitis B Early Identification and Linkage to Care) project is to test at least 4,000 foreign-born individuals(the majority of whom are Asian/Pacific Islanders) to ensure that they know their hepatitis B status and link to care anyone who tests positive for hepatitis B infection. San Francisco has the highest rate of liver cancer of any U.S. city. Eighty percent of liver cancer is caused by hepatitis B and Asian Americans have the highest rates of liver cancer for any racial/ethnic group. Approximately, 34% of San Francisco's residents are Asian/Pacific Islanders and it is also estimated that more than 30% of San Francisco's overall population is foreign-born.

Hepatitis B testing and linkage to care for those identified as being chronically infected with hepatitis B will be accomplished through an established and innovative partnership between the dynamic San Francisco Hep B Free Campaign (SFHBF) and the San Francisco Department of Public Health (SFDPH), a leader in the development and implementation of state-of-the-art prevention science and interventions. To increase the capacity for hepatitis B testing, SFHBF will facilitate and coordinate at least 2,000 free tests at established, convenient community locations, ensure appropriate follow-up activities for all positives, and collect standardized data for analysis and reporting to the CDC. SFDPH will test at least 2,000 patients in our extensive community clinic network, provide appropriate care to positives, conduct data analysis, create reports for all who test positive, assist with linkage to care activities from free community sites as needed, and submit all data to CDC on a regular basis. It is a mutually beneficial partnership that has outcomes of better knowledge and treatment for hepatitis B disease in the San Francisco community.

This entire proposed project is about collaboration and partnership. The SFHBF campaign in itself is a network of partnerships and relationships, and adding the SFDPH data collection, analysis and reporting element takes the work of SFHBF to a new public health level. It is truly exciting to think of the possibilities around using the information obtained from this innovative partnership to create systematic, sustainable solutions in communities for testing and linkage to care and the benefits to San Francisco, as a whole, will be experienced for many decades into the future.

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

Start-Date: **09/30/12** End-Date: **09/29/13**

10a. Amount budgeted for contractual services: **$251,200**

b. Will contractual services be put out to bid? **No**

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

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

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

b1. If yes, how much? **$7,471**
b2. How was the amount calculated? **26.21% of total salaries**

c1. 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):

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

12. Any other significant grant requirements or comments:
We respectfully request for approval to accept and expend these funds retroactive to September 30, 2012. The Department received the original notice of award on September 24, 2012. In the original Notice of Award, the grantor named the incorrect City & County of San Francisco Department and Employer Identification Number (EIN). We received a revised Notice of Award that showed the correct Department name and EIN on November 23, 2012.

Funds are budgeted for three subcontracts: Public Health Foundation Enterprises, Inc ($46,006), Community Initiatives ($33,120), and Asian Week Foundation ($172,074).

GRANT CODE (Please include Grant Code and Detail in FAMIS): **HCDC20/1300**

****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):

[✓] 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:

Jason Hashimoto
(Name)

Director, EEO, and Cultural Competency Programs
(Title)

Date Reviewed: 12/7/12

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA
(Name)

Director Of Health
(Title)

Date Reviewed: 12/7/12

(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HEAL SF B: HEPATITIS B EARLY IDENTIFICATION AND LINKAGE TO CARE
BUDGET AND JUSTIFICATION
September 30, 2012 to September 29, 2013

Budget Summary

A. Personnel	$28,503
B. Mandatory Fringe	$12,826
C. Travel	$0
D. Equipment	$0
E. Supplies	$0
F. Contractual	$251,200
G. Other	$0
Total Direct Costs	**$292,529**
H. Indirect Costs	$7,471
TOTAL BUDGET	**$300,000**

A. Personnel **$28,503**

0.05 FTE Health Officer, City & county of San Francisco, Principal Investigator: Tomas J. Aragon
Salary: In Kind
Dr. Aragon serves as Health Officer for all of DPH and as the director of Population Health Programs (i.e. the public health programs that are not targeted at individual patient care) of DPH. Dr. Aragon oversees all aspects of this project.

0.15 FTE 0922 Manager I, Project Director: Melissa Sanchez
Annual Salary $106,916 x 0.15 FTE for 12 months: $16,037
The Project Director will coordinate overall project and work of project team to assure that grant deliverables are met. She directly supervises Chronic Hepatitis Team Project Coordinator and Chronic Hepatitis Team Epidemiologist I and will provide scientific guidance for data analyses and protocol development. She will prepare grant progress reports and proposals and serve as the primary liaison with CDC Project Officer, responsible for ensuring necessary reports/documentation are submitted to CDC. She will oversee IS development to assure products are delivered on time, facilitate collaborations with other SFDPH programs and external partners, and works directly with the budget analyst to develop and track project budget proposals and budget revisions.

0.20 FTE 2802 Epidemiologist I: Wendy Inouye
Annual Salary $62,327 x 0.20 FTE for 12 months: $12,466
The Hepatitis Team Epidemiologist will transform project data into various CDC-required formats for reporting and secure electronic transfer of data for reporting to CDC, report data to CDC, and collaborate with CDC to improve data quality. She will assist with development and implementation of post-test counseling and linkage to care activities for those HCV cases that the HPS Linkage team is unable to follow-up with at interval periods of case reporting. She will work with information technology to develop and test the systems and database modules to store and report all of the project data to CDC and assist in the development of the business and functional requirements to capture and report the project data. She will assist in analysis, interpretation, and summarization of project data. She will test new database module developed for project data and CDC reporting to ensure proper functioning.

0.35 FTE 1054 Information Systems Business Analyst: Jackvin Ng
Salary: In Kind for 2 months only
The Information Systems Business Analyst will develop module to capture all project data to facilitate the storage, processing, and reporting of all the data to the CDC. He will review the business and functional requirements, conduct programming, test the system, and revise the system in response to user feedback.

0.05 FTE 1823 Budget Analyst: Lorna Garrido
Salary: In Kind
The Budget Analyst will develop and track project budget proposals and budget revisions, monitor grant funds spent, assist with creation of staff positions according to City and County of San Francisco procedures, create financial reports for grant proposals and renewals, and serve as the project financial liaison to Public Health Foundation Enterprises, Inc. (PHFE).

B. Mandatory Fringe **$12,826**
Mandatory fringe benefits are calculated at 45% of salaries and wages as required for each position.
Total salaries of $28,503 at 45% fringe rate = $12,826

C. Travel **$0**

D. Equipment **$0**

E. Supplies **$0**

F. Contractual **$251,200**

Name of Contractor: Public Health Foundation Enterprises (PHFE)
Method of Selection: Request For Qualifications (RFQ) 7-2011
Period of Performance: 09/30/12 -9/29/13
Scope of work
a. Service category: Fiscal Intermediary
   i. Award amount: $46,006
   ii. Subcontractors: None.
b. Services provided: Fiscal intermediary services to the SFDPH HPS.
c. PHFE pays for three staff members that support the goals and objectives of the project.

Method of Accountability: Quarterly Reports/Regular Meetings
PHFE Budget Justification:
Personnel **$32,719**
0.15 FTE Chronic Hepatitis Team Project Coordinator: Amy Nishimura
Annual Salary $70,406 x 0.15 FTE = $10,561
The Project Coordinator leads development and implementation of post-test counseling and linkage to care activities for those HBV cases who need post-test counseling and linkage to care. She develops protocol for the RAs who will be providing post-test counseling and linking the HBV cases to care. She works with IS/IT to expand information system to store and report all of the project data to the CDC. Develops the business and functional requirements to capture and report the project data. Directs and participates in system testing to ensure proper functioning. She supervises RAs to

conduct HBV case follow-up activities (post-test counseling and linkage to care) and monitors data entry. She analyzes response rates. She trains RAs to conduct HBV case follow-up activities. She assists in analysis, interpretation, and summarization of project data. She supervises RAs to conduct daily maintenance of all project data (including data entry and cleaning).

0.26 FTE Hepatitis Team Research Assistant II: Martina Li
Annual Salary $44,560 x 0.26 FTE = $11,586
The Hepatitis Research Assistant II will receive case reports from HPS Linkage staff on a monthly basis and complete any outstanding follow-up and linkage to care activities for any open cases. She will also participate with the HPS team in the initial development and ongoing revision of follow-up care guidelines. She will conduct data entry, compilation and cleaning, and directly participate in the testing of the new database modules for project data and CDC reporting.

0.26 FTE Hepatitis Team Research Assistant I: Rachel Arrington
Annual Salary $40,664 x 0.26 FTE = $10,572
The Hepatitis Research Assistant I will receive case reports from HPS Linkage staff on a monthly basis and complete any outstanding follow-up and linkage to care activities for any open cases. She will conduct data entry, compilation and cleaning, and directly participate in the testing of the new database modules for project data and CDC reporting.

Mandatory Fringe Benefits **$9,489**
Mandatory fringe benefits for PHFE employees are calculated at 29% of total salaries.
Total salaries of $32,719 X 29% = $9,489

Travel **$0**

Equipment **$0**

Materials and Supplies **$0**

Contractual **$0**

Other **$0**

Direct Costs **$42,208**

Indirect Costs **$3,798**
Indirect cost rates for PHFE are calculated at 9% of direct costs.

TOTAL PHFE BUDGET $46,006

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HEAL SF B: HEPATITIS B EARLY IDENTIFICATION AND LINKAGE TO CARE
BUDGET AND JUSTIFICATION
September 30, 2012 to September 29, 2013

Name of Contractor: Community Initiatives (CI)
Method of Selection: Sole Source based on the fact that they have been, since 2008, the only fiscal sponsor for the San Francisco Hep B Free campaign.
Period of Performance: 09/30/12 -9/29/13
Scope of work

a. Service category: Fiscal Intermediary
    i. Award amount: $33,120
    ii. Subcontractors: None.
b. Services provided: Fiscal intermediary services to the SFDPH HPS.
c. Community Initiatives has been the official fiscal sponsor of the SF Hep B Free Campaign since March 2008. In that regard, Community Initiatives employs the Executive Director of the SFHBF Campaign.

Method of Accountability: Quarterly Reports/Regular Meetings
CI Budget Justification:

Personnel **$22,500**

0.25 FTE Executive Director, San Francisco Hep B Free Campaign: Genevieve Jopanda

Annual Salary $90,000 x 0.25 FTE - $22,500

Ms. Jopanda is the key individual who will be coordinating testing activities and collection of data from all testing sites under the SFHBF umbrella. Specifically, her duties for this testing collaborative with the SFDPH will include: Conducting capacity needs assessment in concert with Asian Week Foundation to determine the specific resources needed at the sites to maximize testing capacity and ensuring that they receive those resources; Conducting logistical work needed to set up supplemental testing at new community sites or events, such as the Pistahan or Cherry Blossom Festivals, or go into specific communities with a higher density of target populations for supplemental testing; Ensuring that testing sites are collecting standardized data elements in confidential manners consistent with the reporting requirements of this project; Collecting data from participating testing sites and forwarding data on to SFDPH for analysis/reporting to CDC; Facilitation of HBV-positive client information to SFDPH's CDCP when participating SFHBF sites are unable to perform complete counseling or linkage to care activities; Reporting at monthly SFHBF meetings on the outcomes of testing efforts thus far and the sharing of successes and challenges with the SFHBF membership; Working closely with SFDPH to ensure that deliverables are being met and any identified issues are addressed; Posting all relevant information regarding testing on the SFHBF website; Working closely with Asian Week Foundation to ensure that recruitment deliverables are being met and any identified issues are addressed; Identify in-kind support to perform further testing as needed/identified.

Mandatory Fringe Benefits **$6,300**

Mandatory fringe benefits for CI employees are calculated at 28% of total salaries.
Total salaries of $22,500 x 28% = $6,300

Travel	**$0**
Equipment	**$0**
Materials and Supplies	**$0**
Contractual	**$0**
Other	**$0**
Direct Costs	**$28,800**
Indirect Costs	**$4,320**

Indirect cost rates for CI are calculated at 15% of direct costs.

TOTAL CI BUDGET $33,120

Name of Contractor: Asian Week Foundation (AWF)
Method of Selection: Sole Source based on the fact that AWF is the only San Francisco Hep B Free 501(c) 3 member organization with the ability to dispense funds to testing sites that cover direct medical services
Period of Performance: 09/30/12 -9/29/13
Scope of work

a. Service category: Fiscal Intermediary
    i. Award amount: $172,074
    ii. Subcontractors: Yes.
b. Services provided: Fiscal intermediary services to the SFDPH HPS.

Method of Accountability: Quarterly Reports/Regular Meetings
AWF Budget Justification:

Personnel **$20,493**

0.31 FTE Communication Manager: Angela Pang
Annual Salary $66,106 x 0.31FTE = $20,493
Ms. Angela Pang works closely with SF Hep B Free Executive Director to identify new testing opportunities in communities and conducts new client recruitment research. She creates culturally competent messages for specific foreign-born client recruitment messages for testing of hepatitis B. She works with ethnic media partners for in-kind placement of ads targeting specific audiences for testing. She assists with distribution of and promulgation of testing-site announcements at community level. She assists with audience segmentation of various hepatitis B testing messages and linkage to care messages. She recruits new clients and helps to sustain maximum number of clients coming to testing sites.

0.10 FTE Asian Week Foundation Director: Ted Fang
Annual Salary: In Kind
Mr. Ted Fang oversees Asian Week Foundation involvement in all aspects of project. He ensures that all participating SF Hep B Free testing sites receive their proper allocations in subcontracts based on their determined needs.

Mandatory Fringe Benefits **$5,738**
Mandatory fringe benefits for AWF employees are calculated at 28% of salaries and wages. Total salaries of $20,493 at 28% fringe rate = $5,738

Travel **$0**

Equipment **$0**

Materials and Supplies **$0**

Contractual **$130,200**

The following organizations will be performing free hepatitis B testing at convenient community sites. The amounts listed below were based on an overall formula of a basic estimate of $70 per client to perform testing and, where appropriate, post-testing counseling and linkage to care for positives times the number of projected tests that the different sites would perform. These estimates are subject to change pending a capacity needs assessment conducted by the SF Hep B Free Executive Director at the beginning of project period. The SF Hep B Free Executive Director is responsible for carrying out this assessment, identifying the specific needs of the testing sites, and working with Asian Week Foundation to ensure that the participating sites receive their appropriate allocations. Based on current capacity, however, the following estimates can apply:

Participating SF Hep B Free Testing Site	Projected # of tests done on clients before September 30, 2013	Cost Per Test: $70 (cost for service includes phlebotomist, lab tests, case management, client recruitment, data collection and management)	Estimated Total Subcontract Allocation
API Wellness Center	600		$42,000
Northeast Medical Services	480		$33,600
Chinese Hospital	240		$16,800
UCSF Student Collaborative with Chinatown Public Health Center	240		$16,800
City College of San Francisco	300		$21,000
SF Hep B Free General Campaign	300	N/A – in kind contributions	N/A – in-kind contributions

Other **$0**

Direct Costs $156,431

Indirect Costs **$15,643**
Indirect cost rates for AWF are calculated at 10% of direct costs.

TOTAL ASIAN WEEK FOUNDATION BUDGET $172,074

G. Other **$0**

TOTAL DIRECT COSTS **$292,529**

H. Indirect Cost **$7,471**
(26.21% of Salaries $28,503)

TOTAL BUDGET **$300,000**

San Francisco Department of Public Health
Funding Opportunity Number CDC-RFA-PS12-1209
Early Identification and Linkage to Care for Foreign born Person with Hepatitis B
Category A
September 30, 2012 to September 29, 2013

Project Narrative

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Executive Summary

The San Francisco Department of Public Health (SFDPH) is applying for funding under the Category A – Early Identification and Linkage to Care for Foreign-Born Persons with Hepatitis B of the PPHF 2012 Viral Hepatitis, Early Education, and Linkage to Care for Persons with Chronic HBV and HCV Infections Financed Solely by 2012 Prevention and Public Health Fund announcement.

The referenced agency funding opportunity number is CDC-RFA-PS12-1209PPHF12

The SFDPH proposed project is called HEAL SF – B: Hepatitis B Early Intervention and Linkage to Care, and is an innovative collaboration between the dynamic San Francisco Hepatitis B Free (SFHBF) Campaign and the San Francisco Department of Public Health (SFDPH), a leader in the development and implementation of state-of-the-art prevention science and interventions.

The city of San Francisco has a higher density of Asian/Pacific Islanders (API) than any other U.S. city, and it is also estimated that over 30% of San Francisco's population is foreign-born, with the majority of foreign-born residents coming from areas with high (>8%) and intermediate (2-7%) prevalence levels for hepatitis b surface antigen (HBsAg). Because of San Francisco's population, testing for chronic infection of hepatitis B is of paramount importance, especially to address the gloomy statistic that San Francisco has the highest rate of liver cancer of any U.S. city. Eighty percent of liver cancer is caused by hepatitis B and Asian Americans have the highest rates of liver cancer for any racial/ethnic group. Recognizing this major health disparity, we are proposing an innovative and unique partnership between the SFHBF campaign and the SFDPH to test at least 4,000 foreign-born individuals (the majority being APIs) to ensure that they know their hepatitis B status and to link to care anyone who tests positive for hepatitis B infection.

Testing will occur through the combined efforts of the well-established SFHBF testing network at existing community sites, clinics and events, and within the extensive primary care network of the SFDPH. Both entities serve diverse communities and offer culturally competent testing and linkage to care activities and both are well poised to begin efforts immediately. Data from all testing sites and clinics will go to one centralized location, the SFDPH, for cleaning, analysis and reporting. Information garnered from the testing and linkage to care activities will be regularly compiled and shared with all partners to illustrate best practices, trends, challenges or successes.

This entire proposed project is about collaboration and partnership. The SFHBF campaign in itself is a broad network of partnerships and relationships, and adding the SFDPH data collection, analysis and reporting element takes the work of SFHBF to a new public health level. It is truly exciting to think of the possibilities around using the information obtained from this innovative partnership to create systematic, sustainable solutions in communities for testing and linkage to care and the benefits that San Francisco as a whole will experience for many decades into the future.

A. Background and Need

San Francisco, California is the second most densely populated city in the nation, the most densely populated city in California, and has a higher density of the Asian/Pacific Islander (API) population than any other U.S. city. The total population is 805,235; making it the thirteenth most populous city in the U.S. (2010 Census). Of SF residents, 390,987 (48%) are White; 48,870 (6%) are Black/African American; 4,024 (0.5%) are American Indian/Alaska Native; 271,274 (34%) are Asian/Pacific Islander; and 53,021 (7%) are some other race. There are 121,774 (15%) Hispanic/Latino residents of any race. San Francisco also has a high rate of foreign-born individuals.

Total Foreign-Born by Place of Birth – San Francisco

	2006 Estimate	% of Total Foreign Born
Total Foreign-Born Europe	34,794	13%
Total Foreign-Born Asia	166,707	62%
Total Foreign-Born Caribbean	1,636	1%
Total Foreign-Born Mexico	22,766	8%
Total Foreign-Born Other Central America	24,158	9%
Total Foreign-Born South America	9,153	3%
Total Foreign-Born Other Areas	11,143	4%
Total Foreign-Born	270,357	100%

Source: 2000 Census; 2006 ACS

The majority of San Francisco's foreign-born population come from areas with high (> 8%) and intermediate (2-7%) levels of hepatitis B surface antigen (HBsAg) prevalence. Because of San Francisco's population, testing for chronic infection with hepatitis B is of paramount importance – even for people who have been previously vaccinated. Vaccination is a requirement of immigration, but not necessarily testing – and we have had instances in San Francisco where people think that they are protected from hepatitis B in that they were vaccinated, when in fact they are chronically infected and did not know it because they were never properly tested. The only way for a person to truly know their chronic hepatitis B infection status is to be tested.

Underneath San Francisco's shiny veneer there also lies a gloomy statistic, that this glorious "City by the Bay" has the highest rate of liver cancer in the nation. Eighty percent of liver cancer is caused by hepatitis B and Asian Americans have the highest rates of liver cancer for any racial/ethnic group. It is estimated that one out of every ten Asians in San Francisco has chronic hepatitis B and that 6,000 Asians in San Francisco will die from liver disease and cancer brought on by hepatitis B. An internal assessment also estimated that it could cost San Francisco $700 million in medical and work loss costs for hepatitis B related conditions.

Recognizing this major health disparity, the San Francisco Department of Public Health (SFDPH) in 2004 established a unique partnership with the Asian Liver Center at Stanford University and embarked upon an innovative testing and vaccination project targeting the API

community called "3 For Life." In the 3 For Life project, APIs were targeted for testing and simultaneous vaccination/protection from hepatitis B. Testing was conducted at a local community center two Saturdays a month for one year. In the total 72 clinic hours that services were offered, 1,200 adults were screened and 3,000 vaccinations administered. The project was closely evaluated and data indicated that 10% of the clients were surface antigen positive (chronically infected) and 40% were surface antibody positive (immune due to prior infection) leaving 50% vulnerable to infection and eligible for vaccination. While 54% of clients were fully insured, only 16% reported that their doctor had ever suggested hepatitis testing to them. Among those who tested positive for chronic infection, 75% indicated that their doctor had never suggested testing, or that they did not know if testing had ever been suggested.

This particular project was extremely valuable to the SFDPH because it demonstrated not only the tremendous burden of disease (potentially at least 25,000 people chronically infected in San Francisco based on our foreign-born population), but also the significant barriers that needed to be overcome in terms of awareness and knowledge on both the doctor and patient sides. SFDPH decided that more action was needed.

In November 2006, the San Francisco Board of Supervisors passed a resolution establishing the goal of universal hepatitis B testing and vaccination for API residents. The Health Commission endorsed this goal in December of that same year, yet no public funds were allocated to address the issue. In January 2007, the San Francisco Hep B Free (SFHBF) campaign was founded as a partnership between Asian Week Foundation, the Asian Liver Center at Stanford University and the San Francisco Department of Public Health (SFDPH) to overcome gaps in knowledge and barriers to screening and care. SFHBF's goal is to eliminate hepatitis B infection by increasing awareness, testing, vaccination and treatment by utilizing a broad, community-wide coalition. SFHBF is a full spectrum public/private collaboration unifying the API community, health care system, policy makers, businesses, and the general public. Since it's founding, SFHBF has mounted mass media and grassroots messaging campaigns which raised citywide awareness of hepatitis B and promoted use of the existing health care system for hepatitis B screening and follow-up. Since its inception over 150 organizations have contributed over a million dollars in resources to the SFHBF campaign. The SFHBF campaign has conducted over 60 educational events reaching over 1,100 health care providers. Community events and fairs reach over 200,000 members of the general public and over 8,000 API clients have been tested at convenient screening sites created by the SFHBF campaign. Testing sites today are advertised on their website, http://sfhepbfree.org/screenings/.

The SFDPH, who is the other primary partner in this proposal, is a world-class health department with a comprehensive primary care infrastructure called the Community Health Network (CHN). The CHN of SFDPH has more than ten adult primary care clinics and has the unique role of addressing the broad health needs of all San Franciscans, with a special emphasis and commitment to serving the City's most vulnerable and diverse populations. The goals of the CHN go beyond just providing people with health care; SFDPH makes a special effort to create a bond with patients in their communities. Part of this bond is providing education to patients, helping everyone to understand that good health is achievable regardless of financial or ethnic background. The CHN community clinics are located in neighborhoods all throughout San Francisco – reaching foreign-born residents from Asian, African and Southeast Asian countries.

In 2011, CHN conducted over 3,400 hepatitis B screenings on patients and properly conducted further care on the 3.5% who were chronically infected (DPH Infectious Disease Data runs, 2011-2012). SFDPH believes that sustainable testing activities come from making systematic enhancements to primary care visits, and has embarked on a quality improvement initiative to ensure that appropriate actions take place that result in those improvements.

Another bonus in the city of San Francisco is the existence of Healthy San Francisco (http://www.healthysanfrancisco.org/). This program was created by the City of San Francisco to make health care services accessible and affordable for uninsured residents. It is available to all San Francisco residents, regardless of immigrations status, employment status or preexisting medical conditions. It is through the existence of Healthy San Francisco that many of the clients who test positive for hepatitis B can be referred and linked to care if they do not already have a primary care doctor or coverage.

The Communicable Disease Control and Prevention (CDCP) section within SFDPH has a dedicated group of epidemiologists and analysts who receive all chronic hepatitis B reports and enter them into a chronic viral hepatitis registry. In 2010, the SFDPH received over 5,000 positive hepatitis B (HBV) laboratory reports on 3,630 individuals. Of the 62.7% of cases for whom race was known, 87.9% of cases were Asian/Pacific Islander (API). The SFDPH stores reported information in the Integrated Case and Outbreak Management System (ICOMS), a home-grown, relational database which integrates chronic hepatitis data with communicable disease control data. The database is person-based and allows case management, as well as the collection and analysis of longitudinal data. Faxed and mailed positive hepatitis reports are hand-entered, while electronic files received from three large medical centers are electronically imported into ICOMS. A chronic hepatitis module also resides within ICOMS and allows data entry of data collected from enhanced surveillance activities. Chronic hepatitis data stored within ICOMS is reported monthly to State and CDC entities, and is used to produce annual SFDPH chronic hepatitis surveillance reports and for registry matches.

The partnership between SFDPH and SFHBF is far reaching and effective. As a founding member of SFHBF, SFDPH holds a permanent seat on SFHBF's Governing Council and has always been an active collaborator on campaign activities. SFDPH also provides in-kind office space for the SFHBF Executive Director. In turn, SFHBF provides a connection to the community and a more nimble approach to community testing than SFDPH is able to accomplish alone. The breadth of the SFHBF volunteer network, the creative means employed for educating and recruiting people to testing sites, and the actively participating organizations accomplish a tremendous amount toward testing and awareness on a community level. The relationship between the two organizations dedicated to hepatitis B prevention and linkage to care is well established and well-primed for further work together.

B. Program Description

The overarching goal of this proposal is to test at least 4,000 foreign-born individuals (the majority of whom are APIs) to ensure that they know their hepatitis B status and link to care anyone who tests positive for hepatitis B infection. This will be accomplished through an established and innovative partnership between SFHBF and SFDPH. To increase the capacity for hepatitis B testing, SFHBF will facilitate and coordinate at least 2,000 free tests at convenient locations, ensure appropriate follow-up activities for all positives and collect standardized data for analysis and reporting to CDC. SFDPH will continue to test at least 2,000 patients in our comprehensive community clinic network, provide appropriate care to positives, conduct data analysis, create reports for all who test positive, assist with linkage to care activities from free community sites as needed, and submit all data to CDC on a regular basis. It is a mutually beneficial partnership that has outcomes of better knowledge and treatment for hepatitis B disease in the San Francisco community.

Responsibilities of the partners include:

San Francisco Hep B Free (SFHBF) Campaign

- Coordination of testing sites and implementation of activities on a community level – consistent monitoring of testing sites and activities and assurance of at least 2,000 people tested
- Targeted outreach and recruitment of foreign-born populations for increased testing and/or sustained high numbers of tests at existing sites
- Coordination of and security of standardized registration data on all tested
- Coordination of follow-up counseling and linkage to care activities
- Collection of data from testing sites
- Submission of data to SFDPH for analysis and CDC reporting
- Monthly reports at SFHBF community meetings to share successes or issues with SFHBF volunteers and stakeholders

San Francisco Department of Public Health (SFDPH)

- Testing and tracking of patients within the comprehensive Community Health Network (CHN) primary care network sites
- Assistance with case management of positives for any SFHBF partner who needs additional resources (assistance with post-testing counseling and linkage to care)
- Production of secure data reporting module in compliance with all CDC standards for reporting to CDC
- Data compilation, entry, cleaning and analysis of all data submitted from SFHBF testing sites as well as data extraction from electronic medical health record system for all CHN sites
- Production of progress reports to share at monthly SFHBF meetings for continued community engagement
- Reporting of all data on all tested to CDC on a regular basis
- Addition of all positive cases into CDCP's Chronic Viral Hepatitis Registry
- Identification of trends and relevant surveillance or epidemiological information that is appropriate for enhancing/improving testing or linkage to care opportunities.

This is a synergistic partnership where both organizations benefit from each other – SFHBF benefits from the expertise of the SFDPH's case management, epidemiology and surveillance staff and best practices around testing and care linkage activities; SFDPH benefits from the on-the-ground work of SFHBF partners who are assuring that testing is taking place for free at the community level, bringing specific people in for testing and conducting proper follow-up activities for positives – both are united toward the mission of prevention and appropriate care of hepatitis B. With a chronic HBV infection rate of up to 10% for those tested, the outcome is a city that benefits from up to 400 people finding out early what measures need to be in place for them to not develop liver cancer as a result of chronic hepatitis B.

The active participants within the SFHBF umbrella who will provide pivotal roles in coordinated testing, follow-up, and patient recruitment include:

- The Asian & Pacific Islander Wellness Center – a multicultural health organization transforming lives, strengthening well-being, and leading under-served communities toward justice and health.
- North East Medical Services (NEMS) – one of the nation's largest federally qualified health centers operating 7 comprehensive care clinics and serving over 54,000 people (they also performed over 11,000 tests for hepatitis B in 2011!). 92% of NEMS's patient- base is Asian and 86% of patients are better served in a language other than English.
- UCSF Medical Center Collaborative with Chinatown Public Health Center – a unique collaborative of medical students from UCSF regularly testing Chinatown residents for hepatitis B and conducting appropriate follow-up activities
- Chinese Hospital – the only Chinese hospital in the US, dedicated to culturally competent health care services and accessible to all socioeconomic levels.
- City College of San Francisco – an urban community college serving about 100,000 students at nine campuses and many other sites throughout San Francisco.
- Asian Week Foundation – a nonprofit leader for community organizing and assemblage, emphasizing the bringing together of the Asian Pacific American community and celebrating its diversity.

Most of these organizations have, under the SFHBF umbrella, been conducting screenings for free in their respective neighborhoods for over two years. These sites also have the staff and ability to take their testing mobile, setting up shop in specific neighborhoods or at specific street fairs or community events. This SFHBF testing umbrella is ready to go and would not need work-up time to prepare. Data from veteran testing sites such as NEMS and API Wellness Center clearly demonstrate that there are spikes in demand for tests when there is targeted outreach and marketing toward specific populations, thus the SFHBF umbrella, with work from the Executive Director and participating organizations like Asian Week Foundation, would ensure that effective methods of foreign-born client recruitment continue. There are many opportunities for new testing efforts to populations like San Francisco's large Filipino population (36,300 – 2010 USD Census) and newer African immigrant population (over 4,700 people – www.africanadvocaynetwork.org) in addition to the continuous testing endeavors to reach the Chinese and Vietnamese communities. There is always room for increasing the capacity for testing – be it in the form of increased hours for a phlebotomist, increased funds for lab tests, more specific messages to clients, or increased funds for follow-up. The SFHBF umbrella will coordinate the

testing and ensure that capacity is fully maximized. Currently, a standardized data form is used under the SFHBF umbrella for clients who are tested (see Attachment A). The only thing that would have to be modified in this form for this proposal would be to include more consistent information about post-testing counseling and linkage to care.

C. Proposed Objectives for Testing and Referral of Persons Chronically Infected with Hepatitis B

1) By, Sept 30, 2013, API Wellness Center (APIWC) will conduct at least 15 community testing activities/events using the SFHBF Registration Form and test at least 40 people per event (600 people tested total).
    - Target population will be reached via coordinated recruitment efforts from API Wellness Center, the SFHBF Executive Director and Asian Week Foundation
    - Post-testing counseling and linkage to care activities will be conducted on those who test positive by APIWC clinicians*
    - All APIWC data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

2) By Sept 30, 2013, North East Medical Services (NEMS) will conduct at least 12 community testing activities/events using the SFHBF Registration Form and test at least 40 people per event (480 people tested total).
    - Target population will be reached via coordinated marketing and outreach efforts from NEMS, the SFHBF Executive Director and Asian Week Foundation
    - Post-testing counseling and linkage to care activities will be conducted on those who test positive by NEMS clinicians*
    - All NEMS data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

3) By Sept 30, 2013, the UCSF medical student collaborative will conduct at least 12 community testing events at Chinatown Public Health Center using the SFHBF Registration Form and test at least 20 people per event (240 people tested total).
    - Target population will be reached via coordinated marketing and outreach efforts from UCSF medical students, the SFHBF Executive Director and Asian Week Foundation
    - Post-testing counseling and linkage to care activities will be conducted on those who test positive by UCSF medical students – (this is traditionally done by bringing patients into the Community Health Network system and ensuring that they have follow-up appointments at Chinatown Public Health Center)*
    - All UCSF student collaborative data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

4) By Sept 30, 2013, Chinese Hospital will conduct at least 24 community testing events using the SFHBF Registration Form and test at least 10 people per event (240 people total).

- Target population will be reached via coordinated marketing and outreach efforts from Chinese Hospital, the SFHBF Executive Director and Asian Week Foundation
- Post-testing counseling and linkage to care activities will be conducted on those who test positive by Chinese Hospital clinicians*
- All Chinese Hospital data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

5) By Sept 30, 2013, City College of San Francisco will conduct at least 300 tests on students using the SFHBF Registration Form
   - Target population will be reached via coordinated marketing and outreach efforts from City College of SF, the SFHBF Executive Director and Asian Week Foundation
   - Post-testing counseling and linkage to care activities will be conducted on those who test positive by the staff Nurse Practitioner*
   - All City College data on performed tests, counseling and referral activities will be collected on a regular basis by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

*Note: Any positives for whom APIWC, NEMS, Chinese Hospital, UCSF students, or City College cannot conduct follow-up activities will be referred to the SFDPH's CDCP Chronic Hepatitis Team for counseling and/or linkage to care.

6) By Sept 30, 2013, SF Hep B Free will have conducted at least two supplemental community testing events at Bay Area-wide celebrations/fairs using the SFHBF Registration Form wherein at least 150 people will be tested per event. This will include at least Asian Heritage Street Celebration (typically in May) and Pistahan (typically happens in August, brings at least 80,000 people) and other festivals such as Mabuhay, or Cherry Blossom Festival, Dragon Boat Festival and the Laotian Festival.
   - Target population will be reached via coordinated marketing and outreach efforts from the SFHBF Executive Director, Asian Week Foundation and identified SFHBF partners.
   - Post-testing counseling and linkage to care activities will be conducted on those who test positive by SFDPH staff.
   - All SFHBF data on performed tests at supplemental community events will be collected by the Executive Director of the SFHBF Campaign and forwarded to SFDPH for analysis/reporting.

7) By Sept 30, 2013, SFDPH will have conducted at least 2,000 tests on appropriate patients within the Community Health Network system and provided appropriate follow-up counseling and care to any who test positive.

8) By October 30, 2012, the SFHBF Executive Director and Asian Week Foundation will have conducted an assessment of testing sites to determine what is needed to increase and maximize capacity for testing for each site.

9) By October 30, 2012, modifications will be made to the existing SFHBF registration form to include better documentation about post-testing counseling and linkage to care activities for patients who test positive. Data points ensured to be collected include state of residence, county of birth, date of birth, current gender, race, ethnicity, history of hepatitis A and B vaccines, lab tests, lab results, provision of test results to patients, linkage to care and whether the positive case was reported to surveillance.

10) By November 30, 2012, a database module within SFDPH's Chronic Hepatitis Registry and ICOMS system will be developed by CDCP to capture and report project data based on CDC guidelines.

11) By December 30, 2012, data will be submitted monthly to CDC in accordance with all CDC standards and guidelines. The data will include all retroactive information collected from community testing sites and Community Health Network sites. The data reporting will continue until at least Sept 30, 2013.

12) Beginning November, 2012, monthly summaries will be produced by SFDPH staff for sharing with SFHBF and SFDPH. The reports will become standing agenda items on monthly SFHBF meetings for volunteers and active organizations. Reports will be produced until at least Sept 30, 2013 and will also be used for quality improvement purposes within the SFDPH CHN system to enhance systematic, sustainable improvements for testing and testing outcomes.

All data elements from SFHBF participants will be collected by the SFHBF Executive Director and forwarded on to SFDPH. This data is typically in hard copy form, photocopies of the SFHBF registration form. These forms will then be entered into a module (developed for this project data) within the SFDPH's Chronic Hepatitis Registry. Project data within this module will then be reported to the CDC monthly by CDCP staff. SFDPH's CDCP staff will also perform follow-up activities such as counseling and linkage to care for any patients forwarded on to them by the SFHBF Executive Director. SFDPH's CDCP staff will also access the SFDPH electronic health record system to determine the number of tests performed on patients within the SFDPH Community Health Network system, including each patient's place of birth and vaccination history. All information about all positive patients will be in the monthly submissions to CDC. CDCP's Chronic Hepatitis Registry staff are well-versed in proper reporting of data elements to CDC and will continue to do so through the specific reporting module developed for this project.

Program success will be determined by the following evaluation indicators:

- Number of tests performed
- Place of birth and vaccination history documented on at least 85% of all those tested.
- At least 85% of those who test positive for hepatitis B receive test results
- At least 85% of identified positive cases are reported to surveillance within 6 months of diagnosis date.
- At least 75% of those who test positive receive counseling.
- At least 75% of those who test positive are linked to care, treatment and preventive services.

D. **Organizational Capacity**

The goals of the SF Hep B Free (SFHBF) campaign are to create public and healthcare provider awareness about the importance of testing and vaccinating APIs and foreign-born individuals for hepatitis B; to promote routine hepatitis B testing and vaccination within the primary care medical community; and to ensure access to treatment for chronically infected individuals. The tag line of SFHBF is to turn San Francisco into the nation's first city free of hepatitis B. SFHBF officially launched in April 2007 and has implemented critical new activities, gained commitments of resources and meaningful support, and affected public policy. Their multi-faceted approach has had and promises to have a large impact on mainstream healthcare institutions – by integrating new services, creating new models of outreach and service delivery and bringing media, politicians, businesses and community groups together in a citywide collaboration. SFHBF has built enormous momentum through implementation of culturally appropriate strategies for organizing and energizing the API community. The campaign builds on the community strengths of established networks, emphasizes the community's potential to take a leadership role, and is fostering self-determination in organizing the largest-ever collaborative effort in the API community. In addition, SFHBF is helping to make the healthcare system more responsive not only to the API community's need to address hepatitis B, but to the barriers and healthcare needs of the community as a whole. SFHBF has also effectively bridged the community with the mainstream by actively engaging all of SF's healthcare groups and expanding education and awareness to ensure that hepatitis B is not branded as solely an API concern. SFHBF is dedicated to expanding availability of free or low-cost testing at community and healthcare settings and events. SFHBF is also dedicated to working together to ensure that all individuals who test positive, regardless of insurance, receive follow-up care.

SFHBF is a community collaboration guided by a seven-member governance council and staffed by one Executive Director. It was founded by a close partnership between Asian Liver Center at Stanford University, Asian Week Foundation and the San Francisco Department of Public Health (SFDPH). The fiscal sponsor for the SFHBF campaign is the nonprofit Community Initiatives organization (http://www.communityin.org/ - offering human resource, grant management and fiscal sponsorship support to the SFHBF campaign).

The Executive Director of the SFHBF campaign coordinates all of the education, testing, marketing and sustainable change activities of the campaign. SFHBF conducts monthly meetings at rotating locations throughout San Francisco that are always well attended and healthy forums for ideas and further collaborative efforts. The members of the Governance Council include representatives from:

- Chinese Hospital (Dr. Stuart Fong)
- Asian Week Foundation (Ted Fang)
- San Francisco Department of Public Health (Amy Pine)
- Northern California Hospital Council (Ron Smith)
- San Francisco Mayor's Office (Francis Tsang)
- Asian Liver Center at Stanford University (Dr. Sam So)
- Community at Large (Caryl Ito)
- Advisor – non voting (Janet Zola)
- Advisor – non voting (California Assemblywoman Fiona Ma, Speaker Pro Tempore)

In addition to the Governance Council, SFHBF has active participation from over 30 organizations *(please see attached letters of support for a small sampling of the steadfastness constantly received by the campaign)* committed to fulfilling the SFHBF mission. The organizations that have been particularly dedicated to supplemental testing activities include:

- The Asian & Pacific Islander Wellness Center – a multicultural health organization transforming lives, strengthening well-being, and leading under-served communities toward justice and health.
- City College of San Francisco – an urban community college serving about 100,000 students at nine campuses and many other sites throughout San Francisco.
- UCSF Medical Center Collaborative with Chinatown Public Health Center – a collaborative of medical students from UCSF regularly testing Chinatown residents for hepatitis B and conducting appropriate follow-up activities.
- North East Medical Services (NEMS) – one of the nation's largest federally qualified health centers. NEMS operates 7 comprehensive care clinics and served over 54,000 people in 2011. 92% of NEMS's patient base is Asian and 86% of patients are better served in a language other than English.
- Chinese Hospital – the only Chinese hospital in the US. They are a community-owned, non-profit hospital delivering quality health care in cost-effective ways, responsive to the community's ethnic and cultural uniqueness, providing access to health care and acceptability to all socioeconomic levels.
- Asian Week Foundation – a nonprofit leader at bringing together the Asian Pacific American community to increase community, diversity and development. They have been instrumental in targeted client recruitment by using creative means to inform specific populations about the increased importance of testing for them.

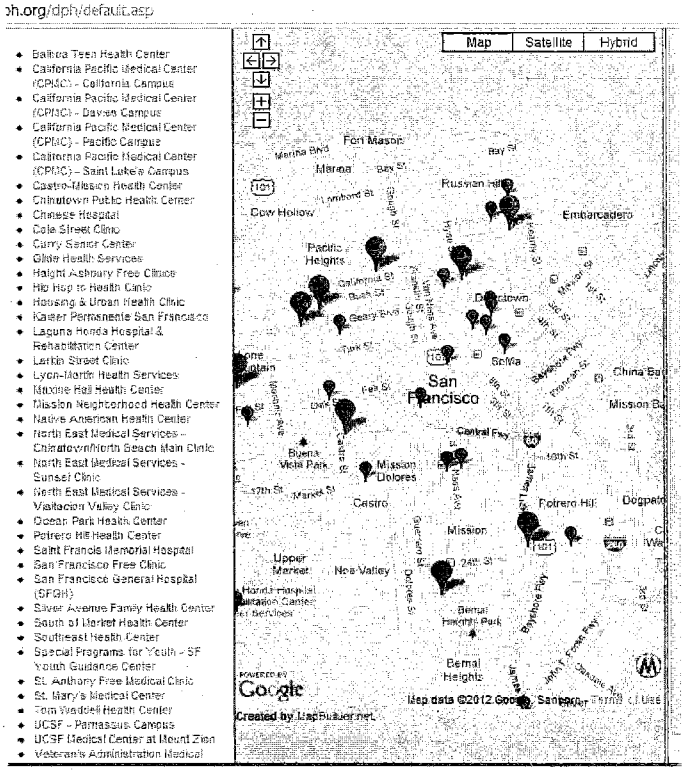
SFHBF has also had tremendous support and collaboration from a host of other organizations representing healthcare, disease prevention, education, and community sectors. In terms of statewide and national support, SFHBF has a special relationship with the Speaker Pro Tempore of the California State Assembly, Assembly member Fiona Ma, who is the honorary chair and spokesperson for the SFHBF campaign and advisor of the SFHBF Governance Council. Dr. Lisa Tang, who is the Chairperson of the National Task Force for Hepatitis B is also an active member and participant in the SFHBF campaign. SFHBF has also leveraged support from multiple organizations and volunteer groups to increase awareness toward hepatitis B testing and subsequent care for anyone chronically infected. Particularly supportive partners have been, among others:

- Asian Liver Center at Stanford University
- California Pacific Medical Center/Sutter Pacific Medical Foundation
- Dignity Health (formerly Catholic Healthcare West)
- Kaiser Permanente San Francisco
- Saint Francis Memorial Hospital
- San Francisco General Hospital Liver Center
- Asian Week Foundation
- Brown and Toland Medical Group
- Chinese Community Health Plan
- Hill Physicians
- Northern California Hospital Council
- San Francisco Department of Public Health
- University of California at San Francisco Liver Center

All SFHBF partners stay informed and active through the efforts of the Executive Director and various committee leads who conduct frequent electronic communications, in-person meetings, constant planning for testing or educational events and other activities relevant to the elimination of hepatitis B.

The SFDPH has been a leader in the development and implementation of state-of-the-art prevention science and interventions. The mission of the SFDPH is to protect and promote the health of all San Franciscans. The SFDPH includes a comprehensive primary care network of clinics specifically located in neighborhoods throughout San Francisco. The Community Health Network (CHN) sees over 20,000 patients every year and conducted over 3,400 hepatitis B tests in 2011. This complete and comprehensive network includes multiple primary care clinics, additional partner clinics and specialty clinics. It takes a complete network of city health care providers and resources such as the CHN to truly care for a city with the diverse needs of San Francisco and the SFDPH network offers a wide array of options for health care and accessibility to health care for all people – of all levels of income and all ethnicities.

SF's Extensive Public Health Clinic Network



http://www.sfdph.org/dph/default.asp

For the epidemiology and surveillance aspects of hepatitis B, there is the Communicable Disease Control and Prevention Section (CDCP) within SFDPH. The mission of CDCP is to prevent the spread of disease in San Francisco by investigating cases and outbreaks, promoting vaccination, and planning for infectious disease emergencies. CDCP works closely with community members, clinicians, and city, state, and private organizations to protect the health of San Franciscans and visitors. To control and prevent the spread of disease, CDCP conducts community immunization programs, clinician education and training, communicable disease surveillance and investigation; provides health education to persons with communicable diseases and their contacts; and recommends public health actions to control the spread of disease.

CDCP was funded by the Centers for Disease Control and Prevention (CDC) to develop the San Francisco Chronic Viral Hepatitis Registry (the Registry). CDCP is uniquely positioned to maintain this registry, given that California law requires laboratories and healthcare providers to report all cases of chronic hepatitis B or C in San Francisco residents to SFDPH. CDCP

interviews of San Francisco residents with chronic hepatitis B as well as surveys of their healthcare providers began in 2007. An additional objective of the Registry is to provide healthcare providers with information about the epidemiology of chronic HBV and chronic HCV in San Francisco and to notify them through an annual mailing about recent guidelines on chronic hepatitis screening, treatment, and prevention from national organizations such as the CDC and the American Association for the Study of Liver Disease (AASLD). Chronic hepatitis data stored in the Registry is reported monthly to State and CDC entities, and is used to produce annual SFDPH chronic hepatitis surveillance reports and for registry matches which are published on their website (www.sfcdcp.org), including:

- "Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2010"
- "Registry Match: Chronic Hepatitis B, Hepatitis C Infection and HIV 2010"
- "Chronic Hepatitis B and Hepatitis C Infection Surveillance Report 2009"
- "Knowledge of hepatitis B risk factors and prevention practices among individuals chronically infected with hepatitis B in San Francisco, California"

Since 2006, CDCP's Chronic Hepatitis Team has received valuable guidance from an Advisory Panel comprised of clinicians and researchers who serve the SF viral hepatitis community. The Panel has provided guidance on clinician practices, data collection and analysis, and reviewed CDCP summary reports. Other successful collaborations include those with the Program Collaboration and Service Integration (PCSI) effort in SF and the SF Hep B Free campaign.

As previously mentioned, the CDCP stores reported information in the Integrated Case and Outbreak Management System (ICOMS), a home-grown, relational database which integrates chronic hepatitis data with communicable disease control data. CDCP data are stored securely on SFDPH MIS servers and routinely backed up. The CDCP's Chronic Hepatitis Team is specifically trained to collect and maintain the confidentiality of any given patient's data, and the team currently performs surveillance activities on a routine basis, following the County's confidentiality protocols. All of this project's data – from the SFHBF testing sites as well as the SFDPH CHN sites - will be entered or transferred into a secure computerized database to which only project team staff will have access. The project team staff will be responsible for the transferring and entering of all project data and will monitor data quality and completeness. Data will only be reviewed by the project staff, who will follow the County's confidentiality protocols. CDCP staff will also produce monthly reports for CDC and also for the SF community and SFHBF campaign. They will also perform any post-testing counseling or linkage to care activities on any positive clients that SFHBF partners are not able to reach.

Both entities, SFHBF and SFDPH, are passionate in their work, goals, strategies and employees/volunteers about the importance of eliminating hepatitis B from the San Francisco community. This collaboration is about leveraging and maximizing resources by tapping into each other's strengths and expertise. The organizational capacity is solid and ready to go, the drive is in the staff, and the quality of the work is high.

E. Staffing and Management

For this unique, collaborative hepatitis B testing and linkage project, SFDPH staff and SFHBF staff and member organizations and volunteers play pivotal roles.

For the primary partnership between SFHBF and SFDPH, the key individual who will be coordinating testing activities and collection of data is the Executive Director of the SF Hep B Free Campaign, Genevieve Jopanda. The position of Executive Director is actually new to the SF Hep B Free Campaign, but Ms. Jopanda has been working with the SFHBF campaign for over two years as an in-kind contributor and has excellent relationships with all participating testing partners. As previously mentioned, an infrastructure is already in place for hepatitis B testing at specific community sites (free community testing has been going on for over two years using a standardized SFHBF registration form) but there is always room to increase capacity.

Ms. Jopanda will be responsible for conducting an assessment to determine the specific resources needed at the sites to increase or maximize each site's testing capacity and ensure that they receive those resources (in the form of subcontracts dispersed by the Asian Week Foundation). Ms. Jopanda, in consultation with Asian Week Foundation staff, will also perform the logistical work needed to set up supplemental testing at new community sites or events, such as the Pistahan or Cherry Blossom Festivals, or go into specific communities with a higher density of the target population for supplemental testing. Data from tested clients will be maintained at testing organizations such as API Wellness Center, NEMS etc., but Ms. Jopanda will collect it on a monthly basis and ensure that it is transferred safely and securely to SFDPH for analysis and reporting. Finally, Ms. Jopanda will ensure that monthly reports (prepared by SFDPH 's CDCP staff based on collected testing site data and SFDPH data) are given at SFHBF planning meetings so that membership can hear of testing and follow-up successes and/or challenges.

Angela Pang, Communications Manager, at Asian Week Foundation will assist the SFHBF Executive Director with client recruitment from foreign-born audiences and crafting of culturally appropriate messages and recruitment strategies. As has been demonstrated from existing testing sites, there are increases in demand for tests immediately following marketing efforts and Asian Week Foundation will help with those efforts whenever it is appropriate or necessary as determined by the SFHBF Executive Director. Asian Week Foundation will also be responsible for creating subcontracts with existing sites and dispersing funds to them to increase their capacity for testing.

Dr. Melissa Sanchez, Chronic Viral Hepatitis Surveillance Project Director at CDCP, will head an experienced epidemiology and surveillance team at the SFDPH who will be responsible for receiving all data from the SFHBF Executive Director, properly inputting data into the CDC reporting module within the Chronic Hepatitis Registry/ICOMS database for appropriate analysis and regular submission to CDC. Team members include Amy Nishimura (Chronic Hepatitis Team Project Coordinator), Wendy Inouye (Chronic Hepatitis Team Epidemiologist I), Martina Li (Chronic Hepatitis Team Research Assistant II) and Rachel Arrington(Chronic Hepatitis Team Research Assistant I). This team will also produce monthly summary reports for SFDPH primary care quality management and for the SFHBF campaign to share at monthly SFHBF

planning committee meetings. The produced summaries will be used to discuss testing success stories, challenges, best-practices or issues. For any clients who test positive and, for whatever reasons, cannot be reached by testing partners, the CDCP Chronic Hepatitis Team will contact those clients for post-testing counseling and linkage to care services. Two members of the team in particular (Martina Li and Rachel Arrington) are well-versed in this type of follow-up and are able to provide counseling and linkage in appropriate languages. They will utilize the full network of clinics within the Community Health Network of SFDPH and the Healthy San Francisco program as their primary referral sites for monitoring and care, but will also help to provide linkage to other sites if that is deemed as appropriate. The Chronic Hepatitis Team will also be tasked with extracting data out of the SFDPH electronic medical record system, to summarize the SFDPH patients for whom hepatitis B tests are ordered and to determine how many have tested positive and have returned for care/treatment. In-kind support to the SFDPH team will be given by Mr. Jackvin Ng (Information Systems Business Analyst) who will create the project data module for CDC reporting and Ms. Lorna Garrido (Budget Analyst). The Principal Investigator of the entire project is Dr. Tomás Aragón. As Health Officer and Director of Population Health and Prevention for SFDPH, Dr. Aragón is optimally positioned to coordinate this multi-divisional project that will require integrated collaboration throughout SFDPH and frequent communication with the SF community.

This entire proposed project is about collaboration and partnership. The SFHBF campaign in itself is a network of partnerships and relationships, and adding the SFDPH data collection, analysis and reporting element takes the work of SFHBF to a new public health level. It is truly exciting to think of the possibilities around using the information obtained from this innovative partnership to create systematic, sustainable solutions in communities for testing and linkage to care and the benefits to San Francisco as a whole will be experienced for many decades into the future.

COOPERATIVE AGREEMENTS **Issue Date:** 11/16/2012
Department of Health and Human Services
Centers for Disease Control and Prevention
NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION

Grant Number: 1U51PS003882-01 REVISED

Principal Investigator(s):
TOMAS ARAGON, MD

Project Title: HEAL SF B: Hepatitis B Early Intervention and Linkage to Care

PROJECT DIRECTOR,
SAN FRANCISCO DEPT OF PH
30 VAN NESS AVE, STE 2300
SAN FRANCISCO, CA 94102

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

Budget Period: 09/30/2012 – 09/29/2013
Project Period: 09/30/2012 – 09/29/2013

Dear Business Official:

The Centers for Disease Control and Prevention hereby revises this award to reflect an increase in the amount of $300,000 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH in support of the above referenced project. This award is pursuant to the authority of PHS Act,Sec 1706,42USC 300u-5,as amended;Sec 2(d),PL 98-551 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.

Sincerely yours,

Barbara R Benyard
Grants Management Officer
Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 1U51PS003882-01 REVISED

Award Calculation (U.S. Dollars)

Salaries and Wages	$28,503
Fringe Benefits	$12,826
Personnel Costs (Subtotal)	$41,329
Consortium/Contractual Cost	$251,200
Federal Direct Costs	$292,529
Federal F&A Costs	$7,471
Approved Budget	$300,000
Federal Share	$300,000
TOTAL FEDERAL AWARD AMOUNT	$300,000
AMOUNT OF THIS ACTION (FEDERAL SHARE)	$300,000

Fiscal Information:

CFDA Number: 93.736
EIN: 1946000417A8
Document Number: 003882CI12

IC	*CAN*	*2012*
PS	939ZUXY	$300,000

SUMMARY TOTALS FOR ALL YEARS		
YR	**THIS AWARD**	**CUMULATIVE TOTALS**
1	$300,000	$300,000

CDC Administrative Data:
PCC: / OC: 4141 / **Processed:** ERAAPPS 11/16/2012

SECTION II – PAYMENT/HOTLINE INFORMATION – 1U51PS003882-01 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 – 1U51PS003882-01 REVISED

This award is based on the application submitted to, and as approved by, 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.
d. 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 – 1U51PS003882-01 REVISED

Funding Opportunity Announcement (FOA) Number: PS12-1209PPHF12
Award Number: U51PS003882-01 (Amendment 2)

TERMS AND CONDITIONS OF THIS AWARD

NOTE 1. The purpose of this amended Notice of Award(NoA) is to reobligate the previously deobligated funds, which was awarded with an incorrect EIN, 1946000417C5. The deobligated funds are reobligated under the correct EIN, 1946000417A8.

NOTE 2. All other terms and conditions of the original NoA and any subsequently amended NoAs remain the same unless changed by the Grants Management Officer.

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Funding Opportunity Announcement (FOA) Number: PS12-1209PPHF12
Award Number: U51PS003882-01 (Amendment 1)

TERMS AND CONDITIONS OF THIS AWARD

NOTE 1. The purpose of this amended Notice of Award(NoA) is to deobligate the previously awarded funds, which was awarded in an incorrect EIN, 1946000417C5. The funds are to be reobligated under the correct EIN, 1946000417A8.

NOTE 2. All other terms and conditions of the original NoA remain the same.

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Funding Opportunity Announcement (FOA) Number: PS12-1209PPHF12
Award Number: U51PS003882-01

TERMS AND CONDITIONS OF THIS AWARD

NOTE 1. INCORPORATION: Funding Opportunity Announcement Number PS12-1209PPHF12, entitled, Early Identification and Linkage to Care for Persons with Chronic HBV and HVV Infections, and application dated 07/02/2012, as amended, is made a part of this New Non-Research award by reference. Fiscal Year 2012 Appropriations Provision: HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.

CLARIFICATION: The Statutory Authority of Section 1706, 42 USC 300u-5, as amended; Sec 2(d), PL 98-551cited on the first page of this Notice of Award is incorrect.

The correct Statutory Authority for this grant under FOA PS12-1209 is:

The Public Health Service Act, Sections 301(a), 317N of the Public Health Service Act (42 U.S.C. Section 241(a) and 247b-15), as amended

NOTE 2. APPROVED FUNDING: The total annual Funding in the amount of $300,000.00 is approved for the Year 01 budget period, which is September 30, 2012 through September 29, 2013. All funding for future years will be based on satisfactory programmatic progress and the availability of funds. The total annual funding consists of component budgets of Category A: $300,000.00, This award is solely financed by 2012 Prevention and Public Health Funds (PPHF-2012).

NOTE 3. PPHF SUB-ACCOUNT:

Funds awarded in support of approved PPHF activities in U51PS003882-01 have been obligated in a newly established PPHF sub-account in the DHHS Payment Management System (PMS), herein identified as the "P" Account". A "P" Account is a sub-account created specifically for the purpose of tracking designated types of funding in the Payment Management System (PMS).

To drawdown funds from this P-Account, you will be required to provide the PPHF sub-account title and the PPHF sub-account number. The sub-account title and number for this award and budget year are provided below:

Sub-account Title: CDC-RFA-PS12-1209PPHF12
PPHF Sub-Account Number: 003882CI12

Note: PPHF funds must be separately tracked and reported. PPHF funds must be used in support of approved PPHF activities in the FOA and your application. Funds cannot be used to support non-PPHF activities and cannot be comingled with any other funds. Also, funds cannot be used to support activities identified as PPHF in your approved budget. Refer to PAYMENT INFORMATION (Note 27) for a detailed explanation on how to access funds in your PMS Account.

NOTE 4. FUNDING RESTRICTIONS.

General Provisions Title II

Section 203 - Cap on Researcher Salaries
None of the funds appropriated in this title shall be used to pay the salary of an individual, through a grant or other extramural mechanism, at a rate in excess of Executive Level II; reduced from $199,700 to $179,700 effective December 23, 2011.

Timeframe of Award:

FY 12 awards issued on or before December 22, 2011, that have had no FY 12 funds obligated since December 23

Salary Cap: Executive Level I ($199,700)

Program Action: None for current year. May adjust salary levels for future years to ensure no funds are awarded for salaries over the limit

Grantee Action: None for current year. Apply salary limit as specified in continuation guidance in future years. Carryover request may reflect salary limitations in affect at the time of award.

Timeframe of Award:

FY 12 awards issued on or after December 23, 2011

Salry Cap: Executive Level II (179,700)

Program Action: Adjust salary levels for current and future years to ensure no funds are awarded for salaries over the limit

Grantee Action: Adjust salary levels for current and future years and re-budget funds freed as a result of the lower limit.

Timeframe of Award:

Awards in previous fiscal years

Salary Cap: As specified in original award

Program Action: None

Grantee Action: None

Section 218 - Gun Control Prohibition

None of the funds made available in this title may be used, in whole or in part, to advocate or promote gun control.

Section 220 - Prevention Fund Reporting Requirements

(a) The Secretary shall establish a publicly accessible website to provide information regarding the uses of funds made available under section 4002 of Public Law 111-148.
(b) With respect to funds provided for fiscal year 2012, the Secretary shall include on the website established under subsection (a) at a minimum the following information:
(1) In the case of each transfer of funds under section 4002(c), a statement indicating the program or activity receiving funds, the operating division or office that will administer the funds, the planned uses of the funds, to be posted not later than the day after the transfer is made.

(2) Identification (along with a link to the full text) of each funding opportunity announcement, request for proposals for grants, cooperative agreements, or contracts intended to be awarded using such funds, to be posted not later than the day after the announcement or solicitation is issued.

(3) Identification of each grant, cooperative agreement, or contract with a value of $25,000 or more awarded using such funds, including the purpose of the award and the identity of the recipient, to be posted not later than 5 days after the award is made.

(4) A report detailing the uses of all funds transferred under section 4002(c) during the fiscal year, to be posted not later than 90 days after the end of the fiscal year.

(5) Semi-annual reports from each entity awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more, summarizing the activities undertaken and identifying any sub-grants or subcontracts awarded (including the purpose of the award and the identity of the recipient), to be posted not later than 30 days after the end of each 6-month period.

Recipients are responsible for contacting their HHS grant/program managers for any needed clarifications.

Responsibilities for Informing Sub-recipients:

(a) Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, any special CFDA number assigned for 2012 PPHF fund purposes, and amount of PPHF funds.
(b) Recipients agree to separately identify to each sub-recipient, and document at the time of sub-award and at the time of disbursement of funds, the Federal award number, CFDA number, and amount of 2012 PPHF funds. When a recipient awards 2012 PPHF funds for an existing program, the information furnished to sub-recipients shall distinguish the sub-awards of incremental 2012 PPHF funds from regular sub-awards under the existing program.

Reporting Requirements under Section 203 of the 2012 Enacted Appropriations Bill for the Prevention and Public Health Fund, Public Law 111-5:

This award requires the recipient to complete projects or activities which are funded under the 2012 Prevention and Public Health Fund (PPHF) and to report on use of PPHF funds provided through this award. Information from these reports will be made available to the public.

Recipients awarded a grant, cooperative agreement, or contract from such funds with a value of $25,000 or more shall produce reports on a semi-annual basis with a reporting cycle of January 1 - June 30 and July 1 - December 31; and email such reports (in 508 compliant format) to the CDC website (template and point of contact to be provided after award) no later than 20 calendar days after the end of each reporting period (i.e. July 20 and January 20, respectively). Recipient reports shall reference the notice of award number and title of the grant or cooperative agreement, and include a summary of the activities undertaken and identify any sub-grants or sub-contracts awarded (including the purpose of the award and the identity of the subrecipient).

General Provisions, Title V

Section 503 - Proper Use of Appropriations - Publicity and Propaganda [LOBBYING] FY2012 Enacted

(a) No part of any appropriation contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, electronic communication, radio, television, or video presentation designed to support or defeat the enactment of legislation before the Congress or any State or local legislature or legislative body, except in presentation of the Congress or any State or local legislature itself, or designed to support or defeat any proposed or pending regulation, administrative action, or order issued by the executive branch of any State or local government itself.

(b) No part of any appropriate contained in this Act or transferred pursuant to section 4002 of Public Law 111-148 shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any State government, State legislature or local legislature or legislative body, other than normal and recognized executive legislative relationships or participation by an agency or officer of an State, local or tribal government in policymaking and administrative processes within the executive branch of that government.

(c) The prohibitions in subsections (a) and (b) shall include any activity to advocate or promote any proposed, pending, or future Federal, State or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale of marketing, including but not limited to the advocacy or promotion of gun control.

AR-12: Lobbying Restrictions:

Applicants should be aware that award recipients are prohibited from using CDC/HHS funds to engage in any lobbying activity. Specifically, no part of the federal award shall be used to pay the salary or expenses of any grant recipient, subrecipient, or agent acting for such recipient or subrecipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

Restrictions on lobbying activities described above also specifically apply to lobbying related to any proposed, pending, or future Federal, state, or local tax increase, or any proposed, pending, or future requirement or restriction on any legal consumer product, including its sale or marketing, including but not limited to the advocacy or promotion of gun control.

This prohibition includes grass roots lobbying efforts by award recipients that are directed at inducing members of the public to contact their elected representatives to urge support of, or opposition to, proposed or pending legislation, appropriations, regulations, administrative actions, or Executive Orders (hereinafter referred to collectively as "legislation and other orders"). Further prohibited grass roots lobbying communications by award recipients using federal funds could also encompass any effort to influence legislation through an attempt to affect the opinions of the general public or any segment of the population if the communications refer to specific legislation and/or other orders, directly express a view on such legislation or other orders, and encourage the audience to take action with respect to the matter.

In accordance with applicable law, direct lobbying communications by award recipients are also prohibited. Direct lobbying includes any attempt to influence legislative or other similar deliberations at all levels of government through communications that directly express a view on proposed or pending legislation and other orders and which are directed to members, staff, or other employees of a legislative body or to government officials or employees who participate in the formulation of legislation or other orders.

Lobbying prohibitions also extend to include CDC/HHS grants and cooperative agreements that, in whole or in part, involve conferences. Federal funds cannot be used directly or indirectly to encourage participants in such conferences to impermissibly lobby.

However, these prohibitions are not intended to prohibit all interaction with the legislative or executive branches of governments, or to prohibit educational efforts pertaining to public health that are within the scope of the CDC award. For state, local, and other governmental grantees,

certain activities falling within the normal and recognized executive-legislative relationships or participation by an agency or officer of a state, local, or tribal government in policymaking and administrative processes within the executive branch of that government are permissible. There are circumstances for such grantees, in the course of such a normal and recognized executive-legislative relationship, when it is permissible to provide information to the legislative branch in order to foster implementation of prevention strategies to promote public health. However, such communications cannot directly urge the decision makers to act with respect to specific legislation or expressly solicit members of the public to contact the decision makers to urge such action.

Many non-profit grantees, in order to retain their tax-exempt status, have long operated under settled definitions of "lobbying" and "influencing legislation." These definitions are a useful benchmark for all non-government grantees, regardless of tax status. Under these definitions, grantees are permitted to (1) prepare and disseminate certain nonpartisan analysis, study, or research reports; (2) engage in examinations and discussions of broad social, economic, and similar problems in reports and at conferences; and (3) provide technical advice or assistance upon a written request by a legislative body or committee.

Award recipients should also note that using CDC/HHS funds to develop and/or disseminate materials that exhibit all three of the following characteristics are prohibited: (1) refer to specific legislation or other order; (2) reflect a point of view on that legislation or other order; and (3) contain an overt call to action.

It remains permissible for CDC/HHS grantees to use CDC funds to engage in activities to enhance prevention; collect and analyze data; publish and disseminate results of research and surveillance data; implement prevention strategies; conduct community outreach services; foster coalition building and consensus on public health initiatives; provide leadership and training, and foster safe and healthful environments.

Note also that under the provisions of 31 U.S.C. Section 1352, recipients (and their sub-tier contractors and/or funded parties) are prohibited from using appropriated Federal funds to lobby in connection with the award, extension, continuation, renewal, amendment, or modification of the funding mechanism under which monetary assistance was received. In accordance with applicable regulations and law, certain covered entities must give assurances that they will not engage in prohibited activities.

CDC cautions recipients of CDC funds to be careful not to give the appearance that CDC funds are being used to carry out activities in a manner that is prohibited under Federal law. Recipients of CDC funds should give close attention to isolating and separating the appropriate use of CDC funds from non-CDC funds.

Use of federal funds inconsistent with these lobbying restrictions could result in disallowance of the cost of the activity or action found not to be in compliance as well as potentially other enforcement actions as outlined in applicable grants regulations.
Section 253 - Needle Exchange

Notwithstanding any other provision of this Act, no funds appropriated in this Act shall be used to carry out any program of distributing sterile needles or syringes for the hypodermic injection of any illegal drug.

General Provisions, Title IV

Department of Agriculture's FY 2012 Title IV, Section 738 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 738 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal or State law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent, and made a determination that this further action is not necessary to protect the interests of the Government.

Department of Agriculture's FY 2012 Title IV, Section 739 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by the Department of Agriculture's FY 2012 Title IV, Section 739 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, where the awarding agency is aware of the unpaid tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 433 - Funding Prohibition - Restricts dealings with corporations with recent felonies

None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 433 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation that was convicted (or had an officer or agent of such corporation acting on behalf of the corporation convicted) of a felony criminal violation under any Federal law within the preceding 24 months, where the awarding agency is aware of the conviction, unless the agency has considered suspension or debarment of the corporation, or such officer or agent and made a determination that further action is not necessary to protect the interests of the Government.

Department of the Interior's FY 12 Title IV, Section 434 - Limitation Re: Delinquent Tax Debts - Restricts dealings with corporations with unpaid federal tax liability

None of the funds made available by the Department of the Interior's FY 12 Title IV, Section 434 may be used to enter into a contract, memorandum of understanding, or cooperative agreement with, make a grant to, or provide a loan or loan guarantee to, any corporation with respect to which any unpaid Federal tax liability that has been assessed, for which all judicial and administrative remedies have been exhausted or have lapsed, and that is not being paid in a timely manner pursuant to an agreement with the authority responsible for collecting the tax liability, unless the agency has considered suspension or debarment of the corporation and made a determination that this further action is not necessary to protect the interests of the Government.

NOTE 5. INDIRECT COSTS RATE AGREEMENTS: Indirect costs are approved based on the Indirect Cost Rate Agreement dated 12/01/2011, which calculates indirect costs as 26.21%. The effective dates of this indirect cost rate are from 12/01/2011 until amended.

(NOTE 6. RENT OR SPACE COSTS: Recipients are responsible for ensuring that all costs included in this proposal to establish billing or final indirect cost rates are allowable in accordance with the requirements of the Federal award(s) to which they apply and 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (OMB Circular A-87). The recipient also has a responsibility to ensure sub-recipients expend funds in compliance with federal laws and regulations. Furthermore, it is the responsibility of the recipient to ensure rent is a legitimate direct cost line item which the recipient has supported in current and/or prior projects and these same costs have been treated as indirect costs that have not been claimed as direct costs. If rent is claimed as a direct cost, the recipient must provide a narrative justification which describes their prescribed policy to include the effective date to the assigned Grants Management Specialist identified in the NOTE. CDC CONTACTS for this award.

NOTE 7. 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 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, PL 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://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi/dbname=107_cong_public_laws&docid=f:publ347.107.pdf

NOTE 8. FEDERAL REPORTING REQUIREMENTS

I. FEDERAL FUNDING ACCOUNTABILITY and TRANSPARENCY Act (FFATA):

Place an X below to indicate whether or not the FFATA requirement applies to this award:

(X) FFATA DOES APPLY. THE GRANTEE MUST FOLLOW THIS SECTION
( ) FFATA DOES NOT APPLY ? THE GRANTEE MAY SKIP THIS SECTION

Pursuant to A-133 (see Section___.205(h) and __.205(i)), a grant sub-award includes the provision of any commodities (food and non-food) to the sub-recipient where the sub-recipient is required to abide by terms and conditions regarding the use or future administration of those goods. If the sub-grantee merely consumes or utilizes the goods, the commodities are not in and of themselves
s considered sub-awards.

In accordance with 2 CFR Chapter 1, Part 170 REPORTING SUB-AWARD AND EXECUTIVE COMPENSATION INFORMATION, Prime grantees awarded a federal grant are required to file a FFATA sub-award report by the end of the month following the month in which the prime grantee awards any sub-grant equal to or greater than $25,000.

A. Reporting of first-tier subawards.
1. Applicability. Unless you are exempt as provided in paragraph D. of this award term, you must report

each action that obligates $25,000 or more in Federal funds that does not include Recovery funds (as defined in section 1512(a)(2) of the American Recovery and Reinvestment Act of 2009, Pub. L. 111?5) for a subaward to an entity (see definitions in paragraph E. of this award term).

2. Where and when to report.

i. You must report each obligating action described in paragraph A.1. of this award term to http://www.fsrs.gov.

ii. For subaward information, report no later than the end of the month following the month in which the obligation was made. (For example, if the obligation was made on November 7, 2010, the obligation must be reported by no later than December 31, 2010).

3. What to report. You must report the information about each obligating action that the submission instructions posted at http://www.fsrs.gov specify.

B. Reporting Total Compensation of Recipient Executives.

1. Applicability and what to report. You must report total compensation for each of your five most highly compensated executives for the preceding completed fiscal year, if i. The total Federal funding authorized to date under this award is $25,000 or more;

ii. In the preceding fiscal year, you received
(a) 80 percent or more of your annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

iii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public

has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

2. Where and when to report. You must report executive total compensation described in paragraph A.1. of this award term:

i. As part of your registration profile at http://www.ccr.gov.

ii. By the end of the month following the month in which this award is made, and annually thereafter.

C. Reporting of Total Compensation of Sub-recipient Executives.

1. Applicability and what to report. Unless you are exempt as provided in paragraph D. of this award term, for each first-tier sub-recipient under this award, you shall report the names and total compensation of each of the subrecipient's five most highly compensated executives for the subrecipient's preceding completed fiscal year, if

i. In the subrecipient's preceding fiscal year, the subrecipient received-
(a) 80 percent or more of its annual gross revenues from Federal procurement contracts (and subcontracts) and Federal financial assistance subject to the Transparency Act, as defined at 2 CFR 170.320 (and subawards); and

(b) $25,000,000 or more in annual gross revenues from Federal procurement contracts (and subcontracts), and Federal financial assistance subject to the Transparency Act (and subawards); and

ii. The public does not have access to information about the compensation of the executives through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986. (To determine if the public has access to the compensation information, see the U.S. Security and Exchange Commission total compensation filings at http://www.sec.gov/answers/execomp.htm).

2. Where and when to report. You must report subrecipient executive total compensation described in paragraph c.1. of this award term:
i. To the recipient.

ii. By the end of the month following the month during which you make the subaward. For example, if a subaward is obligated on any date during the month of October of a given year (i.e., between October 1 and 31), you must report any required compensation information of the subrecipient by November 30 of that year.

D. Exemptions

If, in the previous tax year, you had gross income, from all sources, under $300,000, you are exempt from the requirements to report:
i. Sub-awards, and
ii. The total compensation of the five most highly compensated executives of any subrecipient.

E. Definitions. For purposes of this award term:

1. Entity means all of the following, as defined in 2 CFR part 25:

i. A Governmental organization, which is a State, local government, or Indian tribe;
ii. A foreign public entity;
iii. A domestic or foreign nonprofit organization;
iv. A domestic or foreign for-profit organization;

v. A Federal agency, but only as a subrecipient under an award or subaward to a non-Federal entity.

2. Executive means officers, managing partners, or any other employees in management positions.

3. Subaward:
i. This term means a legal instrument to provide support for the performance of any portion of the substantive project or program for which you received this award and that you as the recipient award to an eligible subrecipient.

ii. The term does not include your procurement of property and services needed to carry out the project or program (for further explanation, see Sec. ___.210 of the attachment to OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations").

iii. A subaward may be provided through any legal agreement, including an agreement that you or a subrecipient considers a contract.

4. Subrecipient means an entity that:
i. Receives a subaward from you (the recipient) under this award; and
ii. Is accountable to you for the use of the Federal funds provided by the subaward.

5. Total compensation means the cash and noncash dollar value earned by the executive during the recipient's or subrecipient's preceding fiscal year and includes the following (for more information see 17 CFR 229.402(c)(2)):

i. Salary and bonus.

ii. Awards of stock, stock options, and stock appreciation rights. Use the dollar amount recognized for financial statement reporting purposes with respect to the fiscal year in accordance with the Statement of Financial Accounting Standards No. 123 (Revised 2004) (FAS 123R), Shared Based Payments.

iii. Earnings for services under non-equity incentive plans. This does not include group life, health, hospitalization or medical reimbursement plans that do not discriminate in favor of executives, and are available generally to all salaried employees.

iv. Change in pension value. This is the change in present value of defined benefit and actuarial pension plans.

v. Above-market earnings on deferred compensation which is not tax-qualified.

vi. Other compensation, if the aggregate value of all such other compensation (e.g. severance, termination payments, value of life insurance paid on behalf of the employee, perquisites or property) for the executive exceeds $10,000.

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 judged to be in default on a Federal debt and who has 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.

II. ANNUAL FEDERAL FINANCIAL REPORT (FFR) (SF 425)

The Annual Federal Financial Report (FFR) SF 425 is required and must be submitted through eRA Commons within 90 days after the end of each budget period. The FFR for this budget period is due to the Grants Management Specialist by 12/31/2013. Reporting timeframe is 9/30/2012 through 9/29/2013.

The FFR should only include those funds authorized and disbursed during the timeframe covered by the report. The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. There must be no discrepancies between the final FFR expenditure data and the Payment Management System's (PMS) cash transaction data.

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.

eRa Commons website: http://era.nih.gov/

If the FFR is not finalized by the due date, an interim FFR must be submitted, marked NOT FINAL, and an amount of un-liquidated obligations should be annotated to reflect unpaid expenses. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by reviewing,
http://www.whitehouse.gov/sites/default/files/omb/assets/grants_forms/SF-425.pdf

III. PROGRESS/PERFORMANCE REPORTING

(The GMS should choose one that applies. .Refer to Funding Opportunity Announcement (FOA) Reporting Requirements to ensure consistency in requirements.)

ANNUAL PROGRESS REPORT (APR)

Due 90 days following the end of the budget period on September 30, 2013. Report should include:

-- A comparison of actual accomplishments to the goal established for the period;
-- The reasons for failure, if established goals were not met; and
-- Other pertinent information including, when appropriate, analysis and explanation of performance
costs significantly higher than expected.

An original plus two copies of the reports must be mailed to the Grants Management Specialist for approval by the Grants Management Officer by the due date noted. Ensure the Award and Program Announcement numbers shown above are on the reports.

NOTE 9. TECHNICAL REVIEW REPONSE STATEMENT REQUIREMENT: The technical review comments in the attachment of this award notice on the strengths and weaknesses of the proposal are provided as part of this award. A response to the weaknesses in these statements must be submitted to and approved, in writing, by the Grants Management Specialist as noted in the CDC Contact section of this Notice of Award, not later than October 31, 2012. Should these terms not be satisfactorily adhered to, it may result in denial of your authority to expend additional funds.

NOTE 10. 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 11. AWARD CLOSEOUT REQUIREMENTS: Award recipient shall submit within 90 days after the last day of the final budget period the following final reports and other programmatic reports as required by the terms and conditions of the assistance award. Reporting timeframe is September 30, 2012 through September 29, 2013. The following documents are required:

A. FINAL PROGRESS/PERFORMANCE REPORT. An original and two copies are required. At a minimum it should include the following:

-- A statement of progress made toward the achievement of originally stated aims
-- A description of results (positive or negative) considered significant
-- A list of publications resulting from the project, with plans, if any, for further publication.

B. FINAL FEDERAL FINANCIAL REPORT (SF 425)

An original and two copies are required. The FSR/FFR should only include those funds authorized and actually expended during the timeframe covered by the report. Handwritten forms will not be accepted. Electronic versions of the form can be downloaded into Adobe Acrobat and completed on-line by visiting: http://www.whitehouse.gov/omb/grants/sf425.pdf.This report must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Should the amount not match with the final expenditures reported to the Health and Human Services Payment Management System (PMS), you will be required to update your reports to PMS accordingly. Remaining unobligated funds will be deobligated and returned to the U.S. Treasury.

C. EQUIPMENT INVENTORY REPORT

An original and two copies of a complete inventory must be submitted for all major equipment acquired or furnished under this project with a unit acquisition cost of $5,000 or more. The inventory list must include the description of the item, manufacturer serial and/or identification number, acquisition date and cost, percentage of Federal funds used in the acquisition of the item. You should also identify each item of equipment that you wish to retain for continued use in accordance with 45 CFR 74.37 or 45 CFR 92.50 for State and Local Governments

. These requirements do apply to equipment purchased with non-federal funds for this program. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award referenced in the cover letter (45 CFR 74.34 or 45 CFR 92.32) for State and Local Governments. We will notify you if transfer to title will be required and provide disposition instruction on all major equipment. Equipment with a unit acquisition cost of less than

$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the Federal Government may be retained, sold, or otherwise disposed of, with no further obligation to the Federal Government. If no equipment was acquired under this award, a negative report is required.

D. FINAL INVENTION STATEMENT

An original and two copies of a Final Invention Statement are required. Electronic versions of the form can be downloaded by visiting http://www.hhs.gov/forms/hhs568.pdf. If no inventions were conceived under this assistance award, a negative report is required. This statement may be included in a cover letter.

If the final reports (FFR and Final Progress Report) cannot be submitted within 90 days after the end of the project period, in accordance with 45 CFR Parts 74 and 92, you must submit a letter requesting an extension that includes the reason(s) for the delay and state the expected date the CDC Procurement and Grants Office will receive the reports. All required documents should be mailed to the business contact identified NOTE CDC CONTACTS.

NOTE 12. 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 13. TRAVEL COST: In accordance with Health and Human Services (HHS) Grants Policy Statement, travel costs are only allowable where such travel will provide direct benefit to the project or program. 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. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

NOTE 14. FOOD AND MEALS: Costs associated with food or meals are allowable when consistent OMB Circulars and guidance, DHHS Federal regulations, Program Regulations, DHHS policies and guidance. In addition, costs must be proposed in accordance with recipients approved policies and a determination of reasonableness has been performed by the recipients. Recipients approved policies must meet the requirements of 45 CFR Parts 74 and 92 as applicable.

NOTE 15. 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 identified in NOTE. CDC CONTACTS. (Refer to Funding Opportunity Announcement (FOA) and insert program specific requirement)

NOTE 16. 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 submitted by May 31, 2013 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 17. 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.

Kang Lee, Grants Management Specialist

Centers for Disease Control, PGO, Branch 1
2920 Brandywine Road, Mail Stop E-15
Atlanta, GA 30341-4146
Telephone: (770) 488-2853
Fax: (770) 488-8240
Email: kil8@cdc.gov

NOTE 18. INVENTIONS: Acceptance of grant funds obligates recipients to comply with the standard patent rights clause in 37 CFR 401.14.

NOTE 19. 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 20. 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 2012 funds will expire September 30, 2017. All FY 2012 funds should be drawn down and reported to Payment Management System (PMS) prior to September 30, 2017. After this date, corrections or cash requests will not be permitted.

NOTE 21. 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 22. 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-profit organizations. For additional information, please review: the following website: http://www.whitehouse.gov/omb/circulars/a110/a110.html

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 23. PROGRAM INCOME: Any program income generated under this cooperative agreement will be used in accordance with the additional cost alternative.

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 the FFR (SF 425).

Note, the disposition of program income must have written prior approval from the Grants Management Officer.

NOTE 24. 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 25. 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 26. 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 grantees 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 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.

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

Director, Division of Payment Management, OS/ASAM/PSC/FMS/DPM
P.O. Box 6021
Rockville, MD 20852

Phone Number: (877) 614-5533
Email: PMSSupport@psc.gov
Website: http://www.dpm.psc.gov/grant_recipient/shortcuts/shortcuts.aspx?explorer.event=true

Note: To obtain the contact information of DPM staff within respective Payment Branches refer to the links listed below:

University and Non-Profit Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/univ_nonprofit.aspx?explorer.event=true

Governmental and Tribal Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/gov_tribal.aspx?explorer.event=true

Cross Servicing Payment Branch:
http://www.dpm.psc.gov/contacts/dpm_contact_list/cross_servicing.aspx

International Payment Branch:
Bhavin Patel (301) 443-9188
Note: Mr. Patel is the only staff person designated to handle all of CDC's international cooperative agreements.

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

US Department of Health and Human Services
PSC/DFO/Division of Payment Management
7700 Wisconsin Avenue ,10th Floor
Bethesda, MD 20814

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, grantee 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.

NOTE 30. CDC CONTACTS

Business Contact:

Kang Lee, Grants Management Specialist
Centers for Disease Control, PGO, Branch 1
2920 Brandywine Road, Mail Stop E-15
Atlanta, GA 30341-4146
Telephone: (770) 488-2853
Fax: (770) 488-8240
Email: kil8@cdc.gov

Programmatic Contact:

Gilberto Ramirez, Project Officer
CDC/OID/NCHHSTP, Division of Viral Hepatitis, Prevention Branch
Corp. Square Bldg. 12, Room 3207, MS-G37
Atlanta, GA 30329-1902
Telephone: (404) 718-8535
Fax: (404) 718-8595
Email: GHR0@cdc.gov

STAFF CONTACTS

Grants Management Specialist: Kang W Lee
Centers for Disease Control and Prevention (CDC)
Procurement and Grants Office
2920 Brandywine Road, MS E-15
Atlanta, GA 30341
Email: klee@cdc.gov **Phone**: (770) 488-2853 **Fax**: 770-488-2868

Grants Management Officer: Barbara R Benyard
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: rbenyard@cdc.gov **Phone**: 770.488.2757 **Fax**: 770.488.2777

SPREADSHEET SUMMARY
GRANT NUMBER: 1U51PS003882-01 REVISED

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	***Year 1***
Salaries and Wages	$28,503
Fringe Benefits	$12,826
Personnel Costs (Subtotal)	$41,329
Consortium/Contractual Cost	$251,200
TOTAL FEDERAL DC	$292,529
TOTAL FEDERAL F&A	$7,471
TOTAL COST	$300,000