

File No. 140068

Committee Item No. 7  
Board Item No. 16

**COMMITTEE/BOARD OF SUPERVISORS**  
AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Sub-Committee Date: 3/12/2014

Board of Supervisors Meeting Date: March 18, 2014

**Cmte Board**

- |                                     |                                     |  |
|-------------------------------------|-------------------------------------|--|
| <input type="checkbox"/>            | <input type="checkbox"/>            | Motion                                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution                                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Ordinance                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Digest                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Budget and Legislative Analyst Report        |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Legislative Analyst Report                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Youth Commission Report                      |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Introduction Form                            |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/>            | <input type="checkbox"/>            | MOU  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Information Form                       |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Grant Budget                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Subcontract Budget                           |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Contract/Agreement                           |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Form 126 – Ethics Commission                 |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Award Letter                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Application                                  |
| <input type="checkbox"/>            | <input type="checkbox"/>            | Public Correspondence                        |

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

|                          |                          |       |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Victor Young Date March 7, 2014  
Completed by: D.W. Date 3/14/14

1 [Accept and Expend Grant - HIV Transmission Cluster Analysis to Inform Prevention -  
2 \$108,366]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$108,366 from The Regents of the University of**  
5 **California to participate in a program entitled "HIV Transmission Cluster Analysis to**  
6 **Inform Prevention," for the period of July 1, 2013, through June 30, 2014.**

7  
8 WHEREAS, The Regents of the University of California is the recipient of a grant award  
9 from National Institutes of Health supporting the HIV Transmission Cluster Analysis to Inform  
10 Prevention grant; and

11 WHEREAS, With a portion of these funds, The Regents of the University of California  
12 has subcontracted with Department of Public Health (DPH) in the amount of \$108,366 for the  
13 period of July 1, 2013, through June 30, 2014; and

14 WHEREAS, As a condition of receiving the grant funds, The Regents of the University  
15 of California requires the City to enter into an agreement (Agreement), a copy of which is on  
16 file with the Clerk of the Board of Supervisors in File No. 140068; which is hereby declared to  
17 be a part of this Resolution as if set forth fully herein; and

18 WHEREAS, The purpose of this project will significantly contribute to the field of HIV  
19 prevention by identifying drivers of the HIV epidemic and ways to interrupt forward  
20 transmission; and

21 WHEREAS, DPH will subcontract with Public Health Foundation Enterprises, Inc., in  
22 the total amount of \$12,478; for the period of July 1, 2013, through June 30, 2014; and

23 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
24 partially reimburses DPH for four existing positions, one Supervisor Physician Specialist (Job  
25 Class No. 2233) at .01 FTE, one Manager I (Job Class No. 0922) at .15 FTE, one Health

1 Program Coordinator I (Job Class No. 2589) at .30 FTE, and one Epidemiologist II (Job Class  
2 No. 2803) at .25 FTE for the period of July 1, 2013, through June 30, 2014; and

3 WHEREAS, A request for retroactive approval is being sought because DPH did not  
4 receive notification of the award until November 20, 2013, for a project start date of July 1,  
5 2013; and

6 WHEREAS, The budget includes a provision for indirect costs in the amount of  
7 \$10,274; now, therefore, be it


8 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
9 in the amount of \$108,366 from CDC; and

10 FURTHER RESOLVED, That DPH is hereby authorized to enter retroactively into a  
11 subcontract agreement in the amount of \$12,478 with Public Health Foundation Enterprises,  
12 Inc. for services under the grant entitled HIV Transmission Cluster Analysis to Inform  
13 Prevention; for the period of July 1, 2013, through June 30, 2014; and, be it

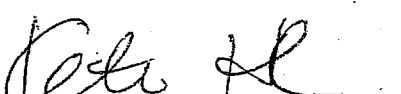
14 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and  
15 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,  
16 be it

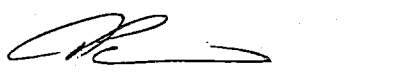
17 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
18 Agreement on behalf of the City.

19  
20 RECOMMENDED:

21   
22 \_\_\_\_\_  
23 Barbara A. Garcia, MPA  
24 Director of Health

APPROVED:

25   
\_\_\_\_\_

  
\_\_\_\_\_



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

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

**FROM:** Barbara A. Garcia, MPA <sup>CME</sup>  
Director of Health <sub>for</sub>

**DATE:** January 2, 2014

**SUBJECT:** Grant Accept and Expend

**GRANT TITLE:** HIV Transmission Cluster Analysis to Inform Prevention-  
\$108,366

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

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

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for  
Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: \_\_\_\_\_  
(Provided by Clerk of Board of Supervisors)

**Grant Resolution Information Form**  
(Effective July 2011)

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

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

1. Grant Title: **HIV Transmission Cluster analysis to Inform Prevention**  
2. Department: **Department of Public Health, Center for Public Health Research, HIV Epidemiology Section**

3. Contact Person: **Henry F. Raymond** Telephone: **415-554-9093**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$108,366**

6a. Matching Funds Required: **\$0**

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

7a. Grant Source Agency: **National Institute of Health**

b. Grant Pass-Through Agency (if applicable): **The Regents of the University of California**

8. Proposed Grant Project Summary: **The proposed study will significantly contribute to the field of HIV prevention by identifying drivers of the HIV epidemic and ways to interrupt forward transmission. In this study, Dr. Willi McFarland, as Principal Investigator of the subcontract and Co-Investigator of the research project, will provide scientific oversight on the development and implementation of the study. Dr. McFarland, along with Dr. Susan Scheer, will jointly supervise the epidemiologists working on the study.**

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

Start-Date: **07/01/2013**

End-Date: **06/30/2014**

10a. Amount budgeted for contractual services: **\$12,478**

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

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

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

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

b1. If yes, how much? **\$10,274**

b2. How was the amount calculated? **12% 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 July 01, 2013. The Department received the subaward agreement on November 20, 2013.

Grant Code: HCAO66/1400

**\*\*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):

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s)      | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s)       | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s)      |
| <input type="checkbox"/> New Site(s)                 | <input type="checkbox"/> 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:

Ron Weigelt  
(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs  
(Title)

Date Reviewed: 1/7/14

[Signature]  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 1/7/14

[Signature]  
(Signature Required)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 AIDS Office - HIV Epidemiology Section  
 HIV Transmission Cluster analysis to Informa Prevention  
 July 1, 2013 - June 30, 2014  
 Year 2

Div: HPH-03  
 Group: 2S/CHS/GNC  
 Code: HCHIVEPIDMGR  
 Code: HCAO66  
 Detail: 1400

NIH CAP \$179,700

| CATEGORY/LINE ITEM                                | Annual Salary  | Annual Frin Ben | Total Annual/Frin Ben | % OF TIME | % OF FTE    | Monthly Rate | Mth | Salary Budget | Frin Ben Budget | Total Budget  | Comments |
|---|----------------|-----------------|-----------------------|-----------|-------------|--------------|-----|---------------|-----------------|---------------|----------|
| <b>PERSONNEL</b>                                  |                |                 |                       |           |             |              |     |               |                 |               |          |
| <b>SEROEPIDEMIOLOGY</b>                           |                |                 |                       |           |             |              |     |               |                 |               |          |
| Supv Physician Specialist<br>2233 9 W. McFarland  | 179,700        | 53,910          | 233,610               | 1%        | 0.01        | 14,975       | 12  | 1,797         | 485             | 2,282         |          |
| Manager I<br>0922 5 S. Scheer                     | 117,762        | 29,441          | 147,203               | 15%       | 0.15        | 9,814        | 12  | 17,665        | 7,772           | 25,437        |          |
| Health Program Coordinator I<br>2589 5 T. Buckman | 76,966         | 19,242          | 96,208                | 30%       | 0.30        | 6,414        | 8   | 15,393        | 7,697           | 23,090        |          |
| Epidemiologist II<br>2803 5 S. Pipkin             | 99,442         | 24,861          | 124,303               | 25%       | 0.25        | 8,287        | 12  | 24,861        | 9,944           | 34,805        |          |
| <b>517</b>  |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| <b>TOTAL SALARY/FRINGE</b>                        | <b>473,870</b> | <b>127,453</b>  | <b>601,323</b>        |           | <b>0.71</b> |              |     | <b>59,716</b> | <b>25,898</b>   | <b>85,614</b> |          |
| <b>00101 SALARIES</b>                             |                |                 |                       |           |             |              |     |               |                 | 59,716        |          |
| <b>00103 FRNG BN</b>                              |                |                 |                       |           |             |              |     |               |                 | 25,898        |          |
| <b>SUB TOTAL</b>                                  |                |                 |                       |           |             |              |     |               |                 | <u>85,614</u> |          |
| <b>TRAVEL</b>                                     |                |                 |                       |           |             |              |     |               |                 |               |          |
| 1. Local Travel (02301)                           |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| Out-of-Jurisdiction Travel(02101)                 |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| Sub Total TRAVEL                                  |                |                 |                       |           |             |              |     |               |                 | <u>0</u>      |          |
| <b>EQUIPMENT</b>                                  |                |                 |                       |           |             |              |     |               |                 |               |          |
| 1. Computers (06061)                              |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| Sub Total EQUIPMENT                               |                |                 |                       |           |             |              |     |               |                 | <u>0</u>      |          |
| <b>MATERIALS AND SUPPLIES</b>                     |                |                 |                       |           |             |              |     |               |                 |               |          |
| 1. Office supplies (04951)                        |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| 2. Non-Inventoried Equipment                      |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| Sub Total SUPPLIES                                |                |                 |                       |           |             |              |     |               |                 | <u>0</u>      |          |
| <b>CONTRACTUAL SERVICES (02789)</b>               |                |                 |                       |           |             |              |     |               |                 |               |          |
| 1. PHFE   |                |                 |                       |           |             |              |     |               |                 | 12,478        |          |
| 2. SFDPH-Public Health Laboratory                 |                |                 |                       |           |             |              |     |               |                 | 0             |          |
| Sub Total CONTRACTS                               |                |                 |                       |           |             |              |     |               |                 | <u>12,478</u> |          |

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
 AIDS Office - HIV Epidemiology Section  
 HIV Transmission Cluster analysis to Informa Prevention  
 July 1, 2013 - June 30, 2014  
 Year 2

t / Div: HPH-03  
 d Group: 2S/CHS/GNC  
 x Code: HCHIVEPIDMGR  
 t Code: HCAO66  
 t Detail: 1400

NIH CAP \$179,700

| CATEGORY/LINE ITEM                   | Annual Salary | Annual Frin Ben | ptal Annu al/Frin Be | % OF TIME | % OF FTE | Monthly Rate | Mth | Salary Budget | Frin Ben Budget | Total Budget | Comments |
|--------------------------------------|---------------|-----------------|----------------------|-----------|----------|--------------|-----|---------------|-----------------|--------------|----------|
| OTHER                                |               |                 |                      |           |          |              |     |               |                 |              |          |
| 1. Rent support/mtg fac (03011)      |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 2. Telephone/Com (03241)             |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 3. Postage (03561)                   |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 4. Delivery/Courier srvc (03521)     |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 5. Reproduction/Photocopy            |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| a. Photocopier leasing (03131)       |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| b. Photocopier maint (02931)         |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| c. Repro srvc (In House)(03551)      |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 6. Print/Slide srvc (Outside)(03552) |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 7. Promotion/Advertis (03599)        |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 8. Stipend (02783)                   |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 9. Staff training (02201)            |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 10. Other Prof. Svcs (02799)         |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| 11. IRB fees (02799)                 |               |                 |                      |           |          |              |     |               |                 | 0            |          |
| <b>Sub TOTAL OTHER</b>               |               |                 |                      |           |          |              |     |               |                 | <u>0</u>     |          |

518

**TOTAL DIRECT COST**

**98,092**

**BUDGET SUMMARY**

|  |            |                |
|--|------------|----------------|
| A. SALARIES                              | FTE = 0.71 | 59,716         |
| B. MANDATORY FRINGE                      |            | 25,898         |
| C. TRAVEL                                |            | 0              |
| D. EQUIPMENT                             |            | 0              |
| E. MATERIALS AND SUPPLIES                |            | 0              |
| F. CONTRACT / MOU                        |            | 12,478         |
| G. OTHER                                 |            | 0              |
| <b>DIRECT COSTS</b>                      |            | <b>98,092</b>  |
| H. INDIRECT COST (12% of total salaries) |            | 10,274         |
| <b>TOTAL BUDGET</b>                      |            | <b>108,366</b> |
| <b>AWARD</b>                             |            | <b>108,366</b> |
| <b>SURPL/(DEFICFIT)</b>                  |            | <b>0</b>       |



San Francisco Department of Public Health (SFPDH)

AIDS Office HIV Epidemiology Section

HIV Transmission Cluster Analysis to Inform Prevention

**BUDGET JUSTIFICATION**

**July 1, 2013 – June 30, 2014**

**Budget Summary**

|    |  |                  |
|----|--|------------------|
| A. | Personnel                              | \$59,716         |
| B. | Mandatory Fringe                       | \$25,898         |
| C. | Travel                                 | \$0              |
| D. | Equipment                              | \$0              |
| E. | Materials and Supplies                 | \$0              |
| F. | Contractual                            | \$12,478         |
| G. | Other Expenses                         | \$0              |
|    | <b>TOTAL DIRECT COSTS</b>              | <b>\$98,092</b>  |
| H. | Indirect Costs (12% of Total Salaries) | \$10,274         |
|    | <b>TOTAL BUDGET FOR YEAR 2013-2014</b> | <b>\$108,366</b> |

**Detail Line-Item Budget and Justification: July 1, 2013 – June 30, 2014**

**A. PERSONNEL**

**B. MANDATORY FRINGE**

1. 0.01 2233 – Supervisor Physician Specialist: Willie McFarland
- Annual Salary  $\$179,700 \times 0.01$  FTE for 12 months = \$1,797  
Mandatory Fringe Benefits @ 27% = \$485 \$2,282

Dr. Willi McFarland, as Principal Investigator of the subcontract and co-investigator of the research project, will provide scientific oversight on the development and implementation of the study. Dr. McFarland, along with Dr. Susan Scheer, will jointly supervise the epidemiologists working on the study.

2. 0.15 0922 – Manager I: Susan Scheer
- Annual Salary  $\$117,762 \times 0.15$  FTE for 12 months = \$17,665  
Mandatory Fringe Benefits @ 44% = \$7,772 \$25,437

Dr. Susan Scheer, along with Dr. Willi McFarland, will jointly supervise the epidemiologists working on the study. She is responsible for overseeing data collection and analysis, interpreting, writing and disseminating findings.

3. 0.30 2589 - Health Program Coordinator I: Tony Buckman
- Annual Salary  $\$76,966 \times 0.30$  FTE for 8 months = \$15,393  
Mandatory Fringe Benefits @ 50% = \$7,697 \$23,090

Mr. Tony Buckman, as the Health Program Coordinator, his primary responsibilities are to serve as the liaison with laboratories and medical facilities so that project staff are aware of newly diagnosed HIV cases and resistance test results as soon as they are available; He assists with medical chart abstraction; He helps coordinate participant interview by collecting contact information for HIV cases and/or working with the interviewers to contact the individuals and schedule the interviews; and he also assists with data management, including the merged database created for this study.

4. 0.25 2803 - Epidemiologist II: Sharon Pipkin
- Annual Salary  $\$99,442 \times 0.25$  FTE for 12 months = \$24,861  
Mandatory Fringe Benefits @ 40% = \$9,944 \$34,805

Ms. Sharon Pipkin, as the epidemiologist II, her primary responsibilities are oversight of the database merging protocol; data management; managing, creating and analyzing resistance test and geographic study data; data quality; and data analysis. The epidemiologist will also assist in

preparing, interpreting, and summarizing study findings for reports, scientific publications, and conference presentations. In addition, she will work with the Health Program Coordinator to guide the preparation for the interviews and answer any staff questions regarding the questionnaire and data gathered.

|                                  |                 |
|----------------------------------|-----------------|
| <b>Total Salaries</b>            | <b>\$59,716</b> |
| <b>Total Fringe</b>              | <b>\$25,898</b> |
| <b>TOTAL PERSONNEL:</b>          | <b>\$85,614</b> |
| <b>C. TRAVEL</b>                 | <b>\$0</b>      |
| <b>D. EQUIPMENT</b>              | <b>\$0</b>      |
| <b>E. MATERIALS AND SUPPLIES</b> | <b>\$0</b>      |

**F. CONTRACTUAL**

1. Name of contractor: Public Health Foundation Enterprises, Inc. (PHFE)

Method of Selection: Sole Source. We have worked with PHFE in the past and have a good working relationship. Our working relationship has been beneficial to the section.

Period of performance: 07/01/2013 – 06/30/2014

Method of accountability: The contractor will follow the CDC and HIV Epidemiology Section procedures; will follow strict performance timelines; contractor's performance will be monitored and evaluated by the senior epidemiologist; payment to contractor will be based on fee for service.

Description of activities: PHFE will provide the staffing for the maintenance and technical services for computer equipment. They have demonstrated expertise in this area and have an established relationship with the AIDS Office.

Itemized budget with narrative justification:

**a. & b. PHFE PERSONNEL AND MANDATORY FRINGE BENEFITS**

i) 0.25 Epidemiologist: TBD

|   |          |
|---|----------|
| 6 months salary = \$11,448              |          |
| Mandatory Fringe Benefit @31% = \$2,698 | \$11,448 |

This position will have primary responsibility for oversight of the database merging protocol, data management, data quality, and data analysis. The epidemiologist will also assist in preparing, interpreting, and summarizing study findings for reports, scientific publications, and conference presentations.

|    |  |                  |
|----|--|------------------|
|    | <b>TOTAL PHFE PERSONNEL AND MFB</b>                  | <b>\$11,448</b>  |
| c. | <b>PHFE TRAVEL</b>                                   | <b>\$0</b>       |
| d. | <b>PHFE EQUIPMENT</b>                                | <b>\$0</b>       |
| e. | <b>PHFE MATERIALS AND SUPPLIES</b>                   | <b>\$0</b>       |
| f. | <b>PHFE CONTRACTUAL SERVICES</b>                     | <b>\$0</b>       |
| g. | <b>PHFE OTHER COSTS</b>                              | <b>\$0</b>       |
|    | Medical Chart Retrieval Fee for \$0                  |                  |
|    | <b>TOTAL PHFE DIRECT COST</b>                        | <b>\$11,448</b>  |
|    | <b>TOTAL PHFE INDIRECT COST (9% of Direct Costs)</b> | <b>\$1,030</b>   |
|    | <b>TOTAL PHFE SUBCONTRACT</b>                        | <b>\$12,478</b>  |
|    | <b>TOTAL CONTRACTUAL (PHFE):</b>                     | <b>\$12,478</b>  |
| G. | <b>OTHER</b>   | <b>\$0</b>       |
|    | <b>TOTAL DIRECT EXPENSES:</b>                        | <b>\$98,092</b>  |
| H. | <b>INDIRECT COSTS (12% of total salaries)</b>        | <b>\$10,274</b>  |
|    | <b>TOTAL BUDGET FOR YEAR 2013-2014:</b>              | <b>\$108,366</b> |

## Research Subaward Agreement Amendment

| Prime Recipient   | Subrecipient   |  |
|---|--|--|
| Institution/Organization ("University")<br><b>Name: The Regents of the University of California</b><br>Office of Sponsored Research<br>Division of Contracts and Grants<br>University of California, San Francisco<br>3333 California Street, Suite 315<br>San Francisco, CA 94143-0962 | Institution/Organization ("Subrecipient")<br><b>Name: City &amp; County of San Francisco</b><br><b>Department of Public Health</b><br>Address: 1380 Howard Street, 4 <sup>th</sup> Floor<br>San Francisco, CA 94105<br><br>EIN: 94-6000417 |  |
| Prime Award No. <b>5R01MH096642-02</b>  | Subaward No. <b>7238sc</b>   | Principal Investigator<br><b>Dr. William McFarland</b> |
| UCSF DPA-FUND Number: <b>557738-21738</b>   | Amendment No. <b>1</b>   |  |

### Amendment(s) to Original Terms and Conditions

- **Period of Performance:** will be extended from July 1, 2013 through June 30, 2014.
- The amount funded by this amendment is **\$108,366.00** as itemized in attachment A. This amount will not be exceeded nor shall any portion be carried forward without prior written approval of the University's Principal Investigator and a subsequent formal amendment to this Agreement.

**Special Terms and Conditions:** 3) Objectivity in Research is to be deleted in its entirety.

**General terms and conditions** as of the effective date of this Research Subaward Agreement:

#### **NIH-Specific Requirements Promoting Objectivity in Research Applicable to Subrecipients (42 CFR Part 50 Subpart F)**

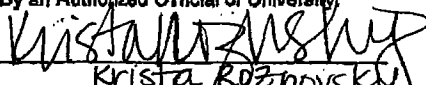
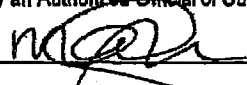
- a) 42 CFR Part 50. 604 requires that institutions conducting PHS-funded research "*Maintain an up-to-date, written, enforced policy on financial conflicts of interest.*" Further, "*If the Institution carries out the PHS-funded research through a subrecipient (e.g., subcontractors or consortium members), the Institution (awardee Institution) must take reasonable steps to ensure that any subrecipient Investigator complies with this subpart by incorporating as part of a written agreement with the subrecipient terms that establish whether the financial conflicts of interest policy of the awardee Institution or that of the subrecipient will apply to the subrecipient's Investigators.*"

**Subrecipient hereby certifies by execution of this agreement that its own financial conflicts of interest policy complies with 42 CFR Part 50.**

- b) Subrecipient shall report any financial conflict of interest to University, to the designated address below. Any financial conflicts of interest identified shall subsequently be reported to NIH. Such report shall be made before expenditure of funds authorized in this Subrecipient Agreement and within 45 days of any subsequently identified financial conflict of interest. The report must include the following information: (a) Grant/contract number; (b) Name of the PI; (c) Name of the investigator (if different from PI) with the conflict of interest; (d) the nature of the conflict; and (e) how the conflict was managed. All required disclosures and reports should be made to the following University official:

COI Coordinator, Campus Box 0294  
 UCSF, Office of Ethics and Compliance  
 3333 California Street, Suite 295  
 San Francisco, CA 94143-0294  
 If sent by Fed Ex or UPS, the zip code is 94118

All other terms and conditions of this Subaward Agreement remain in full force and effect.

|   |                        |  |                        |
|---|------------------------|--|------------------------|
| By an Authorized Official of University:<br><br>Name: <del>Regnier Jurado</del> <u>Krista Roznovsky</u><br>Title: Manager, Contracts & Grants Division | <u>12/5/13</u><br>Date | By an Authorized Official of Subrecipient:<br><br>Name: Marcellina Ogbu, DrPH<br>Title: Director of Community Programs | <u>12/2/13</u><br>Date |
|---|------------------------|--|------------------------|

**ATTACHMENT A**

Principal Investigator/Program Director (Last, first, middle):

| DETAILED BUDGET FOR INITIAL BUDGET PERIOD<br>DIRECT COSTS ONLY             |                            |                           |             |             |                   | FROM                                 | THROUGH         |                  |
|--|----------------------------|---------------------------|-------------|-------------|-------------------|--------------------------------------|-----------------|------------------|
|  |                            |                           |             |             |                   | 7/1/2013                             | 6/30/2014       |                  |
| PERSONNEL (Applicant organization only)                                    |                            | Months Devoted to Project |             |             | INST. BASE SALARY | DOLLAR AMOUNT REQUESTED (omit cents) |                 |                  |
| NAME   | ROLE ON PROJECT            | CaL. Mnths                | Acad. Mnths | Summ. Mnths |                   | SALARY REQUESTED                     | FRINGE BENEFITS | TOTAL            |
| W. McFarland   | Sub PI                     | 0.12                      |             |             | 179,700           | 1,797                                | 485             | 2,282            |
| S. Scheer  | Co-I                       | 1.80                      |             |             | 117,762           | 17,665                               | 7,772           | 25,437           |
| T. Buckman   | Health Project Coordinator | 3.60                      |             |             | 76,966            | 15,393                               | 7,697           | 23,090           |
| S. Pipkin  | Epidemiologist             | 3.00                      |             |             | 99,442            | 24,861                               | 9,944           | 34,805           |
|  | 0                          | 0.00                      |             |             | 0                 | 0                                    | 0               | 0                |
|  | 0                          | 0.00                      |             |             | 0                 | 0                                    | 0               | 0                |
|  | 0                          | 0.00                      |             |             | 0                 | 0                                    | 0               | 0                |
|  | 0                          | 0.00                      |             |             | 0                 | 0                                    | 0               | 0                |
|  | 0                          | 0.00                      |             |             | 0                 | 0                                    | 0               | 0                |
|  | 0                          | 0.00                      |             |             | 0                 | 0                                    | 0               | 0                |
| <b>SUBTOTALS</b>   |                            |                           |             |             |                   | <b>59,716</b>                        | <b>25,898</b>   | <b>85,614</b>    |
| CONSULTANT COSTS   |                            |                           |             |             |                   |                                      |                 | 0                |
| EQUIPMENT (Itemize)  |                            |                           |             |             |                   |                                      |                 | 12,478           |
| SUPPLIES (Itemize by   |                            |                           |             |             |                   |                                      |                 | 0                |
| TRAVEL   |                            |                           |             |             |                   |                                      |                 | 0                |
| Domestic Travel start hr   |                            |                           |             |             |                   |                                      |                 | 0                |
| PATIENT CARE COSTS   |                            |                           |             |             |                   |                                      |                 | 0                |
| INPATIENT  |                            |                           |             |             |                   |                                      |                 | 0                |
| OUTPATIENT   |                            |                           |             |             |                   |                                      |                 | 0                |
| ALTERATIONS AND RENOVATIONS (Itemize by category)                          |                            |                           |             |             |                   |                                      |                 | 0                |
| OTHER EXPENSES (Itemize by category)                                       |                            |                           |             |             |                   |                                      |                 | 0                |
| CONSORTIUM/CONTRACTUAL COSTS   |                            |                           |             |             |                   | DIRECT COSTS                         |                 | 0                |
| <b>SUBTOTAL DIRECT COST FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)</b> |                            |                           |             |             |                   |                                      |                 | <b>\$98,092</b>  |
| CONSORTIUM/CONTRACTUAL COSTS   |                            |                           |             |             |                   | FACILITIES AND ADMINISTRATIVE COSTS  |                 | 10,274           |
| <b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>                        |                            |                           |             |             |                   |                                      |                 | <b>\$108,366</b> |
| <b>SBIR/STTR Only: FIXED FEE REQUESTED</b>                                 |                            |                           |             |             |                   |                                      |                 |                  |



**RESEARCH**  
Department of Health and Human Services  
National Institutes of Health  
NATIONAL INSTITUTE OF MENTAL HEALTH

Notice of Award

Issue Date: 07/01/2013



**Grant Number:** 5R01MH096642-02

**Principal Investigator(s):**  
HONG-HAM TRUONG, PHD

**Project Title:** HIV Transmission Cluster Analysis to Inform Prevention

RYAN CURTIS WELLS  
Research Services Analyst  
3333 California Street  
Suite 315  
San Francisco, CA 941186215

**Award e-mailed to:** cgrasteam@ucsf.edu

**Budget Period:** 07/01/2013 – 06/30/2014  
**Project Period:** 09/01/2012 – 06/30/2017

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$370,362 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to UNIVERSITY OF CALIFORNIA-SAN FRANCISCO in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 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.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute Of Mental Health of the National Institutes of Health under Award Number R01MH096642. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with 42 CFR Part 50 Subpart F. Subsequent to the compliance date of the 2011 revised FCOI regulation (i.e., on or before August 24, 2012), Awardees must be in compliance with all aspects of the 2011 revised regulation; until then, Awardees must comply with the 1995 regulation. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website <http://grants.nih.gov/grants/policy/coi/> for a link to the regulation and additional important information.

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

Sincerely yours,

Jane Z. Lin  
Grants Management Officer

Page-1



**NATIONAL INSTITUTE OF MENTAL HEALTH**

**Additional information follows**

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**SECTION I – AWARD DATA – 5R01MH096642-02****Award Calculation (U.S. Dollars)**

|                                   |                  |
|-----------------------------------|------------------|
| Federal Direct Costs              | \$315,011        |
| Federal F&A Costs                 | \$55,351         |
| Approved Budget                   | \$370,362        |
| Federal Share                     | \$370,362        |
| <b>TOTAL FEDERAL AWARD AMOUNT</b> | <b>\$370,362</b> |

**AMOUNT OF THIS ACTION (FEDERAL SHARE) \$370,362**

| SUMMARY TOTALS FOR ALL YEARS |            |                   |
|------------------------------|------------|-------------------|
| YR                           | THIS AWARD | CUMULATIVE TOTALS |
| 2                            | \$370,362  | \$370,362         |
| 3                            | \$372,916  | \$372,916         |
| 4                            | \$368,928  | \$368,928         |
| 5                            | \$347,648  | \$347,648         |

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

**Fiscal Information:**

CFDA Number: 93.242  
EIN: 1946036493A6  
Document Number: RMH096642A  
Fiscal Year: 2013

|    | IC | CAN     | 2013      | 2014      | 2015      | 2016      |
|----|----|---------|-----------|-----------|-----------|-----------|
| MH |    | 8472592 | \$370,362 | \$372,916 | \$368,928 | \$347,648 |

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

**NIH Administrative Data:**

PCC: 9A-ASGP / OC: 414E / Released: LINJZ 06/28/2013  
Award Processed: 07/01/2013 01:18:22 AM

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**SECTION II – PAYMENT/HOTLINE INFORMATION – 5R01MH096642-02**

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at <http://grants.nih.gov/grants/policy/awardconditions.htm>

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**SECTION III – TERMS AND CONDITIONS – 5R01MH096642-02**

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- The grant program legislation and program regulation cited in this Notice of Award.
- Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- The NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at 'http://grants.nih.gov/grants/policy/awardconditions.htm' for certain references cited above.)

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase V Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the Central Contractor Registration. Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See <http://grants.nih.gov/grants/policy/awardconditions.htm> for the full NIH award term implementing this requirement and other additional information.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see <http://grants.nih.gov/grants/policy/awardconditions.htm> for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: <http://publicaccess.nih.gov/>.

**Treatment of Program Income:  
Additional Costs**

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**SECTION IV – MH Special Terms and Conditions – 5R01MH096642-02**

**AWARD NOTICE:**

This award has been made in response to the application submitted under the Funding Opportunity Announcement PA-10-067 which can be referenced at: <http://grants.nih.gov/grants/guide/pa-files/PA-10-067.html>.

**FISCAL POLICY**

In accordance with NOT-OD-13-064 (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-13-064.html>) the FY2013 award is made at 96% of the previously FY2013 committed level noted in the FY2012 Notice of Award. Any future year funding remains at the level noted in the FY2012 Notice of Award. The fiscal policies described therein apply.

**CONSORTIUM/CONTRACTUAL COSTS:**

This award includes funds for consortium activity with following organizations. Each consortium is to be established and administered in accordance with the NIH Grants Policy Statement dated October 2011. No foreign performance site may be added to this project without the written prior approval of the National Institute of Mental Health.

1. The J. David Gladstone Institutes
2. San Francisco Department of Public Health

**STAFF CONTACTS**

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

**Grants Management Specialist:** Jane Z. Lin.  
**Email:** [linja@mail.nih.gov](mailto:linja@mail.nih.gov) **Phone:** 301-443-2229 **Fax:** 301-480-1956

**Program Official:** Cynthia I Grossman

Email: grossmanc@mail.nih.gov Phone: 301-443-8962 Fax: 301-443-9719

**SPREADSHEET SUMMARY**  
**GRANT NUMBER: 5R01MH096642-02**

**INSTITUTION: UNIVERSITY OF CALIFORNIA-SAN FRANCISCO**

| <b>Facilities and Administrative Costs</b> | <b>Year 2</b> | <b>Year 3</b> | <b>Year 4</b> | <b>Year 5</b> |
|--|---------------|---------------|---------------|---------------|
| F&A Cost Rate 1                            | 26%           | 26%           | 26%           | 26%           |
| F&A Cost Base 1                            | \$212,890     | \$209,279     | \$205,885     | \$188,763     |
| F&A Costs 1                                | \$55,351      | \$54,413      | \$53,530      | \$49,078      |

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

|  |  |
|--|--|
| <b>City Elective Officer Information</b> <i>(Please print clearly.)</i>              |  |
| Name of City elective officer(s):<br><br>Members, San Francisco Board of Supervisors | City elective office(s) held:<br><br>Members, San Francisco Board of Supervisors |

|  |                                 |
|--|---------------------------------|
| <b>Contractor Information</b> <i>(Please print clearly.)</i>   |                                 |
| Name of contractor:<br><b>Public Health Foundation Enterprises, Inc. (PHFE)</b>  |                                 |
| <i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> |                                 |
| 1) Board – see Attachment 1<br>2) Nancy Kindeland, President/CEO<br>3) N/A<br>4) N/A<br>5) N/A   |                                 |
| Contractor address:<br>12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746-3505  |                                 |
| Date that contract was approved:<br><i>(By the SF Board of Supervisors)</i>  | Amount of contract:<br>\$12,478 |
| Describe the nature of the contract that was approved:<br>PHFE will provide the staffing for the maintenance and technical services for computer equipment. They have demonstrated expertise in this area and have an established relationship with the AIDS Office.   |                                 |
| Comments:<br>PHFE is a 501 ( c ) 3 Nonprofit with a Board of Directors   |                                 |

This contract was approved by (check applicable):

the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)  
 a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

|  |   |
|--|---|
| <b>Filer Information</b> <i>(Please print clearly.)</i>                                  |   |
| Name of filer:<br>Angela Calvillo, Clerk of the Board                                    | Contact telephone number:<br>(415) 554-5184 |
| Address: City Hall, Room 244<br>1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 | E-mail:<br>Board.of.Supervisors@sfgov.org   |

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

| <b>Public Health Foundation Enterprise</b>                              |                   |
|---|-------------------|
| <b>Public Health Foundation Enterprise Board of Directors 2013-2014</b> |                   |
| <b>Officers</b>   | <b>Members</b>    |
| Bruce Y. Lai, Chair   | Susan DeSanti     |
| Erik d. Ramanathan, Vice Chair  | Scott Filer       |
| Teri A. Burley, Secretary   | Delvecchio Finley |
| Karen L. Angel, Treasurer   | Peter D. Jacobson |
| Michael Asher, immediate Past Chair                                     | Bob Jenks         |
| Nancy Kindelan, CEO   | Tamara Joseph     |
|   | Patrick M. Libbey |
|   | Jean C. O Connor  |
|   | Edward Yip        |