File No		Committee Item No Board Item No	
	COMMITTEE/BOARI AGENDA PACKET	O OF SUPERVISORS	5
Committee	e: Budget & Finance Commit	tee Date June 19	0, 2014
Board of S	Supervisors Meeting	Date	
	Motion Resolution Ordinance Legislative Digest Budget and Legislative A Youth Commission Repo Introduction Form Department/Agency Cove MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Comm Award Letter Application Public Correspondence	rt er Letter and/or Report	
OTHER	(Use back side if addition	nal space is needed)	

Completed by: Linda Wong
Completed by: _____

Date June 13, 2014
Date

[Accept and Expend Grant - Probability-Based Survey of HIV Risk Among Transmen Using a Novel Sampling Method - \$162,313]

Resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$162,313 from the National Institutes of Health to participate in a program entitled "A Probability-Based Survey of HIV Risk Among Transmen Using a Novel Sampling Method" for the period of April 1, 2014, through March 31, 2015.

WHEREAS, National Institutes of Health has agreed to fund Department of Public Health (DPH) in the amount of \$162,313 for the period of April 1, 2014, through March 31, 2015; and

WHEREAS, The full project period of the grant starts on April 1, 2013 and ends on March 31, 2015, with year two subject to availability of funds and satisfactory progress of the project; and,

WHEREAS, As a condition of receiving the grant funds, National Institutes of Health requires the City to enter into an agreement (Agreement), a copy of which is on file with the Clerk of the Board of Supervisors in File No. <u>140684</u>; which is hereby declared to be a part of this Resolution as if set forth fully herein; and

WHEREAS, The purpose of this project is to implement an epidemiological survey of HIV prevalence and risk behaviors of female-to-male transgender persons (transmen) using a novel sampling method that draws on the theoretical underpinnings and practical advantages of venue-outreach and peer-referral approaches; and

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WHEREAS, An Annual Salary Ordinance amendment is not required as the grant partially reimburses DPH for three existing positions, one Supervising Physician Specialist (Job Class No. 2233) at .10 FTE, one Manager I (Job Class No. 0922) at .05 FTE, and one Epidemiologist I (Job Class No. 2802) at .15 FTE for the period of April 1, 2014 through, March 31, 2015; and

WHEREAS, A request for retroactive approval is being sought because DPH did not receive notification of the award until April 5, 2014, for a project start date of April 1, 2014; and

WHEREAS, The budget includes a provision for indirect costs in the amount of \$8,116; now, therefore, be it

RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant in the amount of \$162,313 from National Institutes of Health; and

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

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

RECOMMENDED:

Barbara A. Garcia, MPA Director of Health

APPROVED:

Office of the Mayor

ce of the Controller

File Number:	lerk of Board of Sup	ervisors)					
(i Tovided by e	non or board or oup		tion Informat	ion Form		•	
			<u>ution Informat</u> ctive July 2011			•	
Purpose: Accompa funds.	nies proposed Boar	d of Supervisors	resolutions au	thorizing a Departi	ment to accept and	i expend grant	
The following desc	ribes the grant refer	ed to in the acco	mpanying reso	olution:			
1. Grant Title: A F	Probability-Based S	urvey of HIV Ri	sk among Tra	nsmen using a N	lovel Sampling M	ethod	
P	Pepartment of Publi Public Health Division Center for Public Re	on (PHD)					
3. Contact Persor	n: Henry Fisher	Raymond	Telephone	e: 415-437-6256			
4. Grant Approval	Status (check one):						
[X] Approv	ed by funding agend	;y	[] No	ot yet approved			
5. Amount of Grar	nt Funding Approved	or Applied for:	\$162,313			•	
6a. Matching Fund b. Source(s) of m	s Required: \$0 atching funds (if app	licable):					
	Agency: National In rough Agency (if app		th				
of female-to-male	nt Project Summary e transgender perso nd practical advanta	ons (transmen)	using a nove	l sampling metho	od that draws on	risk behaviors the theoretical	i
9. Grant Project S	chedule, as allowed	in approval docu	ıments, or as p	roposed:			
Approved y	vear one project:	Start-Date: 04	/01/2014 End	-Date: 3/31/2015			
10a. Amount budg	eted for contractual	services: \$110,7	764				
b. Will contractu	al services be put oเ	ut to bid? No					
c. If so, will con requirements	tract services help to s? N/A	o further the goal	s of the Depart	ment's Local Busi	ness Enterprise (L	BE)	
d. Is this likely t	o be a one-time or o	ngoing request f	or contracting	out? N/A	•.		
11a. Does the bud	get include indirect o	costs?	[X] Yes	[] No			
b1. If yes, how r	much? \$8,11 (6					
b2. How was the	e amount calculated	? 26.21% of tota	l salaries				
[] Not allo	re indirect costs not i wed by granting age blease explain):		[] To maxim	ize use of grant fu	inds on direct servi	ces	
c2. If no indired	ct costs are included	, what would hav	e been the ind	irect costs?			

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to April 01, 2014. The Department received the subaward agreement on April 05, 2014.

Grant Code: HCAO68/1400

Disability Access Checklist*(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)	ie
13. This Grant is intended for activities at (check all that apply):	
[X] Existing Site(s)[] Existing Structure(s)[] Existing Program(s) or Service(s)[] Rehabilitated Site(s)[] Rehabilitated Structure(s)[] New Program(s) or Service(s)[] New Site(s)[] New Structure(s)	
14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded the 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:	
 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;	
Ensuring that any service areas and related facilities open to the public are architecturally accessible and have bee inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.	∍n
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:	
Departmental ADA Coolumator of mayor 5 office of Disability Noviewer.	
Ron Weigelt (Name)	*
(Name)	
(Name) <u>Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs</u>	
(Name) <u>Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs</u> (Title)	
(Name) <u>Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs</u>	· · · · · · · · · · · · · · · · · · ·
(Name) Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed:	
(Name) Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed:	
(Name) Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed: Signature Required)	· · · · · · · · · · · · · · · · · · ·
Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed: Department Head or Designee Approval of Grant Information Form:	
Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed: Department Head or Designee Approval of Grant Information Form: Barbara A. Garcia, MPA (Name) Director of Health	
Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs (Title) Date Reviewed: Department Head or Designee Approval of Grant Information Form: Barbara A. Garcia, MPA (Name)	

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office

HIV Epidemiology Section
A probability-based survey of Hiv Risk among Transmen using a novel sampling method
Year 2: April 1, 2014 - March 31, 2015

HCA068

HCHPDHIVSVGR 2S/CHS/GNC

1400

De Dept / Div: Fu Fund Group: Ina Index Code: Gr Grant Code: Gr Grant Detail:

		38.00%									
CATEGORY/LINE ITEM	Annual	Annual	Total Annual	% OF	% OF	Monthly		Salary	Frin Ben	Total	
	Salary		Sal/Frin Ben	TIME	FTE	Rate	Mth	Budget	Budget	Budget	Comments
A.&PERSONNEL											ppd 2/4/11 average 32%
Supervising Physician Specialist 2233 5 W MoFarland	181,500	68,970	250,470	10%	0.10	15,125	. 25	18,150	6,897	25,047	
2. Manager l 0922 2 H Raymond	120,000	45,600	165,600	2%	0.05	10,000	2	6,000	2,280	8,280	
3. Epidemiologist I 2802 5 YH Chen	75,867	28,829	104,696	15%	0.15	6,322	7	6,815	2,590	9,405	
4. COLA 4%								0		0	
5. STEP 5%								0		0	
TOTAL SALARY/FRINGE	3E 377,367	143,399	520,766		0.30	31,447		30,965	11,767	42,732	

00101 SALARIES 00103 FRNG BN SUB TOTAL

30,965 11,767 **42,732**

C. TRAVEL
1. Local Travel (02301)
2. Out-of-Jurisdiction Travel (02101)

Sub Total TRAVEL

D. EQUIPMENT

1. Lease of Van/Mobile Unit (06061)

Sub Total EQUIPMENT

E. MATERIALS AND SUPPLIES
1. Office supplies (04591)
2. Lab supplies
3. Non-inventoried equipment (04921)
Sub Total SUPPLIES

F. CONTRACTUAL SERVICES (02789) 1. PHFE 2.

Sub Total CONTRACTS

0 Phlebotomy Supplies / Educational supplies; tubes, butterflyes 110,764 110,764

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

HIV Epidemiology Section
A probability-based survey of Hiv Risk among Transmen using a novel sampling method
Year 2: April 1, 2014 - March 31, 2015 AIDS Office

HPH-03 2S/CHS/GNC HCHPDHIVSVGR HCAO68 1400 De Dept / Div. Fu Fund Group: Ina Index Code: Gr. Grant Code: Gr. Grant Detail:

Comments	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
Total Budget	000000000000000000000000000000000000000		30,965	11,767	0	0	0	110,764	701
Frin Ben Budget									
Salary Budget									
Mth									
Monthly Rate									
% OF FTE			0.30						
% OF TIME		MARY	FTE =						
Total Annual Sal/Frin Ben		BUDGET SUMMARY							
38.00% Annual Frin Ben									
Annual Salary		•							
CATEGORY/LINE ITEM	G. OTHER 1. Rent Support/Meeting Facility (03011) 2. IRB review fees (02799) 3. Reproduction (081PR) 4. Subscription (03571) 5. Promotion and Advertising (03681) 6. Other Current Expenses (03599) 7. Steff training (02201) 8. Participant Stipends -(02783) 9. Equip. Maint Sub TOTAL OTHER	יסיאר טואפכין כסאי	A. SALARIES	B. MANDATORY FRINGE	C. TRAVEL	D. EQUIPMENT	E. MATERIALS AND SUPPLIES	F. CONTRACT / MOU	G. OTHER

154,197 8,116 162,313 162,313 9

H. INDIRECT COST @26.21% of total salaries only

TOTAL BUDGET

DIRECT COSTS

SURPL/(DEFICFIT)

AWARD

San Francisco Department of Public Health (SFDPH)

Public Health Division - Center for Public Research

A probability-based Survey of HIV Risk among Transmen Using a Novel Sampling Method

Year 2: April 1, 2014 – March 31, 2015 Budget Summary

A.	Personnel	\$30,965
B.	Mandatory Fringe	\$11,767
C.	Travel	\$0
D.	Equipment	\$0
E.	Materials and Supplies	\$0
F.	Contractual	\$110,764
G.	Other Expenses	\$701
	TOTAL DIRECT COSTS	\$154,197
H.	Indirect Costs (26.21% of Total Salaries)	\$8,116
	TOTAL BUDGET FOR YEAR 2014	\$162,313

Year 2: Detail Line-Item Budget and Justification: April 1, 2014 – March 31, 2015

- A. PERSONNEL
- **B.** MANDATORY FRINGE
- 0.10 2233 Supervising Sr. Physician: Willi McFarland Director, HIV Epidemiology Section
 Annual Salary \$18,150
 Mandatory Fringe Benefits @ 38% = \$6,897
 \$25,047

As Principal Investigator for the proposed project, he will have the primary responsibility for planning, developing, directing and evaluating all scientific aspects of the study. He is the primary liaison with the NIH. He develops survey protocols, policies, procedures and instruments

0.05 0922 – Manager I: Henry Fisher Raymond
 Director, Behavior Surveillance, HIV Epidemiology Section
 Annual Salary \$6,000
 Mandatory Fringe Benefits @ 38% = \$2,280
 \$8,280

As Co-Investigator for the proposed project, he will have the primary responsibility of assisting in the development of survey protocols, policies, procedures and instruments; selects and trains staff; supervises the conduct of focus groups and directs the community assessment process. He directly supervises the field team. In the field, he is responsible for insuring the quality of survey data, and policies concerning staff security, and confidentiality of data and participants.

4. 0.15 2802 - Epidemiologist I: Yea-Hung Chen

12 Month Salary \$6,815 Mandatory Fringe Benefits @ 38% = \$2,590 \$9,405

Mr. Chen will supervise data entry and data management. He will also be primarily responsible for analysis of study results.

Tota	l Personnel	\$42,732
	Total Salaries	\$30,965
	Total Fringe	\$11,767
	TOTAL PERSONNEL:	\$42,732
C.	TRAVEL	\$0
D.	EQUIPMENT	\$0
E.	MATERIALS AND SUPPLIES	\$0

F.	CONTRACTUAL	\$110,764
G.	OTHER	
	IRB Fee Funds to cover the cost of IRB renewal	\$701
	TOTAL OTHER:	\$701
	TOTAL DIRECT EXPENSES:	\$154,197
н.	INDIRECT COSTS (26.21% of total salaries)	\$8,116
	TOTAL RUDGET FOR VEAR 2014.	£162 212

Notice of Award

Issue Date: 03/24/2014



EXPLORATORY/DEVELOPMENT GRANT

Department of Health and Human Services

National Institutes of Health





Grant Number: 5R21HD071765-02 **FAIN:** R21HD071765

Principal Investigator(s): William McFarland, MD

Project Title: Probability-based survey of HIV risk among transmen using a novel sampling

method

Dr. Raymond, Henry Fisher Co Director of HIV Epidemiology 25 Van Ness Avenue, Suite 500 San Francisco, CA 941026056

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

Budget Period: 04/01/2014 – 03/31/2015 **Project Period:** 04/01/2013 – 03/31/2015

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$162,313 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to SAN FRANCISCO DEPT OF PUBLIC HEALTH 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 Eunice Kennedy Shriver National Institute Of Child Health & Human Development of the National Institutes of Health under Award Number R21HD071765. 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,

Ted Williams
Grants Management Officer
EUNICE KENNEDY SHRIVER NATIONAL INSTITUTE OF CHILD HEALTH & HUMAN
DEVELOPMENT

Additional information follows

SECTION I - AWARD [\(\lambda\) - 5R21HD071765-02

Award Calculation (U.S. Dollars)

Federal Direct Costs	\$154,197
Federal F&A Costs	\$8,116
Approved Budget	\$162,313
Federal Share	\$162,313
TOTAL FEDERAL AWARD AMOUNT	\$162,313
AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$162,313

	SUMMARY TOTALS F	FOR ALL YEARS
YR	THIS AWARD	CUMULATIVE TOTALS
2	\$162,313	\$162,313

Fiscal Information:

CFDA Number:

93.865

EIN:

1946000417A8

Document Number:

RHD071765A

PMS Account Type:

G (Pooled)

Fiscal Year:

2014

IC	CAN	2014
HD	8014710	\$162,313

NIH Administrative Data:

PCC: PDB -SN / OC: 414E / Released: WILLIAMST 03/24/2014

Award Processed: 12/26/2013 10:57:56 AM

SECTION II - PAYMENT/HOTLINE INFORMATION - 5R21HD071765-02

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

SECTION III - TERMS AND CONDITIONS - 5R21HD071765-02

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:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The NIH 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.

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

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 F tration. Should a consortium/subaward be ed under this award, a DUNS requirement mus, be included. See http://grants.nih.gov/grants/policy/awardconditions.htm for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R21HD071765. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

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/.

This award represents the final year of the competitive segment for this grant. See the NIH Grants Policy Statement Section 8.6 Closeout for complete closeout requirements at: http://grants.nih.gov/grants/policy/#gps.

A final Federal Financial Report (FFR) (SF 425) must be submitted through the eRA Commons (Commons) within 90 days of the expiration date; see the NIH Grants Policy Statement Section 8.6.1 Financial Reports, http://grants.nih.gov/grants/policy/#gps, for additional information on this submission requirement. 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.

A Final Invention Statement and Certification form (HHS 568), (not applicable to training, construction, conference or cancer education grants) must be submitted within 90 days of the expiration date. The HHS 568 form may be downloaded at: http://grants.nih.gov/grants/forms.htm.

Unless an application for competitive renewal is submitted, a final progress report must also be submitted within 90 days of the expiration date. Instructions for preparing a Final Progress Report are at: http://grants.nih.gov/grants/funding/finalprogressreport.pdf. Any other specific requirements set forth in the terms and conditions of the award must also be addressed in the final progress report. Institute/Centers may accept the progress report contained in competitive renewal (type 2) in lieu of a separate final progress report. Contact the awarding IC for IC-specific policy regarding acceptance of a progress report contained in a competitive renewal application in lieu of a separate final progress report.

NIH **strongly encourages** electronic submission of the final progress report and the final invention statement through the Closeout feature in the Commons, but will accept an email or hard copy submission as indicated below.

Email: The final progress report and final invention statement may be e-mailed as PDF attachments to the NIH Central Closeout Center at: DeasCentralized@od.nih.gov.

Hard copy: Paper submissions of the final progress report and the final invention statement may be faxed to the NIH Division of Central Grants Processing at 301-480-2304, or mailed to:

NIH Division of Central Grants Processing, OER 6705 Rockledge Drive Suite 5016, Room 5109 MSC 7986 Bethesda, MD 20892-7986 (for regular or U.S. Postal Service Express mail) Bethesda, MD 20817 (for other courier/express mail delivery only) NOTE: If this is the fina r of a competitive segment due to the trans of the grant to another institution, then a Final Progress Report is not required. However, a fine. FR is required and should be submitted electronically as noted above. If not already submitted, the Final Invention Statement is required and should be sent directly to the assigned Grants Management Specialist.

Treatment of Program Income:

Additional Costs

SECTION IV - HD Special Terms and Conditions - 5R21HD071765-02

In accordance with the NIH FY2014 fiscal policy, this non-competing award is reduced below the committed funding level on the FY2013 Notice of Award. See NIH Guide Notice NOT-OD-14-055 for additional information (http://grants.nih.gov/grants/guide/notice-files/NOT-OD-14-055.html).

Human Subjects: NICHD recognizes that investigators are submitting applications to conduct exciting and important research of interest to NICHD. NICHD has oversight responsibilities to ensure compliance with government regulations and to ensure the safety of human subjects in research. The following Web site contains information regarding your institutional responsibilities and compliance issues that should be reviewed throughout the duration of your NIH-supported project. HHS Web Site for Human Subjects: http://www.hhs.gov/ohrp/.

For specific requirements related to the protection of human subjects, see the NIH Grants Policy Statement (rev. 10/13)

(http://grants.nih.gov/grants/policy/nihgps 2013/nihgps ch4.htm#human subjects protections).

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: Willa Plater

Email: platerw@mail.nih.gov Phone: (301) 435-7009 Fax: (301) 402-4782

Program Official: Susan Newcomer

Email: newcomes@mail.nih.gov Phone: (301) 435-6981 Fax: (301) 496-0962

SPREADSHEET SUMMARY

GRANT NUMBER: 5R21HD071765-02

INSTITUTION: SAN FRANCISCO DEPT OF PUBLIC HEALTH

Budget	Year 2
TOTAL FEDERAL DC	\$154,197
TOTAL FEDERAL F&A	\$8,116
TOTAL COST	\$162,313

Facilities and Administrative Costs	Year 2
F&A Cost Rate 1	26.21%
F&A Cost Base 1	\$30,965
F&A Costs 1	\$8,116

City and County of San ncisco

partment of Public Health



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			
DATE: SUBJECT:		May 21, 2014			
		Grant Accept and Expend			
GRA	NT TITLE:	A Probability-Based Survey ousing a Novel Sampling Meth	•	յ Transme	∍n
Attac	ched please f	ind the original and 4 copies of ea	ach of the following	y :-	
\boxtimes	Proposed grant resolution, original signed by Department				
	Grant information form, including disability checklist -				
\boxtimes	Budget and Budget Justification				
	Grant application: Not Applicable. No application submitted. Asked to participathe project.			rticipate	
\boxtimes	Agreement	/ Award Letter		,	
	Other (Expl	ain):			
Spec	ial Timeline R	lequirements:			
Depa	ırtmental rep	presentative to receive a copy o	of the adopted res	solution:	
Nam	e: Richelle-L	ynn Mojica	Phone: 255-35	55	
		dress: Dept. of Public Health, Gra ams, 1380 Howard St.	ants Administration	ı for	
Certif	fied copy requ	uired Yes 🗌	No 🖂		
	and the second s				

OFFICE OF THE MAYOR SAN FRANCISCO



EDWIN M. LEE Mayor

TO:

Angela Calvillo, Clerk of the Board of Supervisors

FROM:

CMayor Edwin M. Lee 4

RE:

Accept and Expend Grant- A Probability-Based Survey of HIV Risk among

Transmen using a Novel Sampling Method - \$162,313

DATE:

June 10, 2014

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$162,313 from National Institutes of Health to participate in a program entitled A Probability-Based Survey of HIV Risk among Transmen using a Novel Sampling Method for the period of April 1, 2014, through March 31, 2015.

I request that this item be calendared in Budget and Finance on June 19th.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

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File No. 140 684

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)

(S.F. Campaign and Governmen	nai Conduct Code § 1.120)
City Elective Officer Information (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information (Please print clearly.)	
Name of contractor: Public Health Foundation Enterprises, Inc. (PHFE)	
Please list the names of (1) members of the contractor's board of a financial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1) Board – see Attachment 1 2) Nancy Kindelan, President/CEO, 3) N/A 4) N/A	as an ownership of 20 percent or more in the contractor; (4)
Contractor address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA	91746-3505
Date that contract was approved:	Amount of contract: \$110,764
Describe the nature of the contract that was approved: Assist with development of study materials and provide training at RDS implementation. Comments:	nd technical assistance on the daily operational aspects of
PHFE is a 501 (c) 3 Nonprofit with a Board of Directors	
☐ the board of a state agency (Health Authority, Housing Auth Board, Parking Authority, Redevelopment Agency Commissi Development Authority) on which an appointee of the City el	Francisco Board of Supervisors Print Name of Board nority Commission, Industrial Development Authority on, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Bos.legislation@sfgov.org
Signature of City Elective Officer (if submitted by City elective offi	icer) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secret	tary or Clerk) Date Signed

Public Health Foundation Enterprise				
Public Health Foundation Enterprise Board of Directors				
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