
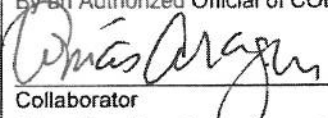


Amendment to Subaward		
Prime Awardee		Subawardee
Institution/Organization ("UNIVERSITY") Name: The Regents of the University of California		Institution/Organization ("COLLABORATOR"/"SUBCONTRACTOR") Name: San Francisco Department of Public Health
University's PI: George Rutherford, MD		Collaborator's PI: William McFarland, MD, PhD EIN: 94-6000417
Prime Award Number: U2G PS001814 UCSF DPA / Fund Numbers: 482226-4002 CFDA Number: 93.067		Subaward: 5745sc Amendment: 14
Awarding Agency: DHHS CDC – National Center for HIV, Viral Hepatitis, STDs and TB Prevention		
Period of Performance: 9/30/2013 through 9/29/2014	Amount Funded this Action: \$15,623.00	Est. Budget for Total Project: unspecified
Project Title: PS09-990: CDC Kenya – Monitoring and Evaluation (M&E)		
<p align="center">Amendment(s) to Original Terms and Conditions</p> <ul style="list-style-type: none"> • <u>Period of Performance</u>: is from September 30, 2013 through September 29, 2014. • Supplemental funds of \$15,623.00, as itemized in Attachment A, are authorized for the Period of Performance referenced above. Combining this amount with the funds previously authorized for this Period of Performance in Amendments Number 12 and Number 13, the total amount available for the term is now \$378,524.00. This amount will not be exceeded without prior written approval of the University's Principal Investigator and a subsequent formal amendment to this Agreement. • Applicable provisions of the current Award, referenced in Attachment B, are hereby incorporated. <p>All other terms and conditions of this Subaward Agreement remain in full force and effect. IN WITNESS WHEREOF, the parties hereto have executed this Amendment on the month, day and year specified below.</p>		
By an Authorized Official of UNIVERSITY:  Regnier Jurado Associate Director Research Management Services Office of Sponsored Research Date: 06/19/2014		By an Authorized Official of COLLABORATOR:  Collaborator Tomás J. Aragón, MD, DrPH Director, Population Health Division (PHD) Date: 6/13/14

ATTACHMENT A

San Francisco Department of Public Health Subcontract
 Budget Period: 12/21/2013-9/29/2014
 Budget Name: Kenya Surveillance FY05

A. Salaries and Wages

Personnel	Position Title	Current Salary	% effort	# mos.	(A) Salary	(B) Benefits	Total
Hsu, Ling	Technical Advisor	\$114,322	25%	4	\$9,527	\$4,422	\$13,949
							\$0
							\$0
							\$0
							\$0
Total Personnel					\$9,527	\$4,422	\$13,949
Total Direct Costs							\$13,949
Overhead at 12%							\$1,674
Grand Total							\$15,623

ATTACHMENT B

Notice of Award

Issue Date: 12/30/2013



COOPERATIVE AGREEMENTS

Department of Health and Human Services

Centers for Disease Control and Prevention

NATIONAL CENTER FOR HIV, VIRAL HEPATITIS, STDS AND TB PREVENTION



Grant Number: 3U2GPS001814-05W1

FAIN: U2GPS001814

Principal Investigator(s):

GEORGE WILLIAMS RUTHERFORD, MD

Project Title: PS09-990: CDC KENYA - MONITORING AND EVALUATION (M&E)

KRISTA ROZNOVSKY

CONTRACTS & GRANTS OFFICER

THE REGENTS OF THE UNIV CALIFORN

OFFICE OF SPONSORED RESEARCH

3333 CALIFORNIA ST, SUITE 315

SAN FRANCISCO, CA 941430962

Budget Period: 09/30/2013 – 09/29/2014

Project Period: 09/30/2009 – 09/29/2014

Dear Business Official:

The Centers for Disease Control and Prevention hereby awards a grant in the amount of \$940,000 (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 Section 307 Public Health Service Act, 42 U.S.C. Section 2421 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,

Angie Tuttle

Grants Management Officer

Centers for Disease Control and Prevention

Additional information follows

SECTION I – AWARD DATA – 3U2GPS001814-05W1**Award Calculation (U.S. Dollars)**

Salaries and Wages	\$168,966
Fringe Benefits	\$70,438
Personnel Costs (Subtotal)	\$239,404
Supplies	\$7,313
Consortium/Contractual Cost	\$405,511
Consulting Costs	\$13,342
Travel Costs	\$119,778
Other	\$38,159

Federal Direct Costs	\$823,507
Federal F&A Costs	\$116,493
Approved Budget	\$940,000
Federal Share	\$940,000
TOTAL FEDERAL AWARD AMOUNT	\$940,000

AMOUNT OF THIS ACTION (FEDERAL SHARE)	\$940,000
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Fiscal Information:

CFDA Number:	93.067
EIN:	1946036493A1
Document Number:	UPS001814A

IC	CAN	2014
GH	939ZYXT	\$940,000

SUMMARY TOTAL FEDERAL AWARD AMOUNT YEAR (5)		
GRANT NUMBER		TOTAL FEDERAL AWARD AMOUNT
3U2GPS001814-05W1		\$940,000
5U2GPS001814-05		\$660,000
TOTAL		\$1,600,000
SUMMARY TOTALS FOR ALL YEARS		
YR	THIS AWARD	CUMULATIVE TOTALS
5	\$940,000	\$1,600,000

CDC Administrative Data:**PCC: N / OC: 4141 / Processed: ERAAPPS 12/30/2013**

SECTION II – PAYMENT/HOTLINE INFORMATION – 3U2GPS001814-05W1

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 – 3U2GPS001814-05W1

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.

This award has been assigned the Federal Award Identification Number (FAIN) U2GPS001814. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

This award is funded by the following list of institutes. Any papers published under the auspices of this award must cite the funding support of all institutes.

Coordinating Office Of Global Health (GH)

Treatment of Program Income:
Additional Costs

SECTION IV – PS Special Terms and Conditions – 3U2GPS001814-05W1

REVISED NOTICE of AWARD

Funding Opportunity Announcement (FOA): PS09-990
Award Number: U2GPS001814-05 (Revision 2)

ADDITIONAL TERMS AND CONDITIONS

NOTE 1 – Partial Funding: The purpose of this revised Notice of Award is to award partial funding in the amount of **\$940,000**. Previously, **\$660,000** had been awarded, making the current total available award amount **\$1,600,000** of the approved **\$3,162,000** for the **Year 05** budget period which is **9/30/2013 through 9/29/2014**. The awarding of the remaining **\$1,562,000** is subject to funds availability.

A summary of the approved budget, the distribution of the **year 05** award (to date), and the carryover approved (to date) is as follows:

Personnel Costs (Subtotal)	\$239,404
Supplies	\$7,313
Consortium/Contractual Cost	\$405,511
Consulting Costs	\$13,342
Travel Costs	\$119,778
Other	\$38,159
TOTAL FEDERAL DC	\$823,507
TOTAL FEDERAL F&A	\$116,493
TOTAL COST	\$940,000



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OFFICE: (415) 476-2977
FAX: (415) 476-8158
<http://www.research.ucsf.edu/cg>

June 5, 2014

San Francisco Department of Public Health
Attn: Sajid Shaikh
1380 Howard St., 4th Floor
San Francisco, CA 94103
Sajid.shaikh@sfdph.org
415.255.3512

RE: Subcontract(s) with UCSF

Dear Mr. Shaikh:

As a subrecipient of federal funds, your organization's assurance of current financial accountability is required via certification, under OMB Circular A-133. Accordingly, please have one of the following three options completed and an authorized official certify below to its veracity.

1. _____ Our A-133 audit [latest audit within 2 years] for FY ending ____/____/____ presented no material weaknesses, no material instances of non-compliance and no findings related to any sub-award(s) from the University of California, San Francisco.
2. _____ Our A-133 audit [latest audit within 2 years] for FY ending ____/____/____ noted material weaknesses, material instances or adverse findings related to sub-award(s) awarded to us from the University of California, San Francisco. Enclosed is a copy of the audit report; relevant findings and our response can be found on page(s) _____

Please complete and return the attached Questionnaire with any applicable documents.

3. _____ Our organization is not subject to OMB Circular A-133 because (check all that apply):
 - ☐ Ours is a for-profit organization.
 - ☐ Our organization expended less than \$500,000 total in Federal Awards during the period covered by our last audit which was conducted within the past two years.
 - ☐ Our organization is foreign (not formed under U.S. laws).

Please complete and return the attached Questionnaire with any applicable documents.

Please return this completed Certification letter, along with the completed Questionnaire (if applicable), to me at scott.mayhew@ucsf.edu. Thank you.

I certify that the above responses and the responses in the enclosed questionnaire (if submitted) accurately represent the organization referenced above of which I am an authorized representative. Further, I certify that all adverse material findings contained in the most recent audit report have been disclosed.

Signature: _____ **Date:** _____

Printed Name: _____ **Title:** _____

University of California, San Francisco

SUBRECIPIENT QUESTIONNAIRE

Organization/Company Name:
EIN #:
Organization Address:
Name and Title of Person Responsible for Financial Matters:
Telephone Number:
E-mail:
1. Has the institution previously done work for the US federal government? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. If yes, please list the last three agreements and note whether prime award or lower tier contract: Awarding Agency: _____ Award Period: _____ Awarding Agency: _____ Award Period: _____ Awarding Agency: _____ Award Period: _____
3. Does the institution have a designated U.S. federal cognizant audit agency: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the name of the agency: _____
4. Does the institution have a negotiated U.S. federal overhead rate? If no, please provide the documentation to substantiate your proposed overhead rate, i.e. break-down of rate components. <input type="checkbox"/> Yes <input type="checkbox"/> No What is the rate: _____ To what base is it applied: <input type="checkbox"/> Direct Sales and Wages <input type="checkbox"/> Total Direct Costs <input type="checkbox"/> Modified Total Direct Costs <input type="checkbox"/> Other What period does it cover? _____ Who prepared this? _____

University of California, San Francisco

SUBRECIPIENT QUESTIONNAIRE

<p>5. Does the institution have annual financial statements that have been reviewed or audited by an independent audit firm? If yes, please provide a copy of the statement for the most current fiscal year. If no, please explain.</p>		
<p>6. Does the institution have a financial management system that provides records that can identify the source and application of funds for award supported activities? (If applicable, refer to FAR 52.216-17)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>7. Does the institution's financial management system provide for the control and accountability of project funds, property and other assets?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>8. Does the institution have a formal written personnel policy that addresses:</p>		
Pay Rates and Benefits:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Time and Attendance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Leave:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Discrimination:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Nepotism:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conflict of Interest:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>9. What system does your organization use to control paid time, especially time charged to sponsored agreements?</p> <p>_____</p> <p>_____</p>		
<p>10. Does the institution have a formal written travel policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>11. Does the institution have a formal written purchasing policy?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>12. Does the institution maintain an inventory for US Government property that identifies purchase date, cost, vendor, description, serial number, location and ultimate disposition date? (Refer to FAR Part 45)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>		
<p>Name and title of owner, sole proprietor or officer of corporation able to certify to the accuracy of this questionnaire:</p>		
<p>Name:</p>		
<p>Title:</p>		
<p>Signature:</p>		
<p>Date:</p>		