

File No. 140935

Committee Item No. 1

Board Item No. \_\_\_\_\_

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date September 24, 2014

Board of Supervisors Meeting

Date \_\_\_\_\_

#### Cmte Board

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

OTHER (Use back side if additional space is needed)

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

Completed by: Linda Wong

Date September 19, 2014

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

1 [Accept and Expend Grant - University of California - Centers for Disease Control and  
2 Prevention Kenya - Monitoring and Evaluation - \$378,524]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**  
4 **expend a grant in the amount of \$378,524 from the University of California San**  
5 **Francisco to participate in a program entitled Centers for Disease Control and**  
6 **Prevention Kenya - Monitoring and Evaluation for the period of September 30, 2013,**  
7 **through September 29, 2014.**

8  
9 WHEREAS, University of California San Francisco is the recipient of a grant award  
10 from the Centers for Disease Control and Prevention supporting the Centers for Disease  
11 Control and Prevention Kenya – Monitoring and Evaluation; and

12 WHEREAS, With a portion of these funds, University of California San Francisco has  
13 subcontracted with San Francisco Department of Public Health (DPH) in the amount of  
14 \$378,524 for the period of September 30, 2013 through September 29, 2014; and

15 WHEREAS, San Francisco Administrative Code 10.170.1 established through  
16 Ordinance 97-12 requires that an increase in grant awards greater than \$50,000 be approved  
17 by the Board of Supervisors; and

18 WHEREAS, As a condition of receiving the grant funds, University of California San  
19 Francisco requires the City to enter into an agreement (the “Agreement”), a copy of which is  
20 on file with the Clerk of the Board of Supervisors in File No. 140935; which is hereby declared  
21 to be a part of this resolution as if set forth fully herein; and

22 WHEREAS, The purpose of this project is to provide technical assistance and training  
23 to Kenyan in-country partners around most-at-risk populations size estimations; and

24 WHEREAS, An Annual Salary Ordinance amendment is not required as the grant  
25 partially reimburses DPH for four existing positions, one Senior Physician Specialist (Job

1 Class No. 2232) at .65 FTE and .76 FTE, one Manager I (Job Class No. 0922) at .10 FTE,  
2 one Manager I (Job Class No. 0922) at .25 FTE and one Epidemiologist II (Job Class No.  
3 2803) at 1.0 FTE for the period of September 30, 2013 through September 29, 2014; and

4 WHEREAS, A request for retroactive approval is being sought because DPH did not  
5 receive notification of the award until June 18, 2014 for a project start date of September 30,  
6 2013; and

7 WHEREAS, The grant was approved through Annual Appropriation Ordinance for  
8 \$234,022; and

9 WHEREAS, The grant amount in the final award exceeded Annual Appropriation  
10 Ordinance for \$144,502; and


11 WHEREAS, The budget includes a provision for indirect costs in the amount of  
12 \$40,556; now, therefore, be it

13 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant  
14 in the amount of \$378,524 from University of California San Francisco; and, be it

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

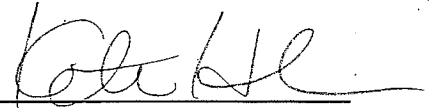
18 FURTHER RESOLVED, That the Director of Health is authorized to enter into the  
19 agreement on behalf of the City.  
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21  
22  
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25

1 RECOMMENDED:

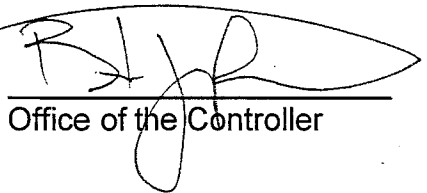
2 

3 \_\_\_\_\_  
4 Barbara A. Garcia, MPA  
5 Director of Health

APPROVED:



\_\_\_\_\_   
Office of the Mayor

6 

\_\_\_\_\_   
Office of the Controller



Edwin M. Lee  
Mayor

Barbara A. Garcia, MPA  
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA  
Director of Health *BW*

DATE: July 1, 2014

SUBJECT: Grant Accept and Expend

GRANT TITLE: Centers for Disease Control and Prevention Kenya –  
Monitoring and Evaluation- \$378,524

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Attached please find the original and 2 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.
- ☒ 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: **Centers for Disease Control and Prevention Kenya – Monitoring and Evaluation**
2. Department: **Department of Public Health  
AIDS Office  
HIV Epidemiology Section**
3. Contact Person: **Henry Fisher Raymond** Telephone: **415-437-6256**
4. Grant Approval Status (check one):  
☒ [X] Approved by funding agency ☐ [ ] Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$378,524**
- 6a. Matching Funds Required: **\$0**  
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **Department of Health and Human Services, Center for Disease Control (CDC)**  
b. Grant Pass-Through Agency (if applicable): **The Regents of the University of California**
8. Proposed Grant Project Summary: **To provide technical Assistance (TA) and training to Kenyan in-country partners around most-at-risk populations (MARPs) size estimations. TA includes training in sampling methods and data collection appropriate for different MARPs populations.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:  
Start-Date: **09/30/2013** End-Date: **09/29/2014**
- 10a. Amount budgeted for contractual services: **\$0**  
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? **N/A**
- 11a. Does the budget include indirect costs? ☒ [X] Yes ☐ [ ] No  
b1. If yes, how much? **\$40,556**  
b2. How was the amount calculated? **12% of direct costs**  
c1. If no, why are indirect costs not included?  
☐ [ ] Not allowed by granting agency ☐ [ ] To maximize use of grant funds on direct services  
☐ [ ] Other (please explain):  
c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to September 30, 2013.  
The Department received the executed subaward agreement on June 18, 2014.

Grant Code: HCA014/14

**\*\*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: 7-2-14

(Signature Required)

**Department Head or Designee Approval of Grant Information Form:**

Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 7/2/14

(Signature Required)

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH**  
**AIDS Office - HIV Epidemiology Section**  
**CDC Kenya - Monitoring and Evaluation (M&E)**  
**September 30, 2013 - September 29, 2014**  
**UCSF 5745sc Amendment 12 & 13 & 14**

Dept / Div: HPH-03  
Fund Group: 2S/CHS/GNC  
Index Code: HCHPD/HIVSVGR  
Grant Code: HCAO14  
Grant Detail: 1400

CATEGORY/LINE ITEM	Annual Salary	32.59% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
<b>A. PERSONNEL</b>										
<b>HIV SEROEPIDEMIOLOGY</b>										
** 1. Sr. Physician Specialist 2232 7 S. Schwarcz	179,700	58,564	238,264	65%	0.65	14,975	3	29,201	9,517	38,718
** 1. Sr. Physician Specialist 2232 7 S. Schwarcz	179,700	58,564	238,264	76%	0.76	14,975	9	102,429	30,985	133,414
2. Manager I 0922 5 H Fisher Raymond	120,000	39,108	159,108	10%	0.10	10,000	3	3,000	971	3,971
2. Manager I 0922 5 H Fisher Raymond	120,000	39,108	159,108	10%	0.10	10,000	9	9,000	3,588	12,588
3. Epidemiologist II 2803 5 T. Kellogg	96,564	26,072	122,636	100%	1.00	8,047	3	24,141	7,967	32,108
3. Epidemiologist II 2803 5 T. Kellogg	98,488	26,592	125,080	100%	1.00	8,207	9	73,866	29,354	103,220
4. Manager 1 0922 5 L Hsu	114,322	30,867	145,189	25%	0.25	9,527	4	9,527	4,422	13,949
5. STEP Increases 5%								0	0	0

**TOTAL SALARY/FRINGE 908,774 278,875 1,187,649 3.86 251,164 86,804 337,968**

00101 SALARIES  
00103 FRNG BN  
**SUB TOTAL**  
251,164  
86,804  
**337,968**

**C. TRAVEL**  
1. Local Travel (02301)  
2. Out-of-Jurisdiction Travel(02101)  
**Sub Total TRAVEL**  
0  
0  
0

**D. EQUIPMENT**  
1. Non Inventorial Equipment  
**Sub Total EQUIPMENT**  
0  
0  
0

**E. MATERIALS AND SUPPLIES**  
1. Office Supplies (04951)  
2. Food (04699)  
3. Laboratory Supplies (04431)  
4. Educational Supplies  
**Sub Total SUPPLIES**  
0  
0  
0  
0

**F. CONTRACTUAL SERVICES (02789)**  
1. UCSF  
2. PHFE  
**Sub Total CONTRACTS**  
0  
0  
0



SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
AIDS Office - HIV Epidemiology Section  
CDC Kenya - Monitoring and Evaluation (M&E)  
September 30, 2013 - September 29, 2014  
UCSF 5745sc Amendment 12 & 13 & 14

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Grant Detail: 1400

CATEGORY/LINE ITEM	Annual Salary	32.59% Annual Frin Ben	Total Annual Sal/Frin Ben	% OF TIME	% OF FTE	Monthly Rate	Mth	Salary Budget	Frin Ben Budget	Total Budget
G. OTHER										
1. Rent support/mitg fac (030141)										0
2. Telephone/Com (03241)										0
3. Postage (03561)										0
4. Delivery/Courier svc (03521)										0
5. Reproduction/Photocopy										0
a. Photocopier Leasing (03131)										0
b. Photocopier Maint (02831)										0
c. Repro Svc (In House)(081PR)										0
6. Print/Slide Svc (Outside)(03552)										0
7. Promotion/Advertisement (03599)										0
8. Frozen Storage Facility (03031)										0
9. Staff Training (02201)										0
10. BSS Stipends(02783)										0
Sub TOTAL OTHER										0
TOTAL DIRECT COST										337,968

BUDGET SUMMARY

A. SALARIES	FTE = 3.86	251,164
B. MANDATORY FRINGE		86,804
C. TRAVEL		0
D. EQUIPMENT		0
E. MATERIALS AND SUPPLIES		0
F. CONTRACT / MOU		0
G. OTHER		0
DIRECT COSTS		337,968
H. INDIRECT COST (12% of total modified direct cost)		40,556
TOTAL BUDGET		378,524
AWARD		378,524
SURPL/(DEFICIT)		(0)

San Francisco Department of Public Health (SFPDH)  
AIDS Office  
HIV Epidemiology Section

CDC Kenya – Monitoring and Evaluation (M&E)

Budget Justification  
09/30/2013 to 09/29/2014

A. PERSONNEL & MANDATORY FRINGE

1. 0.65 FTE 2232 – Senior Physician Specialist: S. Schwarcz  
Annual Salary  $\$179,700 \times 0.65$  FTE for 3 months = \$29,201  
Mandatory Fringe Benefits (@ 32.59%) = \$9,517 \$38,718  
  
0.76 FTE 2232 – Senior Physician Specialist: S. Schwarcz  
Annual Salary  $\$179,700 \times 0.76$  FTE for 9 months = \$102,429  
Mandatory Fringe Benefits (@ 32.59%) = \$30,985 \$133,414
2. 0.10 FTE 0922 – Manager I: H. Raymond III  
Annual Salary  $\$120,00 \times 0.10$  FTE for 12 months = \$12,000  
Mandatory Fringe Benefits (@ 32.59%) = \$4,559 \$16,559

Both employees to provide technical assistance and training to Kenya in-country partners around most-at-risk populations (MARs) size estimations.

3. 1.00 FTE 2803 – Epidemiologist II: T. Kellog  
Annual Salary  $\$98,007 \times 1.00$  FTE for 12 months = \$98,007  
Mandatory Fringe Benefits (@ 32.59%) = \$37,321 \$135,328
4. .25 FTE 2803 – Manager I: L Hsu  
Annual Salary  $\$114,332 \times 0.25$  FTE for 4 months = \$9,527  
Mandatory Fringe Benefits (@ 32.59%) = \$4,422 \$13,949

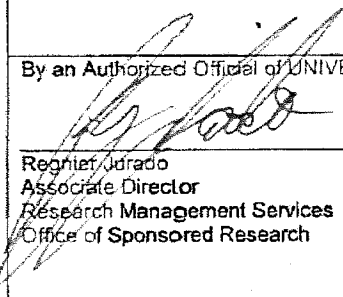
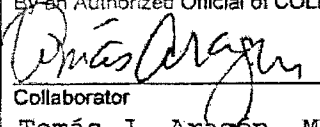
All employees to provide technical assistance and training to Kenya in-country partners around most-at-risk populations (MARs) size estimations.

5. COLA/STEP increases:

The salary expenditures are based on the rates per job classification and per Labor Union Agreements. The cost for COLA is as follow: COLA @ 4% = \$0 and STEP Increases @5% = \$0 \$0

TOTAL PERSONNEL: \$337,968

B. TRAVEL	\$0
C. EQUIPMENT	\$0
D. MATERIALS AND SUPPLIES	\$0
E. CONTRACTUAL	\$0
F. OTHER	\$0
G. INDIRECT COSTS (12% of total modified direct costs)	\$40,556
TOTAL BUDGET:	\$378,524

Amendment to Subaward		
Prime Awardee	Subawardee	
Institution/Organization ("UNIVERSITY") Name: The Regents of the University of California  University's PI: George Rutherford, MD	Institution/Organization ("COLLABORATOR"/"SUBCONTRACTOR") Name: San Francisco Department of Public Health  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"><b>Amendment(s) to Original Terms and Conditions</b></p> <ul style="list-style-type: none"> <li>• <u>Period of Performance</u>: is from September 30, 2013 through September 29, 2014.</li> <li>• 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.</li> <li>• Applicable provisions of the current Award, referenced in Attachment B, are hereby incorporated.</li> </ul> <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 Jdrado Associate Director Research Management Services Office of Sponsored Research	Date 05/19/2014	By an Authorized Official of COLLABORATOR:  Collaborator Tomás J. Aragón, MD, DrPH Director, Population Health Division (PHD)

# 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
<b>Total Personnel</b>					<b>\$9,527</b>	<b>\$4,422</b>	<b>\$13,949</b>

**Total Direct Costs**  
**Overhead at 12%**  
**Grand Total**

**\$13,949**  
**\$1,674**  
**\$15,623**

## ATTACHMENT B



### COOPERATIVE AGREEMENTS

Department of Health and Human Services  
Centers for Disease Control and Prevention

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

Notice of Award

Issue Date: 12/30/2013



**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

### Award Calculation (U.S. Dollars)

<b>Federal Direct Costs</b>	<b>\$823,507</b>
<b>Federal F&amp;A Costs</b>	<b>\$116,493</b>
<b>Approved Budget</b>	<b>\$940,000</b>
<b>Federal Share</b>	<b>\$940,000</b>
<b>TOTAL FEDERAL AWARD AMOUNT</b>	<b>\$940,000</b>

**Fiscal Information:**

IC	CAN	2014
GH	939ZYXT	\$940,000

**CDC Administrative Data:**

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

**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 [hhs tips@oig.hhs.gov](mailto:hhs tips@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.

Page 2 of 5  
Page 4 of 10

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

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#### **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:



Budget Category	Approved Budget	1st Award NoA dated 08/22/2013	2nd Award (This Award)	Total Awarded (To Date)	Carryover Processed at 75% NoA dated 11/18/2013	Total Awarded With Carryover (To Date)
Salaries & Wages	\$568,373	\$118,636	\$168,966	\$287,602	\$53,706	\$341,308
Fringe Benefits	\$236,940	\$49,456	\$70,438	\$119,894	\$21,017	\$140,911
Consultant Service	\$44,880	\$9,368	\$13,342	\$22,710	\$0	\$22,710
Equipment	\$0	\$0	\$0	\$0	\$0	\$0
Supplies	\$24,600	\$5,135	\$7,313	\$12,448	\$698	\$13,146
Travel Costs	\$402,916	\$84,100	\$119,779	\$203,879	\$156,768	\$360,647
Other Costs	\$128,359	\$26,792	\$38,159	\$64,951	\$61,721	\$126,672
Consortium/Contractual	\$1,364,070	\$284,720	\$405,511	\$690,231	\$969,433	\$1,659,664
Total Direct Costs	\$2,770,138	\$578,207	\$823,507	\$1,401,714	\$1,263,344	\$2,665,058
Indirect Costs	\$391,862	\$81,793	\$116,493	\$198,286	\$86,657	\$284,942
Total Approved Budget	\$3,162,000	\$660,000	\$940,000	\$1,600,000	\$1,350,000	\$2,950,000

**NOTE 2: Administrative Correction:** The purpose of this Notice of Award is to provide administrative updates to the original terms and conditions of the Notice of Award dated 08/22/2013. The following administrative corrections are being made:

- In Note 28. CDC Contacts: The terms and conditions did not include the correct information for the project officer or the Grants Specialist on the award.
  - The name and contact information for the Project Officer of this award is Andrea Kim – [akim@ke.cdc.gov](mailto:akim@ke.cdc.gov)
  - The name and contact information for the Grants Specialist of this award is Kyle Jessop – [VFV1@cdc.gov](mailto:VFV1@cdc.gov)

**NOTE 3:** The grantee is reminded that they must exercise proper stewardship over all awards of Federal funds by ensuring that all costs charged to their cooperative agreement are reasonable, allowable, allocable, and necessary.

**NOTE 4:** The other terms and conditions issued with the original award remain in effect throughout the budget period unless otherwise changed, in writing, by the Grants Management Officer.

**PLEASE REFERENCE AWARD NUMBER ON ALL CORRESPONDENCE**

**STAFF CONTACTS**

Grants Management Specialist: Kyle Jessop

Grants Management Officer: Angie Tuttle  
Centers for Disease Control and Prevention (CDC)  
Procurement and Grants Office  
2920 Brandywine Road, MS E-15  
Atlanta, GA 30341  
Email: [atuttle@cdc.gov](mailto:atuttle@cdc.gov) Phone: (770) 488-2863 Fax: (770) 488-2868

**SPREADSHEET SUMMARY**

GRANT NUMBER: 3U2GPS001814-05W1

INSTITUTION: UNIVERSITY OF CALIFORNIA SAN FRANCISCO

Budget	Year 5
Salaries and Wages	\$168,966
Fringe Benefits	\$70,438



UNIVERSITY OF CALIFORNIA, SAN FRANCISCO

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OFFICE OF SPONSORED RESEARCH  
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<http://www.research.ucsf.edu/cg>

June 5, 2014

San Francisco Department of Public Health  
Attn: Sajid Shaikh  
1380 Howard St., 4<sup>th</sup> Floor  
San Francisco, CA 94103  
[Sajid.shaikh@sfdph.org](mailto: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](mailto: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**

<b>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.</b>  		
<b>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)</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes             <input type="checkbox"/> No           </div>		
<b>7. Does the institution's financial management system provide for the control and accountability of project funds, property and other assets?</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes             <input type="checkbox"/> No           </div>		
<b>8. Does the institution have a formal written personnel policy that addresses:</b>		
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
<b>9. What system does your organization use to control paid time, especially time charged to sponsored agreements?</b> <hr/> <hr/>		
<b>10. Does the institution have a formal written travel policy?</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes             <input type="checkbox"/> No           </div>		
<b>11. Does the institution have a formal written purchasing policy?</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes             <input type="checkbox"/> No           </div>		
<b>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)</b> <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Yes             <input type="checkbox"/> No           </div>		
<b>Name and title of owner, sole proprietor or officer of corporation able to certify to the accuracy of this questionnaire:</b>		
Name:		
Title:		
Signature:		
Date:		

**Introduction Form**

By a Member of the Board of Supervisors or the Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- ☐ 1. For reference to Committee. (An Ordinance, Resolution, Motion, or Charter Amendment)
- ☒ 2. Request for next printed agenda Without Reference to Committee. *BIF*
- ☐ 3. Request for hearing on a subject matter at Committee.
- ☐ 4. Request for letter beginning "Supervisor [ ] inquires"
- ☐ 5. City Attorney request.
- ☐ 6. Call File No. [ ] from Committee.
- ☐ 7. Budget Analyst request (attach written motion).
- ☐ 8. Substitute Legislation File No. [ ]
- ☐ 9. Reactivate File No. [ ]
- ☐ 10. Question(s) submitted for Mayoral Appearance before the BOS on [ ]

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

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

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use a Imperative Form.****Sponsor(s):**

Supervisor Scott Wiener

**Subject:**

Accept and Expend Grant – Centers for Disease Control and Prevention Kenya- Monitoring and Evaluation - \$378,524

**The text is listed below or attached:**

Resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$378,524 from the University of California San Francisco, to participate in a program entitled Centers for Disease Control and Prevention Kenya – Monitoring and Evaluation for the period of September 30, 2013, through September 29, 2014.

Signature of Sponsoring Supervisor: *Scott Wiener*

For Clerk's Use Only:

140935