

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective January 2000)

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: **Medical Monitoring Project (MMP)**
2. Department: **Department of Public Health
Public Health Division (PHD)
Applied Research, Community Health Epidemiology, & Surveillance (ARCHES)**
3. Contact Person: **Maree Kay Parisi** Telephone: **437-6253**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$2,622,440**
(Year 1 = \$524,488; Year 2 = \$524,488; Year 3 = \$524,488; Year 4 = \$524,488; Year 4 = \$524,488)
- 6a. Matching Funds Required: **No**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **Centers for Disease Control and Prevention (CDC)**
b. Grant Pass-Through Agency (if applicable): **N/A**

8. Proposed Grant Project Summary:
The Medical Monitoring Project (MMP) is a comprehensive population-based project to gather detailed information on HIV-infected patients receiving care in the United States. San Francisco has been selected as one of the study sites. Information collected through patient interview and medical chart abstraction will enable us to estimate resource needs for treatment and other services for people infected with HIV in San Francisco as well as nationally. Data from the project can document who is receiving care and provide population-based estimates of clinical characteristics for persons with HIV and AIDS in care. This information can then be used to improve access to care and prevention by supporting funding requests for the Ryan White CARE Act and by informing the HIV prevention community planning process.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:
- | | | |
|--------------------------------|------------------------------|----------------------------|
| Approved Year 1 Project | Start-Date: 6/01/2015 | End-Date: 5/31/2016 |
| Full Project Period | Start-Date: 6/01/2015 | End-Date: 5/31/2020 |

- 10a. Amount budgeted for contractual services: **\$375,845 in Year 1**
\$1,879,225 in the 5-year project period
- b. Will contractual services be put out to bid? No, existing services
- 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? **On-going**

- 11a. Does the budget include indirect costs? Yes No
- b1. If yes, how much? **\$21,157 in Year 1**
\$105,785 in the 5-year project period
- b2. How was the amount calculated? **24.03% of 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 June 01, 2015. The Department received the letter of funding allocation on June 2, 2015.

Grant Code: HCAO05/15

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

New Structure(s)

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Ron Weigelt

(Name)

Director of Human Resources and Interim Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed: _____

(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed: _____

(Signature Required)