

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: **Epidemiology and Laboratory Capacity (ELC) Gonorrhea (GC) Rapid Detection and Response Project**
2. Department: **San Francisco Department of Public Health, Population Health Division, Disease Prevention and Control Branch**
3. Contact Person: **Susan Philip, MD, MPH** Telephone: **(628) 206-7638**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$598,052.66**
- 6a. Matching Funds Required: **N/A**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **Department of Health & Human Services, Centers for Disease Control and Prevention**
b. Grant Pass-Through Agency (if applicable): **Public Health Foundation Enterprises, Inc.**

8. Proposed Grant Project Summary:

In 2013, CDC identified antibiotic-resistant *Neisseria gonorrhoeae* (ARG) as an urgent public health threat requiring significant resources to detect and prevent cases in the United States. California (CA) and San Francisco (SF) are areas of particular concern. In 2014, CA had the most gonorrhea (GC) cases of any state. In 2015, there were 54,307 GC cases, and from 2011 to 2015 male cases ages 15-44 increased 113% and female cases ages 15-44 increased 67%. Furthermore, SF has the highest GC case rate in CA; in 2015, 4266 reported cases represented a 30% increase from 2014. In 2013, the SF case rate was 313.2/100,000, which exceeded the case rate for the Los Angeles metropolitan statistical area (MSA), the New York MSA, the state of CA, and the United States (US) as a whole. Prevention and control of GC are key responsibilities of state and local sexually transmitted disease (STD) programs and rely on timely and effective antibiotic treatment. However, GC has repeatedly developed resistance to antimicrobials including sulfonamides, penicillin, tetracyclines, and fluoroquinolones. Data from the CDC Gonococcal Isolate Surveillance Project (GISP) have shown that decreased antibiotic susceptibility to cephalosporins, the current mainstay of GC treatment, is more likely to be detected in specimens from the Western US compared to other US regions, and from men who have sex with men (MSM) compared to men who have sex with women (MSW). With large populations of MSM and high rates of GC, CA and SF are critical jurisdictions to implement effective surveillance and control of ARG.

Given California's increased epidemiologic risk for ARG, both the San Francisco Department of Public Health (SFDPH) and California Department of Public Health (CDPH) have established efforts to prepare for and respond to this public health threat. Our proposed California-San Francisco Rapid Detection and Response Project (CA-SF GC RDR) will support, expand, and accelerate efforts to combat ARG in San Francisco, by 1) developing and implementing protocols for rapid identification and response to ARG cases, 2) expanding surveillance to additional clinic sites, populations including females and youth, and anatomic sites of infection, and 3) collaborating throughout the surrounding Bay Area region to provide comprehensive rapid response to ARG cases. Rigorous data collection and evaluation of novel methods for GC surveillance, laboratory testing, and case investigation will inform preparedness for rapid ARG detection and response throughout California.

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

Start-Date: **August 1, 2016**

End-Date: **July 31, 2017**

10a. Amount budgeted for contractual services: **\$25,000**

b. Will contractual services be put out to bid? **TBD**

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

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

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

b1. If yes, how much? **\$99,866.13**

b2. How was the amount calculated? **24% of Total Salaries and Fringes**

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 approval to accept and expend these funds retroactive to August 1, 2016. The Department received the notice of award on October 26, 2016.

GRANT CODE (Please include Grant Code and Detail in FAMIS): HCD141 - 1700

****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 checked="" type="checkbox"/> Existing Structure(s) | <input checked="" 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)p | |

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:

Matthew Valdez
(Name)

EEO Programs Manager, Office of Equal Employment Opportunity and Cultural Competency
(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)