

**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: **DOT Diary**

2. Department: **HIV Research Section**

3. Contact Person: **Susan Buchbinder** Telephone: **437-7479**

4. Grant Approval Status (check one):

Approved by funding agency  Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$173,559**

6a. Matching Funds Required: **\$0**

b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: **National Institute of Health (NIH)**

b. Grant Pass-Through Agency (if applicable): **Public Health Foundation Enterprises (PHFE)**

8. Proposed Grant Project Summary:

**Dr. Buchbinder will be responsible for the overall scientific vision and implementation of all aims of this study. This will include overseeing the design and development of D2, a PrEP adherence monitoring and support tool for young MSM, and directing the design, implementation, and analysis of pilot studies in each aim. Dr. Buchbinder will have responsibility for achieving the specific aims of the study, for maintaining the proposed study schedule, ensuring quality control over all aspects of the study, protecting participant safety, and data analysis and publication of results.**

**Dr. Liu will be responsible for overall implementation of the research project, including serving as the primary point of contact with AiCure regarding technology development, assisting with scientific design of research protocols, and providing leadership in directing the successful implementation of the pilot studies across the two sites. Dr. Liu will also provide overall operational oversight of the clinical research team at Bridge HIV. He will maintain frequent contact with Dr. Buchbinder and the other Co-Investigators through in-person meetings, conference calls, e-mail, and drafting and presenting emerging findings of the research. He will also work closely with the research team in data analysis, manuscript preparation, and dissemination of results.**

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

Start-Date: **08/01/2017** End-Date: **07/31/2018**

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?

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

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

b1. If yes, how much? **\$34,712**

b2. How was the amount calculated? **25% of total 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 August 01, 2017. The Department received the letter of funding allocation on October 06, 2017.**

**Project ID: 10029363**

**Activity ID: 0002**

**\*\*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)                 |                                                                       |

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:

Toni Rucker, PhD  
(Name)

DPH ADA Coordinator  
(Title)

Date Reviewed: 10/18/2017


  
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

fo Barbara A. Garcia, MPA  
(Name)

Director of Health  
(Title)

Date Reviewed: 10/18/17

  
(Signature Required)