

File Number: 180945
(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: **National HIV Behavioral Surveillance (NHBS)-San Francisco**

2. Department: **Department of Public Health, Center of Public Health Research**

3. Contact Person: **Willi McFarland** Telephone: **415-554-9016**

4. Grant Approval Status (check one):

Approved by funding agency

Not yet approved

5. Amount of Grant Funding Approved or Applied for: **\$1,025,539 [Year 3 (01/01/2018-12/31/2018)]**

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

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

7a. Grant Source Agency: **Centers for Disease Control and Prevention**

b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary: **The purpose of the proposed program is to continue on-going bio-behavioral surveillance activities among populations at high risk for HIV infection in San Francisco. This activity monitors changes in HIV prevalence, incidence and related risk behaviors. Data collected informs HIV prevention and care priorities and planning. Data collected also leads to improvements in HIV prevention programs in order to reduce new infections in the city.**

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

Approved Year Three Project:
Full Project Period:

Start-Date: 01/01/2018
Start-Date: 01/01/2016

End-Date: 12/31/2018
End-Date: 12/31/2020

10a. Amount budgeted for contractual services: **\$842,534**

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? Yes No

b1. If yes, how much? **\$28,455**

b2. How was the amount calculated? **25% of total salaries and benefits**

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 January 01, 2018. The Department received the full award agreement on August 22, 2018.

The final award approved for HCD123/1800 for budget period January 1, 2018 - December 31, 2018 is \$1,025,539 compared to the AAO budget of \$558,933 for FY2017-2018. An increase of \$466,606 was approved for a total of \$1,025,539.

**Dept ID: 162646
Authority ID: 10001
Project ID: 10029375**

****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: 09/14/2018


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Greg Wagner
(Name)

Acting Director of Health
(Title)

Date Reviewed: 9/14/18


(Signature Required)