

File No. 200639

Committee Item No. 14

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date July 8, 2020

Board of Supervisors Meeting

Date July 14, 2020

Cmte Board

- Motion
- Resolution
- Ordinance
- Legislative Digest
- Budget and Legislative Analyst Report
- Youth Commission Report
- Introduction Form
- Department/Agency Cover Letter and/or Report
- MOU
- Grant Information Form
- Grant Budget
- Subcontract Budget
- Contract/Agreement
- Form 126 – Ethics Commission
- Award Letter / Grant Agreement
- Application
- Public Correspondence

OTHER (Use back side if additional space is needed)

<input type="checkbox"/>	<input type="checkbox"/>	_____
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Completed by: Linda Wong

Date July 2, 2020

Completed by: Linda Wong

Date July 9, 2020

1 [Accept and Expend Grant - Retroactive - California Department of Public Health - Sexually
2 Transmitted Disease Program Management and Collaboration - \$883,085]

3 **Resolution retroactively authorizing the Department of Public Health to accept and**
4 **expend a grant in the amount of \$883,085 from the California Department of Public**
5 **Health for participation in a program, entitled “Sexually Transmitted Disease Program**
6 **Management and Collaboration,” for the period of July 1, 2019, through June 30, 2024.**

7
8 WHEREAS, The California Department of Public Health (CDPH) has agreed to fund
9 San Francisco Department of Public Health (DPH) in the amount of \$883,085 for participation
10 in a program, entitled “Sexually Transmitted Disease (STD) Program Management and
11 Collaboration,” for the period of July 1, 2019, through June 30, 2024; and

12 WHEREAS, The funds will be used for the implementation of public health activities to
13 monitor, investigate, and prevent sexually transmitted diseases (STD) in collaboration with
14 community-based organizations within the local health jurisdiction; and

15 WHEREAS, The public health activities will consist of Emergency Operations and
16 Coordination, Responder Safety and Health, Identification of Vulnerable Populations,
17 Information Sharing, Emergency Public Information and Warning and Risk Communication,
18 Nonpharmaceutical Interventions, Quarantine and Isolation Support, Distribution and Use of
19 Medical Material, Surge Management, Public Health Coordination with Healthcare Systems,
20 Infection Control, Public Health Surveillance and Real-time Reporting, Public Health
21 Laboratory Testing, Equipment, Supplies, Shipping, and Data Management; and

22 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

23 WHEREAS, A request for retroactive approval is being sought because DPH received
24 the award on December 3, 2019, for a project start date of July 1, 2019; and

25

1 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
2 \$31,723; now, therefore, be it

3 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
4 in the amount of \$883,085 from the CDPH; and, be it

5 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
6 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

7 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
8 Agreement on behalf of the City; and, be it

9 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
10 executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of
11 Supervisors for inclusion in the official file.

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1 Recommended:

Approved: /s/ _____

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Mayor

3 /s/ _____

4 Dr. Grant Colfax

Approved: /s/ _____

5 Director of Health

Controller

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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: STD Program Management and Collaboration
2. Department: SFDPH – Disease Prevention and Control Branch
3. Contact Person: Susan Philip 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: \$883,085
- 6a. Matching Funds Required: \$0
b. Source(s) of matching funds (if applicable): N/A
- 7a. Grant Source Agency: CDPH
b. Grant Pass-Through Agency (if applicable): N/A
8. Proposed Grant Project Summary:
These funds will be used for the implementation of public health activities to monitor, investigate, and prevent STDs in collaboration with community-based organizations within the local health jurisdiction.
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: 7/1/2019 End-Date: 6/30/2024
- 10a. Amount budgeted for contractual services: \$724,463
b. Will contractual services be put out to bid? UCSF
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? No
d. Is this likely to be a one-time or ongoing request for contracting out? One-time
- 11a. Does the budget include indirect costs? Yes No
b1. If yes, how much? \$31,723
b2. How was the amount calculated? 25% of total personnel & 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 July 1, 2019. The Department received the award on December 3, 2019. This grant does not require an ASO amendment and partially reimburses the department for one existing position: one Health Worker (Job Class #2588) at 0.20 FTE and one Principal Admin Analyst (Job Class #1824) at 0.10 FTE during the period of July 1, 2019 through June 30, 2024.

FSP chartfields for the grant.

- Fund: 11580
- Department: 251974
- Authority: 10001
- Project: 10036259
- Activity: 0001

****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: 5/8/2020 | 2:29 PM PDT

DocuSigned by:
Toni Rucker
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 5-19-20

[Signature]
(Signature Required)

**California Department of Public Health
STD Control Branch
Fiscal Year: 2020-2024**

Local Health Jurisdiction: San Francisco

PERSONNEL		DESCRIPTION OF EXPENSE
Classification	Budget	
2588 Health Worker	\$ 54,887	Duties and Responsibilities: This new position will supervise syphilis DIS staff and ensure data completion for syphilis cases, including pregnancy outcomes when indicated. They will improve care coordination between LINCS and Team Lily, MCH, Street Medicine, and city-wide prenatal care providers. In addition, the supervisor will implement, monitor and evaluate new quality improvement efforts.
1824 Admin Analyst	\$ 35,755	Duties and Responsibilities: Provide grant administration and monitoring including budget development, financial/fiscal analysis and reporting.
	\$ 90,642	
BENEFITS		
Benefits	\$ 36,257	Local health jurisdiction benefit rate.
OPERATING EXPENSES		
General Office Expense	\$ -	Program's share of office expenses (paper, envelopes, pencils, copy services, etc.) (\$100/person x 5 staff x 12 months = \$6,000) Include minor equipment items that have a unit cost that is under \$5,000 each. Please update as appropriate.
Media/Advertising	\$ -	Cost for ads (\$25 x 4 ads = \$100) Please update as appropriate.
Lab Services	\$ -	Lab cost to test specimens (\$25 x 560 specimens = \$14,000) Please update as appropriate.
Printing	\$ -	Cost to print brochures (\$0.50 x 200) = \$100 Please update as appropriate.
Training	\$ -	Registration fees for staff to attend 2 to 4 training opportunities. Please update as appropriate.
Space	\$ -	Please show how the requested budget amount was calculated.
	\$ -	
EQUIPMENT		
Equipment	\$ -	Please itemize equipment purchases with a unit cost that exceeds \$5,000 and provide a justification for need of the equipment. Include the unit cost, the number of units, and the extended cost.
TRAVEL		
Mileage	\$ -	Cost of mileage at 58 cents per mile
Lodging	\$ -	Lodging for 2 people to attend 2 conferences (\$125 x 2 x 2 = \$500). Please update as appropriate.
Conference Fees	\$ -	\$25 registration fee for 2 people for 2 conferences. Please update as appropriate.
	\$ -	
SUBCONTRACTORS		
UCSF Team Lily	\$ 674,997	Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) This contractor will provide outreach activities and intensive case management services for Team Lily patients. Outreach and intensive case management services include support related to accessing housing/shelter, substance use treatment, IPV resources, mental health services, transportation, and financial assistance, develop and implement structure for biweekly loss-to-followup call between Team Lily & relevant stakeholders; track patients discussed on the call; track STD screening, diagnosis and treatment rates for Team Lily patients, provide integrated prenatal care, STD screening and treatment, and MAT during one half-day per week at open-access clinic for Team Lily patients, and Outreach to Team Lily patients on the street, in SROs, at navigation centers, etc; provide off-site STD testing and treatment; support Team Lily open access clinic through lab, imaging and MAT prescription followup.
UCSF PTC	\$ 49,466	Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) This contractor will provide DCI/DIS training and technical assistance to improve client (i.e.MSM) engagement, shadowing and observation of DCIs/DIS during interviewing process to support and provide feedback.
	\$ 724,463	
OTHER COSTS		
	\$ -	Please itemize and provide justification.
INDIRECT COSTS		
Indirect Cost	\$ 31,723	Program share of supplies, postage, photocopying, etc based on quarterly FTE for program.
Budget Total	\$ 883,085	

TRAVEL				
Mileage				\$ - Cost of mileage at 58 cents per mile
Lodging				\$ - Lodging for 2 people to attend 2 conferences (\$125 x 2 x 2 = \$500). Please update as appropriate.
Conference Fees				\$ - \$25 registration fee for 2 people for 2 conferences. Please update as appropriate.
			Total Travel	\$ -
SUBCONTRACTORS				
				Description of activities of subcontractor (i.e., activities to be performed from Scope of Work)
UCSF Team Lily			\$ 74,997	This contractor will provide outreach activities and intensive case management services for Team Lily patients. Outreach and intensive case management services include support related to accessing housing/shelter, substance use treatment, IPV resources, mental health services, transportation, and financial assistance, develop and implement structure for biweekly loss-to-followup call between Team Lily & relevant stakeholders; track patients discussed on the call; track STD screening, diagnosis and treatment rates for Team Lily patients, provide integrated prenatal care, STD screening and treatment, and MAT during one half-day per week at open-access clinic for Team Lily patients, and Outreach to Team Lily patients on the street, in SROs, at navigation centers, etc; provide off-site STD testing and treatment; support Team Lily open access clinic through lab, imaging and MAT prescription followup.
UCSF PTC			\$ 49,466	Description of activities of subcontractor (i.e., activities to be performed from Scope of Work)
			Total Subcontractor	\$ 124,463
				This contractor will provide DCI/DIS training and technical assistance to improve client (i.e.MSM) eengagement, shadowing and observation of DCIs/DIS during interviewing process to support and provide feedback.
OTHER COSTS				
				\$ - Please itemize and provide justification.
INDIRECT COSTS				
Indirect Cost		25.00%	\$ 10,431	Program share of supplies, postage, photocopying, etc based on quarterly FTE for program.
Budget Total			\$ 176,617	

UCSF Team Lily				\$ 150,000	Description of activities of subcontractor (i.e., activities to be performed from Scope of Work) This contractor will provide outreach activities and intensive case management services for Team Lily patients. Outreach and intensive case management services include support related to accessing housing/shelter, substance use treatment, IPV resources, mental health services, transportation, and financial assistance, develop and implement structure for biweekly loss-to-followup call between Team Lily & relevant stakeholders; track patients discussed on the call; track STD screening, diagnosis and treatment rates for Team Lily patients, provide integrated prenatal care, STD screening and treatment, and MAT during one half-day per week at open-access clinic for Team Lily patients, and Outreach to Team Lily patients on the street, in SROs, at navigation centers, etc; provide off-site STD testing and treatment; support Team Lily open access clinic through lab, imaging and MAT prescription followup.
			Total Subcontractor	\$ 150,000	
OTHER COSTS					
				\$ -	Please itemize and provide justification.
INDIRECT COSTS					
Indirect Cost		25.00%		\$ 5,323	Program share of supplies, postage, photocopying, etc based on quarterly FTE for program.
Budget Total				\$ 176,617	

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			Total Subcontractor	\$ 150,000	
OTHER COSTS					
				\$ -	Please itemize and provide justification.
INDIRECT COSTS					
Indirect Cost		25.00%		\$ 5,323	Program share of supplies, postage, photocopying, etc based on quarterly FTE for program.
Budget Total				\$ 176,617	

CALIFORNIA SEXUALLY TRANSMITTED DISEASES PROGRAM

STD Program Management

Awarded By

THE CALIFORNIA DEPARTMENT OF PUBLIC HEALTH, hereinafter “Department”

TO

City and County of San Francisco, hereinafter “Grantee”

**Implementing the “STD Program Management and Collaboration Project,” hereinafter
“Project”**

GRANT AGREEMENT NUMBER 19-10971

The Department awards this Grant and the Grantee accepts and agrees to use the Grant funds as follows:

AUTHORITY: The Department has authority to grant funds for the Project under Health and Safety Code Section 131085(a).

PURPOSE: The Department shall provide a grant to and for the benefit of the Grantee. The purpose of the grant is to implement public health activities to monitor, investigate, and prevent sexually transmitted diseases (STD) in collaboration with community-based organizations (CBOs) within the local health jurisdiction (LHJ). Funds allocated to the LHJs shall be used for innovative and impactful STD prevention and control activities including, but not limited to, the following: voluntary screening for STDs among inmates and wards of county adult and juvenile correctional facilities; technology, telehealth, and digital platforms and applications to enhance immediate access to screening, testing, and treatment; state-of-the-art testing modalities that ensure swift and accurate screening for and diagnosis of STDs; and community-based testing and disease investigation. Key strategic targets for STD prevention and control are: enhancement of surveillance and case follow up for syphilis cases; testing, treatment, partner services, and referrals to services for vulnerable and underserved clients at high risk for STDs; and implementation of community-based services through partnerships between LHJs and CBOs.

GRANT AMOUNT: The maximum amount payable under this Grant shall not exceed Eight Hundred Eighty-Three Thousand, Eighty-Five Dollars (\$883,085).

TERM OF GRANT AGREEMENT: The term of the Grant shall begin on July 1, 2019 and terminates on June 30, 2024. No funds may be requested or invoiced for services performed or costs incurred after June 30, 2024.

PROJECT REPRESENTATIVES: The Project Representatives during the term of this Grant will be:

California Department of Public Health	Grantee: City and County of San Francisco
Name: Karlo Estacio Chief, Business Operations Support Section	Name: Susan Philip Director, Disease Prevention and Control Branch
Address: P.O. Box 997377, MS 7320	Address: 25 Van Ness Avenue, Suite 345
City, Zip: Sacramento, CA 95899-7377	City, Zip: San Francisco, CA 94102
Phone: (916) 552-9820	Phone: (628) 206-7638
Fax: (916) 440-5106	Fax: (628) 554-9636
Email: Karlo.Estacio@cdph.ca.gov	Email: susan.philip@sfdph.org

Direct all inquiries to:

California Department of Public Health STD Control Branch	Grantee: City and County of San Francisco
Attention: May Otow Grant Manager	Attention: Susan Philip Director, Disease Prevention and Control Branch
Address: P.O. Box 997377, MS 7320	Address: 25 Van Ness Avenue, Suite 345
City, Zip: Sacramento, CA 95899-7377	City, Zip: San Francisco, CA 94102
Phone: (916) 552-9788	Phone: (628) 206-7638
Fax: (916) 636-6458	Fax: (628) 554-9636
Email: May.Otow@cdph.ca.gov	Email: susan.philip@sfdph.org

All payments from CDPH to the Grantee shall be sent to the following address:

Remittance Address
Grantee: City and County of San Francisco
Attention "Cashier:" David Anabu
Address: 1380 Howard Street, 4 th Floor
City, Zip: San Francisco, CA 94103-2614
Phone: (415) 255-3472
Fax: (415) 255-3675
Email: david.anabu@sfdph.org

Either party may make changes to the Project Representatives, or remittance address, by giving a written notice to the other party. Said changes shall not require an amendment to the agreement. Note: Remittance address changes will require the Grantee to submit a completed CDPH 9083 Governmental Entity Taxpayer ID Form or STD 204 Payee Data Record Form which can be requested through the CDPH Project Representatives for processing.

STANDARD PROVISIONS. The following exhibits are attached and made a part of this Grant by this reference:

- Exhibit A SCOPE OF WORK
- Exhibit B BUDGET DETAIL AND PAYMENT PROVISIONS
- Exhibit C STANDARD GRANT CONDITIONS
- Exhibit D ADDITIONAL PROVISIONS
- Exhibit E STD LOCAL ASSISTANCE FUNDS – STANDARDS AND GENERAL
TERMS AND CONDITIONS
- Exhibit F INFORMATION PRIVACY AND SECURITY REQUIREMENTS

GRANTEE REPRESENTATIONS: The Grantee(s) accept all terms, provisions, and conditions of this grant, including those stated in the Exhibits incorporated by reference above. The Grantee(s) shall fulfill all assurances and commitments made in the application, declarations, other accompanying documents, and written communications (e.g., e-mail, correspondence) filed in support of the request for grant funding. The Grantee(s) shall comply with and require its contractors and subcontractors to comply with all applicable laws, policies, and regulations.

IN WITNESS THEREOF, the parties have executed this Grant on the dates set forth below.

Executed By:

Date: _____

Grant Colfax, MD
Director of Health
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

Date: _____

Joseph Torrez, Chief
Contracts Management Unit
California Department of Public Health
1616 Capitol Avenue, Suite 74.262
P.O. Box 997377, MS 1800 – 1804
Sacramento, CA 95899-7377



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200639

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR Public Health Foundation Enterprises, Inc	TELEPHONE NUMBER (800) 201-7320
STREET ADDRESS (including City, State and Zip Code) 13300 Crossroads Parkway North Suite 450 CID CA 91746	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200639
DESCRIPTION OF AMOUNT OF CONTRACT \$49,466		
NATURE OF THE CONTRACT (Please describe) DCI/DIS training and technical assistance to improve client (i.e. MSM) engagement. Shadowing and observation of DCIs/DIS during interviewing process to support and provide feedback.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Ramanathan	ERIK	Board of Directors
2	BAKER	ALEX	Board of Directors
3	JENKS	ROBERT	Board of Directors
4	JOSEPH	TAMARA	Board of Directors
5	Casciato	Georgia	Board of Directors
6	De Santi	Susan	Board of Directors
7	Edwards	Carladenise	Board of Directors
8	FILER	SCOTT	Board of Directors
9	NGUYEN	VON	Board of Directors
10	O'CONNOR	JEAN	Board of Directors
11	RICH	SARAH	Board of Directors
12	Vetticaden	SANTOSH	Board of Directors
13	VASALLO	VIVIAN	Board of Directors
14	YIP	EDWARD	Board of Directors
15	CUTLER	BLAYNE	Other Principal Officer
16	Gieseler	BRIAN	Other Principal Officer
17	DALE	PETER	Other Principal Officer
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19			

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor’s board of directors; (B) the contractor’s principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 200639

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of \$100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: <https://sfethics.org/compliance/city-officers/contract-approval-city-officers>

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (for amendment only)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	EMAIL
office of the clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
GREGORY WONG	415-554-2521
FULL DEPARTMENT NAME	DEPARTMENT CONTACT EMAIL
DPH DEPARTMENT OF PUBLIC HEALTH	GREG.WONG@SFDPH.ORG

5. CONTRACTOR	
NAME OF CONTRACTOR The Regents of the University of California, SF	TELEPHONE NUMBER (415) 476-8868
STREET ADDRESS (including City, State and Zip Code) 3333 California St, San Francisco, CA 94118	EMAIL

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	ORIGINAL BID/RFP NUMBER	FILE NUMBER (If applicable) 200639
DESCRIPTION OF AMOUNT OF CONTRACT \$674,997		
NATURE OF THE CONTRACT (Please describe) STD Program Management and Collaboration project involving STI screening, case coordination and linkage to care for homeless or unstably housed pregnant women in San Francisco.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Anguiano	Maria	Board of Directors
2	Blum	Richard	Board of Directors
3	Butler	Laphonza	Board of Directors
4	Cohen	Michael	Board of Directors
5	Elliot	Gareth	Board of Directors
6	Estolano	Cecilia	Board of Directors
7	Guber	Howard	Board of Directors
8	Kieffer	George	Board of Directors
9	Lansing	Sherry	Board of Directors
10	Leib	Richard	Board of Directors
11	Makarechian	Hadi	Board of Directors
12	Oakley	Eloy	Board of Directors
13	Park	Lark	Board of Directors
14	Perez	John	Board of Directors
15	Reilly	Janet	Board of Directors
16	Sherman	Richard	Board of Directors
17	Sures	Jonathan	Board of Directors
18	weddle	Hayley	Board of Directors
19	Zettel	Charlene	Board of Directors

9. AFFILIATES AND SUBCONTRACTORS

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

10. VERIFICATION

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</p> <p>BOS Clerk of the Board</p>	<p>DATE SIGNED</p>
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London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Dr. Grant Colfax
Director of Health

DATE: Thursday, May 21, 2020

SUBJECT: Grant Accept and Expend

GRANT TITLE: Accept and Expend Grant - STD Program Management and Collaboration - \$883,085

Attached please find the original and 1 copy 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: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 101 Grove St # 108

Certified copy required Yes

No

From: [Peacock, Rebecca \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Kittler, Sophia \(MYR\)](#); [Wong, Greg \(DPH\)](#); [Encarnacion, Natalie \(CON\)](#); [Duning, Anna \(MYR\)](#); [Groffenberger, Ashley \(MYR\)](#)
Subject: Mayor -- [Resolution] -- [Accept and Expend Grant - Retroactive - California Department of Public Health – Sexually Transmitted Disease Program Management and Collaboration - \$883,085]
Date: Tuesday, June 16, 2020 4:21:46 PM
Attachments: [\(1\) A&E_DPH_STD_Program.zip](#)

Attached for introduction to the Board of Supervisors is a **resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$883,085 from the California Department of Public Health for participation in a program, entitled “Sexually Transmitted Disease Program Management and Collaboration,” for the period of July 1, 2019, through June 30, 2024.**

Please let me know if you have any questions.

Rebecca Peacock ([they/she](#))
(415) 554-6982 | Rebecca.Peacock@sfgov.org
Office of Mayor London N. Breed
City & County of San Francisco