| File No | 201399 | Committee Item No | 2 |
|---------|--------|-------------------|---|
| | | Board Item No. | |

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

| Committee: | Budget & Finance Committee | Date | February 10, 2021 |
|-------------|---|----------|-------------------|
| | pervisors Meeting | Date | • |
| Cmte Boar | rd | | |
| | Motion Resolution Ordinance Legislative Digest Budget and Legislative Analyst Re Youth Commission Report Introduction Form Department/Agency Cover Letter a MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Commission Award Letter Application Public Correspondence | | eport |
| OTHER | (Use back side if additional space | is neede | ed) |
| | | | |
| | | | |
| HH | - | | |
| | | | |
| | | | |
| | | | |
| H | | | |
| H | | | |
| HH | | | |
| | | | |
| Completed I | oy: <u>Linda Wong</u> Da | teFe | bruary 5, 2021 |
| Completed I | oy: <u>Linda Wong</u> Da | te | |

| 1 | [Accept and Expend Grant - Retroactive - National Institutes of Health - The Regents of the University of California, San Francisco - Evaluation of Doxycycline Post-Exposure Prophylaxis |
|----|---|
| 2 | to Reduce Sexually Transmitted Infections in Pre-Exposure Prophylaxis] |
| 3 | |
| 4 | Resolution retroactively authorizing the Department of Public Health to accept and |
| 5 | expend a grant increase in the amount of \$44,594 for a total amount of \$144,230 from |
| 6 | the National Institutes of Health through the Regents of the University of California, |
| 7 | San Francisco for participation in a program, entitled "Evaluation of doxycycline post- |
| 8 | exposure prophylaxis to reduce sexually transmitted infections in pre-exposure |
| 9 | prophylaxis (PrEP) users and human immunodeficiency virus (HIV) infected men who |
| 10 | have sex with men," for the period of April 12, 2019, through March 31, 2021. |
| 11 | |
| 12 | WHEREAS, The National Institutes of Health (NIH), through the Regents of the |
| 13 | University of California, San Francisco (UCSF) as a pass-through entity, has agreed to fund |
| 14 | the Department of Public Health (DPH) in the amount of \$144,230 for participation in a |
| 15 | program, entitled "Evaluation of doxycycline post-exposure prophylaxis to reduce sexually |
| 16 | transmitted infections in pre-exposure prophylaxis (PrEP) users and human immunodeficiency |
| 17 | virus (HIV) infected men who have sex with men," for the period of April 12, 2019, through |
| 18 | March 31, 2021; and |
| 19 | WHEREAS, The purpose is to assess the effects of doxycycline, an antibiotic, on |
| 20 | sexually transmitted infections (STIs), including gonorrhea, chlamydia and syphilis; and |
| 21 | WHEREAS, The study will enroll HIV-infected participants, and persons taking PrEP; |
| 22 | and |
| 23 | WHEREAS, The funds will be used for the scientific conduct of the study, including the |
| 24 | analysis plan, Data and Safety Monitoring Board (DSMB) plan, manuscript preparation and |
| 25 | dissemination of results; and |

| 1 | WHEREAS, A grant increase of \$44,594 from \$99,636 was approved for the period of |
|----|---|
| 2 | April 12, 2019, through March 31, 2021, for a total amount of \$144,230; and |
| 3 | WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and |
| 4 | WHEREAS, A request for retroactive approval is being sought because DPH received |
| 5 | the amended award agreement on July 9, 2020, for a project start date of April 1, 2020; and |
| 6 | WHEREAS, The grant budget includes a provision for indirect costs in the amount of |
| 7 | \$15,453; now, therefore, be it |
| 8 | RESOLVED, That DPH is hereby authorized to retroactively accept and expend a gran |
| 9 | in the amount of \$144,230 from the NIH through UCSF; and, be it |
| 10 | FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and |
| 11 | expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it |
| 12 | FURTHER RESOLVED, That the Director of Health is authorized to enter into the |
| 13 | amendment on behalf of the City; and, be it |
| 14 | FURTHER RESOLVED, That within thirty (30) days of the amendment being fully |
| 15 | executed by all parties, the Director of Health shall provide a copy to the Clerk of the Board of |
| 16 | Supervisors for inclusion in the official file. |
| 17 | |
| 18 | |
| 19 | |
| 20 | |
| 21 | |
| 22 | |
| 23 | |
| 24 | |
| 25 | |

| Recommended: | Approved: <u>/s/</u> |
|--------------------|--------------------------|
| | Mayor |
| <u>/s/</u> | |
| Dr. Grant Colfax | Approved: <u>/s/</u> |
| Director of Health | Controller |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | _/s/ Dr. Grant Colfax |

25

| File Number: | | | | | | |
|--------------|-------|--------|--------|------|---------|---|
| (Provided by | Clerk | of Boa | ard of | Supe | rvisors |) |

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: Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV infected men who have sex with men
- 2. Department: San Francisco Department of Public Health
 Population Health Division
 Bridge HIV
- 3. Contact Person: Susan Buchbinder Telephone: 415-437-7479
- 4. Grant Approval Status (check one):

[X] Approved by funding agency

[] Not yet approved

5. Amount of Grant Funding Approved or Applied for: \$144,230

(Year 1 April 12, 2019 - March 31, 2020: \$99,636 Year 2 April 01, 2020 - March 31, 2021: \$44,594)

6a. Matching Funds Required: \$0

- b. Source(s) of matching funds (if applicable): N.A.
- 7a. Grant Source Agency: National Institutes of Health (NIH)
- b. Grant Pass-Through Agency (if applicable): The Regents of the University of California, San Francisco
- 8. Proposed Grant Project Summary:

Dr. Buchbinder is the senior PrEP lead on the study and Dr Cohen is the Site Principal Investigator for the City Clinic site. Dr Cohen will oversee planning and implementation of the DoxyPrep study at SF City Clinic and supervise recruitment and retention. Dr, Buchbinder and Dr Cohen will contribute to the scientific conduct of the study, including input into the analysis plan, DSMB plan, manuscript preparation and dissemination of results.

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

Approved year one project: Start-Date: 04/12/2019 End-Date: 03/31/2020 Approved year two project: Start-Date: 04/01/2020 End-Date: 03/31/2021

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 requ | iest for contracting ou | t? N.A. |
|---|-------------------------|--|
| 11a. Does the budget include indirect costs? | [X] Yes | [] No |
| b1. If yes, how much? \$15,453 b2. How we c1. If no, why are indirect costs not included? [] Not allowed by granting agency | | ated? 12% of Direct Cost of grant funds on direct services |
| [] Other (please explain): | | · · |

- c2. If no indirect costs are included, what would have been the indirect costs? N.A.
- 12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment and partially reimburses the department for one existing position: one Sr. Physician Specialist (Job Class 2232) at 0.10 FTE and one Manager VIII at .05 FTE (Job Code 0943) for 12 months for the period from April 1, 2020 through March 31, 2021.

We respectfully request approval to accept and expend these funds retroactive to April 1, 2020 The Department received the amended subaward agreement on July 9, 2020.

Award: CTR00001532 Dept ID: 162646 Project ID: 10035546 Authority ID: 10001 Activity ID: 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 | or activities at (check all that apply) | : | | | | | | |
| [X] Existing Site(s)[] Rehabilitated Site(s)[] New Site(s) | [] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) | [] Existing Program(s) or Service(s) [] New Program(s) or Service(s) | | | | | | |
| concluded that the project a other Federal, State and loc | as proposed will be in compliance w | on Disability have reviewed the proposal and with the Americans with Disabilities Act and all ions and will allow the full inclusion of persons and to: | | | | | | |
| 1. Having staff trained in | how to provide reasonable modifica | ations in policies, practices and procedures; | | | | | | |
| 2. Having auxiliary aids a | nd services available in a timely ma | anner in order to ensure communication access; | | | | | | |
| | approved by the DPW Access Con | n to the public are architecturally accessible and inpliance Officer or the Mayor's Office on | | | | | | |
| If such access would be ted | chnically infeasible, this is described | in the comments section below: | | | | | | |
| Comments: | | | | | | | | |
| Departmental ADA Coordin | ator or Mayor's Office of Disability F | Reviewer: | | | | | | |
| Toni Rucker, PhD (Name) | | | | | | | | |
| DPH ADA Coordinator (Title) | | DocuSigned by: | | | | | | |
| Date Reviewed: 11/10/2020 | O 4:52 PM PST | (Signature Required) | | | | | | |
| | | | | | | | | |
| Department Head or Designee Approval of Grant Information Form: | | | | | | | | |
| Dr. Grant Colfax (Name) | | | | | | | | |
| Director of Health | | | | | | | | |
| (Title) | | DocuSigned by: | | | | | | |
| | 0 10:51 AM PST | Greg Wagner | | | | | | |
| | | (Signature Required) | | | | | | |
| | | Greg Wagner, COO for | | | | | | |

| FDP Amendment | | | | | | | |
|---|------------------|---------------------------------|-----------------|------------------|---------------|---------------------------|--|
| Number 02 | | | | | | | |
| Pass-Through Entity (PTE) | | | | ; | Subrec | ipient | |
| The Regents of the University of California, San Fra | ncisco E | ntity Name | ity & Cou | nty of San Fr | ancisco | | |
| cgsuboutteam@ucsf.edu | Em | nail Address | ajid.shaik | h@sfdph.org | | | |
| Annie Luetkemeyer | | ے ipal Investigato | | n Buchbinder | | | |
| | | | | | | | |
| Project Title: Evaluation of doxycycline post-exposure prophyla | xis to reduce se | exually transmitted | infections in F | PrEP users and H | IV-infected n | nen who have sex with men | |
| PTE Federal Award No: | | | Awarding | | 11.1\ | | |
| 5R01Al143439-02 | | INationa | irinstitutes | s of Health (N | IH) <u>.</u> | | |
| | Amount | Funded This | \ ation: | Subawa | rd No: | | |
| Revised Subaward Period of Performance: Start Date: April 12, 2019 End Date: Mar 31, 2021 | \$ 44,59 | | Action: | 11324sc | | | |
| Total Amount of Federal Funds Obligated to Date: | 1 1 1 1 1 1 1 | Cost Sh | are: | Subject to | | Automatic Carryover: | |
| \$ 144,230.00 | | OYes (| ● No | Yes (| No | Yes No | |
| Amendme This Amendment revises | | riginal Terms -referenced Su | | | follows: | | |
| Additional Money and Time: The approved budget period for this Amendment is April 01, 2020 through March 31, 2021. Funding is awarded for this budget period in the amount of \$44,594 and is to be used as indicated in Attachment A, incorporated herein. | | | | | | | |
| For clarity: all amounts stated in this amendment are in United States Dollars. All other terms and conditions of this Subaward Agreement remain in full force and effect. | | | | | | | |
| By an Authorized Official of PTE: | Tocus | Signed by: | Official of Su | | | | |
| Docusigned by: Phillip De Biase | 7/9/2020 | | 2B95DBC0442. | | | Jul 7, 2020 | |
| Dhillin Do Riaso | Date | Name: | Tomas Ar | agon | | Date | |
| Title: Associate Manager, Subcontracts | | Title: | | of Population I | Health Div | | |

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office - Bridge HIV

Dept / Div: HPH-% sure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men

Fund Group: 2S/CHS/GNC 04/01/20-03/31/21

Index Code: HCHIVRSRCHGR Monthly Expenditure and Projection Report

Grant Code: UCSF Grant

Grant Detail:

| CATEGORY/LINE ITEM | Annual Salary | 35% Annual Frin Ben | Total Annual Sal/Frin Ben | % OF TIME | % OF FTE | Monthly Rate | Mth | Salary Budget | Frin Ben Budget | Total Budget | Comments |
|---|------------------|---------------------------|------------------------------|--------------|-------------|-----------------|-------|------------------|--------------------|-----------------------------------|----------|
| PERSONNEL | | | | | | | | | | | |
| 1. Director 0943 5 S. Buchbinder | 197,300 | 68,069 | 265,369 | 5% | 0.050 | 16,442 | 12.0 | 9,865 | 3,403 | 13,268 | |
| 2 Sr Phyisican 2233 5 C Cohen | 197,300 | 68,069 | 265,369 | 10% | 0.100 | 16,442 | 12.0 | 19,730 | 6,818 | 26,548 | |
| TOTAL SALARY/FRINGE | 394,600 | 136,137 | 530,737 | 15.0% | 0.150 | 32,883 | 24.00 | 29,595 | 10,221 | 39,816 | |
| 00101 SALARIES 00103 FRNG BN SUB TOTAL | | | | | | | | | | 29,595 10,221 39,816 | |
| TRAVEL 1. Local Travel (02301) 2. Out-of-Jurisdiction Travel (021 Sub Total TRAVEL | 01) | | | | | | | | | 0 0 0 | |
| . EQUIPMENT 1. Computer (06061) Sub Total EQ | QUIPMENT | | | | | | | | | 0 | |
| MATERIALS AND SUPPLIES 1. Office supplies (04951) 2. Non-inventoried equipmt (0492) 3. Clinical supplies (04431) 4. Laboratory supplies (04431) Sub Total SU | | | | | | | | | | 0 0 0 0 | |
| CONTRACTUAL SERVICES (0278 1. PHFE Sub Total CO | | | | | | | | | | 0 0 | |
| OTHER Rent Photocopier maint (02931) Repro srvc (In House)(03551) Print/Slide srvc (Outside)(03555) Promotion and advertising(03566) Client Stipends (02783) Sub TOTAL 0 | 52) 599) | | | | | | | | | 0 0 0 0 0 0 | |

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

AIDS Office - Bridge HIV

Dept / Div: HPH-06sure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men

Fund Group: 2S/CHS/GNC 04/01/20-03/31/21

SURPL/(DEFICIT)

Index Code: HCHIVRSRCHGR Monthly Expenditure and Projection Report

Grant Code: UCSF Grant

Grant Detail:

| CATEGORY/LINE ITEM | Annual Salary | 35% Annual Frin Ben | Total Annual Sal/Frin Ben | % OF TIME | % OF FTE | Monthly Rate | Mth | Salary Budget | Frin Ben Budget | Total Budget | Comments |
|---------------------|------------------|---------------------------|------------------------------|--------------|-------------|-----------------|-----|------------------|--------------------|-----------------|----------|
| TOTAL DIRE | CT COST | | | | | | | | | 39,816 | |
| | | | | | | | | | | | |
| | | | BUDGET SUM | MARY | | | | | | | |
| A. SALARIES | | | | | | | | | | 29,595 | |
| B. MANDATORY FRIN | NGE | | | | | | | | | 10,221 | |
| C. TRAVEL | | | | | | | | | | 0 | |
| D. EQUIPMENT | | | | | | | | | | 0 | |
| E. MATERIALS AND S | SUPPLIES | | | | | | | | | 0 | |
| F. CONTRACT / MOU | I | | | | | | | | | 0 | |
| G. OTHER | | | | | | | | | | 0 | |
| DIRECT COS | STS | | | | | | | | | 39,816 | |
| H. INDIRECT COST (1 | 12% of Direc | et Cost) | | | | | | | | 4,778 | |
| TOTAL BUD | GET | | | | | | | | | 44,594 | |
| AWARD | | | | | | | | | | 0 | |

(44,594)

Notice of Award

Federal Award Date: 03/17/2020





NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Grant Number: 5R01Al143439-02 **FAIN:** R01Al143439

Principal Investigator(s):
CONNIE L CELUM, MD
Anne Frey Luetkemeyer (contact), MD

Project Title: Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men

Mathis, Julia K Research Services Coordinator 1001 Potrero Avenue Building 20, Rm 2407 4th floor San Francisco, CA 941431240

Award e-mailed to: cgrasteam@ucsf.edu

Period Of Performance:

Budget Period: 04/01/2020 – 03/31/2021 **Project Period:** 04/12/2019 – 03/31/2024

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$1,410,621 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to The Regents of the UCSF in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute Of Allergy And Infectious Diseases of the National Institutes of Health under Award Number R01AI143439. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website http://grants.nih.gov/grants/policy/coi/ for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Gregory P. Smith Grants Management Officer NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Additional information follows

Award Calculation (U.S. Dollars)

| Federal Direct Costs | \$1,291,221 |
|---|-------------|
| Federal F&A Costs | \$119,400 |
| Approved Budget | \$1,410,621 |
| Total Amount of Federal Funds Obligated (Federal Share) | \$1,410,621 |
| TOTAL FEDERAL AWARD AMOUNT | \$1,410,621 |
| AMOUNT OF THIS ACTION (FEDERAL SHARE) | \$1,410,621 |

| | SUMMARY TOTALS F | FOR ALL YEARS |
|----|------------------|-------------------|
| YR | THIS AWARD | CUMULATIVE TOTALS |
| 2 | \$1,410,621 | \$1,410,621 |
| 3 | \$1,410,670 | \$1,410,670 |
| 4 | \$1,412,232 | \$1,412,232 |
| 5 | \$1,412,385 | \$1,412,385 |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

CFDA Name: Allergy and Infectious Diseases Research

CFDA Number: 93.855

EIN: 1946036493A6

Document Number: RAI143439A

PMS Account Type: P (Subaccount)

Fiscal Year: 2020

| IC | CAN | 2020 | 2021 | 2022 | 2023 |
|----|---------|-------------|-------------|-------------|-------------|
| ΑI | 8023029 | \$1,410,621 | \$1,410,670 | \$1,412,232 | \$1,412,385 |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: M37B BR / OC: 41025 / Released: SMITHG 03/16/2020

Award Processed: 03/17/2020 12:01:01 AM

SECTION II - PAYMENT/HOTLINE INFORMATION - 5R01AI143439-02

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm

SECTION III - TERMS AND CONDITIONS - 5R01AI143439-02

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. The grant program legislation and program regulation cited in this Notice of Award.
- b. Conditions on activities and expenditure of funds in other statutory requirements, such as those included in appropriations acts.
- c. 45 CFR Part 75.
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm for certain

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VI Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See http://grants.nih.gov/grants/policy/awardconditions.htm for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01Al143439. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see http://grants.nih.gov/grants/policy/awardconditions.htm for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: http://publicaccess.nih.gov/.

This award provides support for one or more clinical trials. By law (Title VIII, Section 801 of Public Law 110-85), the "responsible party" must register "applicable clinical trials" on the ClinicalTrials.gov Protocol Registration System Information Website. NIH encourages registration of all trials whether required under the law or not. For more information, see http://grants.nih.gov/ClinicalTrials fdaaa/

In accordance with the regulatory requirements provided at 45 CFR 75.113 and Appendix XII to 45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

SECTION IV - AI Special Terms and Conditions - 5R01AI143439-02

Clinical Trial Indicator: Yes

This award supports one or more NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

This award includes human subject research studies and must conform to the DHHS policies for the <u>Protection of Human Subjects</u> research, which are a term and condition of award. Human subjects research is covered by the 2018 Common Rule, and may not be initiated until the associated protocols have received IRB approval as specified in <u>45 CFR 46</u>. Failure to comply with the terms and conditions of award may result in the disallowance of costs and/or additional enforcement actions as outlined in Section 8.5 of the NIH Grants Policy Statement.

This award is subject to the Clinical Terms of Award referenced in the NIH Guide for Grants and Contracts, July 8, 2002, NOT Al-02-032. These terms and conditions are hereby incorporated by reference, and can be accessed via the following World Wide Web address: https://www.niaid.nih.gov/grants-contracts/niaid-clinical-terms-award All submissions required by the NIAID Clinical Terms of Award must be forwarded electronically or by mail to the responsible NIAID Program Official identified on this Notice of Award.

This award may include collaborations with and/or between foreign organizations. Please be advised that short term travel visa expenses are an allowable expense on this grant, if justified as critical and necessary for the conduct of the project.

The Research Performance Progress Report (RPPR), Section G.9 (Foreign component), includes reporting requirements for all research performed outside of the United States. Research conducted at the following site(s) must be reported in your RPPR:

• Assistance publique Hopitaux de Paris - FRANCE

This Notice of Award (NoA) includes funds for activity with The University of Washington.

This Notice of Award (NoA) includes funds for activity with **Heluna Health**.

This Notice of Award (NoA) includes funds for activity with San Francisco Department of Public Health.

Select Agents:

Awardee of a project that at any time involves a restricted experiment with a select agent, is responsible for notifying and receiving prior approval from the NIAID. Please be advised that changes in the use of a Select Agent will be considered a change in scope and require NIH awarding office prior approval. The approval is necessary for new select agent experiments as well as changes in on-going experiments that would require change in the biosafety plan and/or biosafety containment level. An approval to conduct a restricted experiment granted to an individual cannot be assumed an approval to other individuals who conduct the same restricted experiment as defined in the Select Agents Regulation 42 CFR Part 73, Section 13.b (http://www.selectagents.gov/Regulations.html).

Highly Pathogenic Agent:

NIAID defines a Highly Pathogenic Agent as an infectious Agent or Toxin that may warrant a biocontainment safety level of BSL3 or higher according to the current edition of the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL)

(http://www.cdc.gov/OD/ohs/biosfty/bmbl5/bmbl5/bmbl5toc.htm). Research funded under this grant

DocuSign Envelope ID: D6D2D901-5507-438C-A135-49BEB61E1310 are BMBL-recommended biocontainment level at a minimum. If your Institutional Biosafety Committee (or equivalent body) or designated institutional biosafety official recommend a higher biocontainment level, the highest

recommended containment level must be used.

When submitting future Progress Reports indicate at the beginning of the report:

If no research with a Highly Pathogenic Agent or Select Agent has been performed or is planned to be performed under this grant.

If your IBC or equivalent body or official has determined, for example, by conducting a risk assessment, that the work being planned or performed under this grant may be conducted at a biocontainment safety level that is lower than BSL3.

If the work involves Select Agents and/or Highly Pathogenic Agents, also address the following points:

Any changes in the use of the Agent(s) or Toxin(s) including its restricted experiments that have resulted in a change in the required biocontainment level, and any resultant change in location, if applicable, as determined by your IBC or equivalent body or official.

If work with a new or additional Agent(s)/Toxin(s) is proposed in the upcoming project period, provide:

- o A list of the new and/or additional Agent(s) that will be studied;
- o A description of the work that will be done with the Agent(s), and whether or not the work is a restricted experiment;
- o The title and location for each biocontainment resource/facility, including the name of the organization that operates the facility, and the biocontainment level at which the work will be conducted, with documentation of approval by your IBC or equivalent body or official. It is important to note if the work is being done in a new location.

STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

Grants Management Specialist: Yoon-sun Brennan

Email: brennany@mail.nih.gov Phone: 240-206-6435 Fax: 301-493-0597

Program Official: Delmyra B. Turpin

Email: turpindb@niaid.nih.gov Phone: 240-669-5597

SPREADSHEET SUMMARY

GRANT NUMBER: 5R01AI143439-02

INSTITUTION: The Regents of the UCSF

| Facilities and Administrative Costs | Year 2 | Year 3 | Year 4 | Year 5 |
|-------------------------------------|-----------|-----------|-----------|-----------|
| F&A Cost Rate 1 | 37% | 37% | 37% | 37% |
| F&A Cost Base 1 | \$322,704 | \$323,576 | \$328,143 | \$499,260 |
| F&A Costs 1 | \$119,400 | \$119,723 | \$121,413 | \$184,726 |

| | FDP Cost | t Reimbursement | t R | Resea | rch Sub | oaward Agreemer | nt |
|--|---|---|---|---|---|---|--|
| Federa | I Awarding Agency: Na | tional Institutes of Health (N | IH) | | | | |
| Pass-1 | hrough Entity (PTE): | | | Subre | cipient: | | |
| The R | egents of the University of | California, San Francisc | co | Cit | y & Co | unty of San Fra | ncisco |
| PTE PI: | Annie F. Luetkemeyer | | | Sub PI: | Susan Bu | chbinder | |
| PTE Fe | deral Award No: R01AI1434 | 439 | | Subaw | ard No: 113 | 324sc | |
| Project | Title: Evaluation of doxycycline post | t-exposure prophylaxis to reduce se | exual | lly transmi | tted infections in | PrEP users and HIV-infected men | who have sex with men |
| Subawa Start: | rd Period of Performance (Bud 04/12/2019 | dget Period): End: 03/31/2020 | | Amount | Funded This | s Action (USD): \$ 101,080.00 | |
| Estimat Start: | ed Project Period (if incremental | lly funded): ind: 03/31/2024 | | Increme | entally Estima | ated Total (USD): \$ 101,080. | 00 |
| bud inde | E hereby awards a cost reing get for this Subaward are a ependent entity and not an expendent shall submit invoice receipted. Upon the receipt of proceed and cumulative costs (in Invoices that do not reference receipt or procedure to the same achieves a cost of the same achieves a | is shown in Attachment 5 employee or agent of PTE ces not more often than no roper invoices, the PTE are shall be submitted using noluding cost sharing), Since PTE Subaward numbers. | deso . In E. non gre ig S uba er s | cribed a its perf athly an ees to p Subrecip award n shall be | above, to Su formance of d not less fr rocess payr bient's stand umber, and e returned to | Subaward work, Subreciple equently than quarterly forments in accordance with dard invoice, but at a minimal certification, as required in Subrecipient. Invoices and | or allowable costs this Subaward mum shall include in 2 CFR 200.415 nd questions |
| 3. A fin Prin The 4. All | A final statement of cumulative costs incurred, including cost sharing, marked "FINAL" must be submitted to PTE's Principal Investigator Contact, as shown in Attachment 3A, not later than 60 days after the Project Period end date. The final statement of costs shall constitute Subrecipient's final financial report. All payments shall be considered provisional and are subject to adjustment within the total estimated cost in the event such adjustment is necessary as a result of an adverse audit finding against the Subrecipient. | | | | | | |
| Matters concerning the technical performance of this Subaward shall be directed to the appropriate party's Principal Investigator as shown in Attachments 3A and 3B. Technical reports are required as shown in Attachment 4. Matters concerning the request or negotiation of any changes in the terms, conditions, or amounts cited in this Subaward, and any changes requiring prior approval, shall be directed to each party's Authorized Official Contact, as shown in Attachments 3A and 3B. Any such change made to this Subaward requires the written approval of each party's Authorized Official, as shown in Attachments 3A and 3B. | | | | | | | |
| Uni | PTE may issue non-substallateral modification shall be to Subrecipient's Authorize | considered valid 14 days | s af | ter rece | eipt unless o | otherwise indicated by Sul | brecipient when |
| 8. Eac office 9. Eith Con Uni 10. By | ch party shall be responsible cers, or directors, to the extremer party may terminate this ntact, as shown in Attachme form Guidance, 2 CFR 200 signing this Subaward, inc | e for its negligent acts or ent allowed by law. S Subaward with 30 days ents 3A and 3B. PTE sha , or 45 CFR Part 75 Appe luding the attachments he | writ II pa endi eret | tten not ay Subi ix IX, as to whicl | ice to the aprecipient for applicable are hereby | opropriate party's Principal termination costs as allow something. | I Investigator wable under ce, Subrecipient |
| app Fed cor | tifies that it will perform the blicable terms of the Federa deral Awarding Agency, as in ply with all applicable laws | al Award, including the ap referenced in Attachment s, regulations and require | pro 2. | priate F The pa nts. | Research Terties further | erms and Conditions ("RT agree that they intend thi | Cs") of the |
| l ' .a | พริเทษที่zed Official of Pass-thro LL Siwwt | | | By an A | Authorized O | fficial of Subrecipient: DocuSigned by: | |
| 52A | 772F461AE466 Rachel Sievert | 5/22/201 | 9 | | | Comás Magón | 05/17/2019 |
| ivallie. | Assistant Director | Date | | Name: Title: | | en-0BDB2B95DBC0442 Population Health Divison | Date |
| i iu. | | | | iiic. | וו פטוס ווען | T opulation Health Divison | (1110) |

Attachment 1 Certifications and Assurances

Subaward Number:

11324sc

Certification Regarding Lobbying (2 CFR 200.450)

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief, that no Federal appropriated funds have been paid or will be paid, by or on behalf of the Subrecipient, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement in accordance with 2 CFR 200.450.

If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or intending to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the Subrecipient shall complete and submit Standard Form -LLL, "Disclosure Form to Report Lobbying," to the PTE.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31 U.S.C. 1352. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Debarment, Suspension, and Other Responsibility Matters (2 CFR 200.213 and 2 CFR 180)

By signing this Subaward, the Subrecipient Authorized Official certifies, to the best of his/her knowledge and belief that neither the Subrecipient nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency, in accordance with 2 CFR 200.213 and 2 CFR 180.

Audit and Access to Records

Per 2 CFR 200.501- 200.521, Subrecipient certifies that it will provide notice of any adverse findings which impact this Subaward and will provide access to records as required by parts 2 CFR 200.336, 200.337, and 200.201 as applicable. If Subrecipient is not subject to the Single Audit Act, then Subrecipient will provide notice of the completion of any required audits and provide access to such audits upon request. Audit findings related to this award will be reported to PTE within 30 days.

Program for Enhancement of Contractor Employee Protections (41 U.S.C 4712)

Subrecipient is hereby notified that they are required to: inform their employees working on any federal award that they are subject to the whistleblower rights and remedies of the pilot program; inform their employees in writing of employee whistleblower protections under 41 U.S.C §4712 in the predominant native language of the workforce; and include such requirements in any agreement made with a subcontractor or subgrantee.

The Subrecipient shall require that the language of the certifications above in this Attachment 1 be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Use of Name

Neither party shall use the other party's name, trademarks, or other logos in any publicity, advertising, or news release without the prior written approval of an authorized representative of that party. The parties agree that each party may use factual information regarding the existence and purpose of the relationship that is the subject of this Subaward for legitimate business purposes, to satisfy any reporting and funding obligations, or as required by applicable law or regulation without written permission from the other party. In any such statement, the relationship of the parties shall be accurately and appropriately described.

Attachment 2

Federal Award Terms and Conditions

Subaward Number

11324sc

Required Data Elements

The data elements required by Uniform

Guidance are incorporated in the attached Federal Award.

Federal Award Issue Date FAIN CFDA No.

04/12/19 R01AI143439 93.855

CFDA Title

Allergy and Infectious Diseases Research

Key Personnel Per NOA

Annie F. Luetkemeyer

This Subaward Is:

Research & Development

Subject to FFATA

General Terms and Conditions

By signing this Subaward, Subrecipient agrees to the following:

1. To abide by the conditions on activities and restrictions on expenditure of federal funds in appropriations acts that are applicable to this Subaward to the extent those restrictions are pertinent. This includes any recent legislation noted on the Federal Awarding Agency's website:

http://grants.nih.gov/grants/policy/nihgps/nihgps.pdf

- 2. 2 CFR 200 and 45 CFR Part 75.
- 3. The Federal Awarding Agency's grants policy guidance, including addenda in effect as of the beginning date of the period of performance or as amended found at:

http://grants.nih.gov/policy/notices.htm

4. Research Terms and Conditions, including any Federal Awarding Agency's Specific Requirements found at:

https://www.nsf.gov/awards/managing/rtc.jsp

except for the following:

- No-cost extensions require the written approval of the PTE. Any requests for a no-cost extension shall be directed to the
 Principal Investigator
 Contact shown in Attachment 3A, not less than 30 days prior to the desired effective date of the requested change.
- b. Any payment mechanisms and financial reporting requirements described in the applicable Federal Awarding Agency Terms and Conditions and Agency-Specific Requirements are replaced with Terms and Conditions (1) through (4) of this Subaward; and
- c. Any prior approvals are to be sought from the PTE and not the Federal Awarding Agency.
- d. Title to equipment as defined in 2 CFR 200.33 that is purchased or fabricated with research funds or Subrecipient cost sharing funds, as direct costs of the project or program, shall vest in the Subrecipient subject to the conditions specified in 2 CFR 200.313.
- e. Prior approval must be sought for a change in Subrecipient PI or change in Key Personnel (defined as listed on the NOA).
- 5. Treatment of program income: Additive

Multiple Pls (MPI)



This subaward is not subject to an MPI Leadership Plan.

Special Terms and Conditions:

Copyrights:

Subrecipient Grants to PTE an irrevocable, royalty-free, non-transferable, non-exclusive right and license to use, reproduce, make derivative works, display, and perform publicly any copyrights or copyrighted material (including any computer software and its documentation and/or databases) first developed and delivered under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

Subrecipient grants to PTE the right to use any written progress reports and deliverables created under this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its Federal Award.

Data Rights:

Subrecipient grants to PTE the right to use data created in the performance of this Subaward solely for the purpose of and only to the extent required to meet PTE's obligations to the Federal Government under its PTE Federal Award.

| Data Sharing and Access | (Check if applicable) | |
|-------------------------|-----------------------|--|
|-------------------------|-----------------------|--|

Subrecipient agrees to comply with the Federal Awarding Agency's data sharing and access requirements as reflected in the NOA (or in the special terms below) and the Data Management/Sharing Plan submitted to the Federal Awarding Agency and attached.

| ign Envelope ID: 59E976DE- Promoting Objectivity | -DD62-4F7E-9DED-43C3BC60F2A1 in Research (COI): |
|---|--|
| | nate herein which entity's Financial Conflicts of Interest policy (COI) will apply: |
| If applying its own COI prelevant Federal Awardi | oolicy, by execution of this Subaward, Subrecipient certifies that its policy complies with the requirements of ng Agency as identified herein: NIH - 42 CFR Part 50 Subpart F |
| Attachment 3A. Any fi | rt any financial conflict of interest to PTE's Administrative Representative or COI contact, as designate nancial conflicts of interest identified shall, when applicable, subsequently be reported to Federal Awanall be made before expenditure of funds authorized in this Subaward and within 45 days of any subsequently |
| Work Involving Human Human Subjects | or Vertebrate Animals (Select Applicable Options) Vertebrate Animals No Human or Vertebrate Animals |
| approved by its Institutiona current and duly approved that its IRB and/or IACUC a IACUC approval represents | ny non-exempt human and/or vertebrate animal research protocol conducted under this Subaward shall be reviewed and I Review Board (IRB) and/or its Institutional Animal Care and Use Committee (IACUC), as applicable and that it will main research protocols for all periods of the Subaward involving human and/or vertebrate animal research. Subrecipient certifere in full compliance with applicable state and federal laws and regulations. The Subrecipient certifies that any submitted is a valid, approved protocol that is entirely consistent with the Project associated with this Subaward. In no event shall reimbursed for any human or vertebrate animals related expenses incurred in a period where any applicable IRB / IACUC place. |
| - | tion of IRB and/or IACUC approval be sent to the Administrative Contact as follows: |
| IRB Upon Request | |
| | |
| Additional Terms | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Attachment 3A Pass-Through Entity (PTE) Contacts

Subaward Number:

11324sc

| PTE Information | |
|---------------------|---|
| Entity Name: | The Regents of the University of California, San Francisco |
| Legal Address: | c/o Office of Sponsored Research, Box 0962 3333 California Street, Suite 315 San Francisco, CA 94143 (Use 94118-6215 for Federal Express) |
| Website: | www.ucsf.edu |
| PTE Contacts | |
| Central Emai | cgsuboutteam@ucsf.edu |
| Principal Investiga | ator Name: Annie F. Luetkemeyer |
| Email: | Annie.Luetkemeyer@ucsf.edu Telephone Number: |
| Administrative Co | ntact Name: Julia Mathis |
| | Julia.Mathis@ucsf.edu Telephone Number: |
| COI Contact emai | il (if different to above): |
| Financial Contact | Name: Brandi Moretz |
| Email: | scmap@ucsf.edu Telephone Number: |
| Email invoices? | Yes No Invoice email (if different): |
| Authorized Officia | Name: Rachel Sievert |
| Email: | Rachel.Sievert@ucsf.edu Telephone Number: 415-502-5697 |
| PI Address: | |
| | same as legal address above |
| Administrative A | ddress: |
| | same as legal address above |
| Invoice Address: | <u> </u> |
| | subcontract@ucsf.edu same as legal address above |

Attachment 3B

Subrecipient Contacts

| Subaward | Number: |
|----------|---------|
| 11324sc | |

| • | | mation for <u>F</u> | | • | | | | |
|--------------|---------|---------------------|---------|--|--------------|----------------|-------|---------------------------|
| Entity's DUN | NS Nam | ne: City and | County | of San Francisco | | | | |
| EIN No.: | 94 | I-6000417 | | | | | | |
| DUNS: | 10 | 3717336 | | Currently registered in SAN Exempt from reporting exe | · / | ~ / | Yes(| No (if no, complete 3Bpg2 |
| Parent DUN | NS: 10 | 3717336 | | This section for U.S. Entit | ies: Zip | Code <u>Lo</u> | ok-up | |
| Place of Per | forman | ce Address | | Congressional District: 12 | 2 Z | ip Code- | +4: | 94102-2614 |
| | | 25 Van N | ess Av | re, SF, CA 94102 | | | | |
| Subrecipie | ent Coı | ntacts | | | | | | |
| | | Email: | | | | | | |
| ` | Website | e: | www.s | fdph.org | | | | |
| Principal Ir | vestiga | ator Name: | Susan | Buchbinder | | | | |
| E | Email: | susan.buch | binder(| @sfdph.org | Telephone N | Number: | 415-4 | 37-7479 |
| Administrat | ive Cor | ntact Name: | Delia I | Molloy | | | | |
| E | Email: | Delia.Molly | @sfdph | .org | Telephone N | Number: | 415-4 | 37-7478 |
| Financial C | Contact | Name: | Sajid S | Shaikh | | | | |
| E | Email: | sajid.shaikh | n@sfdp | h.org | Telephone N | umber: | 415-2 | 255-3512 |
| Invoice/F | aymen | nt Email: | David. | Anabu@sfdph.rog | | | | |
| Authorized | Officia | l Name: | Tomas | S Aragon | | | | |
| | Email: | tomas.arag | on@sfc | lph.org | Telephone Nu | ımber: | 415-7 | 787-2583 |
| Legal Addı | ress: | | | | | | | |
| 101 (| Grove | St, SF, CA | . 94102 | 2 | | | | |
| Administra | ative A | ddress: | | | | | | |
| 25 V | an Ne | ss Ave, SF | , CA 9 | 4102 | | | | |
| Payment A | ddress | s: | | | | | | |
| 1380 |) Howa | ard St, 4th | FI, SF. | CA 94103 | | | | |

Officer 3 Name:

Officer 4 Name:

Officer 5 Name:

Officer 3 Compensation:

Officer 4 Compensation:

Officer 5 Compensation:

Attachment 3B-2

Highest Compensated Officers

| Subaward | Number: |
|----------|---------|
| 11324sc | |

| Subrecipient: | |
|--|--|
| Institution Name: | City & County of San Francisco |
| PI Name: | Susan Buchbinder |
| Highest Comp | pensated Officers |
| the entity in the Federal awards not have access periodic reports | total compensation of the five most highly compensated officers of the entity(ies) must be listed if the preceding fiscal year received 80 percent or more of its annual gross revenues in the street in the street in annual gross revenues from Federal awards; and the public does to this information about the compensation of the senior executives of the entity through a filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. §§ or section 6104 of the Internal Revenue Code of 1986. See FFATA § 2(b)(1) Internal Revenue |
| Officer 1 Name: | n/a |
| Officer 1 Compen | |
| Officer 2 Name: | |
| Officer 2 Compen | sation: |

Attachment 4 Reporting and Prior Approval Terms

Subaward Number:

11324sc

| Subrecipient agrees to submit the following reports (PTE contacts are identified in Attachment 3A): |
|---|
| Technical Reports: |
| Monthly technical/progress reports will be submitted to the PTE's Administrative Contact within 15 days of of the end of the month. |
| Quarterly technical/progress reports will be submitted within 30 days after the end of each project quarter to the PTE's Administrative Contact |
| Annual technical / progress reports will be submitted within 60 days prior to the end of each budget period to the PTE's Administrative Contact . Such report shall also include a detailed budget for the next Budget Period, updated other support for key personnel, certification of appropriate education in the conduct of human subject research of any new key personnel, and annual IRB or IACUC approval, if applicable. |
| A Final technical/progress report will be submitted to the PTE's Administrative Contact within 60 days of the end of the Project Period or after termination of this award, whichever comes first. |
| Technical/progress reports on the project as may be required by PTE's Administrative Contact in order for the PTE to satisfy its reporting obligations to the Federal Awarding Agency. |
| Prior Approvals: |
| Carryover: |
| Carryover is automatic |
| |
| Other Reports: |
| In accordance with 37 CFR 401.14, Subrecipient agrees to notify PTE's Administrative Contact within 60 days after Subrecipient's inventor discloses invention(s) in writing to Subrecipient's personnel responsible for patent matters. The Subrecipient will submit a final invention report using Federal Awarding Agency specific forms to the PTE's Administrative Contact within 60 days of the end of the Project Period to be included as part of the PTE's final invention report to the Federal Awarding Agency. |
| A negative report is required: |
| Property Inventory Report (only when required by Federal Awarding Agency), specific requirements below. |
| Other Special Reporting Requirements: |
| |

Attachment 5 Statement of Work, Cost Sharing, Indirects & Budget

Subaward Number: 11324sc

Statement of Work

| Below Attached, pag If award is FFATA eligible and SOW exceeds 4000 characters, include a Subre | | | | | | |
|--|---|--|--|--|--|--|
| San Francisco Department of Public Health (SFDPH): Two study investigators, Drs Buchbinder and Cohen, are DPH employees and receive their salary support through DPH. Dr. Buchbinder is the senior PREP lead on the study and Dr. Cohen is the site principal investigator for the City Clinic site. Dr Cohen will oversee planning and implementation of the DoxyPEP study at SF City Clinic and supervise recruitment and retention. The SFCC site is expected to enroll approximately 190 participants over 2-2.5 years. Drs Buchbinder and Cohen will contribute to the scientific conduct of the study, including input into the analysis plan, DSMB plan, manuscript preparation and dissemination of results. | | | | | | |
| Budget Informa | tion | | | | | |
| Indirect Information Indirect Cost Rate (IDC) Applied 12 % | Cost Sharing No | | | | | |
| Rate Type: Modified Total Direct Costs | If Yes, include Amount: \$ | | | | | |
| Budget Details Below Attached, pages | | | | | | |
| | | | | | | |
| | | | | | | |
| | Budget Totals | | | | | |
| | Budget Totals Direct Costs \$ 90,250.00 | | | | | |
| | | | | | | |
| | Direct Costs \$ 90,250.00 | | | | | |
| | Direct Costs \$ 90,250.00 Indirect Costs \$ 10,830.00 | | | | | |
| | Direct Costs \$ 90,250.00 Indirect Costs \$ 10,830.00 Total Costs \$ 101,080.00 | | | | | |

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001 Expiration Date: 10/31/2019

| ORGANIZATIO | NAL DUNS: | 0000000000 | 00 Ente | r name of Organizati | on: San | Francis | co De | partme | ent of | Public Health | 1 | | |
|---------------|-----------------|-----------------|--------------|----------------------|-------------|------------|-------|-----------------|----------|--------------------------|-------------|------------------------|-------------------------|
| Budget Type: | Project | Subaward | I/Consortium | | Budg | get Period | d: 1 | Star | t Date: | 04/12/2019 | End Date: | 03/31/2020 | |
| A. Senior/Key | Person | | | | | | | | | | | | |
| Prefix | First | Middle | Last | Suffix | Base Salary | · (\$) | | Months Acad. | Sum. | Requested Salary (\$) | В | Fringe enefits (\$) | Funds Requested (\$) |
| Dr. | Susan | | Buchbinder | | 189, | 600.00 | 2.30 | | | 36,02 | 4.00 | 14,410.00 | 50,434.00 |
| Project Role: | Co-Investiga | ator | | | | | | | | | | | |
| Dr. | Stephanie | | Cohen | | 189, | 600.00 | 1.80 | | | 28,44 | 0.00 | 11,376.00 | 39,816.00 |
| Project Role: | Co-Investiga | ator | | | | | | | | | | | |
| B. Other Pers | | | | | | Months | | | | equested | Frir | | Funds |
| Personnel | Project | | | | Cal. | Acad. | Su | m. | Sa | alary (\$) | Benef | its (\$) | Requested (\$) |
| | Post Doctoral | | | | | | | | | | | | |
| | Graduate Stud | | | | | | | | | | | | |
| | Undergraduate | | | | |] | | | | | | | |
| | Secretarial/Cle | rical | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total Number C | ither Personnel | | | | | | | | | Total Other | Porcennol | |
| | Total Number C | ulei Felsoillei | | | | | То | tal Sa | ılary, W | /ages and Fri | | | 90,250.00 |

C. Equipment Description

| Lis | t items and dollar a Equipment item | mount for each item exceed | ding \$5,000 | | Funds Requested (\$) |
|-----|--|-------------------------------|---|--------------|-----------------------|
| Add | ditional Equipment: | | Add Attachment | Delete Attac | hment View Attachment |
| | | Total funds i | requested for all equipment listed in the a | ttached file | |
| | | | Total | Equipment | |
| D. | Travel | | | | Funds Requested (\$) |
| 1. | Domestic Travel Co | osts (Incl. Canada, Mexico a | nd U.S. Possessions) | | |
| 2. | Foreign Travel Cos | ets | | | |
| | | | Total ⁻ | Travel Cost | |
| E. | Participant/Traine | ee Support Costs | | | Funds Requested (\$) |
| 1. | Tuition/Fees/Health | n Insurance | | | |
| 2. | Stipends | | | | |
| 3. | Travel | | | | |
| 4. | Subsistence | | | | |
| 5. | Other | | | | |
| | Number of Part | icipants/Trainees | Total Participant/Trainee Sup | port Costs | |

| F. Other Direct Costs | | | Funds Requested (\$) |
|---|----------------------------|---------------------------|--------------------------------|
| 1. Materials and Supplies | | | |
| 2. Publication Costs | | | |
| 3. Consultant Services | | | |
| 4. ADP/Computer Services | | | |
| 5. Subawards/Consortium/Contractual Costs | | | |
| 6. Equipment or Facility Rental/User Fees | | | |
| 7. Alterations and Renovations | | | |
| 8. | | | |
| 9. | | | |
| 0. | | | |
| · | | Total Other Direct Costs | |
| S. Divert Conta | | | 5 1 5 (1/A) |
| 3. Direct Costs | Total D | irect Costs (A thru F) | Funds Requested (\$) 90,250.00 |
| Indirect Costs Indirect Cost Type | Indirect Cost Rate (% |) Indirect Cost Base (\$) | Funds Requested (\$) |
| MTDC | 12.00 | 90,250.00 | 10,830.00 |
| | | Total Indirect Costs [| 10,830.00 |
| Cognizant Federal Agency Agency Name, POC Name, and | | | |
| POC Phone Number) | | | |
| . Total Direct and Indirect Costs | | | Funds Requested (\$) |
| Total I | Direct and Indirect Instit | utional Costs (G + H) | 101,080.00 |
| l Eag | | | |
| J. Fee | | | Funds Requested (\$) |
| | | Į. | Funds Requested (\$) |
| K. Total Costs and Fee | | T | 1 3311313 11114 (47) |
| K. Total Costs and Fee | Total | Costs and Fee (I + J) | 101,080.00 |
| K. Total Costs and Fee | Total | Costs and Fee (I + J) | |

BUDGET JUSTIFICATION San Francisco Department of Public Health (SF DPH)

PERSONNEL

Key Personnel

Susan Buchbinder, MD, MPH, Co-investigator and Senior Lead, PrEP Cohort (2.3 calendar months Year 1, 0.6 calendar months Years 2,3,4, 1.7 calendar months Year 5). Dr. Buchbinder is a Professor of Medicine and Epidemiology at UCSF and the Director of Bridge HIV, a grant-funded HIV prevention research unit based in the San Francisco Department of Public Health (SF DPH). She has over 30 year of experience leading multi-site efforts to understand risk factors for HIV infection and conduct HIV prevention intervention trials, including providing scientific direction and oversight of the implementation of multi-site PrEP trials. She had led her team in the development of smartphone applications to help MSM assess their sexual risk, and to measure and improve adherence to PrEP. Dr. Buchbinder will serve as Senior Lead of the PrEP cohorts, providing scientific direction and oversight for the PrEP cohorts in San Francisco and Seattle for recruitment, retention, protocol implementation, and strategies to engage with MSM stakeholders and community members. As an expert in PrEP and clinical trials in MSM populations highly impacted by STI, she will play in integral role in study development, implementation, data analysis, interpretation and dissemination of study results. Additionally, Dr. Buchbinder will provider mentorship and oversight to Dr. Cohen in her role as site Principal Investigator for SF City Clinic (municipal STI clinic and enrolling study site) and to Dr. Scott, who will lead the development and modification of the smartphone application Blackbook for use in this project.

Stephanie Cohen, MD, Co-Investigator, Site Principal Investigator of the PrEP Clinic, San Francisco City Clinic (SFCC), SF DPH (1.8 calendar months Year 1, 1.2 calendar months Year 2, 1.0 calendar months Year 3, 1.0 calendar months Year 4). Dr. Cohen is an Assistant Professor of Medicine at UCSF and the Medical Director of SFCC). She will be responsible for the overall scientific, operational and administrative aspects of the study at SFCC, which will enroll MSM on PrEP. Dr. Cohen will be responsible for study implementation, enrollment and retention, data collection, evaluation and reporting of AEs, clinical management of study participants, and quality management. Along with the study Principal Investigators, she will have responsibility for achieving the overall specific aims of the project, for maintaining the proposed project schedule, ensuring quality control over all aspects of this project, and will participate in data analyses and publication of results.

Professional Staff

Trang Nguyen, PhD, MPH, Epidemiologist (0.8 calendar months, Year 5). Dr. Nguyen is an epidemiologist in the Applied Epidemiology, Community Health Epidemiology, and Surveillance (ARCHES) division of the Sn Francisco Department of Public Health, which coordinates data collection, processing management, analysis, and interpretation of San Francisco public health data. As the lead for STI data analysis for SF DPH, Dr. Nguyen will review and extract all available citywide STI diagnosis for San Francisco study participants at the SFCC and ZSFG HIV Clinic sites during the time of their study enrollment, to identify incident STIs that occurred outside of the study setting.

Indirects are calculated at a rate of 12%

Attachment 6

Notice of Award (NOA) and any additional documents

| \odot | The following pages include the NOA and if applicable any additional documentation referenced throughout this Subaward. |
|------------|---|
| \bigcirc | Not incorporating the NOA or any additional documentation to this Subaward. |

Notice of Award

Federal Award Date: 04/12/2019



Department of Health and Human Services
National Institutes of Health



NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Grant Number: 1R01Al143439-01A1

FAIN: R01AI143439

Principal Investigator(s): CONNIE L CELUM, MD

Anne Frey Luetkemeyer (contact), MD

Project Title: Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men

Mathis, Julia K Research Services Coordinator 1001 Potrero Avenue Building 20, Rm 2407 4th floor San Francisco, CA 941431240

Award e-mailed to: cgrasteam@ucsf.edu

Period Of Performance:

Budget Period: 04/12/2019 – 03/31/2020 **Project Period:** 04/12/2019 – 03/31/2024

Dear Business Official:

The National Institutes of Health hereby awards a grant in the amount of \$1,418,675 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to The Regents of the UCSF in support of the above referenced project. This award is pursuant to the authority of 42 USC 241 42 CFR 52 and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Each publication, press release, or other document about research supported by an NIH award must include an acknowledgment of NIH award support and a disclaimer such as "Research reported in this publication was supported by the National Institute Of Allergy And Infectious Diseases of the National Institutes of Health under Award Number R01AI143439. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health." Prior to issuing a press release concerning the outcome of this research, please notify the NIH awarding IC in advance to allow for coordination.

Award recipients must promote objectivity in research by establishing standards that provide a reasonable expectation that the design, conduct and reporting of research funded under NIH awards will be free from bias resulting from an Investigator's Financial Conflict of Interest (FCOI), in accordance with the 2011 revised regulation at 42 CFR Part 50 Subpart F. The Institution shall submit all FCOI reports to the NIH through the eRA Commons FCOI Module. The regulation does not apply to Phase I Small Business Innovative Research (SBIR) and Small Business Technology Transfer (STTR) awards. Consult the NIH website http://grants.nih.gov/grants/policy/coi/ for a link to the regulation and additional important information.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Philip E. Smith
Grants Management Officer
NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES

Additional information follows

| Award C | Calculation (| U.S. | Dollars) |
|---------|---------------|------|----------|
|---------|---------------|------|----------|

| Salaries and Wages | \$169,569 |
|--|-----------|
| Fringe Benefits | \$64,228 |
| Personnel Costs (Subtotal) | \$233,797 |
| Consultant Services | \$5,000 |
| Materials & Supplies | \$7,000 |
| Travel | \$6,500 |
| Other | \$63,417 |
| Subawards/Consortium/Contractual Costs | \$955,421 |
| ADP/Computer Services | \$2,172 |

| Federal Direct Costs | \$1,273,307 |
|---|-------------|
| Federal F&A Costs | \$145,368 |
| Approved Budget | \$1,418,675 |
| Total Amount of Federal Funds Obligated (Federal Share) | \$1,418,675 |
| TOTAL FEDERAL AWARD AMOUNT | \$1,418,675 |

\$1,418,675

AMOUNT OF THIS ACTION (FEDERAL SHARE)

| SUMMARY TOTALS FOR ALL YEARS | | | | | |
|---------------------------------|-------------|-------------|--|--|--|
| YR THIS AWARD CUMULATIVE TOTALS | | | | | |
| 1 | \$1,418,675 | \$1,418,675 | | | |
| 2 | \$1,410,621 | \$1,410,621 | | | |
| 3 | \$1,410,670 | \$1,410,670 | | | |
| 4 | \$1,412,232 | \$1,412,232 | | | |
| 5 | \$1,412,385 | \$1,412,385 | | | |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

Fiscal Information:

CFDA Name: Allergy and Infectious Diseases Research

CFDA Number: 93.855

EIN: 1946036493A6

Document Number: RAI143439A

PMS Account Type: P (Subaccount)

Fiscal Year: 2019

| IC | CAN | 2019 | 2020 | 2021 | 2022 | 2023 |
|----|---------|-------------|-------------|-------------|-------------|-------------|
| ΑI | 8023029 | \$1,418,675 | \$1,410,621 | \$1,410,670 | \$1,412,232 | \$1,412,385 |

Recommended future year total cost support, subject to the availability of funds and satisfactory progress of the project

NIH Administrative Data:

PCC: M37B BR / OC: 414A / Released: SMITHPE 04/08/2019

Award Processed: 04/12/2019 05:52:58 AM

SECTION II - PAYMENT/HOTLINE INFORMATION - 1R01AI143439-01A1

For payment and HHS Office of Inspector General Hotline information, see the NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm

SECTION III - TERMS AND CONDITIONS - 1R01AI143439-01A1

This award is based on the application submitted to, and as approved by, NIH on the above-titled project and is subject to the terms and conditions incorporated either directly or by reference in the following:

a. The grant program legislation and program regulation cited in this Notice of Award.

DocuSign Envelope ID: 59E976DE-DD62-4F7E-9DED-43C3BC60F2A1.....ture of funds in other statutory requirements, such as those included in appropriations acts.

- c. 45 CFR Part 75.
- d. National Policy Requirements and all other requirements described in the NIH Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. Federal Award Performance Goals: As required by the periodic report in the RPPR or in the final progress report when applicable.
- f. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

(See NIH Home Page at http://grants.nih.gov/grants/policy/awardconditions.htm for certain references cited above.)

Research and Development (R&D): All awards issued by the National Institutes of Health (NIH) meet the definition of "Research and Development" at 45 CFR Part§ 75.2. As such, auditees should identify NIH awards as part of the R&D cluster on the Schedule of Expenditures of Federal Awards (SEFA). The auditor should test NIH awards for compliance as instructed in Part V, Clusters of Programs. NIH recognizes that some awards may have another classification for purposes of indirect costs. The auditor is not required to report the disconnect (i.e., the award is classified as R&D for Federal Audit Requirement purposes but non-research for indirect cost rate purposes), unless the auditee is charging indirect costs at a rate other than the rate(s) specified in the award document(s).

This institution is a signatory to the Federal Demonstration Partnership (FDP) Phase VI Agreement which requires active institutional participation in new or ongoing FDP demonstrations and pilots.

An unobligated balance may be carried over into the next budget period without Grants Management Officer prior approval.

This grant is subject to Streamlined Noncompeting Award Procedures (SNAP).

This award is subject to the requirements of 2 CFR Part 25 for institutions to receive a Dun & Bradstreet Universal Numbering System (DUNS) number and maintain an active registration in the System for Award Management (SAM). Should a consortium/subaward be issued under this award, a DUNS requirement must be included. See http://grants.nih.gov/grants/policy/awardconditions.htm for the full NIH award term implementing this requirement and other additional information.

This award has been assigned the Federal Award Identification Number (FAIN) R01Al143439. Recipients must document the assigned FAIN on each consortium/subaward issued under this award.

Based on the project period start date of this project, this award is likely subject to the Transparency Act subaward and executive compensation reporting requirement of 2 CFR Part 170. There are conditions that may exclude this award; see http://grants.nih.gov/grants/policy/awardconditions.htm for additional award applicability information.

In accordance with P.L. 110-161, compliance with the NIH Public Access Policy is now mandatory. For more information, see NOT-OD-08-033 and the Public Access website: http://publicaccess.nih.gov/.

This award provides support for one or more clinical trials. By law (Title VIII, Section 801 of Public Law 110-85), the "responsible party" must register "applicable clinical trials" on the ClinicalTrials.gov Protocol Registration System Information Website. NIH encourages registration of all trials whether required under the law or not. For more information, see http://grants.nih.gov/ClinicalTrials fdaaa/

DocuSign Envelope ID: 59E976DE-DD62-4F7E-9DED-43C3BC60F2A1.....nts provided at 45 CFR 75.113 and Appendix XII to

45 CFR Part 75, recipients that have currently active Federal grants, cooperative agreements, and procurement contracts with cumulative total value greater than \$10,000,000 must report and maintain information in the System for Award Management (SAM) about civil, criminal, and administrative proceedings in connection with the award or performance of a Federal award that reached final disposition within the most recent five-year period. The recipient must also make semiannual disclosures regarding such proceedings. Proceedings information will be made publicly available in the designated integrity and performance system (currently the Federal Awardee Performance and Integrity Information System (FAPIIS)). Full reporting requirements and procedures are found in Appendix XII to 45 CFR Part 75. This term does not apply to NIH fellowships.

Treatment of Program Income:

Additional Costs

SECTION IV - AI Special Terms and Conditions - 1R01AI143439-01A1

Clinical Trial Indicator: Yes

This award supports one or more NIH-defined Clinical Trials. See the NIH Grants Policy Statement Section 1.2 for NIH definition of Clinical Trial.

The budget period anniversary start date for future year(s) will be **April** 1.

~~~~~

This award may include collaborations with and/or between foreign organizations. Please be advised that short term travel visa expenses are an allowable expense on this grant, if justified as critical and necessary for the conduct of the project.

~~~~~

The Research Performance Progress Report (RPPR), Section G.9 (Foreign component), includes reporting requirements for all research performed outside of the United States. Research conducted at the following site(s) must be reported in your RPPR:

Assistance publique Hopitaux de Paris - FRANCE

~~~~~

This Notice of Award (NoA) includes funds for activity with San Francisco Department of Public Health in the amount of \$101,080 (\$90,250 direct costs + \$10,830 F&A costs).

This Notice of Award (NoA) includes funds for activity with **Heluna Health** in the amount of **\$175,458** (**\$155,273** direct costs + **\$20,185** F&A costs).

This Notice of Award (NoA) includes funds for activity with **University of Washington** in the amount of **\$678,883** (**\$436,581** direct costs + **\$242,302** F&A costs).

~~~~~

This award includes human subject research studies and must conform to the DHHS policies for the Protection of Human Subjects research, which are a term and condition of award. Human subjects research is covered by the 2018 Common Rule, and may not be initiated until the associated protocols have received IRB approval as specified in 45 CFR 46. Failure to comply with the terms and conditions of award may result in the disallowance of costs and/or additional enforcement actions as outlined in Section 8.5 of the NIH Grants Policy Statement.

~~~~~

This award is subject to the Clinical Terms of Award referenced in the NIH Guide for Grants and Contracts, July 8, 2002, NOT Al-02-032. These terms and conditions are hereby incorporated by reference, and can be accessed via the following World Wide Web address: <a href="https://www.niaid.nih.gov/grants-contracts/niaid-clinical-terms-award">https://www.niaid.nih.gov/grants-contracts/niaid-clinical-terms-award</a> All submissions required by the NIAID Clinical Terms of Award must be forwarded electronically or by mail to the responsible NIAID Program Official identified on this Notice of Award.

-~~~~

### Select Agents:

Awardee of a project that at any time involves a restricted experiment with a select agent, is responsible for notifying and receiving prior approval from the NIAID. Please be advised that changes in the use of a Select Agent will be considered a change in scope and require NIH awarding office prior approval. The approval is necessary for new select agent experiments as well as changes in on-going experiments that would require change in the biosafety plan and/or biosafety containment level. An approval to conduct a restricted experiment granted to an

DocuSign Envelope ID: 59E976DE-DD62-4F7E-9DED-43C3BC60F2A1... to other individuals who conduct the same restricted experiment as defined in the Select Agents Regulation 42 CFR Part 73, Section 13.b (http://www.selectagents.gov/Regulations.html).

Highly Pathogenic Agent:

NIAID defines a Highly Pathogenic Agent as an infectious Agent or Toxin that may warrant a biocontainment safety level of BSL3 or higher according to the current edition of the CDC/NIH Biosafety in Microbiological and Biomedical Laboratories (BMBL)

(http://www.cdc.gov/OD/ohs/biosfty/bmbl5/bmbl5toc.htm). Research funded under this grant must adhere to the BMBL, including using the BMBL-recommended biocontainment level at a minimum. If your Institutional Biosafety Committee (or equivalent body) or designated institutional biosafety official recommend a higher biocontainment level, the highest recommended containment level must be used.

When submitting future Progress Reports indicate at the beginning of the report:

If no research with a Highly Pathogenic Agent or Select Agent has been performed or is planned to be performed under this grant.

If your IBC or equivalent body or official has determined, for example, by conducting a risk assessment, that the work being planned or performed under this grant may be conducted at a biocontainment safety level that is lower than BSL3.

If the work involves Select Agents and/or Highly Pathogenic Agents, also address the following points:

Any changes in the use of the Agent(s) or Toxin(s) including its restricted experiments that have resulted in a change in the required biocontainment level, and any resultant change in location, if applicable, as determined by your IBC or equivalent body or official.

If work with a new or additional Agent(s)/Toxin(s) is proposed in the upcoming project period, provide:

- o A list of the new and/or additional Agent(s) that will be studied;
- o A description of the work that will be done with the Agent(s), and whether or not the work is a restricted experiment;
- o The title and location for each biocontainment resource/facility, including the name of the organization that operates the facility, and the biocontainment level at which the work will be conducted, with documentation of approval by your IBC or equivalent body or official. It is important to note if the work is being done in a new location.

### STAFF CONTACTS

The Grants Management Specialist is responsible for the negotiation, award and administration of this project and for interpretation of Grants Administration policies and provisions. The Program Official is responsible for the scientific, programmatic and technical aspects of this project. These individuals work together in overall project administration. Prior approval requests (signed by an Authorized Organizational Representative) should be submitted in writing to the Grants Management Specialist. Requests may be made via e-mail.

**Grants Management Specialist**: Trevor T Alford

Email: trevor.alford@nih.gov Phone: 240-669-2916 Fax: 301-493-0597

Program Official: Delmyra B. Turpin

Email: turpindb@niaid.nih.gov Phone: 240-669-5597

SPREADSHEET SUMMARY

**GRANT NUMBER:** 1R01AI143439-01A1

**INSTITUTION:** The Regents of the UCSF

| DocuSign Envelope | ID: 59E976DE-DD62-4F7E-9DED-43C3BC | 60F2A1     | Year 2     | Year 3     | Year 4     | Year 5     |
|-------------------|------------------------------------|------------|------------|------------|------------|------------|
| Ĭ İ               | Duaget                             | i cai i    |            |            |            |            |
|                   | Salaries and Wages                 | \$169,569  | \$147,771  | \$140,683  | \$159,059  | \$194,217  |
|                   | Fringe Benefits                    | \$64,228   | \$58,638   | \$56,091   | \$62,963   | \$72,696   |
|                   | Personnel Costs (Subtotal)         | \$233,797  | \$206,409  | \$196,774  | \$222,022  | \$266,913  |
|                   | Consultant Services                | \$5,000    | \$5,000    | \$5,000    | \$5,000    | \$5,000    |
|                   | Materials & Supplies               | \$7,000    |            | \$1,000    |            | \$1,000    |
|                   | Travel                             | \$6,500    |            |            |            | \$10,000   |
|                   | Other                              | \$63,417   | \$109,114  | \$118,707  | \$98,752   | \$210,453  |
|                   | Subawards/Consortium/Contract      | \$955,421  | \$968,517  | \$967,371  | \$962,676  | \$728,399  |
|                   | ual Costs                          |            |            |            |            |            |
|                   | Publication Costs                  |            |            |            |            | \$3,500    |
|                   | ADP/Computer Services              | \$2,172    | \$2,181    | \$2,095    | \$2,369    | \$2,394    |
|                   | TOTAL FEDERAL DC                   | \$1,273,30 | \$1,291,22 | \$1,290,94 | \$1,290,81 | \$1,227,65 |
|                   |                                    | 7          | 1          | 7          | 9          | 9          |
|                   | TOTAL FEDERAL F&A                  | \$145,368  | \$119,400  | \$119,723  | \$121,413  | \$184,726  |
|                   | TOTAL COST                         | \$1,418,67 | \$1,410,62 | \$1,410,67 | \$1,412,23 | \$1,412,38 |
|                   |                                    | 5          | 1          | 0          | 2          | 5          |

| Facilities and Administrative Costs | Year 1    | Year 2    | Year 3    | Year 4    | Year 5    |
|-------------------------------------|-----------|-----------|-----------|-----------|-----------|
| F&A Cost Rate 1                     | 37%       | 37%       | 37%       | 37%       | 37%       |
| F&A Cost Base 1                     | \$392,886 | \$322,704 | \$323,576 | \$328,143 | \$499,260 |
| F&A Costs 1                         | \$145,368 | \$119,400 | \$119,723 | \$121,413 | \$184,726 |

|                                                      | FDP Research                                     | Subawar          | d Agr    | eement                     |                          |
|------------------------------------------------------|--------------------------------------------------|------------------|----------|----------------------------|--------------------------|
|                                                      | Amendment (I                                     | Number [         | 1        | )                          |                          |
| Pass-Through Entity                                  | (PTE)                                            |                  |          | Subrec                     | pient                    |
| The Regents of the University of Ca                  | alifornia, San Francisco Er                      | ntity Name City  | / & Coui | nty of San Francisco       |                          |
| cgsuboutteam@ucsf.edu                                | Em                                               | ail Address sus  | san.bucl | nbinder@sfdph.org          |                          |
|                                                      | Princi                                           | oal Investigator | Susa     | n Buchbinder               |                          |
| Ducinet Title                                        |                                                  |                  |          |                            |                          |
|                                                      | ost-exposure prophylaxis to reduce se            |                  |          |                            | en who have sex with men |
| PTE Federal Award No:<br>R01Al143439                 |                                                  | Federal A        |          | Agency:<br>of Health (NIH) |                          |
| R01A1143439                                          | ·                                                | INALIONALI       | nsulutes | or riealth (Miri)          |                          |
| Revised Subaward Period of                           | Porformance: Amount                              | Funded This Ac   | tion:    | Subaward No:               |                          |
|                                                      | te: Mar 31, 2020 -\$ 1,444                       |                  | tion.    | 11324sc                    |                          |
|                                                      | Total Amount of Federal Fu                       |                  | Date:    | Subject to FFATA:          | Automatic Carryover:     |
| Apr 12, 2019                                         | \$ 99,636.00                                     |                  |          | Yes No                     | Yes No                   |
| This Amendm                                          | Amendment(s) to Ornent revises the above-referen |                  |          |                            | ws:                      |
| The award is hereby redu detailed in the attached by | udget.                                           |                  |          |                            |                          |
|                                                      | all amounts stated in this ame                   |                  |          |                            | and offeet               |
| By an Prediction is a Official of PTE:               | d conditions of this Sub                         |                  |          | Official of Subrecipien    |                          |
| Radiel Sievert                                       | 5/30/201                                         | `                |          | DocuSigned by:             | May 29, 2019             |
| Rachel Sievert                                       | Date                                             | Name: To         | omas Ar  | agon—0BDB2B95DBC0442       | Date                     |
| Name: Assistant Director                             | Date                                             | —   ````—        |          | f Population Health Div    |                          |

AIDS Office - HIV Research Section

Research Title: Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men 04/12/19-03/31/20

|                               | Annual  | Effort | Salary    | Fringe    | Total  |
|-------------------------------|---------|--------|-----------|-----------|--------|
|                               | Salary  |        | Requested | Requested |        |
| Director: S. Buchbinder       | 189,600 | 19.17% | 36,025    | 13,689    | 49,714 |
| Senior Phyisican: C. Cohen    | 189,600 | 15.00% | 28,440    | 10,807    | 39,247 |
| Total Salary and Fringe       |         |        | 64,465    | 24,496    | 88,961 |
|                               |         |        |           |           |        |
| Total Direct                  |         |        |           |           | 88,961 |
| Total Indirect (12.00%, MTDC) |         |        |           |           | 10,675 |
| Total Cost                    |         |        |           |           | 99,636 |

AIDS Office - Bridge HIV

Dept / Div: HPH-06sure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men

Fund Group: 2S/CHS/GNC **04/01/20-03/31/21** 

Index Code: HCHIVRSRCHGR Monthly Expenditure and Projection Report

Grant Code: UCSF Grant

Grant Detail:

| _  |                                                                                                                                                                            |                  |                           |                              |              |             |                 |       |                  |                    |                                   |          |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|------------------------------|--------------|-------------|-----------------|-------|------------------|--------------------|-----------------------------------|----------|
|    | CATEGORY/LINE ITEM                                                                                                                                                         | Annual<br>Salary | 35%<br>Annual<br>Frin Ben | Total Annual<br>Sal/Frin Ben | % OF<br>TIME | % OF<br>FTE | Monthly<br>Rate | Mth   | Salary<br>Budget | Frin Ben<br>Budget | Total<br>Budget                   | Comments |
| A. | PERSONNEL                                                                                                                                                                  |                  |                           |                              |              |             |                 |       |                  |                    |                                   |          |
|    | 1. Director<br>0943 5 S. Buchbinder                                                                                                                                        | 197,300          | 68,069                    | 265,369                      | 5%           | 0.050       | 16,442          | 12.0  | 9,865            | 3,403              | 13,268                            |          |
|    | 2 Sr Phyisican<br>2233 5 C Cohen                                                                                                                                           | 197,300          | 68,069                    | 265,369                      | 10%          | 0.100       | 16,442          | 12.0  | 19,730           | 6,818              | 26,548                            |          |
|    | TOTAL SALARY/FRINGE                                                                                                                                                        | 394,600          | 136,137                   | 530,737                      | 15.0%        | 0.150       | 32,883          | 24.00 | 29,595           | 10,221             | 39,816                            |          |
|    | 00101 SALARIES<br>00103 FRNG BN<br>SUB TOTAL                                                                                                                               |                  |                           |                              |              |             |                 |       |                  |                    | 29,595<br>10,221<br><b>39,816</b> |          |
| C. | TRAVEL 1. Local Travel (02301) 2. Out-of-Jurisdiction Travel (021 Sub Total TRAVEL                                                                                         | 01)              |                           |                              |              |             |                 |       |                  | -<br>:             | 0<br>0<br><b>0</b>                |          |
| D. | EQUIPMENT 1. Computer (06061) Sub Total EC                                                                                                                                 | QUIPMENT         |                           |                              |              |             |                 |       |                  | -                  | 0                                 |          |
| E. | MATERIALS AND SUPPLIES 1. Office supplies (04951) 2. Non-inventoried equipmt (0492) 3. Clinical supplies (04431) 4. Laboratory supplies (04431) Sub Total St               | •                |                           |                              |              |             |                 |       |                  |                    | 0<br>0<br>0<br><b>0</b>           |          |
| F. | CONTRACTUAL SERVICES (027)  1. PHFE  Sub Total CO                                                                                                                          | •                |                           |                              |              |             |                 |       |                  |                    | 0                                 |          |
| G. | OTHER 1. Rent 2. Photocopier maint (02931) 3. Repro srvc (In House)(03551) 4. Print/Slide srvc (Outside)(0355 5. Promotion and advertising(0356 6. Client Stipends (02783) |                  |                           |                              |              |             |                 |       |                  |                    | 0<br>0<br>0<br>0<br>0             |          |

AIDS Office - Bridge HIV

Dept / Div: HPH-06sure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men

Fund Group: 2S/CHS/GNC **04/01/20-03/31/21** 

SURPL/(DEFICIT)

Index Code: HCHIVRSRCHGR Monthly Expenditure and Projection Report

Grant Code: UCSF Grant

Grant Detail:

| CATEGORY/LINE ITEM | Annual<br>Salary | 35%<br>Annual<br>Frin Ben | Total Annual<br>Sal/Frin Ben | % OF<br>TIME | % OF<br>FTE | Monthly<br>Rate | Mth | Frin Ben<br>Budget | Total<br>Budget | Comments |
|--------------------|------------------|---------------------------|------------------------------|--------------|-------------|-----------------|-----|--------------------|-----------------|----------|
| Sub TOTAL          | OTHER            |                           |                              |              |             |                 |     | :                  | 0               |          |
| TOTAL DIRE         | ECT COST         |                           |                              |              |             |                 |     |                    | 39,816          |          |
|                    |                  |                           |                              |              |             |                 |     |                    |                 |          |
|                    |                  |                           | BUDGET SUM                   | MARY         |             |                 |     |                    |                 |          |
| A. SALARIES        |                  |                           |                              |              |             |                 |     |                    | 29,595          |          |
| B. MANDATORY FRI   | NGE              |                           |                              |              |             |                 |     |                    | 10,221          |          |
| C. TRAVEL          |                  |                           |                              |              |             |                 |     |                    | 0               |          |
| D. EQUIPMENT       |                  |                           |                              |              |             |                 |     |                    | 0               |          |
| E. MATERIALS AND   | SUPPLIES         |                           |                              |              |             |                 |     |                    | 0               |          |
| F. CONTRACT / MOU  | J                |                           |                              |              |             |                 |     |                    | 0               |          |
| G. OTHER           |                  |                           |                              |              |             |                 |     |                    | 0               |          |
| DIRECT CO          | STS              |                           |                              |              |             |                 |     |                    | 39,816          |          |
| H. INDIRECT COST ( | 12% of Direc     | t Cost)                   |                              |              |             |                 |     |                    | 4,778           |          |
| TOTAL BUD          | GET              |                           |                              |              |             |                 |     |                    | 44,594          |          |
| AWARD              |                  |                           |                              |              |             |                 |     |                    | 44,594          |          |
|                    |                  |                           |                              |              |             |                 |     |                    |                 |          |

(0)

# San Francisco Department of Public Health (SFDPH)

## Population Health Division - HIV Bridge

Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PreP users and HIV infected men who have sex with men

### **BUDGET JUSTIFICATION**

April 1, 2020 – March 31, 2021

- A. PERSONNEL
- B. MANDATORY FRINGE
- 1. 0.05 0943 Manager VIII : Susan Buchbinder 13,268 Annual Salary \$197,300 x 0.05 FTE for 12 month = 9,865 Mandatory Fringe Benefits (@ 35%) = 3,803

Dr Buchbinder will serve as Senior Lead of the PreP cohorts, providing scientific direction and oversight for the PreP cohorts in Seattle and San Francisco for recruitment, retention, protocol implementation and strategies to engage in MSM stakeholders and community members.

2. 0.10 2232 – Sr. Physician Specialist: Stephanie Cohen Annual Salary \$197,300 x 0.10 FTE for 12 month = 19,730 Mandatory Fringe Benefits (@ 35%) = 6,818

Dr. Cohen will be responsible for the overall scientific, operational, and administrative aspects of the study at San Francisco City Clinic, which will enroll MSM on PreP. Dr Cohen will be responsible for study implementation, enrollment and retention, data collection, evaluation and reporting, clinical management of study participants, and quality management.

|    | Total Salaries<br>Total Fringe      | \$29,595<br>\$10,221 |
|----|-------------------------------------|----------------------|
|    | TOTAL PERSONNEL:                    | <b>\$0</b>           |
| C. | TRAVEL                              | <b>\$0</b>           |
| D. | EQUIPMENT                           | <b>\$0</b>           |
| E. | MATERIALS AND SUPPLIES              | <b>\$0</b>           |
| F. | CONTRACTUAL                         | <b>\$0</b>           |
| G. | OTHER                               | <b>\$0</b>           |
|    | TOTAL DIRECT COSTS                  | \$39,816             |
| Н. | INDIRECT COSTS (12% of Direct Cost) | \$4,778              |
|    | TOTAL BUDGET:                       | \$44,594             |

| File Number: (Provided by Clerk of Board of Supervisors)                                                                                                                                                                                                                                                                                |                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|
| Grant Resolution Info                                                                                                                                                                                                                                                                                                                   |                                                                                                             |
| Purpose: Accompanies proposed Board of Supervisors res expend grant funds.                                                                                                                                                                                                                                                              | olutions authorizing a Department to accept and                                                             |
| The following describes the grant referred to in the accomp                                                                                                                                                                                                                                                                             | eanying resolution:                                                                                         |
| <ol> <li>Grant Title: Evaluation of doxycycline post-exposure pre<br/>in PreP users and HIV infected men who have sex with me</li> </ol>                                                                                                                                                                                                |                                                                                                             |
| <ol> <li>Department: San Francisco Department of Public Healt<br/>Population Health Division<br/>Bridge HIV</li> </ol>                                                                                                                                                                                                                  | rh                                                                                                          |
| 3. Contact Person: Susan Buchbinder                                                                                                                                                                                                                                                                                                     | Telephone: 415-437-7478                                                                                     |
| 4. Grant Approval Status (check one):                                                                                                                                                                                                                                                                                                   |                                                                                                             |
| [X] Approved by funding agency                                                                                                                                                                                                                                                                                                          | [] Not yet approved                                                                                         |
| 5. Amount of Grant Funding Approved or Applied for: \$99,                                                                                                                                                                                                                                                                               | 636                                                                                                         |
| 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): The Regen                                                                                                                                                                                                                      |                                                                                                             |
| <ol> <li>Proposed Grant Project Summary:         <ul> <li>Dr. Buchbinder is the senior PreP lead on the study</li> <li>the City Clinic site. Dr Cohen will oversee planning and impand supervise recruitment and retention. Dr, Buchbinder and the study, including input into the analysis plan, DSMB presults.</li> </ul> </li> </ol> | elementation of the DoxyPrep study at SF City Clinic and Dr Cohen will contribute to the scientific conduct |
| 9. Grant Project Schedule, as allowed in approval docume                                                                                                                                                                                                                                                                                | nts, or as proposed:                                                                                        |
| Approved year one project: Start-Date: 04/12/2019                                                                                                                                                                                                                                                                                       | 9 End-Date: 03/31/2020                                                                                      |
| 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<br>requirements?                                                                                                                                                                                                                                                          | the Department's Local Business Enterprise (LBE)                                                            |
| d. Is this likely to be a one-time or ongoing request for co                                                                                                                                                                                                                                                                            | ontracting out?                                                                                             |

[X] Yes

[] No

11a. Does the budget include indirect costs?

- b1. If yes, how much? \$10,675
- b2. How was the amount calculated? 12% of Direct Cost
- c1. If no, why are indirect costs not included?

| [] Not allowed by granting agency [] To maximize use [] Other (please explain): | se of grant funds on direct services |
|---------------------------------------------------------------------------------|--------------------------------------|
|---------------------------------------------------------------------------------|--------------------------------------|

- c2. If no indirect costs are included, what would have been the indirect costs?
- 12. Any other significant grant requirements or comments:

The grant does not require an ASO amendment and partially reimburses the department for one existing position: one Sr. Physician Specialist (Job Class 2232) at 0.15 FTE and one Manager VIII at .1917 FTE (Job Code 0943) for 12 months for the period from April 12, 2019 through March 31, 2020.

We respectfully request approval to accept and expend these funds retroactive to April 12, 2019. The Department received the subaward agreement on May 29, 2019.

Proposal ID: CTR00001318

Version ID: V101 Dept ID: 162646 Project ID: 10035054 Activity ID: 0001

| **Disability Access Check<br>Forms to the Mayor's Office                                          |                                                                            | a copy of all completed Grant Information                                                                                                      |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| 13. This Grant is intended for                                                                    | or activities at (check all that apply):                                   |                                                                                                                                                |
| <ul><li>[X ] Existing Site(s)</li><li>[ ] Rehabilitated Site(s)</li><li>[ ] New Site(s)</li></ul> | [] Existing Structure(s) [] Rehabilitated Structure(s) [] New Structure(s) | [] Existing Program(s) or Service(s) [] New Program(s) or Service(s)                                                                           |
| concluded that the project as other Federal, State and local                                      | s proposed will be in compliance wi                                        | n Disability have reviewed the proposal and the Americans with Disabilities Act and all ons and will allow the full inclusion of persons d to: |
| 1. Having staff trained in h                                                                      | now to provide reasonable modifica                                         | tions in policies, practices and procedures;                                                                                                   |
| 2. Having auxiliary aids ar                                                                       | nd services available in a timely ma                                       | nner in order to ensure communication access;                                                                                                  |
|                                                                                                   | approved by the DPW Access Com                                             | to the public are architecturally accessible and pliance Officer or the Mayor's Office on                                                      |
| If such access would be tech                                                                      | nnically infeasible, this is described                                     | in the comments section below:                                                                                                                 |
| Comments:                                                                                         |                                                                            |                                                                                                                                                |
| Departmental ADA Coordina                                                                         | ator or Mayor's Office of Disability R                                     | eviewer:                                                                                                                                       |
| Toni Quel                                                                                         | 4                                                                          |                                                                                                                                                |
| (Name)                                                                                            |                                                                            |                                                                                                                                                |
| (Name)  OPH AOA Con                                                                               | rdintor                                                                    |                                                                                                                                                |
| (Title)                                                                                           |                                                                            | 1 0                                                                                                                                            |
| Date Reviewed:6-2                                                                                 | 1-19                                                                       | La Ruck                                                                                                                                        |
|                                                                                                   |                                                                            | (Signature Required)                                                                                                                           |
|                                                                                                   |                                                                            |                                                                                                                                                |
|                                                                                                   |                                                                            |                                                                                                                                                |
|                                                                                                   |                                                                            |                                                                                                                                                |
| Department Head or Desig                                                                          | nee Approval of Grant Information                                          | on Form:                                                                                                                                       |
| (Nama) Grey Wag                                                                                   | iner                                                                       |                                                                                                                                                |
| (Name) CFO                                                                                        | 1-19                                                                       |                                                                                                                                                |
| (Title)                                                                                           | 1 10                                                                       | A DA                                                                                                                                           |
| Date Reviewed:                                                                                    | 1-19                                                                       | (Simply Required)                                                                                                                              |
|                                                                                                   |                                                                            | (Signature Required)                                                                                                                           |

# San Francisco Department of Public Health (SFDPH) Population Health Division - HIV Bridge

Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PreP users and HIV infected men who have sex with men

### **BUDGET JUSTIFICATION**

April 12, 2019 – March 31, 2020

- A. PERSONNEL
- B. MANDATORY FRINGE
- 1. 0.1917 0943 Manager VIII : Susan Buchbinder 49,714 Annual Salary \$189,600 x 0.1917 FTE for 12 month = 36,025 Mandatory Fringe Benefits (@, 38%) = 13,689

Dr Buchbinder will serve as Senior Lead of the PreP cohorts, providing scientific direction and oversight for the PreP cohorts in Seattle and San Francisco for recruitment, retention, protocol implementation and strategies to engage in MSM stakeholders and community members.

2. 0.15 2232 – Sr. Physician Specialist: Stephanie Cohen
Annual Salary \$189,600 x 0.15 FTE for 12 month = 28,440
Mandatory Fringe Benefits (@ 38%) = 10,807

Dr. Cohen will be responsible for the overall scientific, operational, and administrative aspects of the study at San Francisco City Clinic, which will enroll MSM on PreP. Dr Cohen will be responsible for study implementation, enrollment and retention, data collection, evaluation and reporting, clinical management of study participants, and quality management.

|    | Total Salaries Total Fringe         | \$64,465<br>\$24,496 |
|----|-------------------------------------|----------------------|
|    | TOTAL PERSONNEL:                    | \$0                  |
| C. | TRAVEL                              | \$0                  |
| D. | EQUIPMENT                           | \$0                  |
| E. | MATERIALS AND SUPPLIES              | \$0                  |
| F. | CONTRACTUAL                         | \$0                  |
| G. | OTHER                               | \$0                  |
|    | TOTAL DIRECT COSTS                  | \$88,961             |
| Н. | INDIRECT COSTS (12% of Direct Cost) | \$10,675             |
|    | TOTAL BUDGET:                       | \$99,636             |

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
AIDS Office - HIV Research Section
Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HiV-infected men who have sex with men
04/12/19-03/31/20
Monthly Expenditure and Projection Report

| CA | TEGORY/LINE ITEM                                                                                                                                                                 | Annual<br>Salary | 38%<br>Annual<br>Frin Ben | Total Annual<br>Sal/Frin Ben | % OF<br>TIME | % OF<br>FTE | Monthly<br>Rate | Mth   | Salary<br>Budget |        | Total<br>Budget                   | Comments |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------|------------------------------|--------------|-------------|-----------------|-------|------------------|--------|-----------------------------------|----------|
| Α. | PERSONNEL                                                                                                                                                                        |                  |                           |                              |              |             |                 |       |                  |        |                                   |          |
|    | Director     0943 5 S. Buchbinder                                                                                                                                                | 189,600          | 72,048                    | 261,648                      | 19%          | 0.192       | 15,800          | 12.0  | 36,024           | 13,689 | 49,714                            |          |
|    | 2 Sr Phylsican<br>2233 5 C Cohen                                                                                                                                                 | 189,600          | 72,048                    | 261,648                      | 15%          | 0.150       | 15,800          | 12.0  | 28,440           | 10,807 | 39,247                            |          |
|    | TOTAL SALARY/FRINGE                                                                                                                                                              | 379,200          | 144,096                   | 523,296                      | 34.2%        | 0.342       | 31,600          | 24.00 | 64,464           | 24,496 | 88,961                            |          |
|    | 00101 SALARIES<br>00103 FRNG BN<br>SUB TOTAL                                                                                                                                     |                  |                           |                              |              | ,           |                 |       |                  |        | 64,464<br>24,496<br><b>88,962</b> |          |
| C. | TRAVEL 1. Local Travel (02301) 2. Out-of-Jurisdiction Travel (02 Sub Total TRAVEL                                                                                                |                  |                           |                              |              |             |                 |       |                  | ;      | 0                                 |          |
| D. | EQUIPMENT 1. Computer (06061) Sub Total E                                                                                                                                        | QUIPMENT         |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
| Ξ. | MATERIALS AND SUPPLIES 1. Office supplies (04951) 2. Non-inventoried equipmt (049 3. Clinical supplies (04431) 4. Laboratory supplies (04431) Sub Total S                        |                  |                           |                              |              |             |                 |       |                  |        | 0<br>0<br>0                       |          |
| ξ. | CONTRACTUAL SERVICES (027<br>1. PHFE<br>Sub Total C                                                                                                                              | 789)<br>ONTRACTS |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
| G. | OTHER 1. Rent 2. Photocopier maint (02931) 3. Repro srvc (In House)(03551 4. Print/Slide srvc (Outside)(035 5. Promotion and advertising(03 6. Client Stipends (02783) Sub TOTAL | 52)<br>599)      |                           |                              |              |             |                 |       |                  | :      | 0<br>0<br>0<br>0<br>0             |          |
|    | TOTAL DIR                                                                                                                                                                        | ECT COST         |                           |                              |              |             |                 |       |                  |        | 88,962                            |          |
|    |                                                                                                                                                                                  |                  |                           | BUDGET SUM                   | MARY         |             |                 |       |                  |        |                                   |          |
|    | A. SALARIES                                                                                                                                                                      |                  |                           |                              |              |             |                 |       |                  |        | 64,464                            |          |
|    | B. MANDATORY FRI                                                                                                                                                                 | NGE              |                           |                              |              |             |                 |       |                  |        | 24,496                            |          |
|    | C. TRAVEL                                                                                                                                                                        |                  |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
|    | D. EQUIPMENT                                                                                                                                                                     |                  |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
|    | E. MATERIALS AND                                                                                                                                                                 | SUPPLIES         |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
|    | F. CONTRACT / MOU                                                                                                                                                                | J                |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
|    | G. OTHER                                                                                                                                                                         |                  |                           |                              |              |             |                 |       |                  |        | 0                                 |          |
|    | DIRECT CO                                                                                                                                                                        | STS              |                           |                              |              |             |                 |       |                  |        | 88,961                            |          |
|    | H. INDIRECT COST (                                                                                                                                                               | 12% of Direct    | Cost)                     |                              |              |             |                 |       |                  |        | 10,675                            |          |
|    | TOTAL BUD                                                                                                                                                                        | GET              |                           |                              |              |             |                 |       |                  |        | 99,636                            |          |
|    | AWARD                                                                                                                                                                            |                  |                           |                              |              |             |                 |       |                  |        | 99,636                            |          |
|    |                                                                                                                                                                                  |                  |                           |                              |              |             |                 |       |                  |        |                                   |          |

(0)

SURPL/(DEFICIT)

| FDP Research Subaward Agreement                                                                                                                                             |                                                                                                 |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|--|--|--|--|
| Amendment (N                                                                                                                                                                | lumber 1 )                                                                                      |  |  |  |  |  |
| Pass-Through Entity (PTE)                                                                                                                                                   | Subrecipient                                                                                    |  |  |  |  |  |
| The Regents of the University of California, San Francisco Ent                                                                                                              | ity Name City & County of San Francisco                                                         |  |  |  |  |  |
| cgsuboutteam@ucsf.edu Ema                                                                                                                                                   | il Address susan.buchbinder@sfdph.org                                                           |  |  |  |  |  |
| Principa                                                                                                                                                                    | al Investigator Susan Buchbinder                                                                |  |  |  |  |  |
| Project Title: Evaluation of doxycycline post-exposure prophylaxis to reduce sexu                                                                                           | cells, because the directions in PATD years and LIIV infrasted area who have a so with a second |  |  |  |  |  |
|                                                                                                                                                                             |                                                                                                 |  |  |  |  |  |
| PTE Federal Award No: R01AI143439                                                                                                                                           | Federal Awarding Agency: National Institutes of Health (NIH)                                    |  |  |  |  |  |
| Notice of Federal (NIT)                                                                                                                                                     |                                                                                                 |  |  |  |  |  |
| Revised Subaward Period of Performance: Amount F                                                                                                                            | unded This Action: Subaward No:                                                                 |  |  |  |  |  |
| Start Date: April 12, 2019 End Date: Mar 31, 2020 -\$ 1,444.                                                                                                                |                                                                                                 |  |  |  |  |  |
| Effective Date of Amendment: Total Amount of Federal Fun                                                                                                                    | ds Obligated to Date: Subject to FFATA: Automatic Carryover                                     |  |  |  |  |  |
| Apr 12, 2019 \$ 99,636.00                                                                                                                                                   | Yes No Yes No                                                                                   |  |  |  |  |  |
| Amendment(s) to Original Terms and Conditions This Amendment revises the above-referenced Research Subaward Agreement as follows:                                           |                                                                                                 |  |  |  |  |  |
| For clarity: all amounts stated in this amounts                                                                                                                             | iment are in United States Dollars.                                                             |  |  |  |  |  |
| For clarity: all amounts stated in this amendment are in United States Dollars.  All other terms and conditions of this Subaward Agreement remain in full force and effect. |                                                                                                 |  |  |  |  |  |
| By an Authorized Official of PTE:                                                                                                                                           | By an Authorized Official of Subrecipient:                                                      |  |  |  |  |  |
| Rachel Sievert 573072019                                                                                                                                                    | Docusigned by:  Omas Ougran  May 29, 2019                                                       |  |  |  |  |  |
| Name: Date                                                                                                                                                                  | Name: Tomas Aragon—08D82895D8C0442 Date                                                         |  |  |  |  |  |
| Title: Assistant Director                                                                                                                                                   | Title: Director of Population Health Division                                                   |  |  |  |  |  |

AIDS Office - HIV Research Section

Research Title: Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in PrEP users and HIV-infected men who have sex with men 04/12/19-03/31/20

|                               | Annual  | Effort | Salary    | Fringe    | Total  |
|-------------------------------|---------|--------|-----------|-----------|--------|
|                               | Salary  |        | Requested | Requested |        |
| Director: S. Buchbinder       | 189,600 | 19.17% | 36,025    | 13,689    | 49,714 |
| Senior Phyisican: C. Cohen    | 189,600 | 15.00% | 28,440    | 10,807    | 39,247 |
| Total Salary and Fringe       |         |        | 64,465    | 24,496    | 88,961 |
| Total Direct                  |         |        |           |           | 88,961 |
| Total Indirect (12.00%, MTDC) |         |        |           |           |        |
| Total Cost                    |         |        |           |           |        |



# London N. Breed Mayor

| TO:                                                                                                      | Angela Calvillo, Clerk of the Board of Supervisors           |                                                                                                                                                                                                        |                   |  |  |  |
|----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--|--|--|
| FROM                                                                                                     | Λ:                                                           | Dr. Grant Colfax<br>Director of Health                                                                                                                                                                 |                   |  |  |  |
| DATE: 12/16/2020                                                                                         |                                                              | 12/16/2020                                                                                                                                                                                             |                   |  |  |  |
| SUBJ                                                                                                     | ECT:                                                         | Grant Accept and Expend                                                                                                                                                                                | Accept and Expend |  |  |  |
| GRANT TITLE:                                                                                             |                                                              | Accept and Expend Grant - Evaluation of doxycycline post-<br>exposure prophylaxis to reduce sexually transmitted<br>infections in PrEP users and HIV infected men who have<br>sex with men - \$144,230 |                   |  |  |  |
| Attached please find the original and 1 copy of each of the following:                                   |                                                              |                                                                                                                                                                                                        |                   |  |  |  |
| $\boxtimes$                                                                                              | Proposed grant resolution, original signed by Department     |                                                                                                                                                                                                        |                   |  |  |  |
| $\boxtimes$                                                                                              | ☐ Grant information form, including disability checklist -   |                                                                                                                                                                                                        |                   |  |  |  |
| Budget and Budget Justification                                                                          |                                                              |                                                                                                                                                                                                        |                   |  |  |  |
|                                                                                                          | Grant application: Not Applicable. No application submitted. |                                                                                                                                                                                                        |                   |  |  |  |
| $\boxtimes$                                                                                              | Agreement / Award Letter                                     |                                                                                                                                                                                                        |                   |  |  |  |
|                                                                                                          |                                                              |                                                                                                                                                                                                        |                   |  |  |  |
| 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, 101 Grove St # 108                                     |                                                              |                                                                                                                                                                                                        |                   |  |  |  |
| Certifi                                                                                                  | Certified copy required Yes ☐ No ☒                           |                                                                                                                                                                                                        |                   |  |  |  |
|                                                                                                          |                                                              |                                                                                                                                                                                                        |                   |  |  |  |

From: Peacock, Rebecca (MYR)

To: BOS Legislation, (BOS); Quintos, Jocelyn (CON); Groffenberger, Ashley (MYR)

Cc: Kittler, Sophia (MYR); Wong, Greg (DPH); Duning, Anna (MYR)

Subject: Mayor -- [Resolution] -- [Accept and Expend Grant - Retroactive - National Institutes of Health - The Regents of

the University of California, San Francisco - Evaluation of doxycycline post-exposure prophylaxis to reduce

sexually transmitted infections]

Date: Tuesday, December 15, 2020 5:31:50 PM
Attachments: (11) A&E DPH Evaluation of doxycycline.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 increase in the amount of \$44,594 for a total amount of \$144,230 from the National Institutes of Health through the Regents of the University of California, San Francisco for participation in a program, entitled "Evaluation of doxycycline post-exposure prophylaxis to reduce sexually transmitted infections in pre-exposure prophylaxis (PrEP) users and human immunodeficiency virus (HIV) infected men who have sex with men," for the period of April 12, 2019, through March 31, 2021.

<u>@Quintos, Jocelyn (CON)</u> and <u>@Groffenberger, Ashley (MYR)</u>, can you please reply-all indicating your approval? Thanks!

Please let me know if you have any questions.

Rebecca Peacock (they/them)

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