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OFFICE OF THE MAYOR
SAN FRANCISCO



WILLIE LEWIS BROWN, JR.

**FOR IMMEDIATE RELEASE
TUESDAY, MAY, 4, 1999**

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MAYOR BROWN ANNOUNCES FIVE-YEAR HIV PREVENTION INITIATIVE

-- DuPont Pharmaceuticals Pledges \$1 Million to Begin Coalition --

SAN FRANCISCO – Mayor Willie L. Brown Jr. today challenged national and local businesses to join with the City of San Francisco and DuPont Pharmaceuticals Company in a new initiative aimed at preventing the spread of HIV and AIDS in San Francisco. DuPont Pharmaceuticals is leading the five-year initiative with a \$1 million grant and is inviting other companies to participate with an ultimate goal of raising at least \$5 million.

"The city will match DuPont Pharmaceuticals' grant in an effort to inspire other companies to follow their lead," said Mayor Brown. "San Francisco has a long history of confronting the AIDS epidemic, which has had a devastating effect on our city. Statistics show the number of AIDS cases is increasing here, and we must have bold prevention programs like the one announced today to stop this dangerous trend."

The initiative will be coordinated by a coalition of participating organizations, members of the San Francisco Department of Public Health (DPH) and community leaders. Mitchell Katz, MD, Director of DPH announced three co-chairs to lead the community-based effort. They are: **Thomas J. Coates, Ph.D.**, Director of the AIDS Research Institute of the University of California—San Francisco; **Herminia Palacio, MD**, special adviser to Dr. Katz, and a clinician experienced in treating patients with HIV disease; and **Sean F. Sasser**, Director of Youth and Community Development at Health Initiatives for Youth.

"DuPont Pharmaceuticals is fully committed to HIV prevention, awareness and education," said Nicholas L. Teti, president, DuPont Pharmaceuticals. "The city's willingness to support this

initiative is an excellent example of how government and business can work together to benefit society."

The coalition will develop programs to educate people about protecting themselves and their partners from this deadly disease, and ensure that they have access to information that will help them make informed decisions.

"HIV is affecting the most vulnerable people in our city," said coalition co-chair Dr. Coates.

"Many of the cases are occurring among young people and people of color. Women are especially vulnerable, both biologically and socially. The coalition will supplement and enhance the work already under way among our AIDS service organizations."

In San Francisco, 25,742 people have been diagnosed with AIDS through December 1998, and one out of every 50 San Franciscans is HIV positive, according to San Francisco Department of Public Health. The number of gay men who reported having unprotected anal sex increased to 61.2 percent in 1997, up from 57.6 percent in 1994, according to the Centers for Disease Control (CDC). Those who said they had unprotected sex with multiple partners also grew to 33.3 percent in 1997, up from 23.6 percent in 1994, according to the CDC. Communities of color also have been hard hit. Of the 8,092 San Franciscans living with AIDS as of December 1998, 14.4% are African-American and 12.4% are Latino. In addition, the cumulative AIDS incidence rates for African-American, Latina and Native American women are disproportionate.

"The AIDS epidemic will continue in San Francisco until the necessary steps are taken to educate all people about how to act responsibly and protect themselves," said Mayor Brown.

"With initiatives like these in place, we can continue to work together to fight this disease."

DuPont Pharmaceuticals is a worldwide business that focuses on research, development, and delivery of pharmaceuticals to treat unmet medical needs in the fight against HIV, cardiovascular disease, central nervous system disorders, cancer and arthritis-related disorders.

DuPont is a science company, delivering science-based solutions in food and nutrition; health care; apparel; home and construction; electronics, and transportation. Founded in 1802, the company operates in 65 countries and has 92,000 employees.

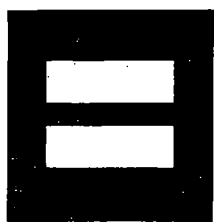
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FALL 1997

Tables of Estimated Expenditures for HIV Prevention: Announcement # 706

Project Area _____ Cooperative Agreement No. _____ FY 1997 Award Amount _____

Table A: Budget Projections by Major Activity

Table A collects information on HOW the funds will be expended according to major program activities. For CTRPN and HE/RR, please provide information by race/ethnicity and HIV exposure or transmission risk. The CTRPN and HE/RR categories are divided into rows and columns for this purpose. (Note, some cells may have no entries. Also, the "other" row and column can be used for amounts that cannot be cross-tabbed between race/ethnicity and HIV exposure or transmission risk.) Please provide subtotals for both columns and rows. The sum of the column totals will be equal to the sum of the row totals; these two sums will be equal to the total for the category. Please provide individual estimates of projected amounts for the remaining categories. The sum of the amounts from each category (#1 through #8) should equal the total amount of the cooperative agreement award.

1. Counseling, Testing, Referral and Partner Notification (CTRPN): Include costs associated with conducting HIV counseling, testing (including laboratory services), referral, and partner notification activities. All cost for health department staff and materials, including direct assistance (DA), involved in CTRPN, as well as allocations for prevention partners (contractors) will be included here, e.g., costs for program administration, staffing, training, quality control, lab costs, materials etc.						
Provide best estimates of your projected expenditures for CTRPN as targeted by or for:	HIV EXPOSURE OR TRANSMISSION RISK				Other or not targeted by HIV exposure or transmission risk	CDC HIV-Prevention Funds (Announcement #706) Row Totals
	Men who have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

CTRPN Total

2. Health Education/Risk Reduction (HE/RR): Include costs associated with carrying out prevention programming activities aimed at every level. All costs for health department staff and materials (including DA) involved in HE/RR, as well as allocations for prevention partners (contractors) will be included here, e.g., costs for program administration, staffing, training, quality control, materials, incentives, equipment, etc.						
Provide best estimates of your projected expenditures for HE/RR as targeted by or for:	HIV EXPOSURE OR TRANSMISSION RISK				Other or not targeted by HIV exposure or transmission risk	CDC HIV-Prevention Funds (Announcement #706) Row Totals
	Men who have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

HE/RR Total

NOTE: The figures on this table are understood to be estimates, based on projected expenditures and are subject to change. Rounding off is appropriate, provided that the total reflects the total amount in the notice of grant award.

Please continue completing Table A on next page....

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Tables of Estimated Expenditures for HIV Prevention: Announcement # 706

Project Area _____ Cooperative Agreement No. _____ FY 1997 Award Amount _____

Table A (continued. See instructions on page 1.)

NOTE: The figures on this table are understood to be estimates, based on projected expenditures and are subject to change. Rounding off is appropriate, provided that the total reflects the total amount in the notice of grant award.		CDC HIV-Prevention Funds (Announcement #706)
3. Public Information (PI): Include costs associated with providing information to the general public, e.g., general and targeted media campaigns, hotlines, and clearinghouses. All costs for health department staff and materials (including DA) involved in public information, as well as allocations for prevention partners (contractors) will be included here, e.g., costs for program administration, staffing, training, quality control, media charges, printing, materials, etc.		
4. Evaluation and Research: Include costs associated with conducting specific evaluation and research activities to characterize interventions and prevention programs. These may be studies conducted by health department staff or contracted out. Include all costs here, e.g., staffing and administering such projects, materials and data processing costs, etc. Note: Routine quality control and program monitoring costs should be included in categories 1-3 above, as appropriate.		
5. Capacity-Building and Infrastructure Development: Include costs associated specifically for health department and community based organizations (CBOs) infrastructure development for building the capacity of the health department and other prevention partners to conduct effective prevention programs. These activities may be conducted by health department staff (i.e., this may be a major task for many health department staff) or contracted out. Include all costs here, e.g., staff time, materials, meeting costs, CBO indirect costs, etc. Note: Training for CTRPN, HE/RR and PI should be included in categories 1-3 above, as appropriate.		
6. Community Planning: Include costs associated with conducting the planning process, e.g., leadership, coordination, staff support, travel, meeting costs, reproductions, reimbursed costs, etc. This includes conducting all planning tasks as outlined in the Supplemental Guidance: developing an epidemiologic profile, conducting needs assessments, priority setting, developing comprehensive plan, evaluating the planning process, recruitment, etc. These activities may be conducted by health department staff, community planning group members or contracted out.		
7. Other: Include costs that cannot fit into any of the categories 1-6 above. Please list, on separate sheet, the types of activities that are accounted for on this line.		
8. Indirect Cost: This is the same as line 6.j. form 424A.		
COOPERATIVE AGREEMENT AWARD TOTAL: This is the sum of all items 1 through 8 above. →		

Table B: Budget Projections by Major Provider/Contractor of Services

Table B collects information on which organization will provide the services. The sum of the amounts to each provider (#1 through #6, below) should equal the total amount of the cooperative agreement award. The total for table B will be the same as the total for table A. The amounts are expected to be as accurate as possible; however, it is understood that these are estimates of proposed allocations.

NOTE: The figures on this table are understood to be estimates, based on projected expenditures and are subject to change. Rounding off is appropriate, provided that the total reflects the total amount in the notice of grant award.		CDC HIV-Prevention Funds (Announcement #706)
1. Amount of announcement #706 funds projected or estimated to be contracted out to CBOs/non-governmental organizations (NGOs), either directly to CBOs/NGOs or through an intermediary (i.e., local health department [LHD] or other unit), to provide HIV prevention services and activities. Leave blank if none.		
2. Amount of announcement #706 funds projected or estimated to be contracted to LHDs (i.e., non-grantee Public Health agencies) to provide HIV prevention services and activities. Leave blank if none. Note: for directly funded cities, this will be blank. For states with directly funded cities, this amount should include any funds allocated to those directly funded cities.		
3. Amount of announcement #706 funds projected or estimated to be contracted to other public agencies (i.e., corrections, mental health, etc.) to provide HIV prevention services and activities. Leave blank if none.		
4. Amount of announcement #706 funds projected or estimated to be contracted to universities, research, or consulting organizations to provide assistance in planning, researching, delivering, or evaluating HIV prevention services and activities. Leave blank if none.		
5. Amount of any additional announcement #706 funds, not accounted for above, projected or estimated to be contracted out. Leave blank if none. Please list, on separate sheet, the type of providers accounted for on this line.		
6. Amount of announcement #706 remaining in the health department, i.e., for all program costs directly carried out by grantee health department (whether staff are at the grantee health department or assigned to local, i.e., non-grantee health departments). This will include all amounts not contracted out, i.e., the difference of the sum of the above five items and total award.		
COOPERATIVE AGREEMENT AWARD TOTAL: This is the sum of all items 1 through 6 above →		

Please continue by completing Table C on next page...

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Tables of Projected Expenditures for HIV Prevention: Announcement # 706

Project Area _____ Cooperative Agreement No. _____ FY 1997 Award Amount _____

Table C: Budget Projections Targeted for Young People

This table requests information regarding program expenditures supporting activities directed to persons under age 25. The expenditures reported on this table will be extracted from amounts reported on tables A and B. The total for this table will most likely NOT be the total of your announcement 706 funds; it should reflect only that portion for persons under age 25. Please provide information by race/ethnicity and HIV exposure or transmission risk. (Note, some cells may have no entries. Also, the "other" row and column can be used for amounts that cannot be cross-tabbed between race/ethnicity and HIV exposure or transmission risk.) Please provide subtotals for both columns and rows. The sum of the column totals will be equal to the sum of the row totals; these two sums will be equal to the total amount you project for youth activities.

NOTE: The figures on this table are understood to be estimates, based on projected expenditures and are subject to change. Rounding off is appropriate.						
Provide best estimates of your projected expenditures for youth as targeted by or for:	HIV EXPOSURE OR TRANSMISSION RISK				Other or not targeted by HIV exposure or transmission risk	CDC HIV-Prevention Funds (Announcement #706) Row Totals
	Men who have Sex with Men (MSM)	Injecting Drug Users (IDU)	MSM/IDU	Heterosexual Contact		
RACE/ETHNICITY						
American Indian/Alaska Native						
Asian/Pacific Islander						
Black (non-Hispanic)						
Hispanic						
White (non-Hispanic)						
Other or not targeted by race						
Column Totals						

Total Amount of Announcement 706 Funds targeted for persons under age 25.

Name and phone number of person to contact with questions: _____

Date completed: _____

Notes/comments