

CITY AND COUNTY OF SAN FRANCISCO

**SECOND AMENDMENT
TO THE GRANT BETWEEN THE CITY AND COUNTY OF SAN FRANCISCO
AND
TENDERLOIN HOUSING CLINIC**

THIS AMENDMENT (this “Amendment”) is made as of **October 31, 2018**, in San Francisco, California, by and between **Tenderloin Housing Clinic, 126 Hyde Street, San Francisco, CA 94102**, hereinafter referred to as “Grantee”, and the City and County of San Francisco,

RECITALS:

WHEREAS, City and Grantee have entered into the Agreement (as defined below); and

WHEREAS, City and Grantee desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period and increase the contract amount; and

WHEREAS, the Board of Supervisors passed Resolution #18-1224 on January 29, 2019 to extend the grant term by two years and increase the grant amount to approve the second amendment; and

WHEREAS, Grantee represents and warrants that it is qualified to perform the services required by City as set forth under this Grant and Modification Agreement;

NOW, THEREFORE, Grantee and the City agree as follows:

**ARTICLE 1
DEFINITIONS**

1. Definitions. The following definitions shall apply to this Amendment:

- (a) **Agreement.** The term “Agreement” shall mean the Agreement dated **July 1, 2014** between Grantee and City; and **First Amendment**, dated **January 1, 2017**.
- (b) **Contract Monitoring Division. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division (“CMD”). Wherever “Human Rights Commission” or “HRC” appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean “Contract Monitoring Division” or “CMD” respectively.
- (c) **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

ARTICLE 2

MODIFICATIONS TO THE AGREEMENT

2. **Modifications.** The Agreement is hereby modified as follows:

2.1 **Section 3.2 Duration of Term** of the Agreement currently reads as follows:

The term of this Agreement shall commence on the later of (a) **July 1, 2014** and (b) the effective date specified in Section 3.1. Such term shall end at 11:59 p.m. San Francisco time on **June 30, 2018**.

Such section is hereby replaced in its entirety to read as follows:

The term of this Agreement shall commence on the later of (a) **July 1, 2014** and (b) the effective date specified in Section 3.1. Such term shall end at 11:59 p.m. San Francisco time on **June 30, 2020**.

2.2 **Section 5.1 Maximum Amount of Grant Funds** of the Agreement currently reads as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **Seventy-Four Million, Six Hundred Fifty-Three Thousand, One Hundred Fifty-Two Dollars (\$74,653,152)** for the period from **July 1, 2014 to June 30, 2018, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to Seven Million, Four Hundred Sixty-Five Thousand, Three Hundred Fifteen Dollars (\$7,465,315) for the period from July 1, 2017 to June 30, 2018, may be available, in the City's sole discretion, as a contingency subject to authorization by the City and certified as available by the Controller.

The maximum amount of Grant Funds disbursed hereunder shall not exceed **Eighty-Two Million, One Hundred Eighteen Thousand, Four Hundred Sixty-Seven Dollars (\$82,118,467)** for the period from **July 1, 2014 to June 30, 2018**.

Such section is hereby replaced in its entirety to read as follows:

The amount of the Grant Funds disbursed hereunder shall not exceed **One Hundred Fourteen Million, One Hundred Forty-Five Thousand, Two Hundred Thirty-Seven Dollars (\$114,145,237)** for the period from **July 1, 2014 to June 30, 2020, plus any contingent amount authorized by City and certified as available by the Controller.**

Contingent amount: Up to Three Million, One Hundred Thirty-Nine Thousand, Nine Hundred Forty-Nine Dollars (\$3,139,949) for the period from July 1, 2019 to June 30, 2020, may be available, in the City's sole discretion, as a contingency subject to authorization by the City and certified as available by the Controller.

The maximum amount of Grant Funds disbursed hereunder shall not exceed **One Hundred Seventeen Million, Two Hundred Eighty-Five Thousand, One Hundred Eighty-Six Dollars (\$117,285,186)** for the period from **July 1, 2014 to June 30, 2020**.

Grantee understands that, of the maximum dollar disbursement listed in Section 5.1 of this Agreement, the amount shown as the Contingent Amount may not to be used in Program Budgets attached to this Agreement as Appendix B, and is not available to Grantee without a revision to the Program Budgets of Appendix B specifically approved by Grant Agreement Administrator. Grantee further understands that no payment of any portion of this contingency amount will be made unless and until such funds are certified as available by Controller. Grantee agrees to fully comply with these laws, regulations, and policies/procedures.

- 2.3 Section 15.1. Requirements,** Agency name and address listed in section 15.1 is hereby replaced in its entirety to read as follows:

If to the Agency or City: Department of Homelessness and Supportive Housing
Contracts Division
P.O. Box 427400
San Francisco, CA 94142-7400
Facsimile No. 415-355-5288

- 2.4 Section 17.6. Entire agreement.** Section 17.6 is hereby replaced in its entirety to read as follows:

17.6 Entire Agreement. This Agreement and the Application Documents set forth the entire Agreement between the parties, and supersede all other oral or written provisions. If there is any conflict between the terms of this Agreement and the Application Documents, the terms of this Agreement shall govern. The following appendices are attached to and a part of this Agreement:

Appendix A, Services to be Provided, for the period of July 1, 2014 to June 30, 2020
Appendix B, Budget, for the period of July 1, 2014 to June 30, 2020
Appendix C, Method of Payment
Appendix D, Interests in Other City Grants
Appendix E, Permitted Subcontractors
Appendix G, Dispute Resolution Procedure

- 2.5 Appendix A, Services to be Provided and Appendix A-1, Services to be Provided** of the Agreement are hereby replaced in their entirety by **Appendix A, Services to be Provided** for the period of July 1, 2014 to June 30, 2020, which displays the scope of services herein modified.
- 2.6 Appendix B, Budget,** of the Agreement is hereby replaced in its entirety by the modified **Appendix B, Budget** for the period of July 1, 2014 to June 30, 2020, attached herewith.
- 2.7 Appendix C, Method of Payment,** of the Agreement is hereby replaced in its entirety by the modified **Appendix C, Method of Payment** attached herewith.

- 2.8 Appendix D, Interests in Other City Contracts**, of the Agreement is hereby replaced in its entirety by the modified **Appendix D, Interests in Other City Grants** attached herewith.
- 2.9 Appendix E, Permitted Subgrantees**, of the Agreement is re-attached in its original form to this Agreement.
- 2.10 Appendix F, Additional Federal Funding Award Requirements**, of the Agreement is hereby deleted in its entirety from this Agreement.
- 2.11 Appendix G, Dispute Resolution Procedure**, is hereby added in its entirety as an appendix to this Agreement.

**ARTICLE 3
EFFECTIVE DATE**

- 3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

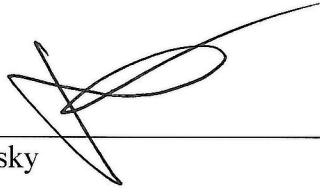
**ARTICLE 4
LEGAL EFFECT**

- 4. Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Grantee and City have executed this Amendment as of the date first referenced above.

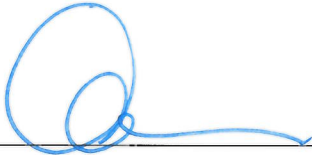
CITY

Recommended by:



Jeff Kositsky
Director
Department of Homelessness and Supportive
Housing


Approved as to Form:



By: _____
Anne Pearson
Deputy City Attorney

GRANTEE

Tenderloin Housing Clinic



Randy Shaw
Executive Director
126 Hyde Street
San Francisco, CA 94102
415.885.3286

City Supplier ID: **0000009870**
Federal ID number: **94-2681706**

Appendix A, Services to be Provided
by
Tenderloin Housing Clinic
Master Lease for CAAP and Non-CAAP Clients
July 1, 2014 to June 30, 2020

I. Purpose of Grant

The purpose of the grant is to lease and provide property management and support services to residents of Single Room Occupancy (SRO) buildings.

The goals of these services are to empower tenants to become self-sufficient and retain their housing or move to other appropriate housing, promote community building and tenant participation, and maintain a safe, supportive and stable environment that fosters independence.

II. Target Population

Grantee shall serve formerly homeless single adults and adult couples, without custody of minor children, who meet the Department of Homelessness and Supportive Housing (HSH) established eligibility requirements and are referred by the HSH Access Point system.

Eligibility criteria include meeting the definition of homelessness at the time of referral and placement, specifically established benefits and/or income criteria and ability to live independently within the structure of the housing program.

Only clients who are County Adult Assistance Programs (CAAP) recipients at the time of acceptance into housing may be placed into a CAAP vacancy.

III. Description of Services

Grantee shall provide the following services during the term of this grant:

Property Management

Grantee shall provide the following property management services during the term of this grant:

- A. Lease and maintain 1,566 units at 16 hotels throughout San Francisco.
- B. Draft rental agreements to be signed with all tenants at move-in/upon occupancy.
- C. Communicate with the Housing Access Team in a timely fashion according to procedures, when a unit is vacant.
- D. Maintain a secure and healthful environment for tenants and delivery of all services, including but not limited to:
 1. Compliance with all building, fire and health codes;
 2. Clean, sanitary and regularly maintained common spaces and community areas within the building;
 3. Clean, sanitary and regularly maintained shared-use toilet/shower facilities;

4. Regular removal of garbage/trash from designated trash areas and maintenance of these areas as clean and functional;
 5. Maintenance and janitorial staff coverage to support these efforts and timely response to tenant building concerns and problems;
 6. 24-hour, seven days a week front desk coverage;
 7. Maintenance and repair of facility systems, plumbing, HVAC, electrical, safety issues; and
 8. Facility security and pest control.
- E. Grantee shall collect rent. Unit rent is a minimum of \$493.00 per month for each available unit. CAAP recipients are responsible for a tenant rent portion of between \$278 and \$318 per month (depending upon the type of benefits each is receiving). The HSH grant budget covers the HSH approved expenses not covered by rental payments of tenants up to the total approved grant amount. Future tenant rent increases, no more than one a year, must be approved in advance of notice to tenants by the HSH program monitor for this grant. The tenant's portion of the rent while active on CAAP benefits is determined by HSH and does not require the same 30-day notice if it changes.
- F. Modified Payment Program (MPP): Grantee shall provide money management/repayee services during the term of this grant. Should a tenant transition to Supplemental Security Income (SSI), Grantee shall calculate residents' pro-rated rent or tenant rent portion based on HSH guidelines. If Grantee is tenant's representative payee or tenant is enrolled in money management, Grantee shall collect the rent and issue disbursements according to an agreed upon money management plan. If Grantee is not representative payee, Grantee shall collect rent payments from tenant on a timely basis.
- G. Grantee shall provide written notice or warning to tenants related to any issue that may affect on-going tenancy including, but not limited to, failure to pay rent on time or in full, violations of house rules and actions that are in violation of the rental agreement. When necessary, Grantee shall provide notice and actions related to the eviction process in accordance with laws in effect in San Francisco.

Support Services

Grantee shall provide the following support services during the term of this grant:

- A. Outreach: Grantee shall contact, interact, inform and invite tenants to make use of support services to assist with and address individual needs or issues. This includes but is not limited to discontinuance from benefits, non-payment of rent, lease violations or warnings from Property Management, and conflicts with staff or tenants. These outreach efforts shall include written messages, in person interactions, phone messages and calls, and emails as available and appropriate to reach the individual tenant.

- B. Intake and Assessment: Grantee shall provide one or more meetings or interviews with a tenant to establish strengths, skills, needs, plans and goals that are useful to the tenant and shall help the tenant maintain housing.
- C. Case Management: Grantee shall provide on-going meetings and counseling services with a tenant to establish goals, support individualized action and service plans, and track progress toward meeting the goals.
- D. Benefits Advocacy and Assistance: Grantee shall provide assistance and referral to support a tenant to obtain or maintain benefits and solve problems related to county, state and federal benefits programs. This can also include assistance in identifying, applying for and establishing appointments with available services such as food programs, medical clinics and in-home support.
- E. Referrals: Grantee shall assist clients to identify and access services available within the community that meet specific needs or support progress toward identified goals. This can include providing information about services, calling to help establish appointments, assisting with the completion of applications, helping with appointment reminders, follow up/checking in with clients regarding the process, and, as necessary, re-referral.
- F. Mediation with Property Management:
 - 1. Grantee shall provide assistance in communicating with, responding to and meeting with property management. This can include helping a client understand the meaning of messages/letters/warnings from property management, assisting a tenant to write requests, responses or complaints, and participating in meetings between the tenant and property management to assist the tenant in communicating with property management.
 - 2. Conflict Resolution: Grantee shall offer to meet with two or more tenants to assist in problem solving and resolution of conflicts.
 - 3. Wellness Checks: Using passive observation of the tenant population, Grantee shall coordinate with property management to identify clients who have not been seen or have shown signs of concern to staff on at least a weekly basis. Outreach efforts are used to make contact and check in with these tenants.
- G. Support Groups, Social Events and Organized Tenant Activities:
 - 1. Grantee shall provide clients with opportunities to participate in organized gatherings for peer support, to gain information from presenters and each other, to form social connections with other tenants/staff, or to celebrate/commemorate significant individual, holiday and community events. Events are held on-site and are often planned with or based on the input from tenants. Events shall be held at least once a week and a monthly calendar of events shall be posted and provided to tenants.
 - 2. Monthly Community Meetings: Grantee shall conduct meetings for tenants.

IV. Location and Time of Services

Grantee shall provide services at the following hotels:

Hotel	Type	SRO Address	Zip Code	# of Units
1. All Star Hotel	CAAP	2791 16 th St.	94103	85
2. Boyd Hotel	CAAP	41 Jones St.	94102	81
3. Cal Drake Hotel	CAAP	1541 California St.	94109	50
4. Edgeworth	Non-CAAP	770 O'Farrell St.	94109	44
5. Elk Hotel	CAAP	670 Eddy St.	94109	88
6. Graystone Hotel	CAAP	66 Geary St.	94108	73
7. Hartland Hotel	Non-CAAP	909 Geary St.	94109	136
8. Jefferson Hotel	Non-CAAP	440 Eddy St.	94109	109
9. Mayfair Hotel	Non-CAAP	626 Polk St.	94102	54
10. Mission Hotel	Non-CAAP	520 S. Van Ness Ave.	94110	244
11. Pierre Hotel	CAAP	540 Jones St.	94102	87
12. Raman Hotel	Non-CAAP	1011 Howard St.	94103	85
13. Royan Hotel	CAAP	405 Valencia St.	94103	69
14. Seneca Hotel	Non-CAAP	34 6 th St.	94103	200
15. Union Hotel	CAAP	811 Geary Blvd.	94109	61
16. Vincent Hotel	Non-CAAP	459 Turk St.	94102	100

Grantee shall provide property management services 24 hours a day, seven days a week. Support services staff shall be available during regular work and scheduled evening hours, excluding legal holidays as determined by the Grantee's personnel policies.

V. Service Requirements

A. The site must be inspected by Department of Public Health (DPH), Department of Building Inspection (DBI) and San Francisco Fire Department (SFFD) prior to the site becoming an active part of the program. After that, inspections shall occur at legally required intervals based on the policies and procedures of the inspection units of DPH, DBI and SFFD. HSH and the Grantee shall notify the other party within 24 hours of any change in the hotel status upon notification of the inspecting agency.

- B. Annual Tenant Survey: Grantee shall utilize a written survey of tenants at least once a year to gather feedback and assess the awareness of tenants regarding the services and systems within the program.
- C. Critical Incident Reports: Grantee shall submit prompt written reports to HSH within 24 hours regarding any deaths, serious violence or emergencies involving police, fire or ambulance calls using the Critical Incident Report form. Grantee shall call the HSH Program Manager within two hours of any death.
- D. Grantee shall attend meetings as requested by HSH.

VI. Service Objectives

Grantee shall achieve the following service objectives:

- A. Support Services staff shall contact every tenant at least three times during the first 60 days following placement in housing to engage the tenant in services.
- B. Each unit, upon turnover, is clean and/or repaired within seven working days, on average.
- C. Grantee shall fill all vacant rooms within seven days of referral from the Housing Access Team.

VII. Outcome Objectives

Grantee shall achieve the following outcome objectives:

- A. Grantee shall maintain an occupancy rate of at least 97 percent.

VIII. Reporting Requirements

- A. Grantee shall provide a monthly report of activities, referencing the tasks as described in the Service Objectives and Outcome Objectives sections. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month as required, including:
 1. Occupancy; and
 2. New placements.
- B. Grantee shall provide a quarterly report of activities, referencing the tasks as described in the Service Objectives and Outcome Objectives sections. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the month following the end of the quarter as required, including:
 1. Number of intakes and assessments - new tenants;
 2. Outreach to households showing instability;
 3. Number of group or community activities;
 4. Number of outreach efforts to new tenants (three times in 60 days);
 5. Number of new and updated goal plans; and

6. Number of households that received direct services and number of direct service contacts.
- C. Grantee shall provide an annual report summarizing the grant activities, referencing the tasks as described in the Service Objectives and Outcome Objectives sections. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year as required, including:
 1. Housing stability;
 2. Tenant satisfaction survey results;
 3. Program exits; and
 4. Number of households showing housing instability that remained stably housed.
- D. Grantee shall provide monthly vacancy reports to the Housing Access Team and process all Housing Access Team referrals in the timeframe required.
- E. Grantee shall provide an annual report of data regarding tenant demographics.
- F. Grantee shall provide Ad Hoc reports as required by the Department.

For assistance with reporting requirements or submission of reports, contact the assigned Contract or Program Manager, as listed in CARBON.

IX. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of client eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives.
- B. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

Document Date: **7/1/2018**

Contract Length	
Contract Term	Begin Date
Current Term	End Date
Amended Term	(# of Years)

BUDGET SUMMARY

Name
 Grantee: Tenderloin Housing Clinic
 Program: Master Lease Hotels (Care Not Cash and Non-Care Not Cash)
 FSP Contract #: 1000007280

(Check One) New Amendment Modification Revision

If Amendment, the Effective Date 7/1/2018 No. of Amendment. 2

	EXTENSION YEAR				EXTENSION YEAR			All Years		
	Years 1-4	Year 5		Year 6						
	7/1/2014 - 6/30/2018	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2014 - 6/30/2018	7/1/2014 - 6/30/2020	7/1/2014 - 6/30/2020
	Current	Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total
CNC Expenditures										
Salaries & Benefits	\$ -	\$ -	\$ 4,422,068	\$ 4,422,068	\$ -	\$ 4,607,633	\$ 4,607,633	\$ -	\$ 9,029,701	\$ 9,029,701
Operating Expense	\$ -	\$ -	\$ 5,784,054	\$ 5,784,054	\$ -	\$ 5,784,054	\$ 5,784,054	\$ -	\$ 11,568,108	\$ 11,568,108
Subtotal	\$ -	\$ -	\$ 10,206,122	\$ 10,206,122	\$ -	\$ 10,391,687	\$ 10,391,687	\$ -	\$ 20,597,809	\$ 20,597,809
Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
Indirect Cost (Line 21 X Line 22)	\$ -	\$ -	\$ 969,582	\$ 969,582	\$ -	\$ 987,210	\$ 987,210	\$ -	\$ 1,956,792	\$ 1,956,792
Other Expenses (Not subject to indirect %)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Expenditure (One-time FY18-19)	\$ -	\$ -	\$ 491,359	\$ 491,359	\$ -	\$ -	\$ -	\$ -	\$ 491,359	\$ 491,359
Total CNC Expenditures	\$ -	\$ -	\$ 11,667,063	\$ 11,667,063	\$ -	\$ 11,378,897	\$ 11,378,897	\$ -	\$ 23,045,960	\$ 23,045,960
NCNC Expenditures										
Salaries & Benefits	\$ -	\$ -	\$ 6,817,085	\$ 6,817,085	\$ -	\$ 7,103,544	\$ 7,103,544	\$ -	\$ 13,920,629	\$ 13,920,629
Operating Expense	\$ -	\$ -	\$ 9,367,142	\$ 9,367,142	\$ -	\$ 9,367,142	\$ 9,367,142	\$ -	\$ 18,734,284	\$ 18,734,284
Subtotal	\$ -	\$ -	\$ 16,184,227	\$ 16,184,227	\$ -	\$ 16,470,686	\$ 16,470,686	\$ -	\$ 32,654,913	\$ 32,654,913
Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
Indirect Cost (Line 30 X Line 31)	\$ -	\$ -	\$ 1,537,504	\$ 1,537,504	\$ -	\$ 1,564,716	\$ 1,564,716	\$ -	\$ 3,102,220	\$ 3,102,220
Other Expenses (Not subject to indirect %)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Expenditure (One-time FY18-19)	\$ -	\$ -	\$ 78	\$ 78	\$ -	\$ -	\$ -	\$ -	\$ 78	\$ 78
Total NCNC Expenditures	\$ -	\$ -	\$ 17,721,809	\$ 17,721,809	\$ -	\$ 18,035,402	\$ 18,035,402	\$ -	\$ 35,757,211	\$ 35,757,211
Total Master Lease Expenditures										
Salaries & Benefits	\$ -	\$ -	\$ 11,239,153	\$ 11,239,153	\$ -	\$ 11,711,177	\$ 11,711,177	\$ -	\$ 22,950,330	\$ 22,950,330
Operating Expense	\$ -	\$ -	\$ 15,151,196	\$ 15,151,196	\$ -	\$ 15,151,196	\$ 15,151,196	\$ -	\$ 30,302,392	\$ 30,302,392
Subtotal	\$ -	\$ -	\$ 26,390,349	\$ 26,390,349	\$ -	\$ 26,862,373	\$ 26,862,373	\$ -	\$ 53,252,722	\$ 53,252,722
Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
Indirect Cost (Line 130 X Line 131)	\$ -	\$ -	\$ 2,507,086	\$ 2,507,086	\$ -	\$ 2,551,926	\$ 2,551,926	\$ -	\$ 5,059,012	\$ 5,059,012
Other Expenses (Not subject to indirect %)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Capital Expenditure	\$ -	\$ -	\$ 491,437	\$ 491,437	\$ -	\$ -	\$ -	\$ -	\$ 491,437	\$ 491,437
Total Combined ML Expenditures	\$ -	\$ -	\$ 29,388,872	\$ 29,388,872	\$ -	\$ 29,414,299	\$ 29,414,299	\$ -	\$ 58,803,171	\$ 58,803,171
HSH Revenues										
General Fund	\$ 71,787,816	\$ -	\$ 20,178,701	\$ 20,178,701	\$ -	\$ 20,674,560	\$ 20,674,560	\$ 71,787,816	\$ 40,853,261	\$ 112,641,077
General Fund - CODB			\$ 495,859	\$ 495,859		\$ 516,864	\$ 516,864	\$ -	\$ 1,012,723	\$ 1,012,723
General Fund - One-time Carryforward Capital			\$ 491,437	\$ 491,437		\$ -	\$ -	\$ -	\$ 491,437	\$ 491,437
			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Total HSH Revenues	\$ 71,787,816	\$ -	\$ 21,165,997	\$ 21,165,997	\$ -	\$ 21,191,424	\$ 21,191,424	\$ 71,787,816	\$ 42,357,421	\$ 114,145,237
Other Revenues										
CNC - Other Revenues	\$ -	\$ -	\$ 3,047,967	\$ 3,047,967	\$ -	\$ 3,047,967	\$ 3,047,967	\$ -	\$ 6,095,934	\$ 6,095,934
NCNC - Other Revenues	\$ -	\$ -	\$ 5,174,908	\$ 5,174,908	\$ -	\$ 5,174,908	\$ 5,174,908	\$ -	\$ 10,349,816	\$ 10,349,816
			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
			\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	\$ -
Total Other Revenues	\$ -	\$ -	\$ 8,222,875	\$ 8,222,875	\$ -	\$ 8,222,875	\$ 8,222,875	\$ -	\$ 16,445,750	\$ 16,445,750
Full Time Equivalent (FTE)				4.36			4.36			4.36

	A	B	E	F	G	H	I	J	AF	AG	AH												
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)										Page 1 of 4												
2	Document Date: 7/1/2018																						
3	<table border="1"> <thead> <tr> <th>Contract Term</th> <th>Begin Date</th> <th>End Date</th> <th>Contract Length (# of Years)</th> </tr> </thead> <tbody> <tr> <td>Current Term</td> <td>7/1/2014</td> <td>6/30/2018</td> <td>4</td> </tr> <tr> <td>Amended Term</td> <td>7/1/2014</td> <td>6/30/2020</td> <td>6</td> </tr> </tbody> </table>											Contract Term	Begin Date	End Date	Contract Length (# of Years)	Current Term	7/1/2014	6/30/2018	4	Amended Term	7/1/2014	6/30/2020	6
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Current Term	7/1/2014	6/30/2018	4																				
Amended Term	7/1/2014	6/30/2020	6																				
6	BUDGET SUMMARY																						
7	Name																						
8	Grantee: Tenderloin Housing Clinic																						
9	Program: Master Lease Hotels (Care Not Cash and Non-Care Not Cash)																						
10	FSP Contract #: 1000007280																						
11	(Check One) New <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/>																						
12	If Amendment, the Effective Date 7/1/2018 No. of Amendment. 2																						
65																							
66	HSH #1										Template last modified: 6/14/2018												

	A	B	E	F	G	H	I	J	AF	AG	AH						
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)										Page 1 of 4						
2	Document Date: 7/1/2018																
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5	Current Term	7/1/2014	6/30/2018	4													
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7	BUDGET SUMMARY																
8	Name																
9	Grantee: Tenderloin Housing Clinic																
10	Program: Master Lease Hotels (Care Not Cash)																
11	HSH Contract #: 1000007280																
12	(Check One) New <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/>																
13	If Amendment, the Effective Date 7/1/2018 No. of Amendment. 2																
65	Total CNC PM Expenditures	\$	-	\$ 998,464	\$	998,464	\$	-	\$ 1,018,142	\$	1,018,142	\$	-	\$ 2,016,606	\$	2,016,606	
66																	
67	CNC Supportive Services Management																
68	Salaries & Benefits	\$	-	\$ 823,829	\$	823,829	\$	-	\$ 849,010	\$	849,010	\$	-	\$ 1,672,839	\$	1,672,839	
69	Operating Expenses	\$	-	\$ 183,427	\$	183,427	\$	-	\$ 183,427	\$	183,427	\$	-	\$ 366,854	\$	366,854	
70	Subtotal	\$	-	\$ 1,007,256	\$	1,007,256	\$	-	\$ 1,032,437	\$	1,032,437	\$	-	\$ 2,039,693	\$	2,039,693	
71	Indirect Percentage (%)	9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%	
72	Indirect Cost (Line 70 X Line 71)	\$	-	\$ 95,689	\$	95,689	\$	-	\$ 98,081	\$	98,081	\$	-	\$ 193,770	\$	193,770	
73	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
74	Capital Expenditure - insert associated years	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
75	Total CNC SS Expenditures	\$	-	\$ 1,102,945	\$	1,102,945	\$	-	\$ 1,130,518	\$	1,130,518	\$	-	\$ 2,233,463	\$	2,233,463	
76																	
77	Elk Expenditures																
78	Salaries & Benefits	\$	-	\$ 372,064	\$	372,064	\$	-	\$ 390,524	\$	390,524	\$	-	\$ 762,588	\$	762,588	
79	Operating Expenses	\$	-	\$ 723,190	\$	723,190	\$	-	\$ 723,190	\$	723,190	\$	-	\$ 1,446,380	\$	1,446,380	
80	Subtotal	\$	-	\$ 1,095,254	\$	1,095,254	\$	-	\$ 1,113,714	\$	1,113,714	\$	-	\$ 2,208,968	\$	2,208,968	
81	Indirect Percentage (%)	9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%	
82	Indirect Cost (Line 80 X Line 81)	\$	-	\$ 104,049	\$	104,049	\$	-	\$ 105,803	\$	105,803	\$	-	\$ 209,852	\$	209,852	
83	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
84	Capital Expenditure (One-time FY18-19)	\$	-	\$ 125,000	\$	125,000	\$	-	\$ -	\$	-	\$	-	\$ 125,000	\$	125,000	
85	Total Elk Expenditures	\$	-	\$ 1,324,303	\$	1,324,303	\$	-	\$ 1,219,517	\$	1,219,517	\$	-	\$ 2,543,820	\$	2,543,820	
86																	
87	Graystone Expenditures																
88	Salaries & Benefits	\$	-	\$ 363,306	\$	363,306	\$	-	\$ 381,162	\$	381,162	\$	-	\$ 744,468	\$	744,468	
89	Operating Expenses	\$	-	\$ 673,049	\$	673,049	\$	-	\$ 673,049	\$	673,049	\$	-	\$ 1,346,098	\$	1,346,098	
90	Subtotal	\$	-	\$ 1,036,355	\$	1,036,355	\$	-	\$ 1,054,211	\$	1,054,211	\$	-	\$ 2,090,566	\$	2,090,566	
91	Indirect Percentage (%)	9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%	
92	Indirect Cost (Line 90 X Line 91)	\$	-	\$ 98,454	\$	98,454	\$	-	\$ 100,150	\$	100,150	\$	-	\$ 198,604	\$	198,604	
93	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
94	Capital Expenditure (One-time FY18-19)	\$	-	\$ 366,359	\$	366,359	\$	-	\$ -	\$	-	\$	-	\$ 366,359	\$	366,359	
95	Total Graystone Expenditures	\$	-	\$ 1,501,168	\$	1,501,168	\$	-	\$ 1,154,361	\$	1,154,361	\$	-	\$ 2,655,529	\$	2,655,529	
96																	
97	Pierre Expenditures																
98	Salaries & Benefits	\$	-	\$ 366,402	\$	366,402	\$	-	\$ 385,118	\$	385,118	\$	-	\$ 751,520	\$	751,520	
99	Operating Expenses	\$	-	\$ 762,230	\$	762,230	\$	-	\$ 762,230	\$	762,230	\$	-	\$ 1,524,460	\$	1,524,460	
100	Subtotal	\$	-	\$ 1,128,632	\$	1,128,632	\$	-	\$ 1,147,348	\$	1,147,348	\$	-	\$ 2,275,980	\$	2,275,980	
101	Indirect Percentage (%)	9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%	
102	Indirect Cost (Line 100 X Line 101)	\$	-	\$ 107,220	\$	107,220	\$	-	\$ 108,998	\$	108,998	\$	-	\$ 216,218	\$	216,218	
103	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
104	Capital Expenditure - insert associated years	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
105	Total Pierre Expenditures	\$	-	\$ 1,235,852	\$	1,235,852	\$	-	\$ 1,256,346	\$	1,256,346	\$	-	\$ 2,492,198	\$	2,492,198	
106																	
107	Royan Expenditures																
108	Salaries & Benefits	\$	-	\$ 388,458	\$	388,458	\$	-	\$ 407,357	\$	407,357	\$	-	\$ 795,815	\$	795,815	
109	Operating Expenses	\$	-	\$ 662,573	\$	662,573	\$	-	\$ 662,573	\$	662,573	\$	-	\$ 1,325,146	\$	1,325,146	
110	Subtotal	\$	-	\$ 1,051,031	\$	1,051,031	\$	-	\$ 1,069,930	\$	1,069,930	\$	-	\$ 2,120,961	\$	2,120,961	
111	Indirect Percentage (%)	9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%		9.50%	
112	Indirect Cost (Line 110 X Line 111)	\$	-	\$ 99,848	\$	99,848	\$	-	\$ 101,643	\$	101,643	\$	-	\$ 201,491	\$	201,491	
113	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
114	Capital Expenditure - insert associated years	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	\$	-	\$ -	\$	-	
115	Total Royan Expenditures	\$	-	\$ 1,150,879	\$	1,150,879	\$	-	\$ 1,171,573	\$	1,171,573	\$	-	\$ 2,322,452	\$	2,322,452	
116																	
117	Union Expenditures																
118	Salaries & Benefits	\$	-	\$ 379,349	\$	379,349	\$	-	\$ 396,538	\$	396,538	\$	-	\$ 775,887	\$	775,887	

	A	B	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)										Page 1 of 4
2	Document Date: 7/1/2018										
3	Contract Length										
4	Contract Term	Begin Date	End Date	# of Years							
5	Current Term	7/1/2014	6/30/2018	4							
5	Amended Term	7/1/2014	6/30/2020	6							
6	BUDGET SUMMARY										
7	Name										
8	Grantee: Tenderloin Housing Clinic										
9	Program: Master Lease Hotels (Care Not Cash)										
10	HSH Contract #: 1000007280										
11	(Check One) New <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/>										
12	If Amendment, the Effective Date 7/1/2018 No. of Amendment. 2										
119	Operating Expenses		\$ -	\$ 589,382	\$ -	\$ 589,382	\$ 589,382	\$ -	\$ 1,178,764	\$ 1,178,764	
120	Subtotal		\$ -	\$ 968,731	\$ 968,731	\$ -	\$ 985,920	\$ 985,920	\$ -	\$ 1,954,651	\$ 1,954,651
121	Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
122	Indirect Cost (Line 120 X Line 121)		\$ 92,030	\$ 92,030		\$ 93,663	\$ 93,663		\$ 185,693	\$ 185,693	
123	Other Expenses (Not subject to indirect %)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
124	Capital Expenditure - insert associated years		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
125	Total Union Expenditures		\$ -	\$ 1,060,761	\$ 1,060,761	\$ -	\$ 1,079,583	\$ 1,079,583	\$ -	\$ 2,140,344	\$ 2,140,344
126											
127	Total CNC Expenditures										
128	Salaries & Benefits		\$ -	\$ 4,422,068	\$ 4,422,068	\$ -	\$ 4,607,633	\$ 4,607,633	\$ -	\$ 9,029,701	\$ 9,029,701
129	Operating Expense		\$ -	\$ 5,784,054	\$ 5,784,054	\$ -	\$ 5,784,054	\$ 5,784,054	\$ -	\$ 11,568,108	\$ 11,568,108
130	Subtotal		\$ -	\$ 10,206,122	\$ 10,206,122	\$ -	\$ 10,391,687	\$ 10,391,687	\$ -	\$ 20,597,809	\$ 20,597,809
131	Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
132	Indirect Cost (Line 130 X Line 131)		\$ -	\$ 969,582	\$ 969,582	\$ -	\$ 987,210	\$ 987,210	\$ -	\$ 1,956,792	\$ 1,956,792
133	Other Expenses (Not subject to indirect %)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
134	Capital Expenditure		\$ -	\$ 491,359	\$ 491,359	\$ -	\$ -	\$ -	\$ -	\$ 491,359	
135	Total Combined CNC Expenditures		\$ -	\$ 11,667,063	\$ 11,667,063	\$ -	\$ 11,378,897	\$ 11,378,897	\$ -	\$ 23,045,960	\$ 23,045,960
136	HSH Revenues										
137	General Fund	\$ 28,546,533	\$ -	\$ 7,933,004	\$ 7,933,004	\$ -	\$ 8,127,737	\$ 8,127,737	\$ 28,546,533	\$ 16,060,741	\$ 44,607,274
138	General Fund - CODB			\$ 194,733	\$ 194,733		\$ 203,193	\$ 203,193		\$ 397,926	\$ 397,926
139	General Fund - One-time Carryforward Capital			\$ 491,359	\$ 491,359		\$ -	\$ -		\$ 491,359	\$ 491,359
140				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
141				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
142				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
143				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
144	Total HSH Revenues	\$ 28,546,533	\$ -	\$ 8,619,096	\$ 8,619,096	\$ -	\$ 8,330,930	\$ 8,330,930	\$ 28,546,533	\$ 16,950,026	\$ 45,496,559
145	Other Revenues										
146	Allstar - Rental Income			\$ 395,664	\$ 395,664		\$ 395,664	\$ 395,664	\$ -	\$ 791,328	\$ 791,328
147	Allstar - Laundry Income			\$ 1,467	\$ 1,467		\$ 1,467	\$ 1,467	\$ -	\$ 2,934	\$ 2,934
148	Boyd - Rental Income			\$ 397,367	\$ 397,367		\$ 397,367	\$ 397,367	\$ -	\$ 794,734	\$ 794,734
149	Caldrake - Rental Income			\$ 251,659	\$ 251,659		\$ 251,659	\$ 251,659	\$ -	\$ 503,318	\$ 503,318
150	PM - Allocation of costs to other contracts			\$ 211,260	\$ 211,260		\$ 211,260	\$ 211,260	\$ -	\$ 422,520	\$ 422,520
151	Elk - Rental Income			\$ 390,757	\$ 390,757		\$ 390,757	\$ 390,757	\$ -	\$ 781,514	\$ 781,514
152	Graystone - Rental Income			\$ 351,015	\$ 351,015		\$ 351,015	\$ 351,015	\$ -	\$ 702,030	\$ 702,030
153	Graystone - Laundry Income			\$ 1,698	\$ 1,698		\$ 1,698	\$ 1,698	\$ -	\$ 3,396	\$ 3,396
154	Pierre - Rental Income			\$ 415,688	\$ 415,688		\$ 415,688	\$ 415,688	\$ -	\$ 831,376	\$ 831,376
155	Pierre - Laundry Income			\$ 378	\$ 378		\$ 378	\$ 378	\$ -	\$ 756	\$ 756
156	Royan - Rental Income			\$ 323,111	\$ 323,111		\$ 323,111	\$ 323,111	\$ -	\$ 646,222	\$ 646,222
157	Union - Rental Income			\$ 307,683	\$ 307,683		\$ 307,683	\$ 307,683	\$ -	\$ 615,366	\$ 615,366
158	Union - Laundry Income			\$ 220	\$ 220		\$ 220	\$ 220	\$ -	\$ 440	\$ 440
159				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
160	Total Other Revenues	\$ -	\$ -	\$ 3,047,967	\$ 3,047,967	\$ -	\$ 3,047,967	\$ 3,047,967	\$ -	\$ 6,095,934	\$ 6,095,934
161	Full Time Equivalent (FTE)			4.36	4.36		4.36	4.36		4.36	4.36
163	Prepared by: Wynne Tang	Title: Director of Finance	Phone No. 415.885.3286 ext. 1111	Email: wynne@thclinic.org	Date: 7/1/2018						
164											
165	HSH #1	Template last modified:									6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Allstar													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6			All Years		
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Property Manager	\$55,832	100%	92.8%	0.93	\$ -	\$ 44,381	\$ 44,381	\$ -	\$ 46,271	\$ 46,271	\$ -	\$ 90,652	
14	Desk Clerks	\$225,122	600%	17.6%	1.05	\$ -	\$ 194,200	\$ 194,200	\$ -	\$ 202,469	\$ 202,469	\$ -	\$ 396,669	
15	Janitors	\$35,170	115%	100.0%	1.15	\$ -	\$ 29,443	\$ 29,443	\$ -	\$ 30,697	\$ 30,697	\$ -	\$ 60,140	
16	Maintenance Workers	\$36,276	122%	100.3%	1.22	\$ -	\$ 38,881	\$ 38,881	\$ -	\$ 40,537	\$ 40,537	\$ -	\$ 79,418	
17				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
18				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
19				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
20				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
21				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
22				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
23				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
24				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
25				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
26				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
27				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		9.37	3.11	4.36	\$ -	\$ 306,905	\$ 306,905	\$ -	\$ 319,974	\$ 319,974	\$ -	\$ 626,879	
30														
31	FRINGE BENEFIT RATE	36.11%					36.11%		36.11%		36.11%			
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 110,825	\$ 110,825	\$ -	\$ 115,545	\$ 115,545	\$ -	\$ 226,370	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 417,730	\$ 417,730	\$ -	\$ 435,519	\$ 435,519	\$ -	\$ 853,249	
36	HSH #2													Template last modified: 6/14/2018

	A	E	F	G	H	I	J	AF	AG	AH	
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4	
2											
3	Document Date:										
4											
5	OPERATING DETAIL										
6	Grantee: Tenderloin Housing Clinic										
7	Program: Master Lease Hotels (Care Not Cash) - Allstar										
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years			
47		\$	-	\$	-	\$	-	\$	-	\$	-
48											
49	TOTAL OTHER EXPENSES	\$	-	\$	-	\$	-	\$	-	\$	-
50											
51	HSH #3									Template last modified: 6/14/2018	

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Boyd													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6			All Years		
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Property Manager	\$60,650	100%	99.3%	0.99	\$ -	\$ 51,001	\$ 51,001	\$ -	\$ 53,649	\$ 53,649	\$ -	\$ 104,650	
14	Desk Clerks	\$206,509	600%	14.8%	0.89	\$ -	\$ 180,812	\$ 180,812	\$ -	\$ 190,201	\$ 190,201	\$ -	\$ 371,013	
15	Janitors	\$46,794	159%	100.1%	1.59	\$ -	\$ 40,208	\$ 40,208	\$ -	\$ 42,296	\$ 42,296	\$ -	\$ 82,504	
16	Maintenance Workers	\$33,966	114%	100.0%	1.14	\$ -	\$ 35,444	\$ 35,444	\$ -	\$ 37,284	\$ 37,284	\$ -	\$ 72,728	
17				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
18				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
19				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
20				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
21				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
22				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
23				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
24				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
25				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
26				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
27				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		9.73	3.14	4.61	\$ -	\$ 307,465	\$ 307,465	\$ -	\$ 323,430	\$ 323,430	\$ -	\$ 630,895	
30														
31	FRINGE BENEFIT RATE	32.79%					32.79%		32.79%		32.79%			
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 100,818	\$ 100,818	\$ -	\$ 106,054	\$ 106,054	\$ -	\$ 206,872	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 408,283	\$ 408,283	\$ -	\$ 429,484	\$ 429,484	\$ -	\$ 837,767	
36	HSH #2													

	A	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - Boyd									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Caldrake													
8	HSH Contract #: 1000007280													
9														
10														
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	A	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - Caldrake									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - MLMPP													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6					
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Housing Services Director	\$85,311	100%	9.2%	0.09	\$ -	\$ 8,282	\$ 8,282	\$ -	\$ 8,553	\$ 8,553	\$ -	\$ 16,835	
14	Housing Services Manager	\$51,250	100%	21.0%	0.21	\$ -	\$ 9,472	\$ 9,472	\$ -	\$ 9,782	\$ 9,782	\$ -	\$ 19,254	
15	Housing Counselor(s)	\$216,306	100%	14.7%	0.15	\$ -	\$ 28,772	\$ 28,772	\$ -	\$ 29,713	\$ 29,713	\$ -	\$ 58,485	
16	Client Acct. Manager	\$67,488	100%	19.0%	0.19	\$ -	\$ 11,026	\$ 11,026	\$ -	\$ 11,387	\$ 11,387	\$ -	\$ 22,413	
17	Lead Client Acct. Manager	\$55,000	100%	12.4%	0.12	\$ -	\$ 8,470	\$ 8,470	\$ -	\$ 8,747	\$ 8,747	\$ 33,083	\$ 17,217	
18	Client Acct. Associate(s)	\$135,047	100%	13.1%	0.13	\$ -	\$ 18,267	\$ 18,267	\$ -	\$ 18,865	\$ 18,865	\$ 74,300	\$ 37,132	
19	Rep Payee Manager	\$50,675	100%	11.1%	0.11	\$ -	\$ 5,023	\$ 5,023	\$ -	\$ 5,187	\$ 5,187	\$ 21,191	\$ 10,210	
20	Rep Payee(s)	\$209,123	100%	11%	0.11	\$ -	\$ 20,985	\$ 20,985	\$ -	\$ 21,672	\$ 21,672	\$ 88,270	\$ 42,657	
21	Database Project Manager	\$60,900	100%	2%	0.02	\$ -	\$ 2,398	\$ 2,398	\$ -	\$ 2,476	\$ 2,476	\$ 8,853	\$ 4,874	
22	Office Coordinator	\$40,343	100%	17%	0.17	\$ -	\$ 5,756	\$ 5,756	\$ -	\$ 5,944	\$ 5,944	\$ 24,658	\$ 11,700	
23	Admin Assist	\$44,882	100%	18%	0.18	\$ -	\$ 6,591	\$ 6,591	\$ -	\$ 6,807	\$ 6,807	\$ 28,352	\$ 13,398	
24					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
26					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		11.00	1.49	1.49	\$ -	\$ 125,042	\$ 125,042	\$ -	\$ 129,133	\$ 129,133	\$ 278,707	\$ 254,175	
30														
31	FRINGE BENEFIT RATE	35.54%					35.54%	35.54%		35.54%		35.54%		
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 44,444	\$ 44,444	\$ -	\$ 45,898	\$ 45,898	\$ 99,052	\$ 90,342	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 169,486	\$ 169,486	\$ -	\$ 175,031	\$ 175,031	\$ 377,759	\$ 344,517	
36	HSH #2													

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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
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3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - MLMPP									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49										
50	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51										
52	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Property Management													
8	HSH Contract #: 1000007280		EXTENSION YEAR					EXTENSION YEAR			All Years			
9			Year 5			Year 6			All Years					
10			7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020			
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Director of Property Management	\$97,375	100%	35.4%	0.35	\$ -	\$ 33,623	\$ 33,623	\$ -	\$ 34,568	\$ 34,568	\$ -	\$ 68,191	
14	Lead Attorney	\$5,812	100%	100.0%	1.00	\$ -	\$ 27,161	\$ 27,161	\$ -	\$ 27,924	\$ 27,924	\$ -	\$ 55,085	
15	Attorney/Paralegal	\$36,173	152%	60.4%	0.92	\$ -	\$ 15,195	\$ 15,195	\$ -	\$ 15,622	\$ 15,622	\$ -	\$ 30,817	
16	Director of Facilities	\$82,474	100%	36.2%	0.36	\$ -	\$ 31,057	\$ 31,057	\$ -	\$ 31,930	\$ 31,930	\$ -	\$ 62,987	
17	Associate Director - Operations	\$61,500	100%	35.5%	0.36	\$ -	\$ 28,621	\$ 28,621	\$ -	\$ 29,425	\$ 29,425	\$ 110,108	\$ 58,046	
18	Lead Assoc. Director - Prop Mgmt	\$87,125	100%	38.4%	0.38	\$ -	\$ 31,729	\$ 31,729	\$ -	\$ 32,621	\$ 32,621	\$ 131,302	\$ 64,350	
19	Associate Director - Prop Mgmt	\$74,825	100%	92.5%	0.93	\$ -	\$ 69,143	\$ 69,143	\$ -	\$ 71,086	\$ 71,086	\$ 282,486	\$ 140,229	
20	Associate Director - Facilities	\$71,458	160%	20%	0.32	\$ -	\$ 52,058	\$ 52,058	\$ -	\$ 53,521	\$ 53,521	\$ 183,441	\$ 105,579	
21	Facilities Manager	\$69,004	100%	77%	0.77	\$ -	\$ 49,401	\$ 49,401	\$ -	\$ 50,790	\$ 50,790	\$ 205,365	\$ 100,191	
22	PM Admin Manager	\$62,900	100%	40%	0.40	\$ -	\$ 20,075	\$ 20,075	\$ -	\$ 20,639	\$ 20,639	\$ 87,360	\$ 40,714	
23	Admin Assist	\$56,375	100%	50%	0.50	\$ -	\$ 25,511	\$ 25,511	\$ -	\$ 26,228	\$ 26,228	\$ 106,669	\$ 51,739	
24	Floating Janitor	\$38,619	101%	100%	1.01	\$ -	\$ 48,316	\$ 48,316	\$ -	\$ 49,674	\$ 49,674	\$ 188,112	\$ 97,990	
25	Floating Maintenance Worker	\$31,605	209%	100%	2.09	\$ -	\$ 43,991	\$ 43,991	\$ -	\$ 45,227	\$ 45,227	\$ 201,617	\$ 89,218	
26					0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	
27					0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	
28					0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	
29	TOTALS		15.22	7.85	9.38	\$ -	\$ 475,881	\$ 475,881	\$ -	\$ 489,255	\$ 489,255	\$ 1,496,459	\$ 965,136	
30														
31	FRINGE BENEFIT RATE	34.37%					34.37%		34.37%		34.37%			
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 163,562	\$ 163,562	\$ -	\$ 168,159	\$ 168,159	\$ 514,333	\$ 331,721	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 639,443	\$ 639,443	\$ -	\$ 657,414	\$ 657,414	\$ 2,010,792	\$ 1,296,857	
36	HSH #2													

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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
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3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - Property Management EXTENSION YEAR EXTENSION YEAR									
8	HSH Contract #: 1000007280	Year 5			Year 6			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
52										
53	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
54										
55	HSH #3							Template last modified: 6/14/2018		

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Supportive Services													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Elk													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4	
2											
3	Document Date:										
4											
5	OPERATING DETAIL										
6	Grantee: Tenderloin Housing Clinic										
7	Program: Master Lease Hotels (Care Not Cash) - Elk										
8	HSH Contract #: 1000007280										
		EXTENSION YEAR			EXTENSION YEAR			All Years			
		Year 5			Year 6			All Years			
47	\$	-	\$	-	\$	-	\$	-	\$	-	
48											
49	TOTAL OTHER EXPENSES	\$	-	\$	-	\$	-	\$	-	\$	-
50											
51	HSH #3									Template last modified: 6/14/2018	

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Graystone													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6			All Years		
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Property Manager	\$56,710	100%	95.9%	0.96	\$ -	\$ 54,405	\$ 54,405	\$ -	\$ 57,079	\$ 57,079	\$ -	\$ 111,484	
14	Desk Clerks	\$181,197	100%	95.4%	0.95	\$ -	\$ 181,220	\$ 181,220	\$ -	\$ 190,126	\$ 190,126	\$ -	\$ 371,346	
15	Janitors	\$37,099	109%	100.1%	1.09	\$ -	\$ 32,849	\$ 32,849	\$ -	\$ 34,463	\$ 34,463	\$ -	\$ 67,312	
16	Maintenance Workers	\$33,966	115%	100.1%	1.15	\$ -	\$ 43,303	\$ 43,303	\$ -	\$ 45,431	\$ 45,431	\$ -	\$ 88,734	
17				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
18				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
19				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
20				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
21				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
22				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
23				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
24				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
25				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
26				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
27				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		4.24	3.92	4.16	\$ -	\$ 311,777	\$ 311,777	\$ -	\$ 327,099	\$ 327,099	\$ -	\$ 638,876	
30														
31	FRINGE BENEFIT RATE	16.53%					16.53%	16.53%		16.53%	16.53%			
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 51,529	\$ 51,529	\$ -	\$ 54,063	\$ 54,063	\$ -	\$ 105,592	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 363,306	\$ 363,306	\$ -	\$ 381,162	\$ 381,162	\$ -	\$ 744,468	
36	HSH #2													

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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
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3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - Graystone									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
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3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Pierre													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4	
2											
3	Document Date:										
4											
5	OPERATING DETAIL										
6	Grantee: Tenderloin Housing Clinic										
7	Program: Master Lease Hotels (Care Not Cash) - Pierre										
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years			
47		\$	-	\$	-	\$	-	\$	-	\$	-
48											
49	TOTAL OTHER EXPENSES	\$	-	\$	-	\$	-	\$	-	\$	-
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51	HSH #3									Template last modified: 6/14/2018	

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
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3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Royan													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - Royan									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Care Not Cash) - Union													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Care Not Cash) - Union									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)										Page 1 of 4		
2	Document Date: 7/1/2018												
3	Contract Length												
4	Contract Term	Begin Date	End Date	# of Years									
5	Current Term	7/1/2014	6/30/2018	4									
6	Amended Term	7/1/2014	6/30/2020	6									
7	BUDGET SUMMARY												
8	Name												
9	Grantee: Tenderloin Housing Clinic												
10	Program: Master Lease Hotels (Non-Care Not Cash)												
11	HSH Contract #: 1000007280												
12	(Check One) New <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/>												
13	If Amendment, the Effective Date 7/1/2018 No. of Amendment. 2												
65	Total Mission Expenditures	\$	-	\$ 2,850,227	\$ 2,850,227	\$	-	\$ 2,891,378	\$ 2,891,378	\$	-	\$ 5,741,605	\$ 5,741,605
66													
67	NCNC MLMPP Management												
68	Salaries & Benefits	\$	-	\$ 289,077	\$ 289,077	\$	-	\$ 298,450	\$ 298,450	\$	-	\$ 587,527	\$ 587,527
69	Operating Expenses	\$	-	\$ 85,867	\$ 85,867	\$	-	\$ 85,867	\$ 85,867	\$	-	\$ 171,734	\$ 171,734
70	Subtotal	\$	-	\$ 374,944	\$ 374,944	\$	-	\$ 384,317	\$ 384,317	\$	-	\$ 759,261	\$ 759,261
71	Indirect Percentage (%)	9.50%											
72	Indirect Cost (Line 70 X Line 71)	\$	-	\$ 35,620	\$ 35,620	\$	-	\$ 36,510	\$ 36,510	\$	-	\$ 72,130	\$ 72,130
73	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
74	Capital Expenditure - insert associated years	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
75	Total NCNC MLMPP Expenditures	\$	-	\$ 410,564	\$ 410,564	\$	-	\$ 420,827	\$ 420,827	\$	-	\$ 831,391	\$ 831,391
76													
77	NCNC Property Mgmt Expenditures												
78	Salaries & Benefits	\$	-	\$ 1,049,462	\$ 1,049,462	\$	-	\$ 1,078,917	\$ 1,078,917	\$	-	\$ 2,128,379	\$ 2,128,379
79	Operating Expenses	\$	-	\$ 445,311	\$ 445,311	\$	-	\$ 445,311	\$ 445,311	\$	-	\$ 890,622	\$ 890,622
80	Subtotal	\$	-	\$ 1,494,773	\$ 1,494,773	\$	-	\$ 1,524,228	\$ 1,524,228	\$	-	\$ 3,019,001	\$ 3,019,001
81	Indirect Percentage (%)	9.50%											
82	Indirect Cost (Line 80 X Line 81)	\$	-	\$ 142,004	\$ 142,004	\$	-	\$ 144,802	\$ 144,802	\$	-	\$ 286,806	\$ 286,806
83	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
84	Capital Expenditure - insert associated years	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
85	Total NCNC PM Expenditures	\$	-	\$ 1,636,777	\$ 1,636,777	\$	-	\$ 1,669,030	\$ 1,669,030	\$	-	\$ 3,305,807	\$ 3,305,807
86													
87	NCNC Supportive Services Expenditures												
88	Salaries & Benefits	\$	-	\$ 1,541,516	\$ 1,541,516	\$	-	\$ 1,588,336	\$ 1,588,336	\$	-	\$ 3,129,852	\$ 3,129,852
89	Operating Expenses	\$	-	\$ 331,312	\$ 331,312	\$	-	\$ 331,312	\$ 331,312	\$	-	\$ 662,624	\$ 662,624
90	Subtotal	\$	-	\$ 1,872,828	\$ 1,872,828	\$	-	\$ 1,919,648	\$ 1,919,648	\$	-	\$ 3,792,476	\$ 3,792,476
91	Indirect Percentage (%)	9.50%											
92	Indirect Cost (Line 90 X Line 91)	\$	-	\$ 177,919	\$ 177,919	\$	-	\$ 182,367	\$ 182,367	\$	-	\$ 360,286	\$ 360,286
93	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
94	Capital Expenditure - insert associated years	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
95	Total NCNC SS Expenditures	\$	-	\$ 2,050,747	\$ 2,050,747	\$	-	\$ 2,102,015	\$ 2,102,015	\$	-	\$ 4,152,762	\$ 4,152,762
96													
97	Raman Expenditures												
98	Salaries & Benefits	\$	-	\$ 427,947	\$ 427,947	\$	-	\$ 449,883	\$ 449,883	\$	-	\$ 877,830	\$ 877,830
99	Operating Expenses	\$	-	\$ 725,982	\$ 725,982	\$	-	\$ 725,982	\$ 725,982	\$	-	\$ 1,451,964	\$ 1,451,964
100	Subtotal	\$	-	\$ 1,153,929	\$ 1,153,929	\$	-	\$ 1,175,865	\$ 1,175,865	\$	-	\$ 2,329,794	\$ 2,329,794
101	Indirect Percentage (%)	9.50%											
102	Indirect Cost (Line 100 X Line 101)	\$	-	\$ 109,623	\$ 109,623	\$	-	\$ 111,707	\$ 111,707	\$	-	\$ 221,330	\$ 221,330
103	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
104	Capital Expenditure - insert associated years	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
105	Total Raman Expenditures	\$	-	\$ 1,263,552	\$ 1,263,552	\$	-	\$ 1,287,572	\$ 1,287,572	\$	-	\$ 2,551,124	\$ 2,551,124
106													
107	Seneca Expenditures												
108	Salaries & Benefits	\$	-	\$ 666,509	\$ 666,509	\$	-	\$ 702,666	\$ 702,666	\$	-	\$ 1,369,175	\$ 1,369,175
109	Operating Expenses	\$	-	\$ 1,663,942	\$ 1,663,942	\$	-	\$ 1,663,942	\$ 1,663,942	\$	-	\$ 3,327,884	\$ 3,327,884
110	Subtotal	\$	-	\$ 2,330,451	\$ 2,330,451	\$	-	\$ 2,366,608	\$ 2,366,608	\$	-	\$ 4,697,059	\$ 4,697,059
111	Indirect Percentage (%)	9.50%											
112	Indirect Cost (Line 110 X Line 111)	\$	-	\$ 221,393	\$ 221,393	\$	-	\$ 224,828	\$ 224,828	\$	-	\$ 446,221	\$ 446,221
113	Other Expenses (Not subject to indirect %)	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -	\$	-	\$ -	\$ -
114	Capital Expenditure (One-time FY18-19)	\$	-	\$ 78	\$ 78	\$	-	\$ 78	\$ 78	\$	-	\$ 78	\$ 78
115	Total Seneca Expenditures	\$	-	\$ 2,551,922	\$ 2,551,922	\$	-	\$ 2,591,436	\$ 2,591,436	\$	-	\$ 5,143,358	\$ 5,143,358
116													
117	Vincent Expenditures												
118	Salaries & Benefits	\$	-	\$ 505,963	\$ 505,963	\$	-	\$ 529,538	\$ 529,538	\$	-	\$ 1,035,501	\$ 1,035,501

	A	B	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)										Page 1 of 4
2	Document Date: 7/1/2018										
3	Contract Length										
4	Contract Term	Begin Date	End Date	# of Years							
5	Current Term	7/1/2014	6/30/2018	4							
5	Amended Term	7/1/2014	6/30/2020	6							
6	BUDGET SUMMARY										
7	Name										
8	Grantee: Tenderloin Housing Clinic										
9	Program: Master Lease Hotels (Non-Care Not Cash)										
10	HSH Contract #: 1000007280										
11	(Check One) New <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/>										
12	If Amendment, the Effective Date 7/1/2018 No. of Amendment. 2										
119	Operating Expenses		\$ -	\$ 857,832	\$ 857,832	\$ -	\$ 857,832	\$ 857,832	\$ -	\$ 1,715,664	\$ 1,715,664
120	Subtotal		\$ -	\$ 1,363,795	\$ 1,363,795	\$ -	\$ 1,387,370	\$ 1,387,370	\$ -	\$ 2,751,165	\$ 2,751,165
121	Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
122	Indirect Cost (Line 120 X Line 121)		\$ -	\$ 129,561	\$ 129,561	\$ -	\$ 131,801	\$ 131,801	\$ -	\$ 261,362	\$ 261,362
123	Other Expenses (Not subject to indirect %)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
124	Capital Expenditure - insert associated years		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
125	Total Vincent Expenditures		\$ -	\$ 1,493,356	\$ 1,493,356	\$ -	\$ 1,519,171	\$ 1,519,171	\$ -	\$ 3,012,527	\$ 3,012,527
126											
127	Total NCNC Expenditures										
128	Salaries & Benefits		\$ -	\$ 6,817,085	\$ 6,817,085	\$ -	\$ 7,103,544	\$ 7,103,544	\$ -	\$ 13,920,629	\$ 13,920,629
129	Operating Expense		\$ -	\$ 9,367,142	\$ 9,367,142	\$ -	\$ 9,367,142	\$ 9,367,142	\$ -	\$ 18,734,284	\$ 18,734,284
130	Subtotal		\$ -	\$ 16,184,227	\$ 16,184,227	\$ -	\$ 16,470,686	\$ 16,470,686	\$ -	\$ 32,654,913	\$ 32,654,913
131	Indirect Percentage (%)		9.50%		9.50%	9.50%		9.50%			
132	Indirect Cost (Line 130 X Line 131)		\$ -	\$ 1,537,504	\$ 1,537,504	\$ -	\$ 1,564,716	\$ 1,564,716	\$ -	\$ 3,102,220	\$ 3,102,220
133	Other Expenses (Not subject to indirect %)		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
134	Capital Expenditure		\$ -	\$ 78	\$ 78	\$ -	\$ -	\$ -	\$ -	\$ 78	\$ 78
135	Total Combined NCNC Expenditures		\$ -	\$ 17,721,809	\$ 17,721,809	\$ -	\$ 18,035,402	\$ 18,035,402	\$ -	\$ 35,757,211	\$ 35,757,211
136	HSH Revenues										
137	General Fund	\$ 43,241,283	\$ -	\$ 12,245,697	\$ 12,245,697	\$ -	\$ 12,546,823	\$ 12,546,823	\$ 43,241,283	\$ 24,792,520	\$ 68,033,803
138	General Fund - CODB			\$ 301,126	\$ 301,126		\$ 313,671	\$ 313,671		\$ 614,797	\$ 614,797
139	General Fund - One-time Carryforward Capital			\$ 78	\$ 78		\$ -	\$ -		\$ 78	\$ 78
140				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
141				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
142				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
143				\$ -	\$ -		\$ -	\$ -		\$ -	\$ -
144	Total HSH Revenues	\$ 43,241,283	\$ -	\$ 12,546,901	\$ 12,546,901	\$ -	\$ 12,860,494	\$ 12,860,494	\$ 43,241,283	\$ 25,407,395	\$ 68,648,678
145	Other Revenues										
146	Edgeworth - Rental Income			\$ 229,946	\$ 229,946		\$ 229,946	\$ 229,946	\$ -	\$ 459,892	\$ 459,892
147	Edgeworth - Laundry Income			\$ 134	\$ 134		\$ 134	\$ 134	\$ -	\$ 268	\$ 268
148	Hartland - Rental Income			\$ 686,534	\$ 686,534		\$ 686,534	\$ 686,534	\$ -	\$ 1,373,068	\$ 1,373,068
149	Jefferson - Rental Income			\$ 532,856	\$ 532,856		\$ 532,856	\$ 532,856	\$ -	\$ 1,065,712	\$ 1,065,712
150	Jefferson - Laundry Income			\$ (369)	\$ (369)		\$ (369)	\$ (369)	\$ -	\$ (738)	\$ (738)
151	Mayfair - Rental Income			\$ 443,167	\$ 443,167		\$ 443,167	\$ 443,167	\$ -	\$ 886,334	\$ 886,334
152	Mission - Rental Income			\$ 1,197,166	\$ 1,197,166		\$ 1,197,166	\$ 1,197,166	\$ -	\$ 2,394,332	\$ 2,394,332
153	Mission - Laundry Income			\$ 7,025	\$ 7,025		\$ 7,025	\$ 7,025	\$ -	\$ 14,050	\$ 14,050
154	PM - Allocation of costs to other contracts			\$ 346,744	\$ 346,744		\$ 346,744	\$ 346,744	\$ -	\$ 693,488	\$ 693,488
155	Raman - Rental Income			\$ 301,000	\$ 301,000		\$ 301,000	\$ 301,000	\$ -	\$ 602,000	\$ 602,000
156	Raman - Laundry Income			\$ 1,750	\$ 1,750		\$ 1,750	\$ 1,750	\$ -	\$ 3,500	\$ 3,500
157	Seneca - Rental Income			\$ 967,865	\$ 967,865		\$ 967,865	\$ 967,865	\$ -	\$ 1,935,730	\$ 1,935,730
158	Seneca - Laundry Income			\$ 313	\$ 313		\$ 313	\$ 313	\$ -	\$ 626	\$ 626
159	Vincent - Rental Income			\$ 460,719	\$ 460,719		\$ 460,719	\$ 460,719		\$ 921,438	
160	Vincent - Laundry Income			\$ 58	\$ 58		\$ 58	\$ 58		\$ 116	
161											
162	Total Other Revenues	\$ -	\$ -	\$ 5,174,908	\$ 5,174,908	\$ -	\$ 5,174,908	\$ 5,174,908	\$ -	\$ 10,349,816	\$ 10,349,816
163	Full Time Equivalent (FTE)			4.36	4.36		4.36	4.36		4.36	4.36
165	Prepared by: Wynne Tang	Title: Director of Finance	Phone No. 415.885.3286 ext. 1111	Email: wynne@thclinic.org	Date: 7/1/2018						
166											
167	HSH #1										Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Edgeworth													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Edgeworth									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Hartland													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Hartland									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49										
50	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51										
52	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Jefferson													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Jefferson									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49										
50	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51										
52	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Mayfair													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6			All Years		
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Property Manager	\$58,347	105%	100.4%	1.05	\$ -	\$ 68,881	\$ 68,881	\$ -	\$ 72,331	\$ 72,331	\$ -	\$ 141,212	
14	Desk Clerks	\$168,162	108%	100.3%	1.08	\$ -	\$ 181,347	\$ 181,347	\$ -	\$ 190,429	\$ 190,429	\$ -	\$ 371,776	
15	Janitors	\$31,973	129%	99.7%	1.29	\$ -	\$ 32,347	\$ 32,347	\$ -	\$ 33,967	\$ 33,967	\$ -	\$ 66,314	
16	Maintenance Workers	\$35,878	127%	99.8%	1.27	\$ -	\$ 46,348	\$ 46,348	\$ -	\$ 48,669	\$ 48,669	\$ -	\$ 95,017	
17				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
18				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
19				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
20				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
21				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
22				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
23				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
24				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
25				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
26				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
27				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		4.69	4.00	4.69	\$ -	\$ 328,923	\$ 328,923	\$ -	\$ 345,396	\$ 345,396	\$ -	\$ 674,319	
30														
31	FRINGE BENEFIT RATE	17.99%				17.99%	17.99%	17.99%	17.99%					
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 59,188	\$ 59,188	\$ -	\$ 62,151	\$ 62,151	\$ -	\$ 121,339	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 388,111	\$ 388,111	\$ -	\$ 407,547	\$ 407,547	\$ -	\$ 795,658	
36	HSH #2													Template last modified: 6/14/2018

	A	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Mayfair									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Mission													
8	HSH Contract #: 1000007280													
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	A	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Mission									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
52										
53	HSH #3							Template last modified: 6/14/2018		

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - MLMPP													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6					
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Housing Services Director	\$85,311	100%	15.1%	0.15	\$ -	\$ 21,807	\$ 21,807	\$ -	\$ 22,514	\$ 22,514	\$ -	\$ 44,321	
14	Housing Services Manager	\$51,250	100%	34.4%	0.34	\$ -	\$ 15,546	\$ 15,546	\$ -	\$ 16,050	\$ 16,050	\$ -	\$ 31,596	
15	Housing Counselor(s)	\$43,261	128%	94.2%	1.21	\$ -	\$ 53,756	\$ 53,756	\$ -	\$ 55,499	\$ 55,499	\$ -	\$ 109,255	
16	Client Acct. Manager	\$67,488	100%	31.2%	0.31	\$ -	\$ 18,097	\$ 18,097	\$ -	\$ 18,684	\$ 18,684	\$ -	\$ 36,781	
17	Lead Client Acct. Manager	\$55,000	100%	20.4%	0.20	\$ -	\$ 13,563	\$ 13,563	\$ -	\$ 14,003	\$ 14,003	\$ 53,240	\$ 27,566	
18	Client Acct. Associate(s)	\$45,016	100%	64.6%	0.65	\$ -	\$ 34,130	\$ 34,130	\$ -	\$ 35,237	\$ 35,237	\$ 134,769	\$ 69,367	
19	Rep Payee Manager	\$50,675	100%	18.2%	0.18	\$ -	\$ 8,244	\$ 8,244	\$ -	\$ 8,511	\$ 8,511	\$ 34,776	\$ 16,755	
20	Rep Payee(s)	\$41,825	100%	91%	0.91	\$ -	\$ 39,208	\$ 39,208	\$ -	\$ 40,479	\$ 40,479	\$ 159,594	\$ 79,687	
21	Database Project Manager	\$60,900	100%	4%	0.04	\$ -	\$ 3,936	\$ 3,936	\$ -	\$ 4,064	\$ 4,064	\$ 14,537	\$ 8,000	
22	Office Coordinator	\$40,343	100%	28%	0.28	\$ -	\$ 11,069	\$ 11,069	\$ -	\$ 11,428	\$ 11,428	\$ 45,487	\$ 22,497	
23	Admin Assist	\$44,882	100%	29%	0.29	\$ -	\$ 12,314	\$ 12,314	\$ -	\$ 12,713	\$ 12,713	\$ 51,155	\$ 25,027	
24					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
25					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
26					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
27					0.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		11.28	4.30	4.56	\$ -	\$ 231,670	\$ 231,670	\$ -	\$ 239,182	\$ 239,182	\$ 493,557	\$ 470,852	
30														
31	FRINGE BENEFIT RATE	24.78%					24.78%	24.78%	24.78%	24.78%				
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 57,407	\$ 57,407	\$ -	\$ 59,268	\$ 59,268	\$ 122,303	\$ 116,675	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 289,077	\$ 289,077	\$ -	\$ 298,450	\$ 298,450	\$ 615,860	\$ 587,527	
36	HSH #2													

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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - MLMPP									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49										
50	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51										
52	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Property Management													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Property Management EXTENSION YEAR EXTENSION YEAR									
8	HSH Contract #: 1000007280	Year 5			Year 6			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
52										
53	HSH #3							Template last modified: 6/14/2018		

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Supportive Services													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Supportive Service EXTENSION YEAR EXTENSION YEAR									
8	HSH Contract #: 1000007280	Year 5			Year 6			All Years		
47										
48	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49										
50	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Raman													
8	HSH Contract #: 1000007280					EXTENSION YEAR			EXTENSION YEAR			All Years		
9						Year 5			Year 6			All Years		
10						7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2019 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020	7/1/2018 - 6/30/2020
11	Agency Totals		For HSH Program		Current	Modification	Revised	Current	Modification	Revised	Current Total	Modification	Revised Total	
12	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	Current Budgeted Salary	Change	New Budgeted Salary	
13	Property Manager	\$58,000	100%	94.0%	0.94	\$ -	\$ 46,515	\$ 46,515	\$ -	\$ 48,899	\$ 48,899	\$ -	\$ 95,414	
14	Desk Clerks	\$206,408	110%	100.4%	1.10	\$ -	\$ 177,621	\$ 177,621	\$ -	\$ 186,726	\$ 186,726	\$ -	\$ 364,347	
15	Janitors	\$33,931	142%	100.0%	1.42	\$ -	\$ 51,588	\$ 51,588	\$ -	\$ 54,232	\$ 54,232	\$ -	\$ 105,820	
16	Maintenance Workers	\$39,760	111%	100.3%	1.11	\$ -	\$ 43,565	\$ 43,565	\$ -	\$ 45,798	\$ 45,798	\$ -	\$ 89,363	
17				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
18				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
19				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
20				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
21				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
22				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
23				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
24				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
25				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
26				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
27				0.00	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
28														
29	TOTALS		4.63	3.95	4.58	\$ -	\$ 319,289	\$ 319,289	\$ -	\$ 335,655	\$ 335,655	\$ -	\$ 654,944	
30														
31	FRINGE BENEFIT RATE	34.03%					34.03%	34.03%		34.03%		34.03%		
32	EMPLOYEE FRINGE BENEFITS					\$ -	\$ 108,658	\$ 108,658	\$ -	\$ 114,228	\$ 114,228	\$ -	\$ 222,886	
33														
34														
35	TOTAL SALARIES & BENEFITS					\$ -	\$ 427,947	\$ 427,947	\$ -	\$ 449,883	\$ 449,883	\$ -	\$ 877,830	
36	HSH #2													

	A	E	F	G	H	I	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Raman									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48										
49	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Seneca													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Seneca									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
50										
51	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
52										
53	HSH #3							Template last modified: 6/14/2018		

	A	B	C	D	E	I	J	K	L	M	N	AJ	AK	AL
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)													Page 2 of 4
2														
3	Document Date: 7/1/2018													
4														
5	SALARY & BENEFIT DETAIL													
6	Grantee: Tenderloin Housing Clinic													
7	Program: Master Lease Hotels (Non-Care Not Cash) - Vincent													
8	HSH Contract #: 1000007280													
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1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET MODIFICATION FORM (Appendix B)									Page 3 of 4
2										
3	Document Date:									
4										
5	OPERATING DETAIL									
6	Grantee: Tenderloin Housing Clinic									
7	Program: Master Lease Hotels (Non-Care Not Cash) - Vincent									
8	HSH Contract #: 1000007280	EXTENSION YEAR			EXTENSION YEAR			All Years		
47	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
48	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
49										
50	TOTAL OTHER EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
51										
52	HSH #3									Template last modified: 6/14/2018

	A	B	C	D	E	F
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING - PROGRAM BUDGET					Page 4 of 4
2						Page 4 of 4
3	Document Date:					
4						
5						
6						
7	Capital Expenditure Detail					
8	(Equipment and Remodeling Cost)					
9						TOTAL
10	EQUIPMENT		TERM	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/18 - 6/30/20
11	No.	ITEM/DESCRIPTION				
12		One-time Capital Funds - Graystone	366,359			366,359
13		One-time Capital Funds - Seneca	78			78
14		One-time Elevator Funds - Elk	125,000			125,000
15						0
16						0
17						0
18						0
19						0
20	TOTAL EQUIPMENT COST		491,437	0	0	491,437
21						
22	R E M O D E L I N G					
23	Description:					0
24						0
25						0
26						0
27						0
28						0
29	TOTAL REMODELING COST		0	0	0	0
30						
31	TOTAL CAPITAL EXPENDITURE		491,437	0	0	491,437
32	(Equipment and Remodeling Cost)					
33	HSH #4		Template last mc			6/14/2018

Appendix C, Method of Payment

- I. In accordance with Section 5 of the Grant Agreement, payments shall be made for actual costs incurred and reported for each month. Under no circumstances shall payment exceed the amount set forth in Section 5 Compensation of the Agreement.
- II. Grantee will submit all bills, invoices and related documentation in the format specified by SFHSH within 15 days after the month of service to SFHSH's web-based Contracts Administration, Reporting, and Billing Online (CARBON) System at:
<https://contracts.sfhsa.org>

Grantee may submit bills, invoices and related documentation in the format specified by SFHSH via paper or email only upon special permission by their assigned Contract Manager.
- III. Grantee must sign up to receive payments electronically via Automated Clearing House (ACH). Remittance information will be provided through Paymode-X. Additional information and sign up is available at:
http://www.paymode.com/city_countyofsanfrancisco
- IV. The Executive Director or CFO must submit a letter of authorization designating specific users who will have access to CARBON to electronically submit and sign for invoices, budget revision requests, program reports, and view other information that is in CARBON.
 - A. Submittal of the invoice by designated authorized personnel with proper login credentials constitutes an electronic signature and certification of the invoice.
 - B. Authorized personnel with CARBON login credentials shall not share or internally reassign logins.
 - C. Grantee shall notify the Department of Homelessness and Supportive Housing (HSH) Contract Manager immediately regarding any need for the restriction or termination of a previously authorized CARBON login.
- V. Invoices shall include actual expenditures incurred during the month, unless otherwise specified.
 - A. The invoice supplied shall include the total dollar amount claimed for the month.
 - B. There shall be no variance from the line item budget submitted which adversely affects program performance as contained in the Grantee's proposal and specified in the grant, unless otherwise approved in writing per HSH Invoicing and Contract Modification policy.
 - C. The invoice shall show by line item:
 1. Budgeted amount (per approved grant budget or modification)
 2. Expenses for invoice period
 3. Expenses year-to-date
 4. % of budget expended
 5. Remaining balance
 6. Adjustments, including advance payment recovery
 7. Program income when specified in the grant agreement.

- D. Personnel expenditures will show same line item categories by position detail. Detail will show name of employee, position name, %FTE and budgeted salary.
- E. Supporting Documentation, except as discussed below need not be submitted with the invoice. However, Grantee must keep and make available as requested such supporting documentation for all expenditures for which reimbursement is requested for all costs so claimed. All charges incurred shall be due and payable only after services have been rendered, except as stated otherwise. Supporting documentation must be uploaded into CARBON and submitted along with the invoice.

- Documentation should be submitted with the invoice for all payroll expenses paid to budgeted personnel for the period covered by the invoice. Payroll information can be from a payroll service or a payroll ledger from the Grantee’s accounting system
- For any and all non-recurring expenditures (e.g. equipment purchases/capital upgrades and building repair and upgrades) and/or items that exceed \$5,000, Grantee shall supply back-up documentation in the form of a paid invoice(s).
- Indirect costs shall not be applied to non-reoccurring expenses.
- All subcontracted services must be documented by submission of the subcontractor’s paid invoice, regardless of dollar amount.
- If this grant agreement contains any Pass-Through funding requiring specific expense documentation from the source agency, Federal, State, Private or other then the following documentation shall also be included with each invoice submission:

Funding Agency: Federal _____ CFDA or other Identification #: __n/a__

1. _____

2. _____

3. _____

4. _____

- VI. Within 45 days after the end of the grant period, Grantee shall submit a final report reflecting actual expenditures, which will be supported by the Grantee’s accounting records. If a refund is due SFHSH, it will be submitted with the final report.
- VII. Advances or prepayments are allowable in order to meet the Grantee cash flow needs in certain unique circumstances. The Agency, at its sole discretion, shall make available to the Grantee upon written request an advance amount not to exceed two (2) months or 1/6th of the total annualized grant award, or as mutually agreed upon. The advanced sum shall be deducted from the Grantee’s monthly invoices at an equal rate each month that will enable repayment by the tenth month of the fiscal year. For a twelve-month grant the rate of repayment of the advance will be 1/10th per month from July to April. Requests for advance payment will be granted on a case-by-case basis and are not

intended to be a regular “automatic” procedure. Approval will be a consensus of Program and Contract Staff.

Once the grant is certified, the Grantee, prior to distribution of any advanced payment, must fulfill the following conditions:

1. All contractual compliance requirements must be current, i.e., reports submitted and approved, corrective actions resolved, business tax and insurance certificates in place, prompt and fully documented billings.
2. The Grantee shall submit a written request with a narrative justification that fully describes the unique circumstances to the Program Manager and Contract Manager for review and approval.
3. Final invoice from the preceding fiscal year must be received prior to advance distribution.

VIII. Timely Submission of Reports – If reports/documents are required, Grantee shall submit these reports prior to submitting invoices. Failure to submit required reports/documents in CARBON by specified deadlines may result in withholding of grant payments.

Appendix D, Interests In Other City Grants

**Subgrantees must also list their interests in other City contracts

City Department or Commission	Date of Grant	Amount of Grant
H.S.H. Master Lease Hotel Contract, FY15 – FY20 (amended)	July 1, 2018 amendment	\$114,145,237
H.S.H. Modified Payment Program, FY16 – FY21 (amended)	July 1, 2018 amendment	\$4,932,652
H.S.H. SF Shelter Plus Care for HUD, Baldwin House Hotel, June 2015 – FY24 (amended)	July 1, 2018 amendment	\$32,738,076
H.S.H. SF Shelter Plus Care for HUD and VASH, Crown, National & Winton Hotels, FY17 – FY19	June 8, 2017	\$12,286,038
DBI Central City SRO Collaborative, FY17 - FY21	July 1, 2016	\$1,925,000
DBI CEOP Outreach - FY17 to FY21	July 1, 2016	\$835,000
Adult Probation -New Roads Subsidy program, Dec 2018 – Nov 2021	Dec 1, 2018	\$3,567,839
Adult Probation – Transitional Housing program, March 2015 –FY19 (amended)	June 1, 2018, 4 th amendment	\$5,968,623
MOHCD LaVoz, FY19 - FY20	July 1, 2018	\$585,102
MOHCD Right to Counsel, FY19 – FY20	Oct 1, 2018, 1 st amendment	\$2,409,006
MOHCD art Wraps for the Heart of the TL – 7/1/16 – 12/31/2018	July 1, 2016	\$95,210
SF Superior Court – Drug Court Program – Feb 2018 - Sept 2020	February 1, 2018	\$330,000
SF Rent Board Grant – FY19	July 1, 2018, in negotiations	\$20,000

Appendix E, Permitted Subcontractors

Subcontractor(s) Names

Appendix G, Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtft_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is

satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.