

File No. 251189

Committee Item No. 10
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date January 14, 2026
Board of Supervisors Meeting Date _____

Cmte Board

<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
• DPH Letter 10/2/2025		
• DPH Memo 12/3/2025		
• MYR Memo 12/2/2025		
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Grant Budget and Budget Narrative
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Agreements and Compliance 9/30/2025</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Performance Narrative</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Project Organization Structure</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HIV Community Planning Council Roster</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Maintenance of Effort</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Allocations Report</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Core Medical Services Waiver Request Attestation 9/30/2025</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>HIV Community Planning Council Letter 10/1/2025</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Indirect Cost Rate</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>Care Continuum Services Table</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DPH Memo on Retroactivity 1/8/2026</u>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<u>DPH Presentation 1/14/2026</u>

Completed by: Brent Jalipa Date January 8, 2026
Completed by: Brent Jalipa Date _____

1 [Grant Application - Retroactive - Health Resources Services Administration - Ryan White Act
2 HIV/AIDS Emergency Relief Grant Program - \$15,552,315]

3 **Resolution retroactively authorizing the Department of Public Health to submit an**
4 **application to continue to receive funding for the Ryan White Act HIV/AIDS Emergency**
5 **Relief Grant Program grant from the Health Resources Services Administration; and**
6 **requesting \$15,552,315 in HIV Emergency Relief Program funding for the San Francisco**
7 **Eligible Metropolitan Area for the period of March 1, 2026, through February 28, 2027.**

8
9 WHEREAS, Administrative Code, Section 10.170., requires Board review of proposed
10 annual or otherwise recurring grant applications of \$5,000,000 or more prior to their
11 submission; and

12 WHEREAS, Department of Public Health (DPH) is currently a recipient of the "Ryan
13 White Act HIV/AIDS Emergency Relief Grant Program" grant in the amount of approximately
14 \$14,841,000 from the Health Resources Services Administration (HRSA) for Fiscal Year 2026
15 (March 1, 2025, to February 28, 2026); and

16 WHEREAS, For the current round of funding, DPH was instructed by HRSA to submit
17 an application request in the amount of \$15,552,315; and

18 WHEREAS, SFDPH uses these funds to cover a multitude of health services to HIV
19 positive persons residing in the three counties within the San Francisco Eligible Metropolitan
20 Areas; and

21 WHEREAS, Ordinance No. 265-05 requires that City Departments submit applications
22 for approval at least 60 days prior to the grant deadline for review and approval; and

23 WHEREAS, HRSA released the application guidance on July 21, 2025, with a due date
24 of October 2, 2025, allowing 52 business days for the entire process; and

1 WHEREAS, In the interest of timeliness, SFDPH is making this request for approval by
2 submitting the most recent draft of the grant application, also including supporting documents
3 as required, all of which are on file with the Clerk of the Board of Supervisors in File
4 No. 251189, which is hereby declared to be part of the Resolution as if set forth fully herein;
5 now, therefore, be it

6 RESOLVED, That the Board of Supervisors hereby approves SFDPH's application
7 submission to HRSA for the "Ryan White Act HIV/AIDS Emergency Relief Grant Program
8 (Ryan White Programs, Part A)" grant for the funding period of March 1, 2026, through
9 February 28, 2027, to be submitted no later than October 2, 2025.

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1 RECOMMENDED:

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4 /s/

5 Daniel Tsai

6 Director of Health

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File 251189: Grant Application

**Health Resources Services Administration -
Ryan White Act HIV/AIDS Emergency Relief Grant Program**

BOS Budget & Finance Committee

January 14, 2026

Bill Blum, Director, HIV Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Overview of Grant Application

Health Resources Services Administration - Ryan White Act HIV/AIDS Emergency Relief Grant Program:

- **Application Amount:** \$15,552,315
- **Timeline:** March 1, 2026 – February 28, 2027
- **Grantor:** Health Resources Services Administration (HRSA)
- **Grant Summary:**
 - The grant funding will support HIV health services across the San Francisco Metropolitan Area (San Francisco, San Mateo, and Marin counties).
 - Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved.

Retroactivity



We are requesting [retroactive approval](#) to submit this grant application.

- HRSA released the application guidance on July 21, 2025, with a due date of October 2, 2025, allowing 52 business days to complete the application process. DPH was unable to get Board approval before the application deadline.
- DPH then brought this item to the Board, following the fiscal approvals process.



Conclusion

**DPH respectfully requests approval of this item.
Thank you!**



San Francisco Department of Public Health

Part A Non-Competing Continuation



Attachment IX: Agreements & Compliance

FY 2026 AGREEMENTS AND COMPLIANCE ASSURANCES

Ryan White HIV/AIDS Program

Part A HIV Emergency Relief Grant Program

I, the Chief Elected Official of the Eligible Metropolitan Area or Transitional Grant Area **Roland Pickens (CEO's Designee)**, (hereinafter referred to as the EMA/TGA) assure that:

Pursuant to Section 2602(a)(2) 5, 6

The EMA/TGA will establish a mechanism to allocate funds and a Planning Council that comports with section 2602(b).

Pursuant to Section 2602(a)(2)(B)

The EMA/TGA has entered into intergovernmental agreements with the Chief Elected Officials of the political subdivisions in the EMA/TGA that provide HIV-related health services and for which the number of AIDS cases in the last 5 years constitutes not less than 10 percent of the cases reported for the EMA/TGA.

Pursuant to Section 2602(b)(4)

The EMA/TGA Planning Council will determine the size and demographics of the population of people with HIV, as well as the size and demographics of the estimated population of people with HIV who are unaware of their HIV status; determine the needs of such population, and develop a comprehensive plan for the organization and delivery of health and support services. The plan must include a strategy with discrete goals, a timetable, and appropriate funding, for identifying people with HIV who do not know their HIV status, making such individuals aware of their HIV status, and enabling such individuals to use the health and support services. The strategy should particularly address disparities in access and services among affected subpopulations and historically underserved communities.

5 All statutory references are to the Public Health Service Act, unless otherwise specified.

6 TGAs are exempted from the requirement related to Planning Councils, but must provide a process for obtaining community input as described in section 2609(d)(1)(A) of the PHS Act. TGAs that have currently operating Planning Councils are strongly encouraged to maintain that structure.

Pursuant to Section 2603(c)

The EMA/TGA will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and will comply with any cancellation of unobligated funds.

Pursuant to Section 2603(d)

The EMA/TGA will make expenditures in compliance with priorities established by the Planning Council/Planning Body.

Pursuant to Section 2604(a)

The EMA/TGA will expend funds according to priorities established by the Planning Council/Planning Body, and for core medical services, support services, and administrative expenses only.

Pursuant to Section 2604(c)

The EMA/TGA will expend not less than 75 percent of service dollars for core medical services, unless waived by the Secretary.

Pursuant to Section 2604(f)

The EMA/TGA will, for each of such populations in the eligible area expend, from the grants made for the area under Section 2601(a) for a FY, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of people with HIV, unless a waiver from this provision is obtained.

Pursuant to Section 2604(g)

The EMA/TGA has complied with requirements regarding the Medicaid status of providers, unless waived by the Secretary.

Pursuant to Section 2604(h)(2), Section 2604(h)(3), Section 2604(h)(4)

The EMA/TGA will expend no more than 10 percent of the grant on administrative costs (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities, and the allocation of funds to subrecipients will not exceed an aggregate amount of 10 percent of such funds for administrative purposes.

Pursuant to Section 2604(h)(5)

The EMA/TGA will establish a CQM Program that meets HRSA requirements, and that funding for this program shall not exceed the lesser of five percent of program funds or \$3 million.

Pursuant to Section 2604(i)

The EMA/TGA will not use grant funds for construction or to make cash payments to recipients.

Pursuant to Section 2605(a)

With regard to the use of funds,

- a. funds received under Part A of Title XXVI of the Act will be used to supplement, not supplant, state funds made available in the year for which the grant is awarded to provide HIV related services to individuals with HIV disease;
- b. during the period of performance, political subdivisions within the EMA/TGA will maintain at least their prior FY's level of expenditures for HIV related services for individuals with HIV disease;
- c. political subdivisions within the EMA/TGA will not use funds received under Part A in maintaining the level of expenditures for HIV related services as required in the above paragraph; and
- d. documentation of this MOE will be retained.

Pursuant to Section 2605(a)(3)

The EMA/TGA will maintain appropriate referral relationships with entities considered key points of access to the health care system for the purpose of facilitating EIS for individuals diagnosed with HIV infection.

Pursuant to Section 2605(a)(5)

The EMA/TGA will participate in an established HIV community based continuum of care, if such continuum exists within the EMA/TGA.

Pursuant to Section 2605(a)(6)

Part A funds will not be used to pay for any item or service that can reasonably be expected to be paid under any state compensation program, insurance policy, or any Federal or state health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.

Pursuant to Section 2605(a)(7)(A)

Part A funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.

Pursuant to Section 2605(a)(7)(B)

Part A funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.

Pursuant to Section 2605(a)(7)(C)

A program of outreach services will be provided to low-income individuals with HIV disease to inform them of the HIV primary medical care and support services.

Pursuant to Section 2605(a)(8)

The EMA/TGA has participated in the Statewide Coordinated Statement of Need (SCSN) process initiated by the state, and the services provided under the EMA/TGA comprehensive plan are consistent with the SCSN.

Pursuant to Section 2605(a)(9)

The EMA/TGA has procedures in place to ensure that services are provided by appropriate entities.

Pursuant to Section 2605(a)(10)

The EMA/TGA will submit audits every 2 years to the lead state agency under Part B of Title XXVI of the PHS Act.

Pursuant to Section 2605(e)

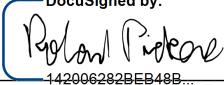
The EMA/TGA will comply with the statutory requirements regarding imposition of charges for services.

Pursuant to Section 2681(d)

Services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

Pursuant to Section 2684

No funds shall be used to fund AIDS programs, or to develop materials, designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

DocuSigned by:
Signature  142006282BEB48B... **(CEO's Designee)** **Date** 09/30/2025 | 8:41 AM PDT



San Francisco Department of Public Health

Part A Non-Competing Continuation



Performance Narrative

Not applicable



San Francisco Department of Public Health
Part A Non-Competing Continuation



Attachment I: Project Organizational Structure

No changes

Attachment C

HIV Community Planning Council

Name	Affiliation/Seat	Committee Assignment	Phone Number	Email
Chuck Adams	Community Leader	Council Affairs Co-Chair	(650) 771-6247	cdapaca@yahoo.com
Robert Arnold	SF Community Health Center	Membership	(415) 860-5882	robert@sfcyhealth.org
Erwin Barrios	Catholic Charities SF	Membership	(415) 575-3724	ebarrios@catholiccharitiessf.org
Leroy Blea	California Department of Public Health, State Office of AIDS	-	(510) 206-8265	leroy.blea@cdph.ca.gov
Anna Branzuela	San Mateo County Health System	Council Affairs	(415) 377-3903 (C), (650) 542-1379 (W)	abranzuela@smcgov.org
Franco Chevalier	DPH SF City Clinic	Community Engagement Co-Chair	(678) 622-4368	franco.chevalier@sfdph.org
Ed Chitty	Community Leader	Membership	(415) 640-7368	ed.chitty@me.com
Zachary Davenport	SFDPH	Membership	(415) 642-4512	zachary.davenport@sfdph.org
Elaine Flores	Community Leader	Membership Co-Chair	(415) 299-7284	daffybugs03@yahoo.com
Elyse Griffin	SF DPH / UCSF/ ZSFG	Council Affairs	(617) 851-4565	elysejgriffin@gmail.com; Elyse.griffin@sfdph.org
Jesus Guillen	HIV LONG TERM SURVIVORS International Network Group	Community Engagement	(628) 999-2776 (C), (415) 626-9077 (H)	jesusshaman@yahoo.com
Ron Hernandez	Community Leader	Membership Co-Chair	(415) 867-7482	rhonhern@yahoo.com
Lee Jewell	Community Leader	Community Engagement	(415) 552-5552	rljinsf@icloud.com

Attachment C

HIV Community Planning Council

Thomas Knoble Government Co-Chair	CHEP	Community Engagement	(415) 437-6214	thomas.knoble@sfdph.org
Nga Le	County of Marin HIV/AIDS Services	Council Affairs	(415) 473-3037	Nga.Le@marincounty.gov
T. J. Lee-Miyaki	San Francisco AIDS Foundation, Positive Force	Community Engagement	(415) 988-1746	tjleeinsfca@gmail.com
Helen Lin	Ward 86	Council Affairs Co-Chair	(415) 577-9579	Helen.Lin@ucsf.edu
Derrick Mapp	Shanti	Community Engagement		dmapp@shanti.org
Marco Montenegro	Mission Neighborhood Health Center, Clinica Esperanza	Council Affairs	(415) 990-4012	marcomontenegro@mnhc.org
Jon Oskarsson	Ward 86	Council Affairs	(415) 858-3290	jon.oskarsson@ucsf.edu
Irma Parada Community Co-Chair	Community Leader	Council Affairs	(415) 581-3141	Malena.parada@icloud.com
Charles Siron	Community Leader	Community Engagement	(925) 726-6177	charlessiron@gmail.com
John Paul Soto	Lutheran Social Services of Northern California	Membership	(415) 581-0891 ext.123	jpsoto@lssnorcal.org
Richard Sullivan	Community Leader	Community Engagement Co-Chair	(415) 368-6734	richardsullivan6734@gmail.com
Laura Thomas	SF AIDS Foundation	Community Engagement	(415) 283-6366	lgthomas@gmail.com
Manuel Vasquez	Mayor's Office of Housing and Community Development	Membership	(628) 652-5926	manuel.s.vasquez@sfgov.org

Attachment C

HIV Community Planning Council

Mark Molnar	Program Director, Volunteer and Community Support Services (VCSS)		(415) 674-4726	mmolnar@shanti.org
Kira Perez	Program Manager, HCPC		(415) 674-4720	KiraP@shanti.org
Kat Tajgeer	Program Coordinator, HCPC		(415) 674-4722	ktajgeer@shanti.org



San Francisco Department of Public Health

Part A Non-Competing Continuation



Attachment II: Maintenance of Effort (MOE)

1) Maintenance of Effort Table – See table below

REPORTING CATEGORIES	FY 2023-24	FY 2024-25	FY 2025-26
CORE MEDICAL SERVICES			
AMBULATORY / OUTPATIENT MEDICAL CARE			
▪ San Francisco County: Total charges for ambulatory services from local General Funds spent on program expenses over and above costs of direct core medical service and support services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (UCSF COE – AA, CCHAMP, Women's, CMHC, TWUHC-CHN, UCSF-OPMH)	\$7,066,832	\$7,275,898	\$6,939,609
▪ San Mateo County Primary Medical Care: Total charges for ambulatory services from local General Funds spent on program expenses over and above costs of direct core medical service and support services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue.	\$24,132	\$0	\$0
MENTAL HEALTH SERVICES			
▪ San Francisco County: Total charges for mental health services from local General Funds spent on a program expenses over and above costs of mental health services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (SVABHS & UCSF Outpatient)	\$ 362,868	\$ 389,638	\$ 389,638

<ul style="list-style-type: none"> ▪ San Mateo County: Total charges for mental health services from local General Funds spent on a program expenses over and above costs of mental health services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. 	\$125,792	\$0	\$0
MEDICAL CASE MANAGEMENT SERVICES			
<ul style="list-style-type: none"> ▪ Marin County: Total charges for medical case management services from local General Funds spent on a program expenses over and above costs of medical case management services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. 	\$142,263	\$0	\$0
HOME HEALTH CARE SERVICES			
<ul style="list-style-type: none"> ▪ San Francisco County: Total charges for home health care services from local General Funds spent on a program expenses over and above costs of home health care services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (Health at Home & Westside) 	\$ 300,226	\$ 244,276	\$ 424,745
HOME & COMMUNITY BASED HEALTH SERVICES			
<ul style="list-style-type: none"> ▪ San Francisco County: Total charges for home & community-based health services from local General Funds spent on a program expenses over and above costs of home health care services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (Westside) 	\$ 407,502	\$ 528,184	\$ 652,548
SUPPORT SERVICES			
NON-MEDICAL CASE MANAGEMENT SERVICES			
<ul style="list-style-type: none"> ▪ San Francisco County: Total charges for referral for Non-Medical Case Management (Benefits Counseling and Referrals) from local General Funds spent on a program expenses over 	\$ 317,768	\$ 315,659	\$ 328,969

and above costs of health care and supportive services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (SFAF – Benefits Counseling)			
▪ San Francisco County: Total charges for non-medical case management (benefits counseling) services from local General Funds spent on a program expenses over and above costs of medical case management services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (PRC work order)	\$ 278,120	\$ 278,120	\$ 301,600
▪ San Francisco County: Total charges for non-medical case management (employment training and readiness services) services from local General Funds spent on a program expenses over and above costs of mental health services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (PRC)	\$ 470,370	\$ 550,438	\$ 591,840
▪ San Francisco County: Total charges for housing services from local General Funds spent on a program expenses over and above costs of housing services to Ryan White eligible clients not otherwise funded by separate program agreements and/or outside revenue. (CYO Peter Claver + Assisted Housing + SFAF Rental Subsidies)	\$ 6,571,016	\$ 6,705,860	\$ 6,765,434
TOTAL MAINTENANCE OF EFFORT	\$16,066,889	\$16,288,073	\$16,394,383

2) Description of Process to Determine Reported Expenditures

The San Francisco Office of AIDS Administration utilizes a diverse range of expense fields to track and monitor maintenance of effort expenditures, as described in the table above. This includes expenditures for core and non-core Part A services and expenditures that incorporate all three counties of the San Francisco EMA. Utilizing a cross-service approach provides a reliable indicator of continuing support for HIV/AIDS services throughout the region.

3) Waiver

A waiver was not requested for the Maintenance of Effort section in the previous Ryan White Part A fiscal year.

⚠ The new EHBs identity verification process is live! To strengthen security and comply with a federal cybersecurity mandate, HRSA has implemented identity verification for EHBs users, including Applicants and Grantees, through Login.gov or ID.me. All applicant and grantee EHBs users should verify their identity by January 1st, 2026.

Complete the identity verification process using a state-issued Driver's License or State ID through Login.gov:
<https://xms.hhs.gov/ABaaS/sp?ExtIDPEntityID=LoginGovLOA3>

If you do not have a state-issued Driver's License or State ID but do have a U.S. Passport, complete the identity verification process through ID.me: <https://xms.hhs.gov/ABaaS/sp?ExtIDPEntityID=ID.ME.3>

⚠ Information! There has been a lapse in federal appropriated funds as of October 1, 2025. The Electronic Handbooks (EHBs) system and Helpdesk will still be available; but the service may be delayed with reduced Federal support staff presence.

SF-PPR			
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - SF-PPR		NCC Progress Report Tracking (#) : 00242596	

Grantee Organization Information			
Federal Agency and Organization Element to Which Report is Submitted	Health Resources and Services Administration (HRSA)	Federal Grant or Other Identifying Number Assigned by Federal Agency	H89HA00006
UEI	DCTNHRGU1K75	Employer Identification Number (EIN)	946000417
Recipient Organization (Name and complete address including zip code)	CITY & COUNTY OF SAN FRANCISCO, 101 GROVE ST, SAN FRANCISCO California 94102 - 4505	Recipient Identifying Number or Account Number	242596
Project / Grant Period	Start Date : 04/04/1991 End Date : 02/29/2028	Reporting Period End Date	03/01/2027
Report Frequency	<input checked="" type="checkbox"/> annual <input type="checkbox"/> semi-annual <input type="checkbox"/> quarterly <input type="checkbox"/> other		

Certification: I certify to the best of my knowledge and belief that this report is correct and complete for performance of activities for the purposes set forth in the award documents.

Typed or Printed Name and Title of Authorized Certifying Official	Bill Blum , Authorizing Official	Telephone (area code, number and extension)	(628) 206-7672
Email Address	bill.blum@sfdph.org	Date Report Submitted (Month, Day, Year)	10/02/2025

SF-PPR-2 (Cover Page Continuation)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

PERFORMANCE PROGRESS REPORT - SF-PPR-2 (Cover Page Continuation)

NCC Progress Report Tracking (#) : 00242596

Supplemental Continuation of SF-PPR Cover Page

Department Name	Division Name		
Name of Federal Agency	Health Resources and Service Administration	Funding Opportunity Number	5-H89-26-001
Funding Opportunity Title	Ryan White Part A HIV Emergency Relief Grant Program		

Lobbying Activities

Have you paid any funds for any lobbying activities related to this grant application (progress report)? Reminder, no Federal appropriated funds may be used for lobbying.

 Yes No**▼ OMB SF-LLL Disclosure of Lobbying Activities Form**

No documents attached

Areas Affected by Project (Cities, County, State, etc.)

Area Type	Affected Area(s)
12	Other
12	Other

Point of Contact (POC) Information

Title of Position	Name	Phone	Email
Point of Contact	John Aynsley	(415) 437-6286	john.aynsley@sfdph.org

Key Contact/Principal		NCC Progress Report Tracking (#) : 00242596
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration PERFORMANCE PROGRESS REPORT - Key Contact/Principal		

Key Contact/Principal Information			
Title of Position	Name	Phone	Email
Assistant Director of HIV Health Svcs	Beth Neary	(831) 334-4830	beth.neary@sfdph.org
Director of HIV Health Svcs	Bill Blum	(415) 554-9105	bill.blum@sfdph.org
Health Program Coordinator II	Flor Roman	(628) 206-7678	flor.roman@sfdph.org
HPC III	John Aynsley	(415) 279-4595	john.aynsley@sfdph.org
Prin Admin Analyst	Sajid Shaikh	(415) 279-8833	sajid.shaikh@sfdph.org

▼ Biographical Sketch

No documents attached



San Francisco Department of Public Health

Part A Non-Competing Continuation

Attachment VI: Core Medical Services Waiver



OMB Number: 0906-0065

Expiration Date 08/31/2027

HRSA Ryan White HIV/AIDS Program (RWHAP) Core Medical Services Waiver Request Attestation Form

This form is to be completed by the Chief Elected Official, Chief Executive Officer, or a designee of either. Please initial to attest to meeting each requirement after reading and understanding the corresponding explanation. Include the proposed percentages of HIV service dollars allocated to core medical and support services in the Proposed Ratio for RWHAP Core Medical and Support Services section.

Name of recipient **San Francisco Department of Public Health**

RWHAP Part A recipient RWHAP Part B recipient RWHAP Part C recipient

Initial request Renewal request

Year of request 2026-2027

REQUIREMENT	EXPLANATION
No ADAP waiting lists	By initialing here and signing this document, you attest there are no AIDS Drug Assistance Program (ADAP) waiting lists in the service area.
Availability of, and accessibility to core medical services to all eligible individuals	By initialing here and signing this document, you attest to the availability of and access within 30 days to core medical services for all HRSA RWHAP eligible individuals in the service area. Such access is without regard to funding source, and without the need to spend at least 75 percent of funds remaining from your RWHAP award (after reserving statutory permissible amounts for administrative and clinical quality management costs). You also agree to provide HRSA HAB supportive evidence of meeting this requirement upon request.
Evidence of a public process	By initialing here and signing this document, you attest to having had a public process during which input related to the availability of core medical services and the decision to request this waiver was sought from impacted communities, including clients and RWHAP funded core medical services providers. You also agree to provide supportive evidence of such process to HRSA HAB upon request.
PROPOSED RATIO FOR RWHAP CORE MEDICAL AND SUPPORT SERVICES	
RWHAP core medical services	RWHAP support services
53 %	35 %

DocuSigned by:

142006282BE5483

SIGNATURE OF CHIEF ELECTED OFFICIAL OR CHIEF EXECUTIVE OFFICER (OR DESIGNEE)

Roland Pickens

PRINT NAME

Director/CEO, San Francisco Health Network

TITLE

09/30/2025 | 12:25 PM PDT

DATE

Public Burden Statement: HRSA uses the documentation submitted in core medical services waiver requests to determine if the applicant/grant recipient meets the statutory requirements for waiver eligibility including: (1) No waiting lists for AIDS Drug Assistance Program (ADAP) services; and (2) evidence of core medical services availability within the grant recipient's jurisdiction, state, or service area to all people with HIV identified and eligible under Title XXVI of the PHS Act. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this information collection is 0906-0065 and it is valid until 08/31/2027. This information collection is required to obtain or retain a benefit (Ryan White HIV/AIDS Treatment Extension Act of 2009, Part A section 2604(c), Part B section 2612(b), and Part C section 2651(c)). Data will be kept private to the extent required by law. Public reporting burden for this collection of information is estimated to average 0.49 hours per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Information Collection Clearance Officer, 5600 Fishers Lane, Room 14N39, Rockville, Maryland, 20857 or paperwork@hrsa.gov. Please see <https://www.hrsa.gov/about/508-resources> for the HRSA digital accessibility statement.

San Francisco HIV Community Planning Council

San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties

Zachary Davenport,
Community Co-Chair
Thomas Knoble,
Government Co-Chair
Irma Parada,
Community Co-Chair
Richard Sullivan,
Community Co-Chair

Chuck Adams
Robert Arnold
Erwin Barrios
Bill Blum
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Franco Chevalier
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Elaine Flores
Elyse Griffin
Jesus Guillen
Reina Hernandez
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R. Lee Jewell
Juba Kalamka
Nga Le
T.J. Lee-Miyaki
Helen Lin
Derrick Mapp
Marco Montenegro
Jon Oskarsson
Nikos Pecoraro
Charles Siron
Gwen Smith
John Paul Soto
Richard Sullivan
Laura Thomas
Manuel Vasquez

Mark Molnar
Program Director
Kira Perez Angeles
Program Manager
Kat Tajgeer
Program Coordinator

October 1, 2025

Chrissy Abrahms-Woodland, MBA
Director, Division of Metropolitan HIV/AIDS Programs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Abrahms-Woodland:

As Co-Chairs of the San Francisco HIV Community Planning Council, and on behalf of the Planning Council as a whole, we are writing to provide assurance of the following procedural elements related to the FY 2026 Ryan White Part A Competing Continuation Application being submitted to HRSA by the San Francisco Department of Public Health:

a. Planning:

- The most recent comprehensive EMA-wide HIV needs assessment process for the San Francisco EMA was conducted in 2016, in conjunction with the development and production of our region's first Integrated HIV Prevention and Care Plan for the period 2017 - 2021. All members of the San Francisco HIV Community Planning Council participated in the process, and Council members are active on a wide range of additional local and regional planning bodies and groups. On an annual basis, the Planning Council commissions and conducts focused needs assessments related to specific subpopulations that are disproportionately impacted by the HIV epidemic in our region, such as homeless persons, transgender persons, persons age 50 and older living with HIV, transgender persons, and persons who use substances.
- Members of the San Francisco HIV Community Planning Council actively participate in all relevant region-wide planning processes, including development of the San Francisco EMA integrated HIV Prevention and Care Plan and the State of California Coordinated Statement of Need (SCSN).

San Francisco HIV Community Planning Council

**San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties**

b. Priority Setting and Resource Allocation:

- A wide range of data sources - including data on HIV epidemiology, service utilization, unmet service needs, and disparities related to affected subpopulations - were used in the FY 2026 priority setting and allocation process.
- Part A resources were allocated in accordance with the local demographic incidence of HIV infection, including appropriate allocations for women, infants, children, and youth.
- Persons with HIV are actively involved in the Part A planning and allocation process, and their priorities are considered as part of the annual prioritization and allocation process.
- Formula, supplemental, and MAI funds awarded to the San Francisco EMA for the FY 2024 period of performance were expended according to priorities established by the Planning Council.

c. Training:

- Ongoing and annual membership trainings continue to occur, including new member orientations conducted in January, April, and June 2025.

d. Assessment of the Efficiency of the Administrative Mechanism:

- A complete review and assessment of the efficiency and effectiveness of the administration mechanism overseen by the Ryan White Grantee, San Francisco HIV Health Services, was conducted in 2024, involving 12 local Ryan White service agencies, 4 Planning Council members, and 1 representative of the grantee agency. The results of the assessment were overwhelmingly positive, and are summarized briefly in the application narrative. Findings of the needs assessment were presented to the Planning Council at its meeting of May 20, 2024. The next assessment of the grantee will begin in early 2026.

Thank you for your continuing support of the San Francisco region and its merged HIV Community Planning Council. We look forward to continuing our partnership to provide effective, comprehensive, and high-quality services to low-income and severely impacted persons living with HIV in our region.

San Francisco HIV Community Planning Council

San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties

Sincerely,



Zachary Davenport (Oct 2, 2025 07:47:50 PDT)

Zachary Davenport
Community Co-Chair



Irma Parada (Oct 2, 2025 12:16:41 PDT)

Irma Parada
Community Co-Chair

Thomas Knoble

Thomas Knoble (Oct 1, 2025 15:20:32 PDT)

Thomas Knoble
Government Co-Chair

FY 2026 Part A SF Planning Council Letter

Final Audit Report

2025-10-02

Created:	2025-10-01
By:	Mark Molnar (mmolnar@shanti.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAXfxiDR4IHFSbW50ZfPUG91ifbrqFUBtM

"FY 2026 Part A SF Planning Council Letter" History

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BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Administrative (Part A & MAI)	93.914	\$ []	\$ []	\$ 1,459,510.00	\$ []	\$ 1,459,510.00
2. CQM (Part A & CQM)	93.914	[]	[]	432,063.00	[]	432,063.00
3. HIV Services (Part A & MAI)	93.914	[]	[]	13,660,742.00	[]	13,660,742.00
4.	[]	[]	[]	[]	[]	[]
5. Totals		\$ []	\$ []	\$ 15,552,315.00	\$ []	\$ 15,552,315.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Administrative (Part A & MAI)	(2) CQM (Part A & CQM)	(3) HIV Services (Part A & MAI)	(4)	
a. Personnel	\$ 481,545.00	\$ 313,091.00	\$	\$	\$ 794,636.00
b. Fringe Benefits	182,983.00	118,972.00	\$	\$	301,955.00
c. Travel	10,368.00	\$	\$	\$	10,368.00
d. Equipment	\$	\$	\$	\$	\$
e. Supplies	2,913.00	\$	\$	\$	2,913.00
f. Contractual	753,509.00	\$	13,660,742.00	\$	14,414,251.00
g. Construction	\$	\$	\$	\$	\$
h. Other	28,192.00	\$	\$	\$	28,192.00
i. Total Direct Charges (sum of 6a-6h)	1,459,510.00	432,063.00	13,660,742.00	\$	\$ 15,552,315.00
j. Indirect Charges	\$	\$	\$	\$	\$
k. TOTALS (sum of 6i and 6j)	\$ 1,459,510.00	\$ 432,063.00	\$ 13,660,742.00	\$	\$ 15,552,315.00
7. Program Income	\$	\$	\$	\$	\$

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Standard Form 424A (Rev. 7-97)
Prescribed by OMB (Circular A -102) Page 1A

SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Administrative (Part A & MAI)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9.	CQM (Part A & CQM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	HIV Services (Part A & MAI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
		\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00
13. Federal	\$ 15,552,315.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 15,552,315.00	\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	Administrative (Part A & MAI)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17.	CQM (Part A & CQM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	HIV Services (Part A & MAI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	15,552,315	22. Indirect Charges:	0
23. Remarks: <input type="text"/>			

INSTRUCTIONS TO COMPLETE THE LINE ITEM BUDGET WORKBOOK

BUDGET SUMMARY INSTRUCTIONS:

ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS).

1. Enter the recipient's program name as indicated in the header of the Budget Summary.
2. Formulas embedded into the worksheet will calculate the object class categories, direct and indirect costs, by funding type (Part A and MAI). The cells containing formulas are shaded in grey. Enter program income, as applicable, as a whole dollar amount rounded down to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).
3. Verify the award amounts in cells B24, B25, and B26 according to the limits described in the Non-Competing Continuation (NCC) Program Report. Formulas embedded into the worksheet will auto calculate for compliance with the CQM and administration limits.
4. Manually enter the HIV Services Allocation Percentages for core medical services and support services. If the core medical services allocations are less than 75% then a core medical services waiver must be submitted with the Non-Competing Continuation Progress Report.

INSTRUCTIONS FOR RWHAP PART A (i.e., Administrative, PC/PB Support, PC/PB Contractual, CQM, and CQM Contractual) AND MAI (i.e., Administrative, CQM, and CQM Contractual) LINE ITEM BUDGETS:

ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS). Note: the total amounts for the line items included in the personnel and fringe benefit object class categories autocalculate and round down to the nearest whole dollar amount. The total amount for line items listed for the remaining object class categories should be entered as whole dollar amounts only; as applicable, round down these total amounts to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).

1. Enter the recipient's program name in each of the headers of the Line Item Budget.
2. **Personnel Section:**
 - a) Insert the salary, full-time equivalent (FTE), name, position title, and total salary paid by the Ryan White HIV/AIDS Program (RWHAP) Part A grant. For all employees who are less than one FTE on the award, provide the complete salary distribution of all funding sources.

For example:

Salary: \$100,000
FTE: for 50%, enter 0.50
Name, Position: Jack Johnson, Program Director
Budget Impact Justification - Description of duties, impact on program goals and outcomes, payment source for balance of FTE (e.g., 50% in-kind general funds)
Amount: \$50,000
 - b) Taking into account the rounding preference method on Personnel calculations, if the Personnel Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Personnel Total line must match the SF-424A.

Note: Funds from the grant cannot be used to pay the base salary of an individual (exclusive of fringe) at a rate in excess of \$225,700. The Personnel Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to personnel costs. You may add rows to accommodate additional personnel. HRSA expects the staff person responsible for management of the RWHAP Part A grant (i.e., the Project Director or Program Coordinator) have at least 0.5 FTE allocated to the Part A program (this can be a combination of budgeted grant funds and/or other sources) to ensure sufficient oversight and monitoring of all grant activities conducted by recipients and subrecipients. The 0.5 FTE must be recipient staff and not delegated to contract staff or a fiscal intermediary. Please see [SF-424 Application Guide](#) for additional guidance related to salaries and salary limitations.
3. **Fringe Benefits Section:**
 - a) Indicate the fringe benefit rate (percentage) and the applicable total "personnel" amount allocated to the RWHAP Part A grant subject to the rate. Fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.
 - b) Taking into account the rounding preference method on Fringe calculations, if the Fringe Benefit Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Fringe Benefit Total line must match the SF-424A.

Note: The Fringe Benefit Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to fringe benefits. You may add rows to accommodate additional fringe benefit rates. Please see [SF-424 Application Guide](#) for additional guidance related to fringe benefits.
4. **Travel Section:**
 - a) List travel costs according to local and long distance travel:
 - i) For local travel, the mileage rate, number of miles, reason for travel and staff member/clients completing the travel should be outlined.
 - ii) For long distance travel expenses may include airfare, lodging, parking, per diem, etc. for each person participating in meetings, site visits and other proposed trainings or workshops. List the names of the traveler(s) if possible, describe the purpose of the travel, and provide number of trips involved, the destinations, and the number of travelers for whom funds are requested. (Show the breakdown of cost)

Note: The Local Travel Sub-Total, the Long Distance Travel Sub-Total, and the Travel Total cells (i.e., the grey colored cells) will calculate the subtotal amount budgeted to local, long distance travel, and the overall travel total. You may add rows to accommodate additional travel. Please see [SF-424 Application Guide](#) for additional guidance related to travel.
5. **Equipment Section:**
 - a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current

a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$10,000 or more).

Note: The Equipment Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to equipment costs. Please see [SF-424 Application Guide](#) for additional guidance related to equipment.

6. Supplies Section:

a) Itemize the supply costs that the program will use to implement the proposed project.

Note: The Supplies Total cell (i.e., the grey colored cell) will calculate the total amount allocated to supply costs. You may add rows to accommodate more supplies. Please see [SF-424 Application Guide](#) for additional guidance related to supplies.

7. Contractual Section:

a) Itemize each non-HIV services contract. Please note that your budget justification should provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Note: The Contracts Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to contract costs. You may add rows to accommodate additional contracts. Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. Please see [SF-424 Application Guide](#) for additional guidance related to contracts.

8. Other Section:

a) Include all costs that do not fit into any other category and provide an explanation of each cost in this category. (Show the breakdown of cost, if appropriate.)

Note: The Other Total cell (i.e., the grey colored cell) will calculate the total amount allocated to other costs. You may add rows to accommodate additional other costs. Please see [SF-424 Application Guide](#) for additional guidance related to other.

9. Total Direct Cost Section:

a) This is the total cost that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. For the RWHAP Part A, this is the combined total of sections 1-8 above.

Note: This section requires no input from the recipient, as the direct cost total will automatically calculate based on information entered into section 1-8.

10. Total Indirect Cost Section:

a) Indirect Costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost for operating and maintaining a facilities, depreciation and administration salaries. If there are indirect costs included in the FY 2024 budget for the first time in the three year period of performance, or if the indirect cost rate agreement for existing indirect costs has expired or will expire during FY 2024, submit a current indirect cost rate agreement or related documentation.

b) Please specify the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, indirect rate, estimated amount of the base to which the rate is applied and the total indirect expense.

Help

Formatting Tips

1. Object Class Categories of the line item budgets contain hidden rows
2. Column A identifies the location where rows have been hidden
3. Keep unused rows hidden to avoid creating additional pages in your application
4. Formulas are included in the workbook, use **caution** if you add or delete rows
5. Hide the Instructions and Help worksheets (tabs), as well as any worksheets not in used to avoid creating additional pages in your application

Unhiding Rows

1. Identify where additional rows have been hidden in the worksheet
2. Select the row labeled "Unhide rows" and the row directly below
3. While both rows are highlighted, right click, and select "Unhide"
4. For additional help refer to the PowerPoint presentation

Hiding Rows

1. Identify the excess rows that you want to hide in the worksheet
2. Select all consecutive rows you want to hide
3. While the rows are highlighted, right click and select "Hide"
4. For additional help refer to the PowerPoint presentation

Hiding Worksheet (tabs)

1. Identify the worksheet tab you want to hide
2. Right click on the worksheet tab and select "Hide"
3. For additional help refer to the PowerPoint presentation

Unhiding Worksheets (tabs)

1. Right-click on any worksheet tab, which opens a context menu.
2. Click "Unhide" to open the Dialog Box, which displays all the hidden worksheets.
3. Click on the worksheet to be unhidden
4. Click "OK" to unhide the selected worksheet
5. For additional help refer to the PowerPoint presentation

Resources

See PowerPoint presentation for tutorial on how to hide and unhide rows and worksheets.

RWHAP PART A BUDGET SUMMARY
RECIPIENT:
FISCAL YEAR: 2026

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ 425,177	\$ 313,091	\$ -	\$ 56,368		\$ -	\$ 794,636
b. Fringe Benefits	\$ 161,565	\$ 118,972	\$ -	\$ 21,418		\$ -	\$ 301,955
c. Travel	\$ 10,368	\$ -	\$ -	\$ -		\$ -	\$ 10,368
d. Equipment	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
e. Supplies	\$ 2,913	\$ -	\$ -	\$ -		\$ -	\$ 2,913
f. Contractual	\$ 753,509	\$ -	\$ 12,960,667	\$ -		\$ 700,075	\$ 14,414,251
g. Other	\$ 28,192	\$ -	\$ -	\$ -		\$ -	\$ 28,192

Direct Charges	\$ 1,381,724	\$ 432,063	\$ 12,960,667	\$ 77,786	\$ -	\$ 700,075	\$ 15,552,315
Indirect Charges	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
TOTALS	\$ 1,381,724	\$ 432,063	\$ 12,960,667	\$ 77,786	\$ -	\$ 700,075	\$ 15,552,315
Program Income							

FY 2025 Allocations:	
Part A Funding	\$ 14,774,454
MAI Funding	\$ 777,861
Total:	\$ 15,552,315

Administrative Budget 10%

Part A and MAI Within Limit

CQM Budget 5%

Part A and MAI Within Limit

**Manually Enter
HIV Services Allocation Percentages**

Core Medical Services	Support Services
53%	35%

PART A ADMINISTRATIVE BUDGET
RECIPIENT:
FISCAL YEAR: 2026

Personnel							
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount			
\$ 225,700	0.20	TBD, Director of CDTA	Charged with primary oversight of contract development, modifications, and renewals of all Ryan White Part A grants. .80 FTE GF	\$ 45,140			
\$ 201,480	0.40	Bill Blum, Director of HIV Health Services	Charged with primary oversight for the administration of services and day to day operations of HIV Health Services and the Ryan White Part A grant. .60 FTE GF	\$ 80,592			
\$ 164,097	0.25	William Gramlich, Compliance Program Manager.	Provides oversight of contractor performance and compliance for Ryan White Part A grants. .25 RWPA & .40 GF & .35 MAI FTE	\$ 41,024			
\$ 164,097	0.95	John Aynsley, HPC III	Serving as HIV Health Services Program Manager, the Health Program Coordinator III is responsible the review and approval of HIV Health Services, provides TA to agencies on contracting and HRSA requirements, liaisons with local Planning Council .05 GF, .95 RWPA	\$ 155,892			
\$ 177,471	0.30	Nora Macias, Contracts Manager	Supervises Contracts Unit staff and assures contract development compliance to ensure timely payment of funded providers. Works with HIV Health Services to produce and assess RFPs..70 FTE GF	\$ 53,241			
\$ 153,252	0.15	Yao Quan Zhu, Sr Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .85 FTE GF	\$ 22,987			
\$ 131,509	0.20	William Gaitan, Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .80 FTE GF	\$ 26,301			
				\$ -			
				\$ -			
FTE Total:	2.45		Personnel Sub-Total with Rounding	\$ 425,177			
			Rounding Input Adjustment to Match SF-424A				
			Personnel Total	\$ 425,177			
Fringe Benefits							
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount			
12.63%	Insurance(Me Insurance(Medical/Life dical/Life)) Insurance(Medical/Life)			\$ 53,699			
7.65%	Social Security			\$ 32,526			
12.00%	Retirement			\$ 51,021			
1.50%	Workers Compensation			\$ 6,377			
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 17,942			
				\$ -			
				\$ -			
				\$ -			
				Fringe Benefit Sub-Total with Rounding			
				\$ 161,565			
				Rounding Input Adjustment to Match SF-424A			
				Fringe Benefit Total			
				\$ 161,565			
Travel							
Local							
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)			
				Local Travel Sub-Total			
				\$ -			
Long Distance							
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)				
RWPA Grantee Meeting	6 staff (Blum, Neary, A)	(Domestic airfare\$600 + lodge \$257 X 4 days + transportation \$100/person) X 6 staff) X	\$ 10,368				
				Long Distance Travel Sub-Total			
				\$ 10,368			
				Travel Total			
				\$ 10,368			

PART A ADMINISTRATIVE BUDGET

RECIPIENT:
FISCAL YEAR: 2026

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
	Equipment Total	\$ -

Supplies

[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount (round down to nearest whole number)
General Office Supplies, Pen, pencil, paper, binders,	50.78/mos X 4.78 FTE X 12 months	\$ 2,913
		Supplies Total
		\$ 2,913

Contractual

List of Contract	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Shanti	Hours of Planning Council and Consumer Advocacy Services	Planning Council Support (Executive Oversight Hours 1,071 & Adminstrative Management and Clerical Support Hours 2,870 & Training, Evaluation and Needs Asssesement Hours 1,428)	\$ 385,211
ALRP	Hours of Planning Council and Consumer Advocacy Services	HIV Consumer Advocacy (Consumer Rights Advocacy Hours 1,404)	\$ 110,455
HR360	Hours of staff support	HHS Progam/Fiscal Admin (1.00 FTE HIV Office Manager & 1.00 HIV Invoice Analyst)	\$ 257,843
		Contracts Total	\$ 753,509

Other

[List all costs that do not fit into any other category]

List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Rent	1.966/sq ft x 250 x 4.78 fte x 12 mos	\$ 28,192
	Other Costs Total	\$ 28,192

Total Direct Cost

	\$ 1,381,724
--	--------------

Indirect Cost

Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>[Insert rate below]</i>	Insert Base	Total <i>[Insert Indirect]</i>

Part A Administrative Total

	\$ 1,381,724
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PART A PLANNING COUNCIL/PLANNING BODY BUDGET

RECIPIENT: Shanti Planning Council

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 129,485	1.00	Molnar, M, Program Director	Direction and oversight of HCPC Support tasks; functions as an alternative liaison between the HCPC and stakeholders, government entities and community bodies. Development of annual HCPC work plan; provides training to council on HRSA mandates; oversees resource allocation and service category prioritization process and protocols; oversees training and orientation.	\$ 129,485
\$ 69,870	1.00	Perez, K, Program Manager 1	Manages day to day operation of planning council support program; supervises and implements annual needs assessment & community outreach listening activities (COLA), maintaining compliance with CA State protocols; liaison with Mayors' Office	\$ 69,870
\$ 58,681	1.00	Tajgeer, K, Program Coordinator	Notetaking & minutes at Council meetings; maintenance of recordings & website; coordinates requests for information; facilitates focus group meetings.	\$ 58,681
				\$ -
Personnel Sub-Total with Rounding				\$ 258,036
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 258,036

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]	Amount
7.65%	Social Security	\$ 19,740
9.00%	Medical	\$ 23,223
1.50%	Dental	\$ 3,870
1.00%	Unemployment Insurance	\$ 2,580
Fringe Benefit Sub-Total with Rounding		\$ 49,413
Rounding Input Adjustment to Match SF-424A		
Fringe Benefit Total		\$ 49,413

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total			\$ -
Travel Total			\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)
Equipment Total		\$ -

Supplies

[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals].</i>	Amount (round down to nearest whole number)
Pens, Paper, folder, etc	Costs for office supplies, printing and copying, council meeting related supplies (330 x 3 FTE)	\$ 989
		Supplies Total \$ 989

Contractual

List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)

Other

[List all costs that do not fit into any other category.] Show breakdown of costs.

Total Direct Cost

| \$ 355,146

Indirect Cost

Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]
Fixed	8.56%	\$ 351,332	30,065

Part A Planning Council/Planning Body Total

PART A PLANNING COUNCIL/PLANNING BODY BUDGET

RECIPIENT: AIDS Legal Referral Panel

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 101,185	0.75	Stephen Spano, HCAP Attorney	Conduct outreach activities, provide advocacy, and offer mediation services; provide technical assistance to providers; prepare quarterly reports on consumer issues and their resolution	\$ 75,888
\$ 148,500	0.01	Matt Foreman, ED	Supervise HCAP Attorney; oversee agency collaborations and attorney-client relations; conduct program evaluation activities; oversee compliance with contract objectives and requirements including ARIES data implementation. Conduct Client Services meetings at which client services staff discuss trends, cases and client feedback.	\$ 1,485
				\$ -
			Personnel Sub-Total with Rounding	\$ 77,373
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ 77,373

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]	Amount
7.65%	Social Security	\$ 5,919
8.00%	Medical	\$ 6,189
0.50%	Dental	\$ 386
0.40%	Unemployment Insurance	\$ 312
0.75%	Worker Compensation Insurance	\$ 580
		\$ -
		\$ -
		\$ -
	Fringe Benefit Sub-Total with Rounding	\$ 13,386
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	\$ 13,386

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
		Long Distance Travel Sub-Total	\$ -
		Travel Total	\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)

			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. Note : Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals].</i>	Amount (round down to nearest whole number)	
Office Supplies		4% of supplies, allocated by shared cost based on FTE (\$45,000 X 4%)	\$ 1,800	
Postage		4% of postage cost, allocated by shared cost based on FTE (\$6,000 X 4%)	\$ 240	
		Supplies Total	\$ 2,040	
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)	
IT Consultants - Karen Nylus & Moshe Artz	Hours of IT Consultant Services	IT and database consultation costs, allocated by shared cost based on FTE (\$10,000 X 4%)	\$ 400	
		Contracts Total	\$ 400	
Other				
[List all costs that do not fit into any other category.] Show breakdown of costs.				
List of Other		Budget Impact Justification <i>[Impact on the program's objectives/goals.]</i>	Amount (round down to nearest whole number)	
Rent		4% of office space, allocated by shared cost based on FTE (\$133,100 X 4%)	\$ 5,324	
Telephone		4% of phone costs, allocated by shared cost based on FTE (\$22,000 X 4%)	\$ 880	
General Liability Insurance		4% of insurance premium, allocated by shared cost based on FTE (\$11,000 X 4%)	\$ 720	
Professional Liability Insurance		4% of premium, allocated by shared cost based on FTE (18,000 x 4%)	\$ 800	
Equipment Rental/Repair		4% of equipment rental and repair, allocated by shared cost based on FTE (\$10,500 X 4%)	\$ 412	
		Other Costs Total	\$ 8,136	
Total Direct Cost				
			\$ 101,335	
Indirect Cost				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base	Total <i>[Insert Indirect]</i>	
Fixed	9%	\$ 101,335.00		9,120
Part A Planning Council/Planning Body Total				
			\$ 110,455	

PART A ADMIN BUDGET

RECIPIENT: HR360

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
\$ 74,552	1.00	Nina Davis, Office Manager/Admin Assistant	Performs general office manager functions for HHS section & coordinates calendars of HHS Assist Director and Director	\$ 74,552
\$ 95,304	1.00	Deanna Chan/Invocie Clerk	Analyzes and processes HHS and HPS contract invoices, including quality analysis to evaluate level of UOS and UDC services provided based on contract target goals, performs other basic budgetary tasks	\$ 95,304
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 169,856
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 169,856

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]	Amount
7.65%	Social Security	\$ 12,994
14.25%	Medical	\$ 24,206
1.00%	Dental	\$ 1,699
2.20%	Unemployment Insurance	\$ 3,736
8.10%	Paid Time off	\$ 13,759
4.80%	Retirement	\$ 8,153
		\$ -
		\$ -
Fringe Benefit Sub-Total with Rounding		\$ 64,547
Rounding Input Adjustment to Match SF-424A		
Fringe Benefit Total		\$ 64,547

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total			\$ -
Travel Total			\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)

			Equipment Total	\$	-
Supplies					
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.					
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)	
				Supplies Total	\$
Contractual					
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)	
				Contracts Total	\$
Other					
[List all costs that do not fit into any other category] Show breakdown of costs.					
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)	
				Other Costs Total	\$
Total Direct Cost					
				\$	234,402
Indirect Cost					
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]	
Fixed	10%	\$	232,081	\$	23,440
Part A Clinical Quality Management Total					
				\$	257,843

PART A PLANNING COUNCIL/PLANNING BODY CONTRACTUAL BUDGET

RECIPIENT:

Note: complete this budget sheet if the jurisdiction contracts with a third party to provide Planning Council Support for the program.

FISCAL YEAR: 2026

Personnel					
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -	
Rounding Input Adjustment to Match SF-424A					
Personnel Total					\$ -
Fringe Benefits					
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
				\$ -	
			Fringe Benefit Sub-Total with Rounding	\$ -	
Rounding Input Adjustment to Match SF-424A					
Fringe Benefit Total					\$ -
Travel					
Local					
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)	
			Local Travel Sub-Total	\$ -	
Long Distance					
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)		
			Long Distance Travel Sub-Total	\$ -	
Travel Total					\$ -
Equipment					
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>					
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)	
				Equipment Total	\$ -
Supplies					
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>					
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)	
				Supplies Total	\$ -
Contractual					
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)	
				Contracts Total	\$ -
Other					
<i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>					
List of Other	Budget Impact Justification [Impact on the program's objectives/goals.]			Amount (round down to nearest whole number)	
				Other Costs Total	\$ -
Total Direct Cost					\$ -
Indirect Cost					
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]	
Part A Planning Council/Planning Body Total					\$ -

PART A CLINICAL QUALITY MANAGEMENT BUDGET				
RECIPIENT: FISCAL YEAR: 2026				
Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
\$ 177,471	0.25	Beth Neary, Assistant Director of HIV Health Services	Responsible for the overall oversight, planning, evaluation and quality management for HHS as the grantee for the San Francisco HIV System of Care in coordination with our Ryan White mandated HIV Community Planning Council. Leads HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Directs Health Care Analyst for Quality Management on writing of HHS QM/QI Plan and all QM/QI presentations. Reviews program QI data with HHS Internal CQI Committee to suggest CQI activities for discussion at HHS CBO CQI bimonthly review meetings. Meets with system of care providers and SMEs with HHS Director to discuss future CQI needs/interests. (.25 RWPA CQM & .50 GF & .25 RWPB)	\$ 44,367
\$ 133,770	0.50	Natalie Basha, Health Care Analyst	Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Integrally involved in data oversight and importing functions related to services and ARIES reporting. Provides CQI analysis and presentations to local HIV Community Planning Council. Produces all HHS written QM/QI plans. Ensures proper importation from DPH EMRs to ARIES database for accuracy of data related to QI of health for both annual program evaluations as part of the program monitoring cycle and for the aggregate analysis HHS continually reviews and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. (.50 RWPA CQM & .50 GF)	\$ 66,885
\$ 164,097	0.23	Flor Roman, Health Program Coordinator II	Serves as ARIES Manager to train users, provide oversight of quality and accuracy of ARIES data for HRSA reporting as well as for usage for HHS CQI purposes. Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Ensures proper program identifications and designs (set-ups) in ARIES for DPH EMRs to import client level data into ARIES database to have accurate and correctly sorted data related to QI of health for both annual program evaluations as part of the program monitoring cycle. This is necessary for aggregate analysis HHS continually reviews as part of our ongoing CQI work and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. Also trains ARIES users on proper usage and report generation in ARIES which includes who to run and utilize program data and how to utilize this data for CQI related program level work. (.23 RWPA & .40 RWPB CQM & .37 GF)	\$ 37,742
\$ 164,097	1.00	TBD, Health Program Coordinator II	Manages the HHS QM training program which provides many QM/QI and capacity development related trainings annually for our RWPA funded providers. Researches and recruits trainers and consultants for the trainings. Develops contracts and monitors payment mechanism. Works with trainers to develop training materials and identifies training goals. Creates pre-test and post-test evaluations for attendees. Provides analysis of these trainings to HHS leadership and our local Planning Council. Creates, distributes and analyzes annual survey to HHS HIV System of Care on QM/QI/CD Training questions and topics of interest. (1.00 RWPA CQM)	\$ 164,097
FTE Total:		1.98	Personnel Sub-Total with Rounding Rounding Input Adjustment to Match SF-424A	\$ 313,091
			Personnel Total	\$ 313,091
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
12.63%	Insurance(Medical/Life)			\$ 39,543
7.65%	Social Security			\$ 23,951
12.00%	Retirement			\$ 37,570
1.50%	Workers Compensation			\$ 4,696
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 13,212
				\$ -
				\$ -
				\$ -
Fringe Benefit Sub-Total with Rounding Rounding Input Adjustment to Match SF-424A			Fringe Benefit Total	\$ 118,972
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)	
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)	
			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)	
			Supplies Total	\$ -
Contractual				

PART A HIV SERVICES BUDGET

RECIPIENT:

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
			Fringe Benefit Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Fringe Benefit Total	\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals]		Amount (round down to nearest whole number)
			Supplies Total	\$ -
Contractual				
List of Contracts		Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.	Amount (round down to nearest whole number)
Outpatient/Ambulatory Health Services		Outpatient/Ambulatory Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 1,204,717
Oral Health Care		Oral Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 870,944
EIS		Hours of EIS services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 170,066
Health Insurance Premium & Home Health Care		Health Insurance	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 39,000
Hospice		Home Health Care visits	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 271,003
Mental Health		Hours of Professional and Paraprofessional services	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 659,152
Medical Case Management		Psychiatric Encounters, Hours of Individual and Group Outpatient Mental Health Hours.	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 1,326,919
Non-Medical Case Management		Hours of Non-Medical Case Management	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 2,926,762
Emergency Financial Assistance		Emergency Financial Assistance grants	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 2,595,289
				\$ 897,231

MAI Administrative Total			
			\$ 77,786

MAI HIV SERVICES BUDGET

RECIPIENT:

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ -

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Fringe Benefits		
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Fringe Benefit Sub-Total with Rounding		\$ -
Rounding Input Adjustment to Match SF-424A		
Fringe Benefit Total		\$ -

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Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
				Local Travel Sub-Total \$ - - -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
				Long Distance Travel Sub-Total \$ - - -
				Travel Total \$ - - -

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Contractual			
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Medical Case Management, including Treatment Adherence Services	Hours of Mental Health Services Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 234,441
Outpatient/Ambulatory Health Services	Outpatient/ Ambulatory Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 465,634
			Contracts Total \$ 700,075

• [Unibid.com](#)

Total Direct Cost			Other Costs Total	\$ 0.075
Indirect Cost				\$ 700.075
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total	[Insert Indirect]
MAI HIV Services Total				\$ 700,075

**San Francisco Department of Public Health**

Part A Non-Competing Continuation

**Attachment VIII: HIV Care Continuum****Diagnosis-Based HIV Care Continuum Services Table using CDC Data**

Stages of the HIV Care Continuum	Baselines (Submitted with 2025 Competitive Application)	2027 Targets (Submitted with 2025 Competitive Application)	2025 Actuals (Submitted with 2026 NCC Progress Report)	Variance from Actuals to Target	Outcome	Comments: If the Outcome column autopopulates Red, please provide comments on how you plan to reach Target	Service Category (list service categories that tie to target goal- Part A and MAI)
Diagnosed: Percentage of persons aged ≥ 13 years with HIV infection who know their serostatus.	97.00%	98.00%	99.98%	1.98%	Met	N/A	Early Intervention Services, Medical and Non-Medical Case Management, Mental Health Services, Outpatient / Ambulatory Health Services, Housing, Outreach Services, Psychosocial Support Services, Substance Abuse Services (all categories support care retention for persons with HIV which in turn supports long-term viral suppression which reduces new HIV cases)
Receipt of Care: Percentage of persons with diagnosed HIV who had at least one CD4 or viral load test during the calendar year.	78.00%	85.00%	79.80%	-5.20%	Not Met	The San Francisco EMA continues to make significant progress toward the 2027 target percentage for Receipt of Care. It is important to note that the 2025 Actuals are drawn from 2023 data, and that the 2027 target date is still two years away.	Early Intervention Services, Medical and Non-Medical Case Management, Mental Health Services, Outpatient / Ambulatory Health Services, Housing, Outreach Services, Psychosocial Support Services, Substance Abuse Services (all categories support care retention for persons with HIV which in turn supports long-term viral suppression and reduces new HIV cases)
Retained in Care: Percentage of persons with documentation of 2 or more CD4 or viral load tests performed at least 3 months apart during the calendar year.	51.00%	55.00%	54.70%	-0.30%	Not Met	The San Francisco EMA continues to make significant progress toward the 2027 target percentage for Retained in Care, and is only .30% away from our 2027 target. It is important to note that the 2025 Actuals are drawn from 2023 data, and that the 2027 target date is still two years away.	Early Intervention Services, Medical and Non-Medical Case Management, Mental Health Services, Outpatient / Ambulatory Health Services, Housing, Outreach Services, Psychosocial Support Services, Substance Abuse Services
Viral Suppression: Percentage of persons with diagnosed HIV infection whose most recent HIV viral load test in the past 12 months showed that HIV viral load was suppressed.	71.00%	76.00%	91.50%	15.50%	Met	N/A	Early Intervention Services, Medical and Non-Medical Case Management, Mental Health Services, Outpatient / Ambulatory Health Services, Housing, Outreach Services, Psychosocial Support Services, Substance Abuse Services
Linkage to Care: Percentage of persons with newly diagnosed HIV infection who were linked to care within one month after diagnosis as evidenced by a documented CD4 count or viral load.	94.00%	97.00%	94.10%	-2.90%	Not Met	The San Francisco EMA continues to make significant progress toward the 2027 target percentage for Linkage to Care. It is important to note that the 2025 Actuals are drawn from 2023 data, and that the 2027 target date is still two years away.	Early Intervention Services, Medical and Non-Medical Case Management, Mental Health Services, Outpatient / Ambulatory Health Services, Housing, Outreach Services, Psychosocial Support Services, Substance Abuse Services
Describe methodology utilized to calculate the Target to be achieved during the three-year period of performance:	To estimate target outcomes, San Francisco HIV Health Services analyzed 5-year diagnosis, linkage to care, treatment, and viral suppression outcomes to estimate the course of potential outcomes over the next 3 years. This continuum-based analysis was linked to an analysis of trends in new HIV infection rates among specific populations along with specific local initiatives to expand HIV testing, linkage, treatment, and treatment adherence services.						



File 251189: Grant Application

**Health Resources Services Administration -
Ryan White Act HIV/AIDS Emergency Relief Grant Program**

BOS Budget & Finance Committee

January 14, 2026

Bill Blum, Director, HIV Health Services

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



Overview of Grant Application

Health Resources Services Administration - Ryan White Act HIV/AIDS Emergency Relief Grant Program:

- **Application Amount:** \$15,552,315
- **Timeline:** March 1, 2026 – February 28, 2027
- **Grantor:** Health Resources Services Administration (HRSA)
- **Grant Summary:**
 - The grant funding will support HIV health services across the San Francisco Metropolitan Area (San Francisco, San Mateo, and Marin counties).
 - Ryan White HIV/AIDS Program provides a comprehensive system of HIV primary medical care, essential support services, and medications for low-income people living with HIV who are uninsured and underserved.

Retroactivity



We are requesting [retroactive approval](#) to submit this grant application.

- HRSA released the application guidance on July 21, 2025, with a due date of October 2, 2025, allowing 52 business days to complete the application process. DPH was unable to get Board approval before the application deadline.
- DPH then brought this item to the Board, following the fiscal approvals process.



Conclusion

**DPH respectfully requests approval of this item.
Thank you!**

CONTRACT ID	APPENDIX A	APPENDIX B	REG CODE	CONTRACTOR	SERVICE	HRSA SERVICE CATEGORY	FUNDING SOURCE	CDTA	HHS	CONTRACTS	CURRENT ANNUAL AMOUNT	FUNDING NOTICE #	FUNDING NOTICE DATE	COMMENTS
1-24366	A-1	B-1c	77691	Health Right 360	Program & Fiscal Management Admin	Administration	Part A	Andrew	John	Anna	\$257,843	6	9/4/2024	MATCH
1-21258	A-1	B-1		Marin County Health & Prevention Services	HIV Health Services	Emergency Financial Assistance	Part A	Andrew	John	Kristine	\$60,000	1	7/28/2025	MATCH
1-21258	A-1	B-1		Marin County Health & Prevention Services	HIV Health Services	Food Bank / Home-Delivered Meals	Part A	Andrew	John	Kristine	\$238,383	1	7/28/2025	MATCH
1-21258	A-1	B-1		Marin County Health & Prevention Services	HIV Health Services	Administration	Part A	Andrew	John	Kristine	\$1,000	1	7/28/2025	MATCH
1-09024	A-1	B-1g	47474	Positive Resource Center	Emergency Financial Assistance (former AEF)	Emergency Financial Assistance	Part A	Tony	John	Yao	\$357,808	18	9/25/2025	MATCH
1-09024	A-1	B-1g	47474	Positive Resource Center	Emergency Financial Assistance (former AEF)	Emergency Financial Assistance	Part A	Tony	John	Yao	\$386,796	18	9/25/2025	MATCH
1-21260	A-1	B-1	27574	San Mateo County Health Services Agency	HIV Services	Emergency Financial Assistance	Part A	Andrew	John	Kristine	\$112,500	1	7/28/2025	MATCH
1-21260	A-1	B-1	27574	San Mateo County Health Services Agency	HIV Services	Food Bank / Home-Delivered Meals	Part A	Andrew	John	Kristine	\$400,000	1	7/28/2025	MATCH
1-13322	A-1	B-1f	77613	Shanti	HIV Health Services Planning Council Support	Administration	Part A	Valerie	John	Yao	\$385,211	14	9/13/2024	EHB Problems, MATCH
1-28521	A-5	B-5b		UCSF: W86	HIV Quality Management	HIV Quality Management	Part A	Sharon	John	Jessica	\$36,122	6	10/22/2024	MATCH
N/A	A-1	B-1	27292	MOU 4	HIV Home Health Care	Home Health Care	Part A	Andrew	John	William	\$271,003	1	10/9/2024	MATCH
N/A				Administration	Administration	Administration	Part A	N/A	John	N/A	\$747,694	1		MATCH
N/A				Administration	Administration	Administration	Part A - MAI	N/A	John	N/A	\$74,922	1		MATCH
N/A				HIV Quality Management	HIV Quality Management	HIV Quality Management	Part A	N/A	John	N/A		1		

San Francisco HIV Community Planning Council

San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties

Zachary Davenport,
Community Co-Chair
Thomas Knoble,
Government Co-Chair
Irma Parada,
Community Co-Chair
Richard Sullivan,
Community Co-Chair

Chuck Adams
Robert Arnold
Erwin Barrios
Bill Blum
Anna Branzuela
Franco Chevalier
Ed Chitty
Elaine Flores
Elyse Griffin
Jesus Guillen
Reina Hernandez
Ronaldo Hernandez
R. Lee Jewell
Juba Kalamka
Nga Le
T.J. Lee-Miyaki
Helen Lin
Derrick Mapp
Marco Montenegro
Jon Oskarsson
Nikos Pecoraro
Charles Siron
Gwen Smith
John Paul Soto
Richard Sullivan
Laura Thomas
Manuel Vasquez

Mark Molnar
Program Director
Kira Perez Angeles
Program Manager
Kat Tajgeer
Program Coordinator

October 1, 2025

Chrissy Abrahms-Woodland, MBA
Director, Division of Metropolitan HIV/AIDS Programs
Health Resources and Services Administration
5600 Fishers Lane
Rockville, Maryland 20857

Dear Ms. Abrahms-Woodland:

As Co-Chairs of the San Francisco HIV Community Planning Council, and on behalf of the Planning Council as a whole, we are writing to provide assurance of the following procedural elements related to the FY 2026 Ryan White Part A Competing Continuation Application being submitted to HRSA by the San Francisco Department of Public Health:

a. Planning:

- The most recent comprehensive EMA-wide HIV needs assessment process for the San Francisco EMA was conducted in 2016, in conjunction with the development and production of our region's first Integrated HIV Prevention and Care Plan for the period 2017 - 2021. All members of the San Francisco HIV Community Planning Council participated in the process, and Council members are active on a wide range of additional local and regional planning bodies and groups. On an annual basis, the Planning Council commissions and conducts focused needs assessments related to specific subpopulations that are disproportionately impacted by the HIV epidemic in our region, such as homeless persons, transgender persons, persons age 50 and older living with HIV, transgender persons, and persons who use substances.
- Members of the San Francisco HIV Community Planning Council actively participate in all relevant region-wide planning processes, including development of the San Francisco EMA integrated HIV Prevention and Care Plan and the State of California Coordinated Statement of Need (SCSN).

San Francisco HIV Community Planning Council

**San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties**

b. Priority Setting and Resource Allocation:

- A wide range of data sources - including data on HIV epidemiology, service utilization, unmet service needs, and disparities related to affected subpopulations - were used in the FY 2026 priority setting and allocation process.
- Part A resources were allocated in accordance with the local demographic incidence of HIV infection, including appropriate allocations for women, infants, children, and youth.
- Persons with HIV are actively involved in the Part A planning and allocation process, and their priorities are considered as part of the annual prioritization and allocation process.
- Formula, supplemental, and MAI funds awarded to the San Francisco EMA for the FY 2024 period of performance were expended according to priorities established by the Planning Council.

c. Training:

- Ongoing and annual membership trainings continue to occur, including new member orientations conducted in January, April, and June 2025.

d. Assessment of the Efficiency of the Administrative Mechanism:

- A complete review and assessment of the efficiency and effectiveness of the administration mechanism overseen by the Ryan White Grantee, San Francisco HIV Health Services, was conducted in 2024, involving 12 local Ryan White service agencies, 4 Planning Council members, and 1 representative of the grantee agency. The results of the assessment were overwhelmingly positive, and are summarized briefly in the application narrative. Findings of the needs assessment were presented to the Planning Council at its meeting of May 20, 2024. The next assessment of the grantee will begin in early 2026.

Thank you for your continuing support of the San Francisco region and its merged HIV Community Planning Council. We look forward to continuing our partnership to provide effective, comprehensive, and high-quality services to low-income and severely impacted persons living with HIV in our region.

San Francisco HIV Community Planning Council

San Francisco Eligible Metropolitan Area
San Francisco, San Mateo, and Marin Counties

Sincerely,



Zachary Davenport (Oct 2, 2025 07:47:50 PDT)

Zachary Davenport
Community Co-Chair



Irma Parada (Oct 2, 2025 12:16:41 PDT)

Irma Parada
Community Co-Chair

Thomas Knoble

Thomas Knoble (Oct 1, 2025 15:20:32 PDT)

Thomas Knoble
Government Co-Chair

FY 2026 Part A SF Planning Council Letter

Final Audit Report

2025-10-02

Created:	2025-10-01
By:	Mark Molnar (mmolnar@shanti.org)
Status:	Signed
Transaction ID:	CBJCHBCAABAAXfxiDR4IHFSbW50ZfPUG91ifbrqFUBtM

"FY 2026 Part A SF Planning Council Letter" History

-  Document created by Mark Molnar (mmolnar@shanti.org)
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Adobe Acrobat Sign

 Document e-signed by Irma Parada (malena.parada@icloud.com)

Signature Date: 2025-10-02 - 7:16:41 PM GMT - Time Source: server

 Agreement completed.

2025-10-02 - 7:16:41 PM GMT



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BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 06/30/2028

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Assistance Listing Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1. Administrative (Part A & MAI)	93.914	\$ []	\$ []	\$ 1,459,510.00	\$ []	\$ 1,459,510.00
2. CQM (Part A & CQM)	93.914	[]	[]	432,063.00	[]	432,063.00
3. HIV Services (Part A & MAI)	93.914	[]	[]	13,660,742.00	[]	13,660,742.00
4.	[]	[]	[]	[]	[]	[]
5. Totals		\$ []	\$ []	\$ 15,552,315.00	\$ []	\$ 15,552,315.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1) Administrative (Part A & MAI)	(2) CQM (Part A & CQM)	(3) HIV Services (Part A & MAI)	(4)	
a. Personnel	\$ 481,545.00	\$ 313,091.00	\$	\$	\$ 794,636.00
b. Fringe Benefits	182,983.00	118,972.00	\$	\$	301,955.00
c. Travel	10,368.00	\$	\$	\$	10,368.00
d. Equipment	\$	\$	\$	\$	\$
e. Supplies	2,913.00	\$	\$	\$	2,913.00
f. Contractual	753,509.00	\$	13,660,742.00	\$	14,414,251.00
g. Construction	\$	\$	\$	\$	\$
h. Other	28,192.00	\$	\$	\$	28,192.00
i. Total Direct Charges (sum of 6a-6h)	1,459,510.00	432,063.00	13,660,742.00	\$	\$ 15,552,315.00
j. Indirect Charges	\$	\$	\$	\$	\$
k. TOTALS (sum of 6i and 6j)	\$ 1,459,510.00	\$ 432,063.00	\$ 13,660,742.00	\$	\$ 15,552,315.00
7. Program Income	\$	\$	\$	\$	\$

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program		(b) Applicant	(c) State	(d) Other Sources	(e)TOTALS
8.	Administrative (Part A & MAI)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
9.	CQM (Part A & CQM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10.	HIV Services (Part A & MAI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. TOTAL (sum of lines 8-11)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION D - FORECASTED CASH NEEDS

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
		\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00
13. Federal	\$ 15,552,315.00	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Non-Federal	\$ <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. TOTAL (sum of lines 13 and 14)	\$ 15,552,315.00	\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00	\$ 3,888,079.00

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

	(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
		(b)First	(c) Second	(d) Third	(e) Fourth
16.	Administrative (Part A & MAI)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
17.	CQM (Part A & CQM)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
18.	HIV Services (Part A & MAI)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
20. TOTAL (sum of lines 16 - 19)		\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	15,552,315	22. Indirect Charges:	0
23. Remarks: <input type="text"/>			

INSTRUCTIONS TO COMPLETE THE LINE ITEM BUDGET WORKBOOK

BUDGET SUMMARY INSTRUCTIONS:

ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS).

1. Enter the recipient's program name as indicated in the header of the Budget Summary.
2. Formulas embedded into the worksheet will calculate the object class categories, direct and indirect costs, by funding type (Part A and MAI). The cells containing formulas are shaded in grey. Enter program income, as applicable, as a whole dollar amount rounded down to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).
3. Verify the award amounts in cells B24, B25, and B26 according to the limits described in the Non-Competing Continuation (NCC) Program Report. Formulas embedded into the worksheet will auto calculate for compliance with the CQM and administration limits.
4. Manually enter the HIV Services Allocation Percentages for core medical services and support services. If the core medical services allocations are less than 75% then a core medical services waiver must be submitted with the Non-Competing Continuation Progress Report.

INSTRUCTIONS FOR RWHAP PART A (i.e., Administrative, PC/PB Support, PC/PB Contractual, CQM, and CQM Contractual) AND MAI (i.e., Administrative, CQM, and CQM Contractual) LINE ITEM BUDGETS:

ONLY ENTER WHOLE DOLLAR AMOUNTS (NO CENTS). Note: the total amounts for the line items included in the personnel and fringe benefit object class categories autocalculate and round down to the nearest whole dollar amount. The total amount for line items listed for the remaining object class categories should be entered as whole dollar amounts only; as applicable, round down these total amounts to the nearest whole dollar (i.e., \$10,000.99 should be listed as \$10,000).

1. Enter the recipient's program name in each of the headers of the Line Item Budget.
2. **Personnel Section:**
 - a) Insert the salary, full-time equivalent (FTE), name, position title, and total salary paid by the Ryan White HIV/AIDS Program (RWHAP) Part A grant. For all employees who are less than one FTE on the award, provide the complete salary distribution of all funding sources.

For example:

Salary: \$100,000
FTE: for 50%, enter 0.50
Name, Position: Jack Johnson, Program Director
Budget Impact Justification - Description of duties, impact on program goals and outcomes, payment source for balance of FTE (e.g., 50% in-kind general funds)
Amount: \$50,000
 - b) Taking into account the rounding preference method on Personnel calculations, if the Personnel Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Personnel Total line must match the SF-424A.

Note: Funds from the grant cannot be used to pay the base salary of an individual (exclusive of fringe) at a rate in excess of \$225,700. The Personnel Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to personnel costs. You may add rows to accommodate additional personnel. HRSA expects the staff person responsible for management of the RWHAP Part A grant (i.e., the Project Director or Program Coordinator) have at least 0.5 FTE allocated to the Part A program (this can be a combination of budgeted grant funds and/or other sources) to ensure sufficient oversight and monitoring of all grant activities conducted by recipients and subrecipients. The 0.5 FTE must be recipient staff and not delegated to contract staff or a fiscal intermediary. Please see [SF-424 Application Guide](#) for additional guidance related to salaries and salary limitations.
3. **Fringe Benefits Section:**
 - a) Indicate the fringe benefit rate (percentage) and the applicable total "personnel" amount allocated to the RWHAP Part A grant subject to the rate. Fringe benefits should be directly proportional to that portion of personnel costs that are allocated for the project.
 - b) Taking into account the rounding preference method on Fringe calculations, if the Fringe Benefit Sub-Total with Rounding line sum is different from the SF-424A then make an adjustment in the Rounding Input Adjustment line. The Fringe Benefit Total line must match the SF-424A.

Note: The Fringe Benefit Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to fringe benefits. You may add rows to accommodate additional fringe benefit rates. Please see [SF-424 Application Guide](#) for additional guidance related to fringe benefits.
4. **Travel Section:**
 - a) List travel costs according to local and long distance travel:
 - i) For local travel, the mileage rate, number of miles, reason for travel and staff member/clients completing the travel should be outlined.
 - ii) For long distance travel expenses may include airfare, lodging, parking, per diem, etc. for each person participating in meetings, site visits and other proposed trainings or workshops. List the names of the traveler(s) if possible, describe the purpose of the travel, and provide number of trips involved, the destinations, and the number of travelers for whom funds are requested. (Show the breakdown of cost)

Note: The Local Travel Sub-Total, the Long Distance Travel Sub-Total, and the Travel Total cells (i.e., the grey colored cells) will calculate the subtotal amount budgeted to local, long distance travel, and the overall travel total. You may add rows to accommodate additional travel. Please see [SF-424 Application Guide](#) for additional guidance related to travel.
5. **Equipment Section:**
 - a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current

a) List equipment and equipment costs and provide justification for the need of the equipment to carry out the program's goals. Extensive justification and a detailed status of current equipment must be provided when requesting funds for the purchase of items that meet the definition of equipment (a unit cost of \$10,000 or more).

Note: The Equipment Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to equipment costs. Please see [SF-424 Application Guide](#) for additional guidance related to equipment.

6. Supplies Section:

a) Itemize the supply costs that the program will use to implement the proposed project.

Note: The Supplies Total cell (i.e., the grey colored cell) will calculate the total amount allocated to supply costs. You may add rows to accommodate more supplies. Please see [SF-424 Application Guide](#) for additional guidance related to supplies.

7. Contractual Section:

a) Itemize each non-HIV services contract. Please note that your budget justification should provide a clear explanation as to the purpose of each contract, how the costs were estimated, and the specific contract deliverables.

Note: The Contracts Total cell (i.e., the grey colored cell) will calculate the total amount budgeted to contract costs. You may add rows to accommodate additional contracts. Provide a clear explanation as to the purpose of each contract/subaward, how the costs were estimated, and the specific contract/subaward deliverables. Please see [SF-424 Application Guide](#) for additional guidance related to contracts.

8. Other Section:

a) Include all costs that do not fit into any other category and provide an explanation of each cost in this category. (Show the breakdown of cost, if appropriate.)

Note: The Other Total cell (i.e., the grey colored cell) will calculate the total amount allocated to other costs. You may add rows to accommodate additional other costs. Please see [SF-424 Application Guide](#) for additional guidance related to other.

9. Total Direct Cost Section:

a) This is the total cost that can be identified specifically with a particular final cost objective, such as a Federal award, or other internally or externally funded activity, or that can be directly assigned to such activities relatively easily with a high degree of accuracy. For the RWHAP Part A, this is the combined total of sections 1-8 above.

Note: This section requires no input from the recipient, as the direct cost total will automatically calculate based on information entered into section 1-8.

10. Total Indirect Cost Section:

a) Indirect Costs are those costs incurred for common or joint objectives, which cannot be readily and specifically identified with a particular project or program but are necessary to the operations of the organization, e.g., the cost for operating and maintaining a facilities, depreciation and administration salaries. If there are indirect costs included in the FY 2024 budget for the first time in the three year period of performance, or if the indirect cost rate agreement for existing indirect costs has expired or will expire during FY 2024, submit a current indirect cost rate agreement or related documentation.

b) Please specify the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, indirect rate, estimated amount of the base to which the rate is applied and the total indirect expense.

Help

Formatting Tips

1. Object Class Categories of the line item budgets contain hidden rows
2. Column A identifies the location where rows have been hidden
3. Keep unused rows hidden to avoid creating additional pages in your application
4. Formulas are included in the workbook, use **caution** if you add or delete rows
5. Hide the Instructions and Help worksheets (tabs), as well as any worksheets not in used to avoid creating additional pages in your application

Unhiding Rows

1. Identify where additional rows have been hidden in the worksheet
2. Select the row labeled "Unhide rows" and the row directly below
3. While both rows are highlighted, right click, and select "Unhide"
4. For additional help refer to the PowerPoint presentation

Hiding Rows

1. Identify the excess rows that you want to hide in the worksheet
2. Select all consecutive rows you want to hide
3. While the rows are highlighted, right click and select "Hide"
4. For additional help refer to the PowerPoint presentation

Hiding Worksheet (tabs)

1. Identify the worksheet tab you want to hide
2. Right click on the worksheet tab and select "Hide"
3. For additional help refer to the PowerPoint presentation

Unhiding Worksheets (tabs)

1. Right-click on any worksheet tab, which opens a context menu.
2. Click "Unhide" to open the Dialog Box, which displays all the hidden worksheets.
3. Click on the worksheet to be unhidden
4. Click "OK" to unhide the selected worksheet
5. For additional help refer to the PowerPoint presentation

Resources

See PowerPoint presentation for tutorial on how to hide and unhide rows and worksheets.

RWHAP PART A BUDGET SUMMARY
RECIPIENT:
FISCAL YEAR: 2026

Object Class Categories	Part A			Minority AIDS Initiative (MAI)			Total
	Administration	CQM	HIV Services	Administration	CQM	HIV Services	
a. Personnel	\$ 425,177	\$ 313,091	\$ -	\$ 56,368		\$ -	\$ 794,636
b. Fringe Benefits	\$ 161,565	\$ 118,972	\$ -	\$ 21,418		\$ -	\$ 301,955
c. Travel	\$ 10,368	\$ -	\$ -	\$ -		\$ -	\$ 10,368
d. Equipment	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
e. Supplies	\$ 2,913	\$ -	\$ -	\$ -		\$ -	\$ 2,913
f. Contractual	\$ 753,509	\$ -	\$ 12,960,667	\$ -		\$ 700,075	\$ 14,414,251
g. Other	\$ 28,192	\$ -	\$ -	\$ -		\$ -	\$ 28,192

Direct Charges	\$ 1,381,724	\$ 432,063	\$ 12,960,667	\$ 77,786	\$ -	\$ 700,075	\$ 15,552,315
Indirect Charges	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
TOTALS	\$ 1,381,724	\$ 432,063	\$ 12,960,667	\$ 77,786	\$ -	\$ 700,075	\$ 15,552,315
Program Income							

FY 2025 Allocations:	
Part A Funding	\$ 14,774,454
MAI Funding	\$ 777,861
Total:	\$ 15,552,315

Administrative Budget 10%

Part A and MAI Within Limit

CQM Budget 5%

Part A and MAI Within Limit

**Manually Enter
HIV Services Allocation Percentages**

Core Medical Services	Support Services
53%	35%

PART A ADMINISTRATIVE BUDGET
RECIPIENT:
FISCAL YEAR: 2026

Personnel							
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount			
\$ 225,700	0.20	TBD, Director of CDTA	Charged with primary oversight of contract development, modifications, and renewals of all Ryan White Part A grants. .80 FTE GF	\$ 45,140			
\$ 201,480	0.40	Bill Blum, Director of HIV Health Services	Charged with primary oversight for the administration of services and day to day operations of HIV Health Services and the Ryan White Part A grant. .60 FTE GF	\$ 80,592			
\$ 164,097	0.25	William Gramlich, Compliance Program Manager.	Provides oversight of contractor performance and compliance for Ryan White Part A grants. .25 RWPA & .40 GF & .35 MAI FTE	\$ 41,024			
\$ 164,097	0.95	John Aynsley, HPC III	Serving as HIV Health Services Program Manager, the Health Program Coordinator III is responsible the review and approval of HIV Health Services, provides TA to agencies on contracting and HRSA requirements, liaisons with local Planning Council .05 GF, .95 RWPA	\$ 155,892			
\$ 177,471	0.30	Nora Macias, Contracts Manager	Supervises Contracts Unit staff and assures contract development compliance to ensure timely payment of funded providers. Works with HIV Health Services to produce and assess RFPs..70 FTE GF	\$ 53,241			
\$ 153,252	0.15	Yao Quan Zhu, Sr Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .85 FTE GF	\$ 22,987			
\$ 131,509	0.20	William Gaitan, Contract Analyst	Processes contracts and assures compliance with local, state and federal regulations. .80 FTE GF	\$ 26,301			
				\$ -			
				\$ -			
FTE Total:	2.45		Personnel Sub-Total with Rounding	\$ 425,177			
			Rounding Input Adjustment to Match SF-424A				
			Personnel Total	\$ 425,177			
Fringe Benefits							
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount			
12.63%	Insurance(Me Insurance(Medical/Life dical/Life)) Insurance(Medical/Life)			\$ 53,699			
7.65%	Social Security			\$ 32,526			
12.00%	Retirement			\$ 51,021			
1.50%	Workers Compensation			\$ 6,377			
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 17,942			
				\$ -			
				\$ -			
				\$ -			
				Fringe Benefit Sub-Total with Rounding			
				\$ 161,565			
				Rounding Input Adjustment to Match SF-424A			
				Fringe Benefit Total			
				\$ 161,565			
Travel							
Local							
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)			
				Local Travel Sub-Total			
				\$ -			
Long Distance							
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)				
RWPA Grantee Meeting	6 staff (Blum, Neary, A)	(Domestic airfare\$600 + lodge \$257 X 4 days + transportation \$100/person) X 6 staff) X	\$ 10,368				
				Long Distance Travel Sub-Total			
				\$ 10,368			
				Travel Total			
				\$ 10,368			

PART A ADMINISTRATIVE BUDGET

RECIPIENT:
FISCAL YEAR: 2026

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]

List of Equipment	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
	Equipment Total	\$ -

Supplies

[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals.]</i>	Amount (round down to nearest whole number)
General Office Supplies, Pen, pencil, paper, binders,	50.78/mos X 4.78 FTE X 12 months	\$ 2,913
		Supplies Total
		\$ 2,913

Contractual

List of Contract	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Shanti	Hours of Planning Council and Consumer Advocacy Services	Planning Council Support (Executive Oversight Hours 1,071 & Adminstrative Management and Clerical Support Hours 2,870 & Training, Evaluation and Needs Asssesement Hours 1,428)	\$ 385,211
ALRP	Hours of Planning Council and Consumer Advocacy Services	HIV Consumer Advocacy (Consumer Rights Advocacy Hours 1,404)	\$ 110,455
HR360	Hours of staff support	HHS Progam/Fiscal Admin (1.00 FTE HIV Office Manager & 1.00 HIV Invoice Analyst)	\$ 257,843
		Contracts Total	\$ 753,509

Other

[List all costs that do not fit into any other category]

List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Rent	1.966/sq ft x 250 x 4.78 fte x 12 mos	\$ 28,192
	Other Costs Total	\$ 28,192

Total Direct Cost

	\$ 1,381,724
--	--------------

Indirect Cost

Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>[Insert rate below]</i>	Insert Base	Total <i>[Insert Indirect]</i>

Part A Administrative Total

	\$ 1,381,724
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PART A PLANNING COUNCIL/PLANNING BODY BUDGET

RECIPIENT: Shanti Planning Council

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 129,485	1.00	Molnar, M, Program Director	Direction and oversight of HCPC Support tasks; functions as an alternative liaison between the HCPC and stakeholders, government entities and community bodies. Development of annual HCPC work plan; provides training to council on HRSA mandates; oversees resource allocation and service category prioritization process and protocols; oversees training and orientation.	\$ 129,485
\$ 69,870	1.00	Perez, K, Program Manager 1	Manages day to day operation of planning council support program; supervises and implements annual needs assessment & community outreach listening activities (COLA), maintaining compliance with CA State protocols; liaison with Mayors' Office	\$ 69,870
\$ 58,681	1.00	Tajgeer, K, Program Coordinator	Notetaking & minutes at Council meetings; maintenance of recordings & website; coordinates requests for information; facilitates focus group meetings.	\$ 58,681
				\$ -
Personnel Sub-Total with Rounding				\$ 258,036
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 258,036

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]	Amount
7.65%	Social Security	\$ 19,740
9.00%	Medical	\$ 23,223
1.50%	Dental	\$ 3,870
1.00%	Unemployment Insurance	\$ 2,580
Fringe Benefit Sub-Total with Rounding		\$ 49,413
Rounding Input Adjustment to Match SF-424A		
Fringe Benefit Total		\$ 49,413

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total			\$ -
Travel Total			\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)
Equipment Total		\$ -

Supplies

[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.

List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals].</i>	Amount (round down to nearest whole number)
Pens, Paper, folder, etc	Costs for office supplies, printing and copying, council meeting related supplies (330 x 3 FTE)	\$ 989
		Supplies Total \$ 989

Contractual

List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>	Amount (round down to nearest whole number)

Other

[List all costs that do not fit into any other category.] Show breakdown of costs.

Total Direct Cost

| \$ 355,146

Indirect Cost

Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total [Insert Indirect]
Fixed	8.56%	\$ 351,332	30,065

Part A Planning Council/Planning Body Total

PART A PLANNING COUNCIL/PLANNING BODY BUDGET

RECIPIENT: AIDS Legal Referral Panel

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
\$ 101,185	0.75	Stephen Spano, HCAP Attorney	Conduct outreach activities, provide advocacy, and offer mediation services; provide technical assistance to providers; prepare quarterly reports on consumer issues and their resolution	\$ 75,888
\$ 148,500	0.01	Matt Foreman, ED	Supervise HCAP Attorney; oversee agency collaborations and attorney-client relations; conduct program evaluation activities; oversee compliance with contract objectives and requirements including ARIES data implementation. Conduct Client Services meetings at which client services staff discuss trends, cases and client feedback.	\$ 1,485
				\$ -
			Personnel Sub-Total with Rounding	\$ 77,373
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ 77,373

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]	Amount
7.65%	Social Security	\$ 5,919
8.00%	Medical	\$ 6,189
0.50%	Dental	\$ 386
0.40%	Unemployment Insurance	\$ 312
0.75%	Worker Compensation Insurance	\$ 580
		\$ -
		\$ -
		\$ -
	Fringe Benefit Sub-Total with Rounding	\$ 13,386
	Rounding Input Adjustment to Match SF-424A	
	Fringe Benefit Total	\$ 13,386

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
		Long Distance Travel Sub-Total	\$ -
		Travel Total	\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)

			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies	Budget Impact Justification <i>[Description of need to carry out the program's objectives/goals].</i>			Amount (round down to nearest whole number)
Office Supplies	4% of supplies, allocated by shared cost based on FTE (\$45,000 X 4%)			\$ 1,800
Postage	4% of postage cost, allocated by shared cost based on FTE (\$6,000 X 4%)			\$ 240
			Supplies Total	\$ 2,040
Contractual				
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.</i>		
IT Consultants - Karen Nylus & Moshe Artz	Hours of IT Consultant Services	IT and database consultation costs, allocated by shared cost based on FTE (\$10,000 X 4%)		
				\$ 400
			Contracts Total	\$ 400
Other				
[List all costs that do not fit into any other category.] Show breakdown of costs.				
List of Other	Budget Impact Justification <i>[Impact on the program's objectives/goals.]</i>			Amount (round down to nearest whole number)
Rent	4% of office space, allocated by shared cost based on FTE (\$133,100 X 4%)			\$ 5,324
Telephone	4% of phone costs, allocated by shared cost based on FTE (\$22,000 X 4%)			\$ 880
General Liability Insurance	4% of insurance premium, allocated by shared cost based on FTE (\$11,000 X 4%)			\$ 720
Professional Liability Insurance	4% of premium, allocated by shared cost based on FTE (18,000 x 4%)			\$ 800
Equipment Rental/Repair	4% of equipment rental and repair, allocated by shared cost based on FTE (\$10,500 X 4%)			\$ 412
			Other Costs Total	\$ 8,136
Total Direct Cost				
				\$ 101,335
Indirect Cost				
Type of Indirect Cost <i>[Select from dropdown list]</i>	Rate <i>(Insert rate below)</i>	Insert Base		Total <i>[Insert Indirect]</i>
Fixed	9%	\$	101,335.00	9,120
Part A Planning Council/Planning Body Total				
				\$ 110,455

PART A ADMIN BUDGET

RECIPIENT: HR360

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount
\$ 74,552	1.00	Nina Davis, Office Manager/Admin Assistant	Performs general office manager functions for HHS section & coordinates calendars of HHS Assist Director and Director	\$ 74,552
\$ 95,304	1.00	Deanna Chan/Invocie Clerk	Analyzes and processes HHS and HPS contract invoices, including quality analysis to evaluate level of UOS and UDC services provided based on contract target goals, performs other basic budgetary tasks	\$ 95,304
				\$ -
				\$ -
				\$ -
Personnel Sub-Total with Rounding				\$ 169,856
Rounding Input Adjustment to Match SF-424A				
Personnel Total				\$ 169,856

Fringe Benefits

Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]	Amount
7.65%	Social Security	\$ 12,994
14.25%	Medical	\$ 24,206
1.00%	Dental	\$ 1,699
2.20%	Unemployment Insurance	\$ 3,736
8.10%	Paid Time off	\$ 13,759
4.80%	Retirement	\$ 8,153
		\$ -
		\$ -
Fringe Benefit Sub-Total with Rounding		\$ 64,547
Rounding Input Adjustment to Match SF-424A		
Fringe Benefit Total		\$ 64,547

Travel

Local

Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Local Travel Sub-Total				\$ -

Long Distance

Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
Long Distance Travel Sub-Total			\$ -
Travel Total			\$ -

Equipment

[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.

List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)

			Equipment Total	\$	-
Supplies					
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.					
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]		Amount (round down to nearest whole number)	
				Supplies Total	\$
Contractual					
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)	
				Contracts Total	\$
Other					
[List all costs that do not fit into any other category] Show breakdown of costs.					
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)	
				Other Costs Total	\$
Total Direct Cost					
				\$	234,402
Indirect Cost					
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]	
Fixed	10%	\$	232,081	\$	23,440
Part A Clinical Quality Management Total					
				\$	257,843

PART A PLANNING COUNCIL/PLANNING BODY CONTRACTUAL BUDGET

RECIPIENT:

Note: complete this budget sheet if the jurisdiction contracts with a third party to provide Planning Council Support for the program.

FISCAL YEAR: 2026

Personnel				
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
Rounding Input Adjustment to Match SF-424A				
Personnel Total \$ -				
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount
				\$ -
				\$ -
				\$ -
				\$ -
			Fringe Benefit Sub-Total with Rounding	\$ -
Rounding Input Adjustment to Match SF-424A				
Fringe Benefit Total \$ -				
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)
				Local Travel Sub-Total \$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)	
				Long Distance Travel Sub-Total \$ -
Travel Total \$ -				
Equipment				
<i>[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.</i>				
List of Equipment	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)
				Equipment Total \$ -
Supplies				
<i>[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.</i>				
List of Supplies	Budget Impact Justification [Description of need to carry out the program's objectives/goals.]			Amount (round down to nearest whole number)
				Supplies Total \$ -
Contractual				
List of Contracts	Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.		Amount (round down to nearest whole number)
				Contracts Total \$ -
Other				
<i>[List all costs that do not fit into any other category.] Show breakdown of costs.</i>				
List of Other	Budget Impact Justification [Impact on the program's objectives/goals.]			Amount (round down to nearest whole number)
				Other Costs Total \$ -
Total Direct Cost \$ -				
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
Part A Planning Council/Planning Body Total \$ -				

PART A CLINICAL QUALITY MANAGEMENT BUDGET						
RECIPIENT: FISCAL YEAR: 2026						
Personnel						
Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE.] Only include duties that are allocable to the CQM budget.	Amount		
\$ 177,471	0.25	Beth Neary, Assistant Director of HIV Health Services	Responsible for the overall oversight, planning, evaluation and quality management for HHS as the grantee for the San Francisco HIV System of Care in coordination with our Ryan White mandated HIV Community Planning Council. Leads HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Directs Health Care Analyst for Quality Management on writing of HHS QM/QI Plan and all QM/QI presentations. Reviews program QI data with HHS Internal CQI Committee to suggest CQI activities for discussion at HHS CBO CQI bimonthly review meetings. Meets with system of care providers and SMEs with HHS Director to discuss future CQI needs/interests. (.25 RWPA CQM & .50 GF & .25 RWPB)	\$ 44,367		
\$ 133,770	0.50	Natalie Basha, Health Care Analyst	Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Integrally involved in data oversight and importing functions related to services and ARIES reporting. Provides CQI analysis and presentations to local HIV Community Planning Council. Produces all HHS written QM/QI plans. Ensures proper importation from DPH EMRs to ARIES database for accuracy of data related to QI of health for both annual program evaluations as part of the program monitoring cycle and for the aggregate analysis HHS continually reviews and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. (.50 RWPA CQM & .50 GF)	\$ 66,885		
\$ 164,097	0.23	Flor Roman, Health Program Coordinator II	Serves as ARIES Manager to train users, provide oversight of quality and accuracy of ARIES data for HRSA reporting as well as for usage for HHS CQI purposes. Participates in HHS Internal CQI Committee and works directly with funded CBOs on CQI initiatives. Ensures proper program identifications and designs (set-ups) in ARIES for DPH EMRs to import client level data into ARIES database to have accurate and correctly sorted data related to QI of health for both annual program evaluations as part of the program monitoring cycle. This is necessary for aggregate analysis HHS continually reviews as part of our ongoing CQI work and frequently produces and reports to our local Planning Council, Health Commission, local SF Board of Supervisors. Also trains ARIES users on proper usage and report generation in ARIES which includes who to run and utilize program data and how to utilize this data for CQI related program level work. (.23 RWPA & .40 RWPB CQM & .37 GF)	\$ 37,742		
\$ 164,097	1.00	TBD, Health Program Coordinator II	Manages the HHS QM training program which provides many QM/QI and capacity development related trainings annually for our RWPA funded providers. Researches and recruits trainers and consultants for the trainings. Develops contracts and monitors payment mechanism. Works with trainers to develop training materials and identifies training goals. Creates pre-test and post-test evaluations for attendees. Provides analysis of these trainings to HHS leadership and our local Planning Council. Creates, distributes and analyzes annual survey to HHS HIV System of Care on QM/QI/CD Training questions and topics of interest. (1.00 RWPA CQM)	\$ 164,097		
FTE Total:		1.98	Personnel Sub-Total with Rounding Rounding Input Adjustment to Match SF-424A	\$ 313,091		
			Personnel Total	\$ 313,091		
Fringe Benefits						
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate.]			Amount		
12.63%	Insurance(Medical/Life)			\$ 39,543		
7.65%	Social Security			\$ 23,951		
12.00%	Retirement			\$ 37,570		
1.50%	Workers Compensation			\$ 4,696		
4.22%	Others (Disability, Unemployment, Medicare, Life Insurance, and Supp. Ret.)			\$ 13,212		
				\$ -		
				\$ -		
				\$ -		
Fringe Benefit Sub-Total with Rounding Rounding Input Adjustment to Match SF-424A		Fringe Benefit Total	\$ 118,972			
Travel						
Local						
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)		
			Local Travel Sub-Total	\$ -		
Long Distance						
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals.] Show breakdown of costs.	Amount (round down to nearest whole number)			
			Long Distance Travel Sub-Total	\$ -		
			Travel Total	\$ -		
Equipment						
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)] Show breakdown of costs.						
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)			
			Equipment Total	\$ -		
Supplies						
[Supplies is defined as property with a unit cost under \$5,000. Note: Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.						
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals.]	Amount (round down to nearest whole number)			
			Supplies Total	\$ -		
Contractual						

List of Contracts		Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated.] Show breakdown of costs.	Amount (round down to nearest whole number)
« Unhide rows				
				Contracts Total \$ -
List of Other		Budget Impact Justification [Impact on the program's objectives/goals]		Amount (round down to nearest whole number)
« Unhide rows				
				Other Costs Total \$ -
Total Direct Cost				\$ 432,063
Indirect Cost				
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base		Total [Insert Indirect]
Part A Clinical Quality Management Total				
\$ 432,063				

PART A HIV SERVICES BUDGET

RECIPIENT:

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ -
Fringe Benefits				
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]			Amount
				\$ -
				\$ -
				\$ -
			Fringe Benefit Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Fringe Benefit Total	\$ -
Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.	Amount (round down to nearest whole number)
			Local Travel Sub-Total	\$ -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification [Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
			Long Distance Travel Sub-Total	\$ -
			Travel Total	\$ -
Equipment				
[Equipment is defined as a unit cost of \$5,000 or more and a useful life of 1 or more years. (If your agency uses a different definition, please defer to your agency's definition.)]				
List of Equipment		Budget Impact Justification [Description of need to carry out the program's objectives/goals] Show breakdown of costs.		Amount (round down to nearest whole number)
			Equipment Total	\$ -
Supplies				
[Supplies is defined as property with a unit cost under \$5,000. <u>Note:</u> Items such as laptops, tablets, and desktop computers are classified as a supply if the value is under the \$5,000 threshold.] Show breakdown of costs.				
List of Supplies		Budget Impact Justification [Description of need to carry out the program's objectives/goals]		Amount (round down to nearest whole number)
			Supplies Total	\$ -
Contractual				
List of Contracts		Deliverables	Budget Impact Justification [Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.	Amount (round down to nearest whole number)
Outpatient/Ambulatory Health Services	Outpatient/Ambulatory Health Encounters		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 1,204,717
Oral Health Care	Oral Health Encounters		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 870,944
EIS	Hours of EIS services		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 170,066
Health Insurance Premium & Home Health Care	Health Insurance		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 39,000
Hospice	Home Health Care visits		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 271,003
Mental Health	Hours of Professional and Paraprofessional services		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 659,152
	Psychiatric Encounters, Hours of Individual and Group Outpatient Mental Health Hours.		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 1,326,919
Medical Case Management	Hours of Medical Case Management		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 2,926,762
Non-Medical Case Management	Hours of Non-Medical Case Management		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 2,595,289
Emergency Financial Assistance	Emergency Financial Assistance grants		All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 897,231

MAI Administrative Total			
			\$ 77,786

MAI HIV SERVICES BUDGET

RECIPIENT:

FISCAL YEAR: 2026

Personnel

Salary [Insert total annual salary]	FTE [Insert as decimal]	Name, Position [Insert name, position title]	Budget Impact Justification [Description of duties, impact on program goals and outcomes, payment source for balance of FTE]	Amount
				\$ -
				\$ -
				\$ -
				\$ -
				\$ -
FTE Total:	0		Personnel Sub-Total with Rounding	\$ -
			Rounding Input Adjustment to Match SF-424A	
			Personnel Total	\$ -

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Fringe Benefits		
Percentage [Insert as %]	Components [List components that comprise the fringe benefit rate]	Amount
		\$ -
		\$ -
		\$ -
		\$ -
		\$ -
Fringe Benefit Sub-Total with Rounding		\$ -
Rounding Input Adjustment to Match SF-424A		
Fringe Benefit Total		\$ -

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Travel				
Local				
Mileage Rate	Number of Miles	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
				Local Travel Sub-Total \$ - - -
Long Distance				
Type of Travel	Name, Position of Traveler(s)	Travel Expenses/Budget Impact Justification <i>[Lodging, parking, per diem, etc., and the impact of the travel on program objectives/goals] Show breakdown of costs.</i>		Amount (round down to nearest whole number)
				Long Distance Travel Sub-Total \$ - - -
				Travel Total \$ - - -

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« Unhide rows

Contractual			
List of Contracts	Deliverables	Budget Impact Justification <i>[Description of how the contract impacts the program's objectives/goals and how the costs were estimated] Show breakdown of costs.</i>	Amount (round down to nearest whole number)
Medical Case Management, including Treatment Adherence Services	Hours of Mental Health Services Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 234,441
Outpatient/Ambulatory Health Services	Outpatient/ Ambulatory Health Encounters	All items are currently part of the broad System of HIV Care and align with the goals and priorities of the local HIV Planning Council, costs were estimated based on last year's expenditures and actual service deliverables by each service category.	\$ 465,634
			Contracts Total \$ 700,075

- Unbias -

Total Direct Cost			Other Costs Total	\$ 0.075
Indirect Cost				\$ 700.075
Type of Indirect Cost [Select from dropdown list]	Rate (Insert rate below)	Insert Base	Total	[Insert Indirect]
MAI HIV Services Total				\$ 700,075



San Francisco Department of Public Health
Part A Non-Competing Continuation



Attachment VII: Indirect Cost Rate Agreement

No change.

INSTRUCTIONS FOR SENDING E-MAIL TO THE BOARD OF SUPERVISORS REGARDING PROPOSED LEGISLATION

As of Sept. 20, 2000, all legislation and attachments to be introduced to the Board of Supervisors are to be sent to the Board as attachment(s) to an e-mail message.

Please use the e-mail format between the double underlines below these messages. You must use it EXACTLY as shown (i.e., complete the fields, copy the entire area between the double underlines, start a new message in cc:Mail, and then paste the copy into the message area).

NOTE: all typeface is in Courier 12 pt so that, when copied/pasted, it will translate correctly in cc:Mail area, line up correctly, etc. Do not convert to any other typeface. Do not change tabs or spacing. Do NOT copy the double underlines.

ADDITIONAL VITAL NOTE: New Proposed Legislation **MUST** be e-mailed to BOS Legislation **no later than 9:00 a.m. Wednesday** in order to be included in the regular Board Agenda at the following week's regular Board meeting or for referral to Committee.

Remember to add the attachment(s) to the cc:Mail before you send it to BOS Legislation.

CITY & COUNTY OF SAN FRANCISCO

DEPARTMENT NAME: Public Health

BOARD OF SUPERVISOR LEGISLATION

To: BOS Legislation

Date: Wednesday, December 3, 2025

RE: New Proposed Resolution from Department of Health

Attached is proposed legislation concerning Ryan White Act HIV/AIDS Emergency Relief Grant Program (Ryan White Programs, Part A) Grant. This proposed legislation will be introduced by the Mayor or his designee shortly.

The attachments are listed below.

Attachment

1 File Name: Resolution authorizing the Department of Public Health to submit an application to continue to receive funding for the Ryan White Act HIV/AIDS Emergency Relief Grant Program grant from the Health Resources Services Administration, requesting \$15,552,315 in HIV Emergency Relief Program funding for the San Francisco Eligible Metropolitan Area for the period of March 1, 2026, through February 28, 2027.

Description: Grant Application - Health Resources Services Administration - Ryan White Act HIV/AIDS Emergency Relief Grant Program - \$15,552,315

1. Application Project Narrative
2. BOS Accept and Expend – FY26-27 Board Letter*
3. Staffing and SF HIV Health Services RWPA Org Chart
4. Board Email
5. Board Resolution*
6. Board Resolution (Signed PDF)
7. FY 2025 Part A SF Planning Council Letter
8. SF4242A Budget
9. Maintenance of Effort
10. Mayors Office Cover Memo
11. SFDPH - HHS - Part A - 75% Waiver – 2023 - Signed
12. SFDPH - HHS - Part A – Agreements & Assurances - 2023 - Signed
13. FY24-25 Allocation Report

Contacts:


Name: Gregory Wong
Christina Chiong

Phone: 628-217-7608

City and County of San Francisco



Daniel Lurie, Mayor

Department of Public Health

Daniel Tsai
Director of Health

October 2, 2025

Angela Cavillo, Clerk of the Board of Supervisors
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

RE: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to apply for the Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program.

Dear Ms. Cavillo:

Attached please find an original and four copies of a proposed resolution for the approval of the Board of Supervisors, which authorizes the San Francisco Department of Public Health (SFDPH) to submit an application for the Ryan White Act HIV/AIDS Emergency Relief Grant Program (Ryan White Programs, Part A) to the Health Resources Services Administration (HRSA). This application is required to receive continued funding for the period of March 1, 2026 to February 28, 2027. This application represents approximately \$15,552,315 in funding for the San Francisco Eligible Metropolitan Area (EMA). The San Francisco EMA includes the City and County of San Francisco, Marin County and San Mateo County. The funding supports a multitude of health services to HIV positive persons residing in these three counties.

This resolution is required by Ordinance No. 265-05, which amends Section 10-170 of the Administrative Code to require Board of Supervisors review of recurring grant applications of \$5,000,000 or more prior to their submission. SFDPH received from HRSA the application guidance on July 21, 2025. The application deadline is October 2, 2025

I hope that the Board will support this resolution. If you have any questions regarding the County Plan or this resolution, please contact Beth Neary, HIV Health Services Assistant Director at 628-206-7679.

Sincerely,

Signed by:

jenny louie for daniel tsai

40CFE25DD8B4464...

Daniel Tsai
Director of Health

Enclosures

cc: Bill Blum, Director of HIV Health Services
Beth Neary, Assistant Director of HIV Health Services
Sajid Shaikh, Pr Admin Analyst, Community Programs Business Office

City and County of San Francisco**Daniel Lurie, Mayor****Department of Public Health**

Daniel Tsai
Director of Health

**Ryan White HIV Emergency Relief Grant Program
 (CARE Part A)**

Funding Criteria

The San Francisco Department of Public Health (SFDPH) is currently a recipient of the Ryan White HIV/AIDS HIV Emergency Relief Grant Program (Ryan White Programs, Part A) in the amount of \$14,841,000 from the Health Resources Services Administration (HRSA). The Part A grant is awarded to the San Francisco Eligible Metropolitan Area which is comprised of the City and County of San Francisco, Marin County, and San Mateo County.

Eligible Metropolitan Areas (EMA) include communities with populations of 500,000 or more that have reported to the Centers of Disease Control and Prevention a total of more than 2,000 cases of AIDS in the most recent five calendar years.

Department's Most Recent Draft of Grant Applications Materials

Please see Attachment A for the SFDPH's most recent draft of application materials. SFDPH's most recent application was submitted to HRSA on October 2, 2025 for the funding period of March 1, 2026 to February 28, 2027.

Anticipated Funding Categories

The Part A funds are awarded to SFDPH on an annual basis to cover a multitude of health services to HIV positive persons residing in the three counties within the San Francisco EMA.

Please see Attachment B for an example of the FY 25-26 Planned Service Mode Allocations for the San Francisco EMA. The service modes are defined by HRSA. The San Francisco HIV Health Services Planning Council, a citizen advisory board, is responsible for determining the priorities and the allocation of funds within each HRSA service mode for the San Francisco EMA.

Comments from Relevant Citizen Advisory Board

The San Francisco HIV Community Planning Council, a citizen advisory board, is responsible for determining the priorities and the allocation of CARE Part A funds. A list of the members of the HIV Community Planning Council is included in Attachment C.



San Francisco Department of Public Health

Daniel Tsai
Director of Health

City and County of San Francisco
Daniel Lurie
Mayor

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Thursday, January 8, 2026

RE: **Retroactivity re: File 251189**

This Resolution seeks authorization for the Department of Public Health (DPH) to retroactively submit an application for the Ryan White HIV/AIDS Emergency Relief Grant Program.

Ordinance No. 265-05 requires City Departments to submit applications for approval at least 60 days prior to the grant deadline for review and approval. HRSA released the application guidance on July 21, 2025, with a submission deadline of October 2, 2025. This allowed only 52 business days for the entire application process. The application documents and budget were prepared and due to time constraints, DPH could not submit the application for approval to the Board of Supervisors prior to the submission due date.

We respectfully request retroactive authorization for this item. Please contact Lily Conover, SFDPH Controller, at lily.conover@sfdph.org for any questions about this request for retroactive authorization.



Daniel L. Lurie
Mayor

Daniel Tsai
Director of Health

TO: **Angela Calvillo, Clerk of the Board of Supervisors**

FROM: **Dr. Grant Colfax**
Director of Health

DATE: **12/3/2025**

SUBJECT: **Grant Application**

GRANT TITLE: **Ryan White HIV/AIDS Program Part A HIV Emergency Relief Grant Program - \$15,552,315**

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application
- Agreement / Award Letter
- Other (Explain):
 1. Board Cover Memo
 2. Performance Narrative
 3. Organization Structure
 4. Board Email
 5. Board Letter (Word)
 5. Board Letter (PDF)
 6. Board Resolution (Word)
 6. Board Resolution (PDF)
 7. SF-424a Budget Summary
 8. Planning Council Roster
 9. Budget Narrative
 10. Maintenance of Effort
 11. Mayor's Office Cover Memo
 12. Allocations Report
 13. NCC Progress Report
 14. Core Medical Service Waiver
 15. HIV Community Planning Council Letter
 16. Agreements Compliance
 17. Indirect Cost Rate

18. HIV Care Continuum

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes No

OFFICE OF THE MAYOR
SAN FRANCISCO



DANIEL LURIE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Adam Thongsavat, Liaison to the Board of Supervisors
RE: Grant Application - Retroactive - Health Resources Services Administration - Ryan White Act
HIV/AIDS Emergency Relief Grant Program - \$15,552,315
DATE: December 2, 2025

Resolution retroactively authorizing the Department of Public Health to submit an application to continue to receive funding for the Ryan White Act HIV/AIDS Emergency Relief Grant Program grant from the Health Resources Services Administration; and requesting \$15,552,315 in HIV Emergency Relief Program funding for the San Francisco Eligible Metropolitan Area for the period of March 1, 2026, through February 28, 2027.

Should you have any questions, please contact Adam Thongsavat at adam.thongsavat@sfgov.org