

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

First Amendment

THIS **FIRST** AMENDMENT (“Amendment”) is made as of **March 1st, 2025**, in San Francisco, California, by and between **San Francisco AIDS Foundation** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to update standard contractual clauses and modify the Agreement as follows:

- a. Replace Appendix A-1 with the attached A-1 to update program activities, required trainings and additional requirements dated 03/01/2025.
- b. Replace Appendix A-2 with the attached A-2 to update program activities, required trainings and additional requirements dated 03/01/2025.
- c. Replace Appendix A-3 with the attached A-3 to update program activities, required trainings and additional requirements dated 03/01/2025.
- d. Replace Appendix A-4 with the attached A-4 to update program activities, required trainings and additional requirements dated 03/01/2025.
- e. Replace Appendix A-5 with the attached A-5 to update program activities, required trainings and additional requirements dated 03/01/2025.
- f. Include Attachment 1 – “Standard of Care Service Description for Integrated HIV, HCV, and STD Testing.”
- g. Replace Appendix B with the attached Appendix B dated 03/01/2025.
- h. Replace B-1b, B-1c, B-2b, B-2c, B-3b, B-3c, B-4b, B-4c, B-5b, B-5c and their corresponding invoices to update funding levels, capturing revised funding amounts dated 03/01/2025.
- i. Replace Appendix E, “Business Associate Agreement”, with updated OCPA & CAT v1/10/2024, Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024.
- j. Replace Appendix K, “Data Access and Sharing Terms”, with the “Third party Computer System Access Agreement (SAA)” dated 01-08-2025; and

WHEREAS, Contractor was competitively selected pursuant to a Request for Proposals entitled “An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities” issued on September 12, 2019 through RFP 4-2019, and this Amendment is consistent with the terms of the RFP and the awarded Contract; and

Whereas, Contractor was selected pursuant to San Francisco Administrative Code Section 21.42 for Health Access Point – Capacity Building Services, and this Amendment is consistent with San Francisco Administrative Code 21.42; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code due to federal funding and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, this Amendment is consistent with an approval obtained on June 29, 2016 from the Civil Service Commission under PSC number 2006-07/08 which authorizes the award of multiple agreements, the total value of which cannot exceed \$210,000,000 for the period commencing July 1, 2008 and is continuous; and

WHEREAS, this Amendment is consistent with an approval obtained from the City’s Board of Supervisors under Resolution No. 024-23 approved on February 9, 2023 in the amount of \$11,886,595; and

WHEREAS, the Department has filed Ethics Form 126f4 (Notification of Contract Approval) because this Agreement, as amended herein, has a value of \$100,000 or more in a fiscal year and which required the approval of the Board of Supervisors; and

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated January 1, 2023 between Contractor and City:

1.2 **San Francisco Labor and Employment Code.** As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous Prevailing Wage Requirements), 131 (Nondiscrimination in Contracts), 132 (Nondiscrimination in Property Contracts), 141 (Salary History), 111 (Minimum Compensation), 121 (Health Care Accountability), 142 (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 151 (Sweatfree Contracting) of the San Francisco Labor and Employment Code, respectively. Wherever this Agreement refers to San Francisco Administrative Code Chapters 21C, 12B, 12C, 12K, 12P, 12Q, 12T, and 12U, it shall be

construed to mean San Francisco Labor and Employment Code Articles 102, 131, 132, 141, 111, 121, 142, and 151, respectively.

1.3 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

2.1 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-1 in any place, the true meaning shall be Appendix A-1, which is a correct and updated version.

2.2 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-2 in any place, the true meaning shall be Appendix A-2, which is a correct and updated version.

2.3 **Appendix A-3.** Appendix A-3 is hereby replaced in its entirety by Appendix A-3, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-3 in any place, the true meaning shall be Appendix A-3, which is a correct and updated version.

2.4 **Appendix A-4.** Appendix A-4 is hereby replaced in its entirety by Appendix A-4, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-4 in any place, the true meaning shall be Appendix A-4, which is a correct and updated version.

2.5 **Appendix A-5.** Appendix A-5 is hereby replaced in its entirety by Appendix A-5, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-5 in any place, the true meaning shall be Appendix A-5, which is a correct and updated version.

2.6 **Attachment 1.** Attachment 1 is hereby added to this Amendment and fully incorporated within the Agreement

2.7 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B in any place, the true meaning shall be Appendix B, which is a correct and updated version.

2.8 **Appendix B-1b.** Appendix B-1b is hereby replaced in its entirety by Appendix B-1b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-1b in any place, the true meaning shall be Appendix B-1b, which is a correct and updated version.

2.9 **Appendix B-1c.** Appendix B-1c is hereby replaced in its entirety by Appendix B-1c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-1c in any place, the true meaning shall be Appendix B-1c, which is a correct and updated version.

2.10 **Appendix B-2b.** Appendix B-2b is hereby replaced in its entirety by Appendix B-2b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-2b in any place, the true meaning shall be Appendix B-2b, which is a correct and updated version.

2.11 **Appendix B-2c.** Appendix B-2c is hereby replaced in its entirety by Appendix B-2c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-2c in any place, the true meaning shall be Appendix B-2c, which is a correct and updated version.

2.12 **Appendix B-3b.** Appendix B-3b is hereby replaced in its entirety by Appendix B-3b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-3b in any place, the true meaning shall be Appendix B-3b, which is a correct and updated version.

2.13 **Appendix B-3c.** Appendix B-3c is hereby replaced in its entirety by Appendix B-3c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-3c in any place, the true meaning shall be Appendix B-3c, which is a correct and updated version.

2.14 **Appendix B-4b.** Appendix B-4b is hereby replaced in its entirety by Appendix B-4b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-4b in any place, the true meaning shall be Appendix B-4b, which is a correct and updated version.

2.15 **Appendix B-4c.** Appendix B-4c is hereby replaced in its entirety by Appendix B-4c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-4c in any place, the true meaning shall be Appendix B-4c, which is a correct and updated version.

2.16 **Appendix B-5b.** Appendix B-5b is hereby replaced in its entirety by Appendix B-5b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-5b in any place, the true meaning shall be Appendix B-5b, which is a correct and updated version.

2.17 **Appendix B-5c.** Appendix B-5c is hereby replaced in its entirety by Appendix B-5c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-5c in any place, the true meaning shall be Appendix B-5c, which is a correct and updated version.

2.18 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v1/10/2024, and Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024, attached to this Amendment and incorporated within the Agreement.

2.19 **Appendix F-1b.** Appendix F-1b is hereby replaced in its entirety by Appendix F-1b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-1b in any place, the true meaning shall be Appendix F-1b, which is a correct and updated version.

2.20 **Appendix F-1c.** Appendix F-1c is hereby replaced in its entirety by Appendix F-1c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-1c in any place, the true meaning shall be Appendix F-1c, which is a correct and updated version.

2.21 **Appendix F-2b.** Appendix F-2b is hereby replaced in its entirety by Appendix F-2b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-2b in any place, the true meaning shall be Appendix F-2b, which is a correct and updated version.

2.22 **Appendix F-2c.** Appendix F-2c is hereby replaced in its entirety by Appendix F-2c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-2c in any place, the true meaning shall be Appendix F-2c, which is a correct and updated version.

2.23 **Appendix F-3b.** Appendix F-3b is hereby replaced in its entirety by Appendix F-3b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-3b in any place, the true meaning shall be Appendix F-3b, which is a correct and updated version.

2.24 **Appendix F-3c.** Appendix F-3c is hereby replaced in its entirety by Appendix F-3c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-3c in any place, the true meaning shall be Appendix F-3c, which is a correct and updated version.

2.25 **Appendix F-4b.** Appendix F-4b is hereby replaced in its entirety by Appendix F-4b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-4b in any place, the true meaning shall be Appendix F-4b, which is a correct and updated version.

2.26 **Appendix F-4c.** Appendix F-4c is hereby replaced in its entirety by Appendix F-4c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-4c in any place, the true meaning shall be Appendix F-4c, which is a correct and updated version.

2.27 **Appendix F-5b.** Appendix F-5b is hereby replaced in its entirety by Appendix F-5b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-5b in any place, the true meaning shall be Appendix F-5b, which is a correct and updated version.

2.28 **Appendix F-5c.** Appendix F-5c is hereby replaced in its entirety by Appendix F-5c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-5c in any place, the true meaning shall be Appendix F-5c, which is a correct and updated version.

2.29 **Appendix K.** Appendix K is hereby replaced in its entirety by Appendix K, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix K in any place, the true meaning shall be Appendix K, which is a correct and updated version.

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 **Section 4.2 Qualified Personnel.** *Section 4.2 of the Agreement is replaced in its entirety to read as follows:*

4.2 Qualified Personnel. Contractor represents and warrants that it is qualified to perform the Services required by City, and that all Services will be performed by competent personnel with the degree of skill and care required by current and sound professional procedures and practices. Contractor will comply with City’s reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City’s request, must be supervised by Contractor. Contractor shall commit sufficient resources for timely completion within the project schedule.

3.2 **Section 4.5 Assignment.** *Section 4.5 of the Agreement is replaced in its entirety to read as follows:*

4.5 Assignment. Services to be performed by Contractor are personal in character. This Agreement may not be directly or indirectly assigned, novated, or otherwise transferred unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

3.3 **Section 10.15 Public Access to Nonprofit Records and Meetings.** *Section 10.15 of the Agreement is replaced in its entirety to read as follows:*

10.15 Nonprofit Contractor Requirements.

10.15.1 Good Standing. If Contractor is a nonprofit organization, Contractor represents that it is in good standing with the California Attorney General’s Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City’s request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General’s Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

10.15.2 Public Access to Nonprofit Records and Meetings. If Contractor is a nonprofit organization; provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries); and receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds, Contractor must comply with the City’s Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

3.4 **Section 12.6 Prevention of Fraud, Waste and Abuse.** *The following section is hereby added and incorporated in Article 12 of the Agreement:*

12.6 Prevention of Fraud, Waste and Abuse. Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims

Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

3.5 **Article 13 Data and Security.** *Article 13 is hereby replaced in its entirety to read as follows:*

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 Protection of Private Information. If this Agreement requires City to disclose “Private Information” to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 City Data; Confidential Information. In the performance of Services, Contractor may have access to, or collect on City’s behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

13.2 Reserved. (Payment Card Industry (“PCI”) Requirements

13.3 Business Associate Agreement. The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

The parties acknowledge that CONTRACTOR will:

1. Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFPDPH Business Associate Agreement (BAA) (1-10-2024)
 - 1. SFPDPH Attachment 1 Privacy Attestation (06-07-2017)
 - 2. SFPDPH Attachment 2 Data Security Attestation (06-07-2017)
 - 3. SFPDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)

2. **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Management of City Data.

13.4.1 Use of City Data. Contractor agrees to hold City Data received from, or created or collected on behalf of, City, in strictest confidence. Contractor shall not use or disclose City Data except as permitted or required by the Agreement or as otherwise authorized in writing by City. Any work by Contractor or its authorized subcontractors using, or sharing or storage of, City Data outside the continental United States is prohibited, absent prior written authorization by City. Access to City Data must be strictly controlled and limited to Contractor’s staff assigned to this project on a need-to-know basis only. City Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor. Contractor is provided a limited non-exclusive license to use City Data solely for performing its obligations under the Agreement and not for Contractor’s own purposes or later use. Nothing herein shall be construed to confer any license or right to City Data, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.2 Disposition of City Data. Upon request of City or termination or expiration of this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar

days, return all City Data given to, or collected or created by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractor's environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

13.5. Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to City Data and any derivative works of City Data is the exclusive property of City.

13.6 Loss or Unauthorized Access to City's Data; Security Breach Notification. Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any "Leak") within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

13.7 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 4 Effective Date

Each of the modifications set forth in Articles 2 and 3 shall be effective on and after the date of this Amendment.

Article 5 Legal Effect

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

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

CITY

Recommended by:

CONTRACTOR

SAN FRANCISCO AIDS FOUNDATION

Signed by:

Susan Philip

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Daniel Tsai

5/9/2025 | 12:10:17 PDT

Director of Health
San Francisco Department of Public Health

Signed by:

Tyler A. Termeer

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Tyler Termeer

5/8/2025 | 2:02:03 PDT

Chief Executive Officer
940 Market Street
San Francisco, CA 94103

City Supplier number: 000011638

Approved as to Form:

David Chiu
City Attorney

Signed by:

By: *Bess Htisam Hanish*

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Deputy City Attorney 5/8/2025 | 2:43:36 PDT

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

DocuSigned by:

By: *Lorna Walker*

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**San Francisco AIDS Foundation
HAP Clinical Assistant Program**

**Appendix A-1
01/01/23 – 06/30/26
General Fund**

- 1. San Francisco AIDS Foundation – HAP Clinical Assistant Program**
940 Howard Street, San Francisco, CA 94103
Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services
Jenny Hsieh, jhsieh@sfaf.org, Associate Vice President, Financial Planning and Analysis

- 2. NATURE OF DOCUMENT:** Original: Contract Amendment: RPB:

3. GOAL STATEMENT:

The Clinical Assistant Program’s goal is to create a workforce development pipeline that can support the Health Access Point (HAP) network with ongoing professional development, paid internship opportunities, and a trained applicant pool with experience in roles that can support HAP activities. Effective 7/1/24, the Community Health Worker Training Academy is no longer part of the services being provided.

4. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF’s outreach efforts will include but are not limited to:

- Latinx communities.
- Gay, bisexual, and queer (GBQ) men & MSM communities.
- Trans and nonbinary communities.
- Asian and Pacific Islander (API) communities.
- Black and African American communities.
- People who use drugs.
- Young people.

5. MODALITIES and INTERVENTIONS: (See Appendix B “ UOS Table” Tab)

6. METHODOLOGY/Service Delivery Description:

Service Description:

SFAF’s Clinical Assistant Program is a structural intervention that aims to engage priority communities impacted by HIV, HCV, and STI health disparities in community health-focused employment opportunities. The Clinical Assistant Program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

July 1, 2023-June 30, 2024

Capacity Building Implementation Activities:

Community Health Worker Training Academy: Between July 1, 2023 and June 30, 2024, the Community Health Worker Training Academy (CHW-TA) conducted training and professional development services for community health workers from CHEP-funded community-based organizations, with a focus on staff directly supporting Health Access Point Network activities. During this time, 55 unduplicated people participated in the CHW-TA training. These 55 participants completed more than 990 hours of training. In addition to “live” meeting spaces, training and professional development included an asynchronous learning experience with access to 12 self-paced training modules on an SFAF-hosted learning management platform. The Academy also supported HIV Test Counselor Training logistics in partnership with SFDPH. This was provided by a subcontract to Springboard.

Clinical Assistant Program:

- Onboard and train the clinical assistant cohorts (5 interns were hired and began in Fall 2023 and another 5 will be hired and begin in Spring 2024, continuing through 2026).
- Assign clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services).
- Graduate the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the entire HAP Network.
- Begin recruitment and promotion efforts for the Spring 2024 cohort.
- Cohort evaluation and feedback.

July 1, 2024-June 30, 2025: Clinical Assistant Program Methodology

Clinical Assistant Program:

- Onboard and train the clinical assistant cohorts (5 interns to be hired and begin in Fall 2024 and another 5 will be hired and begin in Spring 2025, continuing through 2026).
- Assign clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services).
- Graduate the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the entire HAP Network and continuing education opportunities outside the HAP for clinical assistants that would like to further develop their skills.
- Begin recruitment and promotion efforts for the next cohort.
- Cohort evaluation and feedback, including evaluate the outcome of the training and success of the employment or intern linkages.

July 1, 2025-June 30, 2026: Clinical Assistant Program Methodology

Clinical Assistant Program:

- Onboard and train the clinical assistant cohorts (5 interns to be hired and begin in Fall 2025 and another 5 will be hired and begin in Spring 2026).
- Assign clinical assistants to 80+ hours of rotating field experience within SFAF’s various programs (with a focus on clinical services).
- Graduate the inaugural cohort and assisting them to identify and secure community health employment opportunities, with a focus on opportunities within the entire HAP Network and continuing education opportunities outside the HAP for clinical assistants that would like to further develop their skills.

- Begin recruitment and promotion efforts for the next cohort.
- Evaluate the outcome of the training and the employment or intern success.

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives.”

8. CONTINUOUS QUALITY IMPROVEMENT:

The Clinical Assistant Program uses a continuous quality improvement approach. This includes obtaining and analyzing feedback from:

- Participant evaluations.
- Clinical Assistant Intern feedback.
- Shifts in local public health landscape (e.g., adding MPX curriculum to the test counselor trainings).
- HAP Network (specifically, understanding employer needs).

Feedback is then incorporated into future trainings and learning spaces. It is also used to improve the Clinical Assistant experience.

DATA COLLECTION AND REPORTING REQUIREMENTS

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information.

Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload).
- Quarterly narrative report for Year 1.
- Other systems/processes as requested.

The assigned CHEP Program Liaison provides technical assistance and training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing

appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.

4. SFAF acknowledges that it provides to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
5. SFAF develops and executes subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
6. Any such subcontract agreements are kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteers who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
- b. Harm Reduction.
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips.
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that receive Harm Reduction supplies from CHEP.
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if funded by CHEP to do testing.
- c. Required participation in HAP Network Monthly Meetings (Currently held the 4th Thursday of the month).
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

1. San Francisco AIDS Foundation – **HAP Clinical Services Sustainability Program**
940 Howard Street, San Francisco, CA 94103
Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services
Jenny Hsieh, jhsieh@sfaf.org, Associate Vice President, Financial Planning and Analysis

2. **NATURE OF DOCUMENT:** Original: Contract Amendment: RPB:

2. GOAL STATEMENT:

The Clinical Services Sustainability program’s goal is to sustain current clinical services provided at San Francisco AIDS Foundation.

3. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves everyone who qualifies regardless of their race, ethnicity, gender, sexual orientation, or national origin. These particular services are for communities experiencing sexual health disparities in San Francisco who are: a) unaware of their HIV serostatus; b) at risk for STI and/or HCV, regardless of HIV serostatus; c) aware that they are HIV-positive but are not engaged in care; and/or d) HIV-negative and not engaged or retained on PrEP.

To ensure vulnerable populations have knowledge of and access to these services, SFAF will conduct outreach efforts to reach a variety of communities, including but not limited to

- Latinx communities.
- Gay, bisexual, and queer (GBQ) men & MSM communities.
- Trans and nonbinary communities.
- Asian and Pacific Islander (API) communities.
- Black and African American communities.
- People who use drugs.
- Young people.

4. MODALITIES and INTERVENTIONS: (Please see UOS Table in appendix B)

5. METHODOLOGY/Service Delivery Description:

A. Integrated HIV, HCV, and STD testing:

The standard of care for the MSM Health Access Point (HAP) is the provision of integrated HIV, HCV, and STI testing provided on an opt-out basis. This standard applies at all SFAF testing sites, including Glide, and at least 80% of all testing experiences across both organizations involves a comprehensive, integrated testing regimen that includes all relevant HIV, STI, and HCV tests. In some cases, clients may receive only one or two tests based on specific symptoms or because of contact with an STI-positive partner, while other clients may have a preference to avoid a blood draw for syphilis. SFAF offers integrated HIV, HCV, and STI testing and treatment; linkage to HIV care; PEP; daily and event-driven PrEP; gender affirming services; anal health services; hepatitis A and B vaccinations and flu shots; and more. A multi-racial, bilingual, and SFDPH-certified counseling and testing team is available at all SFAF testing locations to provide supportive, client-centered, and trauma-informed testing, treatment, and referral and navigation services that focus on creating a safe, welcoming, and comfortable environment for all clients.

Year 1 (January 1, 2023-June 30, 2023):

- 2000 HIV testing encounters.
- 400 HCV tests.
- 3,500 Chlamydia/Gonorrhea screenings.
- 3,000 syphilis screenings.
- 25 Monkey Pox (MPX) screenings including vaccinations.

Year 2 and beyond:

- 4000 HIV testing encounters.
- 800 HCV tests.
- 7,000 Chlamydia/Gonorrhea screenings.
- 3,000 syphilis screenings.
- 25 Monkey Pox (MPX) screenings including vaccinations.

All eligible clients accessing testing and treatment services will be referred to navigation services, including PrEP benefits navigation, HCV treatment, and HIV care.

- B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM), substance use, and other services:

SFAF minimizes barriers to needed treatment, retention, benefits enrollment, and support for clients through comprehensive access to HIV, STI and HCV treatment, PrEP and PEP, HIV care and ongoing retention in care support across all SFAF sites.

Year 1 (January 1, 2023-June 30, 2023):

- Link HIV-Negative Clients to PrEP: SFAF engages individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. SFAF provides education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations, and SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators will continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Link newly diagnosed individuals to HIV care: SFAF links newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Link previously diagnosed individuals who are out of care to HIV care: SFAF links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**

- Linkage to HCV treatment: SFAF links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. **[In-Kind]**
- Link eligible HIV-negative Clients to PEP: **SFAF provides PEP to clients.**
- STI treatment: Those accessing SFAF testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Primary care: SFAF links those living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. **[In-Kind]**

Year 2 and beyond:

- Link HIV-Negative Clients to PrEP: SFAF engages individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. SFAF provides education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations. SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provide referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators will continually identify and provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Link newly diagnosed individuals to HIV care: SFAF links newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Link previously diagnosed individuals who are out of care to HIV care: SFAF links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Linkage to HCV treatment: SFAF links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. **[In-Kind]**
- Link eligible HIV-negative Clients to PEP: **SFAF provides PEP to clients.**
- STI treatment: Those accessing SFAF testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Primary care: The MSM HAP links individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. **[In-Kind]**

C. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage:

SFAF provides access to PrEP and ART; HCV treatment; STI treatment; and medication storage options. The MSM HAP will conduct STI treatment encounters (1 UOS = 1 STI treatment encounter). SFAF benefits navigators provide linkage to same-day PREP and connect individuals newly diagnosed with HIV to same-day ART. Benefits navigators engage individuals living with HIV but who are out of care into services, including Interim ART. Clinicians conduct PrEP assessments, provide STI treatments, and administer rapid and interim ART for individuals living with HIV, and support clients through HCV treatment. Services provided by nurses and nurse practitioners in consultation with SFAF's medical director.

6. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled "CHEP Performance Objectives."

7. CONTINUOUS QUALITY IMPROVEMENT:

SFAF reviews data at least every six months and based on the available data refines practices and develops a set of action items to improve program quality. Reviewing both process and outcome data leads on-the-ground changes to ensure that the deliverables are being met and that the most successful strategies are enhanced. SFAF adheres to the following:

- Current Community Health Equity and Promotion Branch, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- All guidelines developed by the Community Health Equity and Promotion Branch required to implement services to meet the objectives in San Francisco's System of Care.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- SFAF collects, tracks, and reports by request on demographics on all participants.
- SFAF has developed a retention protocol with DPH for clients who initiate PrEP that includes at minimum follow-up contact and adherence activities.
- SFAF has developed a system to report on the following:
 - PrEP initiations and time from decision to PrEP initiation,
 - Participants who initiate, stop and if applicable, re-initiate PrEP and their reasons,
 - Barriers for clients to access PrEP, and,
 - Barriers to maintaining the PrEP regimen.
- SFAF assesses, analyzes, and addresses HIV-related stigma in the prioritized population. Such processes include but not be limited to:
 - Client satisfaction,
 - Regular client input into programming, and,
 - Maintaining staff reflective of the prioritized population.

DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific

objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- CHEP Internal Data Manager (Quarterly Submission/Upload).
- Quarterly narrative report for Year 1.
- Other systems/processes as requested.

The assigned CHEP Program Liaison provides technical assistance & training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
4. SFAF acknowledges that it provides to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
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7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteers who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
- b. Harm Reduction.
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)

- i. How to use Fentanyl Test Strips.
- d. Syringe Access and Disposal (TBD) - As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems - As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card - As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that receive Harm Reduction supplies from CHEP.
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if funded by CHEP to do testing.
- c. Required participation in HAP Network Monthly Meetings (Currently held the 4th Thursday of the month).
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

1. San Francisco AIDS Foundation – Black/African American Health Access Point (HAP) Capacity Building Program Support

940 Howard Street, San Francisco, CA 94103

Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

Jenny Hsieh, jhsieh@sfaf.org, Associate Vice President, Financial Planning and Analysis

2. NATURE OF DOCUMENT: Original: Contract Amendment: RPB:

3. GOAL STATEMENT:

The goal of the Black African American Capacity Building Support Program is to provide ongoing organizational capacity building support to The Rafiki Coalition for Health and Wellness, the lead vendor for the Black/African American Health Access Point (HAP) to ensure required Health Access Point program services are implemented by July 1, 2024, and sustained overtime. Capacity Building activities and support are based on the findings of the capacity building needs assessment, along with internal discussions with the Rafiki Executive Leadership team and the program liaison from DPH.

Capacity building includes program planning and design support, convening and supporting the work of the HAP partners and community partners, and the training and support of Health Clinical Assistants. This program is a collaboration with the Clinical Assistants program. The goal of this component of capacity building is to create a workforce development pipeline that supports the Black & African American Health Access Point (HAP) with ongoing professional development, paid internship opportunities, and a trained applicant pool with the experience to support Black and African American HAP activities.

4. TARGET POPULATION/OUTREACH EFFORTS:

The Capacity Building Program Supports activities focusing on decreasing sexual health disparities. Sexual health disparities disproportionately impact Black and African American San Franciscos. San Francisco AIDS Foundation serves everyone who qualifies regardless of their race, ethnicity, gender, sexual orientation, or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF’s outreach efforts will include but is not limited to Black and African Americans.

5. MODALITIES and INTERVENTIONS: (See appendix B “ UOS Tab”)

Service Description:

The Black/African American Capacity Building Program Support activities are program and organizational intervention strategies that engage the leadership team and key Black/African American HAP program staff with the goal of successfully reaching individuals impacted by sexual and substance use health disparities, including Black and African American individuals. This includes building workforce capacity for the HAP through training clinical assistants.

The program follows citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

6. METHODOLOGY/Service Delivery Description:

January 1, 2023-June 30, 2023

Proposed activities require different start up and implementation needs.

Capacity Building Start Up Activities:

The Black Health Clinical Assistant Program requires three months of start-up planning activities (3 UOS). This includes:

- Hiring a project manager to launch the program.
- Developing program curriculum and training materials.
- Recruiting 4 clinical assistants for the first cohort.
- Participating in Black and African American HAP planning activities (e.g., planning meetings).

July 1,2023 – June 30, 2025

Capacity Building Activities:

SFAF works directly with the Rafiki Executive Leadership team and key program staff in developing and implementing a plan for capacity building activities for the successful implementation of core HAP required sexual and substance use health services by July 1st, 2024. SFAF works with HAP partners to support collaboration, planning, implementation, and evaluation of HAP activities. Capacity Building Activities include the below (subject to change based on the needs of the Black/African American HAP):

- Black African American Clinical Assistant Program-Workforce Development: This is specific to Black/African American community members to support Black/African American HAP Implementation. Trained interns are linked to job opportunities at Rafiki to support the implementation and execution of HAP efforts.
- Organizational Program Planning and Design, Implementation, and Evaluation Support.
- Organizational administrative support/guidance as needed:
 - Preparation of contract and partner subcontract documents.
 - Preparation and submission of monthly invoices.
 - Coordination of subcontractors.
 - Support for staff hiring
- Data Management guidance and support:
 - Support for planning and the implementation of data tracking system.
 - Support with client level quarterly data submissions (Qualitative & Quantitative).
- Sexual Health Services development:
 - Provide consultation and guidance for development of services
 - Review plans and participate in site visits for new Umoja HAP location

Sexual Health Services includes a comprehensive medical, counseling, and educational services aimed at promoting sexual and reproductive health. It includes STI/HIV testing and treatment, contraception, pregnancy-related care, sexual health education, and risk reduction counseling, delivered in compliance with applicable healthcare regulations and confidentiality standards.

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives.”

8. CONTINUOUS QUALITY IMPROVEMENT:

The Black/African American Capacity Building Support Program uses a continuous quality improvement approach. This includes obtaining and analyzing feedback from:

- HAP leaders.
- Key Program Staff.
- Jeweld Legacy Group, As of 7/1/24, no longer part of this component.
- Community Partners.

These data are incorporated into future activities and is used to improve the capacity building support.

DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- six-month narrative reports describing capacity building activities including the number of Black Health Clinical Assistants trained for Year 1
- Quarterly Capacity Building Narrative Report

The assigned CHEP Program Liaison provides technical assistance and training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers’ compensation laws and regulations.
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5. SFAF develops and executes subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
6. Any such subcontract agreements are kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteers who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
- b. Harm Reduction.
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips.
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that receive Harm Reduction supplies from CHEP
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- b. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- c. Implementation of Harm Reduction/Substance use policy.
- d. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

**San Francisco AIDS Foundation
The Health Access Point (HAP) Capacity Building Activities (HIV/STI/HEP C
Infrastructure) Program**

**Appendix A-4
01/01/23 – 06/30/2026**

General Fund

1. San Francisco AIDS Foundation – The Health Access Point (HAP) Capacity Building Activities (HIV/STI/HEP C Infrastructure) Program

940 Howard Street, San Francisco, CA 94103

Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services

Jenny Hsieh, jhsieh@sfaf.org, Associate Vice President, Financial Planning and Analysis

2. NATURE OF DOCUMENT: Original: Contract Amendment: RPB:

3. GOAL STATEMENT:

The Health Access Point (HAP) Network Capacity Building Activities program’s goal is to provide technical assistance and capacity building support for sexual health services to the HAP Network, with an emphasis on the Black/African American HAP (Rafiki Coalition for Health and Wellness) and the Youth HAP (LYRIC).

4. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves all regardless of their race, ethnicity, gender, sexual orientation, or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF’s outreach efforts will include but are not limited to:

1. Latinx communities.
2. Gay, bisexual, and queer (GBQ) men & MSM communities.
3. Trans and nonbinary communities.
4. Asian and Pacific Islander (API) communities.
5. Black and African American communities.
6. People who use drugs.
7. Young people.

5. MODALITIES and INTERVENTIONS: (See appendix B Tab “ UOS Table”)

Service Description:

The Health Access Point (HAP) Network Capacity Building Activities program increases the sexual health and substance use health impact of the seven (7) HAPs, with a focus on the Black & African American HAP (Rafiki Coalition for Health and Wellness) and the Youth HAP (LYRIC).

Sexual Health Services includes comprehensive medical, counseling, and educational services aimed at promoting sexual and reproductive health. It includes STI/HIV testing and treatment, contraception, pregnancy-related care, sexual health education, and risk reduction counseling, delivered in compliance with applicable healthcare regulations and confidentiality standards.

Substance Use Services includes a range of prevention, treatment, and harm reduction services aimed at addressing substance use disorders. These include screening, assessment, counseling, detoxification, medication-assisted treatment, rehabilitation, and recovery support, provided in accordance with clinical best practices and regulatory standards.

The program follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

6. METHODOLOGY/Service Delivery Description:

Year 1: January 1, 2023-June 30, 2023

Capacity Building Start-Up Activities:

- Assess and respond to the Black and African American HAP needs by:
 - Establishing scope of work and capacity building needs.
 - Participating in ongoing meetings with the Rafiki Coalition for Health and Wellness and Black/AA HAP partners.
- Assess and respond to Youth HAP needs by:
 - Establishing scope of work and capacity building needs.
 - Participating in ongoing meetings with LYRIC and Youth HAP partners.
- Participate in HAP Network convenings to assess and respond to broader HAP needs (e.g., conduct assessments, provide resources, provide technical assistance, or link to the appropriate technical assistance, etc.).
- Engage and establish contracts with consultants required for Black/AA HAP implementation
 - Manage consultancy activities, and ensure timely completion.
- Support communication, coordination, and collaboration between HAP leads and subcontractors.

Year 2 and beyond: July 1, 2023-June 30, 2026

Capacity Building Activities:

- Implement activities outlined in the scope of work established in Year 1 starting July 1, 2023.
- Activities:
 - Work with SFDPH CHEP to:
 - Identify the essential components of successful low barrier sexual health and substance use clinical services. STI screening is a priority for all HAPs.
 - Assess the needs of each HAP related to the essential components (internal discussion) and set priorities.
 - Develop plan with HAP to establish low barrier sexual health services.
 - Execute the plan.
 - The plans may include:
 - Creating policies and procedures for clinical operations.
 - Creating forms and intake/registration procedures and protocols.
 - Creating service delivery “flows.”

- Supporting priority HAPs with the to establish necessary licenses and certifications required for operation of clinical services.
 - Supporting priority HAPs to establish compliance infrastructure required for operation of clinical services.
 - Creating a short-term plan for service documentation and identify long-term solutions (including scoping out cost, implementation time, etc. for an electronic health records system).
 - Working with priority HAPs to establish short and long-term sites for service delivery.
 - Supporting communication, coordination, and collaboration between HAP leads and subcontractors.
 - Adapting the Scope of Work to address emerging needs and HAP implementation goals.
- Establish Scope of Work for Year 3 and beyond.
 - Manage consultancy activities and ensure timely completion.
 - Support communication, coordination, and collaboration between HAP leads and subcontractors.

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled “CHEP Performance Objectives.”

8. CONTINUOUS QUALITY IMPROVEMENT:

Capacity building support will be evaluated in an ongoing manner to ensure that agreed upon activities are completed to the satisfaction of SFAF and our HAP Network partners. The Chief Program Officer, Director of Strut Programs and Services, and Sr. Director of Community Partnerships & Engagement will solicit ongoing feedback and guidance from the HAP Leads to ensure that capacity building efforts meet HAP needs, goals, and priorities. As a part of SFAF’s commitment to continuous quality improvement, existing scopes of work and consultant contracts will be reviewed and evaluated monthly. Due to the dynamic nature of this work, scopes of work and contracts will be adjusted accordingly.

DATA COLLECTION AND REPORTING REQUIREMENTS

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Regular meetings with CHEP capacity building staff.
- CHEP Internal Data Manager (Quarterly Submission/Upload), As of 7/1/24, this is no longer required.
- Quarterly Capacity Building narrative report.
- Other systems/processes as requested.

Assigned CHEP Program Liaison provides technical assistance and training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
4. SFAF acknowledges that it provides to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
5. SFAF develops and executes subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
6. Any such subcontract agreements are kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteer who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
- b. Harm Reduction.
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips.
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.

**San Francisco AIDS Foundation
The Health Access Point (HAP) Capacity Building Activities (HIV/STI/HEP C
Infrastructure) Program**

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- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that receive Harm Reduction supplies from CHEP.
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24, this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings if funded by CHEP to do testing.
- c. Required participation in HAP Network Monthly Meetings (Currently held the 4th Thursday of the month).
- d. Implementation of SFDPH Harm Reduction/Substance use policy.
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

**San Francisco AIDS Foundation
Health Access Point HAP (The MSM Health Access Point Program)**

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1. San Francisco AIDS Foundation – **The MSM Health Access Point Program**
940 Howard Street, San Francisco, CA 94103
Jasmin Alvarez, jalvarez@sfaf.org, Director of Strut Programs and Services
Jenny Hsieh, jhsieh@sfaf.org, Associate Vice President, Financial Planning and Analysis

2. **NATURE OF DOCUMENT:** Original: Contract Amendment: RPB:

3. GOAL STATEMENT:

The MSM Health Access Point program will offer population-specific, “one-stop-shop” services using an equity-focused, stigma-free, and low barrier service model.

4. TARGET POPULATION/OUTREACH EFFORTS:

San Francisco AIDS Foundation serves all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, SFAF’s outreach efforts will include outreach to: high-risk gay men and other men who have sex with men (MSM) and welcomes and serves all who are eligible to receive services, including all trans and nonbinary individuals.

San Francisco AIDS Foundation (SFAF) implements an equity-focused, community-centered, low-barrier, and whole person Health Access Point (HAP) specifically designed to reduce rates of HIV, STI, and HEP C (HCV) infection including among high-risk gay men and other men who have sex with men (MSM). The MSM HAP program operates as a collaborative partnership involving several San Francisco agencies that have experience in supporting and serving MSM and trans communities: Glide, Shanti Project, and the San Francisco Community Health Center (SFCHC).

The program focuses on MSM (including a focus on trans and nonbinary individuals) in San Francisco who are: a) unaware of their HIV serostatus; b) at risk for STI and/or HCV, regardless of HIV serostatus; c) aware that they are HIV-positive but are not engaged in care; and/or d) HIV-negative and not engaged or retained on PrEP.

5. MODALITIES and INTERVENTIONS: (Please see appendix B “ UOS Tab”)

Service Description:

This program is a network of agencies/programs with SFAF serving as the lead agency. The HAP provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STI status. The HAP follows the citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination.
- Eliminate HCV.
- Reverse increasing STI rates.
- Eliminate racial disparities in access to services and health outcomes.

Program Standard of Care Service Modalities

Service totals are projections and may adjust as service needs and program capacity become clearer. The funding source for all services is General Fund (unless otherwise noted).

6. METHODOLOGY/Service Delivery Description:

A. Integrated HIV, HCV, and STD testing:

The standard of care for the MSM Health Access Point is the provision of integrated HIV, HCV, and STI testing provided on an opt-out basis. This standard applies at all SFAF testing sites, including Glide, and at least 80% of all testing experiences across both organizations involves a comprehensive, integrated testing regimen that includes all relevant HIV, STI, and HCV tests. In some cases, clients receive only one or two tests based on specific symptoms or as a result of contact with an STI-positive partner, while other clients may have a preference to avoid a blood draw for syphilis.

SFAF offers integrated HIV, HCV, and STI testing and treatment; linkage to HIV care; PEP; daily and event-driven PrEP; gender affirming services; anal health services; hepatitis A and B vaccinations and flu shots; and more. A multi-racial, bilingual, and SFDPH-certified counseling and testing team is available at all SFAF testing locations to provide supportive, client-centered, and trauma-informed testing, treatment, and referral and navigation services that focus on creating a safe, welcoming, and comfortable environment for all clients.

Glide also has extensive experience providing HIV, HCV, and STI testing geared to the needs of low-income and marginalized populations. Glide focuses on engaging MSM experiencing homelessness or unstable housing in the Tenderloin. Glide clients who have a positive STI test result are linked to treatment at SFAF or another appropriate provider.

Service totals are projections and may adjust as service needs and program capacity become clearer.

In Year 1 (January 1, 2023-June 30, 2024), the MSM HAP will provide:

- 3,500 HIV tests (SFAF)
- 625 HCV tests (SFAF)
- 5,060 Chlamydia/Gonorrhea screenings (SFAF & Glide)
- 4,350 syphilis screenings (SFAF & Glide)
- 25 MPX screenings including vaccinations (SFAF)

In Year 2 and beyond, the MSM HAP will annually provide:

- 7,000 HIV tests (SFAF)
- 1,250 HCV tests (SFAF)
- 10,120 Chlamydia/Gonorrhea screenings (SFAF & Glide)
- 8,700 syphilis screenings (SFAF & Glide)
- 50 MPX screenings including vaccinations (SFAF)

All eligible clients accessing testing and treatment services are referred to navigation services, including PrEP benefits navigation, HCV treatment, and HIV care.

B. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services:

The Health Access Point reduces barriers to needed treatment, and helps with retention, benefits enrollment, and support for clients through comprehensive access to HIV, STI and HCV treatment, PrEP and PEP, HIV care and ongoing retention in care support across all SFAF sites.

Glide connects clients in need of navigation services to the MSM HAP. Shanti's case management program supports the ongoing retention needs of MSM living with HIV.

In **Year 1 (January 1, 2023-June 30, 2023)**, SFAF, Shanti, and Glide provide the following:

- Linking HIV-Negative Clients to PrEP: **SFAF engages ~375 individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. Glide assists ~20 clients in needs of HIV and HCV care, as well as STI treatment, PrEP, and PEP, to care through ~250 hours of navigation services.** SFAF and Glide provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations. SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provides referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Linking newly diagnosed individuals to HIV care: The MSM HAP links all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Linking previously diagnosed individuals who are out of care to HIV care: The MSM HAP links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Linkage to HCV treatment: The MSM HAP links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. **[In-Kind]**
- Linking Eligible HIV-negative Clients to PEP: **SFAF provides PEP to ~20 clients.**
- STI treatment: Individuals accessing MSM HAP testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Providing support to those living with HIV: **Shanti engages ~13 unduplicated clients in ~230 hours of individual health sessions designed to support those living with HIV with a range of supports, including referrals to basic needs, legal issues, mental health services, support**

groups, community engagement opportunities, and housing resources. Sessions also aid with public benefits acquisition.

- Creating community connection through Groups: **Shanti engages ~25 unduplicated clients in ongoing groups for people impacted by HIV.** Groups are typically 1.5 hours in duration and take place twice per week (1.5-hour meeting x 2/week x 22 weeks = 66 UOS). **San Francisco Community Health Center conducts ~3 groups/month for transmen** (~3 hours per group with ~6 participants/group)
- Primary care: The MSM HAP links individuals living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. **[In-Kind]**

In **Year 2** and beyond:

- Linking HIV-Negative Clients to PrEP: **SFAF engages ~750 individuals in PrEP services. This includes sustaining existing participants as well as enrolling new ones. Glide assists ~40 clients in needs of HIV and HCV care, as well as STI treatment, PrEP, and PEP, to care through ~500 hours of navigation services.** SFAF and Glide provide education and counseling regarding PrEP and PEP to all HIV-negative clients, including working to leverage the confirmation of a positive STI or HCV test result as a moment when clients may be more willing to consider PrEP initiation. PrEP is available at all SFAF locations. SFAF testing clients who are interested in PrEP are linked to a Benefits Navigator who assesses any potential barriers to PrEP enrollment or adherence and provides referral and linkage support to any services that may be required prior to PrEP enrollment. The navigator will make every effort to complete the enrollment during that visit or will set up an enrollment appointment, if needed. Navigators provide additional levels of support for clients who are most likely to miss appointments, providing personal outreach, support, and appointment reminders to help secure retention.
- Linking newly diagnosed individuals to HIV care: The MSM HAP links all newly diagnosed individuals to HIV care, including options to start HIV treatment immediately. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Linking previously diagnosed individuals who are out of care to HIV care: The MSM HAP links those who are out of care to interim HIV care while a longer-term solution is identified for ongoing HIV treatment and care. This includes working with a benefits navigator to acquire necessary public benefits, including insurance enrollment. **[In-Kind]**
- Linkage to HCV treatment: The MSM HAP links those living with HCV to in-house treatment and care options. Individuals enrolled in the HCV care program may also access onsite storage for their medications. **[In-Kind]**
- Linking Eligible HIV-negative Clients to PEP: **SFAF provides PEP to ~40 clients.**

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- STI treatment: All individuals accessing MSM HAP testing service are eligible for on-site STI diagnosis and treatment. Individuals who test positive for an STI and were not presumptively treated at the initial appointment are contacted by a nurse and scheduled for a treatment visit.
- Providing support to those living with HIV: **Shanti engages ~25 unduplicated clients in ~460 hours of individual health sessions designed to support those living with HIV with a range of supports, including referrals to basic needs, legal issues, mental health services, support groups, community engagement opportunities, and housing resources.** Sessions also aid with public benefits acquisition.
- Creating community connection through Groups: **Shanti engages ~50 unduplicated clients in ongoing groups for people impacted by HIV.** Groups are typically 1.5 hours in duration and take place twice per week (1.5 hour meeting x 2/week x 44 weeks = 132 UOS). **San Francisco Community Health Center conducts ~3 groups/month for transmen (~3 hours per group with ~6 participants/group)**
- Primary care: The MSM HAP links those living with HIV and HCV to a primary care provider. For those who are at-risk of disengaging from care, this may also include “tandem” coordination of medical care between the MSM HAP and a primary care provider. **[In-Kind]**

C. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis):

The MSM HAP refers individuals to in-network harm reduction services for substance use. This includes referring individuals to SFAF’s drop-in counseling services, drop-in groups, outpatient treatment, and contingency management services (The Stonewall Project); SFAF’s harm reduction services at the Harm Reduction Center or mobile sites (Syringe Access Services); or linking individuals to Glide’s harm reduction programming.

Annually, more than 500 MSM, including people who inject drugs (PWID), receive treatment, support, and referrals for substance use and mental health services through the Stonewall Project across all SFAF sites. These services are supported through other DPH contracts. Staffing includes health educators, licensed counselors, and program managers and coordinators. **[In-Kind]**

D. Syringe access and disposal:

SFAF and Glide utilizes existing funding to distribute and dispose of syringes for the MSM HAP. SFAF's Harm Reduction Center, 5 weekly mobile syringe access sites, and outreach serve ~18,000 unduplicated People who Use Drug (PWUD) annually, including members of the MSM HAP. Staffing includes health educators, program managers and coordinators. **[In-Kind]**

E. Overdose prevention (including naloxone distribution):

SFAF provides overdose education and distributes naloxone through a separate contract. Clients accessing MSM HAP services have access to robust overdose prevention education and naloxone. In FY22, SFAF trained 10,932 individuals to reverse overdoses. These individuals reported reversing 5,847 overdoses. **[In-Kind]**

F. Condom distribution:

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SFAF distributes safer sex supplies across all locations. **SFAF distributes safer sex supplies each month (1 UOS = 1 month of condom distribution).**

G. Community engagement and mobilization (physical and online, social media):

To best serve the wide range of MSM individuals and their sexual networks, San Francisco Community Health Center engages trans and nonbinary communities who have sex with men (e.g., TMSM or non-binary individuals who have sex with nonbinary individuals assigned male at birth) through community engagement and mobilization efforts.

In Year 1 (January 1, 2023-June 30, 2023):

The MSM HAP conducts quarterly MSM HAP events and weekly groups. **SFCHC proposes hosting 2 events (each 4 hours long) for 15 clients (8 UOS and 30 NOC). Additionally, SFCHC will host 3 groups/month (3 groups/month x 3 hours/group x 6 months = 54 UOS and 3 groups/month x 6 months x 6 participants/group = 108 NOC).**

In Year 2 (July 1, 2023-June 30, 2024) and beyond:

The MSM HAP conducts quarterly MSM HAP events and weekly groups. **SFCHC hosts 4 events (each 4 hours long) for ~15 clients (~16 UOS and ~60 NOC). Additionally, SFCHC hosts 3 groups/month (3 groups/month x 3 hours/group x 12 months = ~108 UOS, and 3 groups/month x 12 months x 6 participants/group = ~216 NOC).**

Through other funding, SFAF completes over 1,500 actions at the local, state, or federal levels, giving over 200 clients and community members a direct participating voice in the fight for health justice. Additionally, more than 3.6 million people access health education information on HIV, HCV, other STIs and harm reduction on the SFAF.org, tweaker.org, and bhocpartners.org websites and through media partnerships annually. **[In-kind]**

H. HIV, HCV, STD health education and prevention counseling:*

Comprehensive risk-reduction and supportive counseling are provided to all new clients and those who request it, regardless of test results, with discussion and offer of PrEP to those who might benefit, with an emphasis on HIV-negative clients who test positive for syphilis or a rectal STI.

SFAF uses an Express model for those who have already participated in an initial, comprehensive testing visit - roughly 25% of SFAF testing clients. During their first Magnet testing visit, clients must participate in direct, one-on-one counseling as part of their testing experience. Clients who don't have specific barriers to testing participation are then given the option of accessing Express services at their next appointment as a strategy for encouraging them to test more frequently by reducing the appointment length, wait time, and redundant information. This approach is effective for persons on PrEP, who can utilize Express testing for two of the four annual required visits. The Express model allows clients to register at a kiosk, get their blood drawn, self-collect oral and rectal samples (with clear instructions shared through a sex-positive video shown in the bathroom), and be on their way. Health education is conducted by lab technicians, nurses, and nurse practitioners. **[In-kind]**

I. Services to meet basic needs services (examples: food, housing, and employment):*

Through other funding, SFAF provides basic needs to MSM HAP clients experiencing food insecurity, housing instability, and transportation barriers. This includes provision of healthy snacks, hygiene

supplies, clothing, and transportation assistance to medical appointments through our partnership with UberHealth.

Upon registration, MSM HAP client are asked about their interest in case management services and are referred to eligible programs. Clients identifying needs are referred to either Benefits Navigators, health educators, services navigators, or case managers for individual support. These staff provide internal and external referrals to food programs and pantries, housing and shelter programs, and support with public benefits acquisition. Many of SFAF's social support programs offer meals and basic needs as well. Efforts are tracked and documented in eClinicalWorks.

SFAF provides employment opportunities through the Clinical Assistant program as well as incentivized client leadership opportunities. *[In-kind]*

J. Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage:

SFAF provides access to PrEP and ART; HCV treatment; STI treatment; and medication storage options. MSM HAP benefits navigators provide linkage to same-day PREP and connect individuals newly diagnosed with HIV to same-day ART. Benefits navigators engage individuals living with HIV but who are out of care into services, including Interim ART. Clinicians conduct PrEP assessments, provide STI treatments, and administer rapid and interim ART for individuals living with HIV, and support clients through HCV treatment. Services provided by nurses and nurse practitioners in consultation with SFAF's medical director.

K. Mental health services:

SFAF provides referrals to clients seeking mental health services to SFCHC as well as a network of mental health providers like AHP. Referrals are tracked in eClinicalWorks. For those enrolled in case management and benefits navigation services, successful referrals are tracked. The MSM HAP has a system to track its MSM HAP referrals across organizations. *[In-kind]*

L. Primary care:

SFAF refers clients seeking primary care services to appropriate medical homes. SFCHC, an FQHC, also provides primary care to MSM HAP individuals. *[In-kind]*

M. Substance use treatment:

Through other funding, at least 900 Gay / MSM, including those who inject drugs (PWID), receive treatment, support, and referrals for substance use and mental health services through the Stonewall Project across all SFAF sites. *[In-kind]*

7. OBJECTIVES and MEASUREMENTS:

All objectives and descriptions of how objectives are measured are contained in the CHEP document entitled "CHEP Performance Objectives."

8. CONTINUOUS QUALITY IMPROVEMENT:

SFAF reviews data at least every six months and, based on the available data, refines practices, and develops a set of actions to improve program quality. Reviewing both process and outcome data lead

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on-the-ground changes to ensure that the deliverables are being met and that the most successful strategies are enhanced.

SFAF adheres to the following:

- Current Community Health Equity and Promotion Branch, HIV Testing Policies and Procedures which include CDC and State Guidelines,
- All guidelines developed by the Community Health Equity and Promotion Branch required to implement services to meet the objectives in San Francisco's System of Care.

SFAF complies with all Health Commission, Local, State, Federal, and/or Funding Source policies and requirements, including those pertaining to Harm Reduction, the Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- SFAF collects, tracks, and reports by request on demographics on all participants.
- SFAF has developed a retention protocol with DPH for clients who initiate PrEP that includes at minimum follow-up contact and adherence activities.
- SFAF has developed a system to report on the following:
 - PrEP initiations and time from decision to PrEP initiation,
 - Participants who initiate, stop and if applicable, re-initiate PrEP and their reasons,
 - Barriers for clients to access PrEP, and,
 - Barriers to maintaining the PrEP regimen.
- SFAF assesses, analyzes, and addresses HIV-related stigma in the prioritized population. Such processes include but not be limited to:
 - Client satisfaction,
 - Regular client input into programming, and,
 - Maintaining staff reflective of the prioritized population.

DATA COLLECTION AND REPORTING REQUIREMENTS:

SFAF complies with all CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information.

Systems/processes used to collect and submit data will include:

- Evaluation Web – As of 7/1/24, this is no longer required.
- CHEP Internal Data Manager (Quarterly Submission/Upload).
- Quarterly narrative report for Year 1.
- Other systems/processes as requested.

Assigned CHEP Program Liaison provides technical assistance and training on all above data collection systems.

9. REQUIRED LANGUAGE: n/a

10. SUBCONTRACTORS & CONSULTANTS:

1. SFAF is responsible for the performance of its subcontractors and consultants in this Agreement.
2. SFAF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFAF staff, as well as its

consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.

3. SFAF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. SFAF must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
4. SFAF acknowledges that it provides to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
5. SFAF develops and executes subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
6. Any such subcontract agreements are kept on file with SFAF, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
7. This list of requirements is provided to highlight for SFAF, and SFAF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

11. REQUIRED TRAINING

- a. Staff/Volunteer who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification Training.
- b. Harm Reduction.
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips.
- d. Syringe Access and Disposal (TBD) – As of 7/1/24, this is no longer required.
- e. Trauma Informed Systems – As of 7/1/24, this is no longer required.
- f. Clear Impact Score Card – As of 7/1/24, this is no longer required.
- g. Effective 7/1/24, CHEP Tier B Syringe Access and Disposal training: for programs that received Harm Reduction supplies from CHEP.
- h. Other skills building trainings as required.

12. ADDITIONAL CONTRACT REQUIREMENTS

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff) – As of 7/1/24m this is no longer required.
- b. Effective 7/1/24, Required participation in monthly Testing Coordinator Meetings, if funded by CHEP to do testing.
- c. Required participation in HAP Network Monthly Meetings (Currently held the 4th Thursday of the month).
- d. Implementation of SFDPH Harm Reduction/Substance use policy.

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- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy.
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

Per RFP 4-2019, Exhibit 1 – Standard of Care Service Description for Integrated HIV, HCV, and STD Testing.

Required and Preferred Service Elements:

Required Elements	Preferred Elements
<ul style="list-style-type: none"> • Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP’s HIV, HCV, and STD Skills Training. • Perform outreach to recruit people for testing – street based, flyers, venue based, and mobile. • Incorporate health education and counseling in integrated testing activities. (See Health Education and Counseling) • Provide confidential testing for all clients. • Obtain written consent from clients for all tests performed. • Provide clients with rapid HIV & HCV testing. • Allow for self-collected oral, rectal, vaginal swabs for gonorrhea & chlamydia testing. • Provide clients with blood draw for syphilis testing. • Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: <ul style="list-style-type: none"> ○ Primary care, including HIV care, HCV treatment, and/or PrEP. ○ Provider for STD treatment ○ Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.) • Agencies providing STD testing ensure follow up on all clients testing positive to ensure they are adequately treated or referred for treatment. • Provide face-to-face disclosure of HIV, HCV, and Std-positive test results. • Inform clients testing positive for STDs to notify their sex partners to be tested/treated in an effort to avoid re-infection. 	<ul style="list-style-type: none"> • Implementation of a “Drop ‘n’ go” or express testing model. • Provide testing at shelters, housing sites, etc. • Testing during late night and weekend hours (8pm-5am = Late, 6am-9am = Early Morning). • Implement a Testing reminder system. • Provide clients with vaccinations for Hep A & Hep B and testing for TB, pregnancy tests, or hormone levels check. • Allow for online results.

Required Elements	Preferred Elements
<ul style="list-style-type: none"> • Provide DPH with name based reporting for all tests. • Implement case reporting as required. • Use of DPH laboratory for all testing. • Use of courier service for delivery of specimens to DPH lab. • Ability to provide health education and counseling upon request or clients' needs. (see health education and counseling section) • Provide mobile testing. • Maintain a rate of 10% unduplicated testing clients. • Allow for geographical diversity with at least 10% of tests conducted done 3 miles from headquarters. • Offer mental health referrals. • Follow DPH Harm Reduction Policy. • Follow DPH HIV, HCV, STD testing Policies and Operations Manual requirements. 	

Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.

Additional Information

- Collectively, programs funded in this building block will be expected to provide 50,000 testing experiences for the entire city. An experience is defined as getting at least one of five tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing). For example, a client can receive one test, all five, or anything in between and it's considered an experience.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - **HIV Testing**
 - # of HIV tests to date
 - # of reactive HIV tests to date
 - **HCV Testing**
 - # of HCV tests to date
 - # of reactive HCV antibodies tests
 - # of reactive HCV RNA tests

- **STD Tests/Screenings**
 - # of syphilis tests
 - # of reactive syphilis tests
 - # of gonorrhea tests
 - # of reactive gonorrhea tests
 - # of chlamydia tests
 - # of reactive chlamydia tests

2. Data Tracking. Applicants must track the following measures and supply data to DPH upon request.

- None

Opt Out Criteria

Applicants **must** provide integrated HIV/HCV/STD testing as part of their proposed program, even if the testing is funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

***Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, and staff providing direct services, coordinators, and directors.**

Additional Considerations:

- CHEP will provide (The awarded contractor will distribute test kits, condoms, lube, and female condoms on behalf of CHEP to members of the public – these items are being provided to the contractor so that they can perform their obligation under this contract. The contractor is required to keep track of the items being distributed in accordance to the specific protocols and procedures set forth in the contract.):
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition’s DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal .
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

**Appendix B
Calculation of Charges**

1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a	Training Academy & Clinical Assistance – Community Health Worker Program
Appendix B-1b, B-1c	Clinical Assistance
Appendix B-2, B-2a, B-1b, B-1c	Clinical Services Sustainability
Appendix B-3, B-3a, B-3b, B-1c	Capacity Building Activities: The Black Health Clinical Assistant Program
Appendix B-4, B-4a, B-4b, B-4c	HAP Capacity Building Activities Program
Appendix B-5, B-5a, B-5b, B-5c	Health Access Point Gay/MSM

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$841,666** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

	Term	Funding Source	Amount
Original Agreement	01/01/2023 – 06/30/2023	GF	\$225,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$315,433
Original Agreement	01/01/2023 – 06/30/2023	GF	\$200,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$175,000
Original Agreement	01/01/2023 – 06/30/2023	GF	\$600,000
Original Agreement	01/01/2023 – 07/31/2023	CDC	\$5,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$450,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$630,866
Original Agreement	07/01/2023 – 06/30/2024	GF	\$400,000

Original Agreement	07/01/2023 – 06/30/2024	GF	\$350,000
Original Agreement	07/01/2023 – 06/30/2024	GF	\$1,200,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$450,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$630,866
Original Agreement	07/01/2024 – 06/30/2025	GF	\$400,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$350,000
Original Agreement	07/01/2024 – 06/30/2025	GF	\$1,200,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$450,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$630,866
Original Agreement	07/01/2025 – 06/30/2026	GF	\$400,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$350,000
Original Agreement	07/01/2025 – 06/30/2026	GF	\$1,200,000
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$21,375
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$29,966
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$19,000
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$16,625
Revision to Program Budgets #1	07/01/2023 – 06/30/2024	GF	\$57,000
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$21,375
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$29,966
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$19,000
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$16,625
Revision to Program Budgets #1	07/01/2024 – 06/30/2025	GF	\$57,000
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$21,375
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$29,966
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$19,000
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$16,625
Revision to Program Budgets #1	07/01/2025 – 06/30/2026	GF	\$57,000
Amendment #1	07/01/2024 – 06/30/2025	GF	-\$206,731
Amendment #1	07/01/2024 – 06/30/2025	GF	\$16,521
Amendment #1	07/01/2024 – 06/30/2025	GF	\$10,475
Amendment #1	07/01/2024 – 06/30/2025	GF	\$9,166
Amendment #1	07/01/2024 – 06/30/2025	GF	\$31,425
Amendment #1	07/01/2025 – 06/30/2026	GF	-\$206,731
Amendment #1	07/01/2025 – 06/30/2026	GF	\$16,521
Amendment #1	07/01/2025 – 06/30/2026	GF	\$10,475
Amendment #1	07/01/2025 – 06/30/2026	GF	\$9,166
Amendment #1	07/01/2025 – 06/30/2026	GF	<u>\$31,425</u>
		Total Award:	\$10,766,641
		TBD:	\$278,288
		Contingency:	<u>\$841,666</u>
		(This equals the total NTE)Total	\$11,886,595

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked “FINAL,” shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

DPH 1: Department of Public Health Contract Budget Summary by Program

CID#1-24734							Appendix B	
DPH Section: Community Health Equity and Promotion (CHEP)							Contract Term : 1/1/2023 - 6/30/2026	
Check one: <input type="checkbox"/> Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets							FN Date: 9/20/24	
Agency Name: San Francisco AIDS Foundation							FN#4	
Program/Provider Name:	Training Academy & Clinical Assistance Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): Clinical Assistant Program Coordinator (12 part-time temp Staff) Based out of Rafiki	Capacity Building Program Coordinator and Consulting	Health Access Point: Gay/MSM	Health Access Point: Gay/MSM	TOTALS	
Appendix Number:	A-1 / B-1	A-2 / B-2	A-3 / B-3	A-4 / B-4	A-5 / B-5	A-5 / B-5.1		
Appendix Term:	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	1/1/2023 - 6/30/2023	01/01/23-07/31/23		
EXPENSES								
Salaries	\$ 143,480	\$ 196,593	\$ 142,537	\$ 37,500	\$ 329,449	\$ -	\$ 849,559	
Employee Benefits	\$ 29,236	\$ 53,080	\$ 15,675	\$ 10,125	\$ 88,951	\$ -	\$ 197,067	
Total Personnel Expenses	\$ 172,716	\$ 249,673	\$ 158,212	\$ 47,625	\$ 418,400	\$ -	\$ 1,046,626	
Employee Fringe Benefit Rate	20.4%	27.0%	11.0%	27.0%	27.0%	0.0%		
Operating Expense	\$ 22,936	\$ 24,617	\$ 15,701	\$ 104,549	\$ 103,339	\$ 4,348	\$ 271,142	
Subtotal Direct Costs	\$ 195,652	\$ 274,290	\$ 173,913	\$ 152,174	\$ 521,739	\$ 4,348	\$ 1,317,768	
Indirect Cost Amount	\$ 29,348	\$ 41,143	\$ 26,087	\$ 22,826	\$ 78,261	\$ 652	\$ 197,665	
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%		
Total Expenses	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433	
REVENUES & FUNDING SOURCES								
DPH Funding Sources								
CHEP General Fund	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000		\$ 1,515,433	
PS20-2010 CDC: CFDA 93.940						\$ 5,000	\$ 5,000	
Total DPH Revenues	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433	
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Revenues (DPH and Non-DPH)	\$ 225,000	\$ 315,433	\$ 200,000	\$ 175,000	\$ 600,000	\$ 5,000	\$ 1,520,433	
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)		
Prepared By								

DPH 1: Department of Public Health Contract Budget Summary by Program

CID#1-24734						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 1/1/2023 - 6/30/2026
Check one: <input type="checkbox"/> Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets						FN Date: 9/20/24
Agency Name: San Francisco AIDS Foundation						FN#4
Program/Provider Name:	Training Academy & Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): HAP	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1a	A-2 / B-2a	A-3 / B-3a	A-4 / B-4a	A-5 / B-5a	
Appendix Term:	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	7/1/2023 - 6/30/2024	
EXPENSES						
Salaries	\$ 233,176	\$ 415,397	\$ 252,198	\$ 81,706	\$ 724,785	\$ 1,707,262
Employee Benefits	\$ 3,617	\$ 112,157	\$ 51,376	\$ 22,060	\$ 195,487	\$ 384,697
Total Personnel Expenses	\$ 236,793	\$ 527,554	\$ 303,574	\$ 103,766	\$ 920,272	\$ 2,091,959
Employee Fringe Benefit Rate	1.6%	27.0%	20.4%	27.0%	27.0%	
Operating Expense	\$ 197,883	\$ 47,082	\$ 60,990	\$ 240,155	\$ 211,416	\$ 757,526
Subtotal Direct Costs	\$ 434,676	\$ 574,636	\$ 364,564	\$ 343,921	\$ 1,131,688	\$ 2,849,485
Indirect Cost Amount	\$ 36,699	\$ 86,196	\$ 54,436	\$ 22,704	\$ 125,312	\$ 325,347
Indirect Cost Rate (%)	8.4%	15.0%	14.9%	6.6%	11.1%	
Total Expenses	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
PS20-2010 CDC: CFDA 93.940						\$ -
Total DPH Revenues	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 471,375	\$ 660,832	\$ 419,000	\$ 366,625	\$ 1,257,000	\$ 3,174,832
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By						

DPH 1: Department of Public Health Contract Budget Summary by Program

CID#1-24734						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 1/1/2023 - 6/30/2026
Check one: <input type="checkbox"/> Original Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets						FN Date: 9/20/24
Agency Name: San Francisco AIDS Foundation						FN#4
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): HAP	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS
Appendix Number:	A-1 / B-1b	A-2 / B-2b	A-3 / B-3b	A-4 / B-4b	A-5 / B-5b	
Appendix Term:	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	7/1/2024 - 6/30/2025	
EXPENSES						
Salaries	\$ 219,549	\$ 429,475	\$ 241,797	\$ 221,694	\$ 642,424	\$ 1,754,939
Employee Benefits	\$ 1,876	\$ 115,958	\$ 41,967	\$ 59,857	\$ 173,454	\$ 393,112
Total Personnel Expenses	\$ 221,425	\$ 545,433	\$ 283,764	\$ 281,551	\$ 815,878	\$ 2,148,051
Employee Fringe Benefit Rate	0.9%	27.0%	17.4%	27.0%	27.0%	
Operating Expense	\$ 8,700	\$ 43,570	\$ 97,519	\$ 45,225	\$ 331,622	\$ 526,636
Subtotal Direct Costs	\$ 230,125	\$ 589,003	\$ 381,283	\$ 326,776	\$ 1,147,500	\$ 2,674,687
Indirect Cost Amount	\$ 34,519	\$ 88,350	\$ 48,192	\$ 49,015	\$ 140,925	\$ 361,001
Indirect Cost Rate (%)	15.0%	15.0%	12.6%	15.0%	12.3%	
Total Expenses	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
PS20-2010 CDC: CFDA 93.940						\$ -
Total DPH Revenues	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By						

DPH 1: Department of Public Health Contract Budget Summary by Program

CID#1-24734						Appendix B		
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term : 1/1/2023 - 6/30/2026		
Check one: <input type="checkbox"/> Original Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets						FN Date: 9/20/24		
Agency Name: San Francisco AIDS Foundation						FN#4		
Program/Provider Name:	Clinical Assistant Program	SFAF Clinical Services Sustainability	Capacity Building Activities (Rafiki): HAP	Capacity Building Activities HIV/STI/HCV Infrastructure	Health Access Point: Gay/MSM	TOTALS	GRAND TOTAL	
Appendix Number:	A-1 / B-1c	A-2 / B-2c	A-3 / B-3c	A-4 / B-4c	A-5 / B-5c			
Appendix Term:	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026	7/1/2025 - 6/30/2026			
EXPENSES								
Salaries	\$ 219,549	\$ 429,475	\$ 245,679	\$ 228,040	\$ 654,207	\$ 1,776,950		
Employee Benefits	\$ 1,876	\$ 115,958	\$ 43,015	\$ 61,571	\$ 176,636	\$ 399,056		
Total Personnel Expenses	\$ 221,425	\$ 545,433	\$ 288,694	\$ 289,611	\$ 830,843	\$ 2,176,006		
Employee Fringe Benefit Rate	0.9%	27.0%	17.5%	27.0%	27.0%			
Operating Expense	\$ 8,700	\$ 43,570	\$ 92,589	\$ 37,167	\$ 316,657	\$ 498,683		
Subtotal Direct Costs	\$ 230,125	\$ 589,003	\$ 381,283	\$ 326,778	\$ 1,147,500	\$ 2,674,689		
Indirect Cost Amount	\$ 34,519	\$ 88,350	\$ 48,192	\$ 49,013	\$ 140,925	\$ 360,999		
Indirect Cost Rate (%)	15.0%	15.0%	12.6%	15.0%	12.3%			
Total Expenses	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688	\$ 10,766,641	
REVENUES & FUNDING SOURCES								
DPH Funding Sources								
CHEP General Fund	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688	\$ 10,761,641	
PS20-2010 CDC: CFDA 93.940						\$ -	\$ 5,000	
Total DPH Revenues	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688	\$ 10,766,641	
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Total Revenues (DPH and Non-DPH)	\$ 264,644	\$ 677,353	\$ 429,475	\$ 375,791	\$ 1,288,425	\$ 3,035,688	\$ 10,766,641	
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)			
Prepared By								

DPH 1: Department of Public Health Contract Budget Summary by Program

CID#1000024734	Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)	Contract Term: 1/1/2023 - 6/30/2026
Check one: <input type="checkbox"/> Original Agreement <input type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets	Funding Notification Date: 9/2024
Agency Name: San Francisco AIDS Foundation	FN#4

Appendix: A-1 **Program Name: Training Academy & Clinical Assistant Program**

Term	Units of Service (UOS) Description	Units of Service (UC)	Number of Contacts
A-1 / B-1 1/1/2023 - 6/30/2023	Training Academy: 1 UOS = 1 month of start-up planning activities: 3 months	3	N/A
	Clinical Assistant Program: 1 UOS = 1 month of start-up planning activities for the Clinical Assistant Program; 1 month = 3 UOS	3	N/A
	Training Academy: 1 UOS = 1 hour of training and/or professional development provided to HAP network members and/or CHEP funded; 1 UDC = 1 unduplicated participant CBOs; 30 unduplicated individuals x 1.5 hours x 6 trainings = 270 UOS	270	30
	Clinical Assistant Program: 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant; 5 assistants x (20 hours of training + 80 hours of field experience) = 500 UOS	500	5
	Total Services Delivered	776	35

Term	Units of Service (UOS) Description	Units of Service (UC)	Number of Contacts
A-1 / B-1a 7/1/2023 - 6/30/2024	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	95
	Training Sub-Contractor: 1 UOS = 1 month of training x 12 months	12	N/A
	Total Services Delivered	2,338	95

Term	Units of Service (UOS) Description	Units of Service (UC)	Unduplicated Client
A-1 / B-1b 7/1/2024 - 6/30/2025	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10

Term	Units of Service (UOS) Description	Units of Service (UC)	Unduplicated Client
A-1 / B-1c 7/1/2025 - 6/30/2026	Training: 1 UOS = 1 hour of training x 2,326 hours	2,326	10
	Total Services Delivered	2,326	10

Appendix: A-2 **Program Name: SFAF Clinical Services Sustainability**

Term	Units of Service (UOS) Description	Units of Service (UC)	Number of Contacts
A-2 / B-2 1/1/2023 - 6/30/2023	HIV testing - encounter 1 HIV testing encounter per 1 UOS; testing encounters = 2,000 UOS	2,000	N/A
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 400 HCV tests administered = 400 UOS	400	N/A
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 3,500 screenings administered = 3,500 UOS	3,500	N/A
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 3,000 screenings administered = 3,000 UOS	3,000	N/A
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS	25	N/A

PrEP Navigation - clients engaged 1 client engaged in PrEP Program per 1 UDC; 275 clients engaged during 6-month period = 275 UDC	In-kind	275
PEP Navigation - clients engaged 1 client connected to PEP per 1 UDC; 15 PEP clients = 15 UDC		
Treatment - Encounters 1 treatment encounter = 1 UOS; 250 STI treatment encounter (Chlamydia, Gonorrhea, Syphilis, MPX) = 250 UOS	250	N/A
Total Services Delivered	9,175	275

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-2 / B-2a 7/1/2023 - 6/30/2024	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-2 / B-2b 7/1/2024 - 6/30/2025	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-2 / B-2c 7/1/2025 - 6/30/2026	Clinical Services: 1 UOS = 1 month of Clinical Services, x 12 months	12	5,100
	Prevention & Treatment Medication: 1 UOS = 1 month of Prevention & Treatment x 12 months	12	5,100
	Total Services Delivered	24	10,200

Appendix: A-3 Program Name: Capacity Building Activities | Workforce Development (Rafiki)

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-3 / B-3 1/1/2023 - 6/30/2023	Black Health Clinical Assistant Program: 1 UOS = 1 month of start-up planning activities for the Black Health Clinical Assistant Program.	3	N/A
	Black Health Clinical Assistant Program: 1 UOS = 1 hour of training or field experience completed by a clinical assistant; 1 UDC = 1 clinical assistant x 12 assistants x (20 hours of training + 80 hours of field experience) = 1,200 UOS	1,200	12
	Total Services Delivered	1,203	12

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-3 / B-3a 7/1/2023 - 6/30/2024	Capacity Building : 1 UOS = 1 month of Rafiki Capacity Building/Workforce Development Support x 12 months	12	N/A
	Workforce Development: 1 UOS = 1 month of Rafiki Workforce Development Support x 12 months	12	5
	Total Services Delivered	24	5

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-3 / B-3b 7/1/2024 - 6/30/2025	Capacity Building : 1 UOS = 1 month of Rafiki Capacity Building/Workforce Development Support x 12 months	12	N/A
	Workforce Development: 1 UOS = 1 month of Rafiki Workforce Development Support x 12 months	12	5
	Total Services Delivered	24	5

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-3 / B-3c 7/1/2025 - 6/30/2026	Capacity Building : 1 UOS = 1 month of Rafiki Capacity Building/Workforce Development Support x 12 months	12	N/A
	Workforce Development: 1 UOS = 1 month of Rafiki Workforce Development Support x 12 months	12	5
	Total Services Delivered	24	5

Appendix: A-4 Program Name: Capacity Building Program Activities Integration of HIV/STI/HCV Testing

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-4 / B-4 1/1/2023 - 6/30/2023	1 month = 1 UOS of Capacity Building Start-Up and/or Implementation Activities; 6 months = 6 UOS	6	N/A
	Total Services Delivered	6	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-4 / B-4a 7/1/2023 - 6/30/2024	Capacity Building integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-4 / B-4b 7/1/2024 - 6/30/2025	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	NA

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-4 / B-4c 7/1/2025 - 6/30/2026	Capacity Building Integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	12	N/A
	Total Services Delivered	12	N/A

Appendix: A-5 Program Name: Health Access Point: Gay/MSM

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-5 / B-5 1/1/2023 - 6/30/2023	HIV testing - encounter 1 HIV testing encounter per 1 UOS; 3,320 testing encounters = 3,320 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	3,320	1,500
	HCV testing - tests administered 1 HCV test administered per 1 UOS; 625 HCV tests administered = 625 UOS 1 unduplicated client = 1 UDC; 500 UDC	625	500
	STI (gonorrhea/chlamydia) testing - screening administered 1 chlamydia/gonorrhea screening administered per 1 UOS; 5,000 screenings administered = 5,000 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	5000	1500
	STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 4,250 screenings administered = 4,250 UOS 1 unduplicated client = 1 UDC; 1,500 UDC	4250	1500
	Monkey Pox (MPX) screening - screening administered 1 MPX screening administered per 1 UOS; 25 screenings administered = 25 UOS 1 unduplicated client = 1 UDC; 20 UDC	25	20

	Glide STI (gonorrhea/chlamydia) testing - screening administered 1 gonorrhea/chlamydia screening administered per 1 UOS; 1.0 FTE x 13% Level of Effort x 10 screenings per month x 6 months = 60 UOS 1 unduplicated client = 1 UDC; 30 UDC STI (syphilis) testing - screening administered 1 syphilis screening administered per 1 UOS; 1.0 FTE x 13% Level of Efforts x 16-17 screenings per month x 6 months = 100 UOS 1 unduplicated client = 1 UDC; 50 UDC	160	80
	Total Services Delivered	13,380	5,100
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-5 / B-5.1 1/1/2023 - 7/31/23	Capacity Building integration of HIV/STI/HCV Testing:1 UOS = 1 Month of HIV/STI/HEP C HAP Capacity building support x 12 Months	180	N/A
	Total Services Delivered	180	N/A
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-5 / B-5a 7/1/2023 - 6/30/2024	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12 months	12	276
	Total Services Delivered	27,168	11,341
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-5 / B-5b 7/1/2024 - 6/30/2025	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12	12	276
	Total Services Delivered	27,168	11,341
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts
A-5 / B-5c 7/1/2025 - 6/30/2026	Integrated HIV/HCV/STD Testing: 1 UOS = 1 test, 1 test x 27,120	27,120	10,200
	Prevention and Treatment Medication: 1 UOS = 1 Month Prevention & treatment x 12 months	12	N/A
	Condom Distribution: 1 UOS = 1 Month Condom distribution x 12 months	12	N/A
	Linkage and Navigation: 1 UOS = 1 month Linkage and Navigation x 12 months	12	865
	Community Engagement and Mobilization: 1 UOS = 1 month Community Engagement & Mobilization x 12	12	276
	Total Services Delivered	27,168	11,341

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Training		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	1.00000	94,155	100%	94,155
Cohort Participant (Part Time, Benefits Ineligible)	0.50000	24,960	100%	24,960
Cohort Participant (Part Time, Benefits Ineligible)	0.29000	14,477	100%	14,477
Cohort Participant (Part Time, Benefits Ineligible)	1.73000	82,763	100%	82,763
Clinical Assistant Program Coordinator	0.03500	3,194	100%	3,194
				-
Total FTE & Salaries	3.55500	219,549	100%	219,549
Fringe Benefits	0.85448%	1,876	100%	1,876
Total Personnel Expenses		221,425	100%	221,425
Operating Expenses		Expense	%	Totals
Total Occupancy		-	0%	-
Total Materials and Supplies		8,700	100%	8,700
Total General Operating		-	0%	-
Total Staff Travel			0%	-
Consultants/Subcontractor:			0%	-
Other (specify):				
			0%	-
			0%	-
Total Operating Expenses		8,700	100%	8,700
Total Direct Expenses		230,125	100%	230,125
Indirect Expenses	15.00%	34,519	100%	34,519
TOTAL EXPENSES		264,644	100%	264,644
Unit of Service Type		Hours		
Number of UOS per Service Mode		2,326		2,326
Cost Per UOS by Service Mode		\$113.79		
Number of UDC/NOC per Service Mode		10		10

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2024 - 6/30/2025

Staff Position 1	Clinical Assistant Program Coordinator				
Duties re prog/UDC	Coordinator will conduct a robust Sexual Health Clinical Training, will train a cohort of five Clinical Assistants to provide HIV prevention, treatment linkage and advocacy, and support Clinical Assistants. Coordinates and supervises Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting, two years experience in an administrative capacity in a public health organization. CA Phlebotomy License and CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	94,155	1.00000	12	1.00000	\$ 94,155
Staff Position 2:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Alumni				
Duties related to this program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training with the Health Equity Training Academy. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.50000	12	0.50000	\$ 24,960
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training with the Health Equity Training Academy. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training with the Health Equity Training Academy. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Coordinator				
Duties re program and UDC served	Coordinator will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	91,269.80	0.03500	12	0.03500	\$ 3,194

Total FTE, Base:	3.55500	Annualized:	3.55500	
			Total Salaries:	\$ 219,549

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA		1,876.00
	SUI		
	Health/Life		
	Disability		
	WC		
	Retirement Plan		
	\$		-
	\$		-
Total Fringe Benefit:			\$ 1,876
Fringe Benefit %:			0.85448%
TOTAL SALARIES/BENEFITS:			\$ 221,425

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces. \$50 per participant, for 14 participants each cohort; \$4,000 per Phlebotomist participant, for 2 participants.	\$725/month * 12 months =	\$ 8,700
Total Materials & Supplies:			\$ 8,700

TOTAL OPERATING EXPENSES:			\$ 8,700
TOTAL DIRECT COSTS:			\$ 230,125
Please list here the personnel and ledger expenses that are included in your shared costs?			
			Amount
TOTAL SALARIES/BENEFITS:			\$ 221,425
TOTAL OPERATING EXPENSES:			\$ 8,700
			\$ 230,125

4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 34,519
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.				
			TOTAL EXPENSES:	\$ 264,644

CAPACITY BUILDING ACTIVITIES

CHEP General Fund

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Training					
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Clinical Assistant Program Coordinator	1.00000	94,155	100%		0%	94,155	
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Alumni	0.50000	24,960	100%		0%	24,960	
Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist	0.29000	14,477	100%		0%	14,477	
Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns	1.73000	82,763	100%		0%	82,763	
Clinical Assistant Program Coordinator	0.03500	3,194	100%		0%	3,194	
						-	
Total FTE & Salaries	3.55500	219,549	100%	-	0%	219,549	
Fringe Benefits	0.85448%	1,876	100%	-	0%	1,876	
Total Personnel Expenses		221,425	100%	-	0%	221,425	
Operating Expenses		Expense	%	Expense	%	Totals	
Total Occupancy		-	0%		0%	-	
Total Materials and Supplies		8,700	100%		0%	8,700	
Total General Operating		-	0%		0%	-	
Total Staff Travel			0%		0%	-	
Consultants/Subcontractor:			0%		0%	-	
Other (specify):			0%		0%	-	
			0%		0%	-	
Total Operating Expenses		8,700	100%	-		8,700	
Total Direct Expenses		230,125	100%	-	0%	230,125	
Indirect Expenses	15.00%	34,519	100%	N/A	0%	34,519	
TOTAL EXPENSES		264,644	100%	-	0%	264,644	
Unit of Service Type		Hours	Month				
Number of UOS per Service Mode		2,326			2,326		
Cost Per UOS by Service Mode		\$113.78	\$0.00				
Number of UDC/NOC per Service Mode		10	N/A		10		

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Clinical Assistant Program Coordinator				
Duties re prog/UDC	Coordinator will conduct a robust Sexual Health Clinical Training, will train a cohort of five Clinical Assistants to provide HIV prevention, treatment linkage and advocacy, and support Clinical Assistants. Coordinates and supervises Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff.				
Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting, two years experience in an administrative capacity in a public health organization. CA Phlebotomy License and CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	94,155	1.00000	12	1.00000	\$ 94,155
Staff Position 2:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Alumni				
Duties related to this program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training with the Health Equity Training Academy. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.50000	12	0.50000	\$ 24,960
Staff Position 3:	Cohort Participant (Part Time, Benefits Ineligible) - Phlebotomist				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training with the Health Equity Training Academy. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	0.29000	12	0.29000	\$ 14,477
Staff Position 4:	Cohort Participant (Part Time, Benefits Ineligible) - Clinical Assistant Interns				
Duties re program and UDC served	The Cohort Participants (also known as Clinical Assistants) will participate in a robust Sexual Health Clinical Training with the Health Equity Training Academy. The training provides training to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 5 participants at \$22 per hour, for 20 hours per week, for 16 weeks.				
Degree, license exp	High School Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	47,840	1.73000	12	1.73000	\$ 82,763
Staff Position 5:	Clinical Assistant Program Coordinator				
Duties re program and UDC served	Coordinator will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				

Degree, license exp	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & CA HIV Test Counselor Certification and two year of experience in supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	91,269.80	0.03500	12	0.03500	\$ 3,194
Total FTE, Base:		3.55500	Annualized:	3.55500	
				Total Salaries:	\$ 219,549

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	1,876.00
SUI	
Health/Life	
Disability	
WC	
Retirement Plan	
	\$ -
	\$ -
Total Fringe Benefit:	\$ 1,876
Fringe Benefit %:	0.85448%
TOTAL SALARIES/BENEFITS:	\$ 221,425

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Materials directly related to cohort participation, cohort travel and coursework, including but not limited to those needed for cohort gatherings and cohort work spaces. \$175 per participant, for 4 participants each cohort; \$4,000 per Phlebotomist participant, for 2 participants.	\$725/month * 12 months =	\$ 8,700
Total Materials & Supplies:			\$ 8,700

		TOTAL OPERATING EXPENSES:	\$ 8,700
		TOTAL DIRECT COSTS:	\$ 230,125
Please list here the personnel and ledger expenses that are included in your shared costs?		Amount	
TOTAL SALARIES/BENEFITS:		\$	221,425
TOTAL OPERATING EXPENSES:		\$	8,700
		\$	230,125

4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	\$ 34,519
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.					
				TOTAL EXPENSES:	\$ 264,644

Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	0.67000	87,314	95%	4,595	5%	91,909
Nurse Practitioner	0.80000	127,673	95%	6,720	5%	134,393
Manager of Registered Nurses	0.56000	81,369	95%	4,283	5%	85,652
Manager of Nurse Practitioners	0.33000	57,699	95%	3,037	5%	60,736
Sr. Director of Clinical Services	0.27500	53,946	95%	2,839	5%	56,785
Total FTE & Salaries	2.63500	408,001	95%	21,474	5%	429,475
Fringe Benefits	27.00%	110,160	95%	5,798	5%	115,958
Total Personnel Expenses		518,161	95%	27,272	5%	545,433
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		35,478	95%	1,867	5%	37,345
Total Materials and Supplies		1,224	95%	64	5%	1,288
Total General Operating		4,690	95%	247	5%	4,937
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		41,392	95%	2,179	5%	43,570
Total Direct Expenses		559,553	95%	29,450	5%	589,003
Indirect Expenses	15.00%	83,933	95%	4,418	5%	88,350
TOTAL EXPENSES		643,486	95%	33,868	5%	677,353
Unit of Service Type		Months		Months		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$53,623.84		\$2,822.34		
Number of UDC/NOC per Service Mode		5100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2024 - 6/30/2025

Staff Position 1: Registered Nurse					
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	137,178	0.67000	12	0.67000	\$ 91,909

Staff Position 2: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,991	0.80000	12	0.80000	\$ 134,393

Staff Position 3: Manager of Registered Nurses					
Duties re prog/UDC	Provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	152,950	0.56000	12	0.56000	\$ 85,652

Staff Position 4: Manager of Nurse Practitioners					
Duties related to this program and UDC served	The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including but not limited to obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.				

Degree, license exp	Master's degree in Nursing required. Current California Registered Nurse and Nurse Practitioner license. Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire. Employee must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing. Current DEA and California Furnishing license required. Current Health Care Provider Basic Life Support (BLS) certification required. Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire. Training in Good Clinical Practices, research ethics, and IATA shipping preferred. At least one year experience in outpatient sexual health clinic preferred. At least one year experience in clinical research preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	184,048	0.33000	12	0.33000	\$ 60,736
Staff Position 5:	Sr. Director of Clinical Services				
Duties re program and UDC served	Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.				
Degree, license exp	Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	206,492	0.27500	12	0.27500	\$ 56,785
Total FTE, Base:		2.6350	Annualized:	2.6350	
				Total Salaries:	\$ 429,475

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
FICA	\$	32,854.84
SUI	\$	2,233.27
Health/Life	\$	64,421.25
Disability	\$	343.58
WC	\$	2,576.85
Retirement Plan	\$	13,528.46
	\$	-
	\$	-
Total Fringe Benefit:		\$ 115,958
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 545,433

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	FTE 2.635 * 12 months * \$1,181.05/FTE =	\$ 37,345
Total Occupancy:			\$ 37,345

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	FTE 2.635 * 12 months * \$40.74/FTE =	\$ 1,288
Total Materials & Supplies:			\$ 1,288

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	FTE 2.635 * 12 months * \$156.15/FTE =	\$ 4,937
Total General Operating:			\$ 4,937

TOTAL OPERATING EXPENSES:	\$ 43,570
TOTAL DIRECT COSTS:	\$ 589,003

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
TOTAL SALARIES/BENEFITS:	\$ 545,433
TOTAL OPERATING EXPENSES:	\$ 43,570
Total:	\$ 589,003

4) INDIRECT CO	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 88,350
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This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.

TOTAL EXPENSES:	\$ 677,353
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Clinical Services

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		Clinical Services		PREVENTION AND TREATMENT MEDICATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Registered Nurse	0.67000	87,314	95%	4,595	5%	91,909
Nurse Practitioner	0.80000	127,673	95%	6,720	5%	134,393
Manager of Registered Nurses	0.56000	81,369	95%	4,283	5%	85,652
Manager of Nurse Practitioners	0.33000	57,699	95%	3,037	5%	60,736
Director of Clinical Services	0.27500	53,946	95%	2,839	5%	56,785
Total FTE & Salaries	2.63500	408,001	95%	21,474	5%	429,475
Fringe Benefits	27.00%	110,160	95%	5,798	5%	115,958
Total Personnel Expenses		518,161	95%	27,272	5%	545,433
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		35,478	95%	1,867	5%	37,345
Total Materials and Supplies		1,224	95%	64	5%	1,288
Total General Operating		4,690	95%	247	5%	4,937
Total Staff Travel		-	0%	-	0%	-
Consultants/Subcontractor:		-	0%	-	0%	-
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		41,392	95%	2,179	5%	43,570
Total Direct Expenses		559,553	95%	29,450	5%	589,003
Indirect Expenses	15.00%	83,932	95%	4,418	5%	88,350
TOTAL EXPENSES		643,485	95%	33,868	5%	677,353
Unit of Service Type		Month		Month		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$53,623.80		\$2,822.31		
Number of UDC/NOC per Service Mode		5,100		5100		10200

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1: Registered Nurse					
Duties related to this program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license, experience	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	137,178	0.67000	12	0.67000	\$ 91,909
Staff Position 2: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,991	0.80000	12	0.80000	\$ 134,393
Staff Position 3: Manager of Registered Nurses					
Duties re prog/UDC	Provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	152,950	0.56000	12	0.56000	\$ 85,652
Staff Position 4: Manager of Nurse Practitioners					

Duties related to this program and UDC served	<p>The Nurse Practitioner provides advanced sexual health care and takes an active leadership role for the daily clinical operations, under a scope of practice with the Medical Director. The Nurse Practitioner serves as the primary interface with clients seeking screening for sexually health services, Hepatitis C treatment, Pre Exposure Prophylaxis (PrEP) and non-Occupational Post Exposure Prophylaxis (nPEP) services. Provides direct clinical services as defined by clinic protocols and treatment guidelines including but not limited to obtaining medical history and physical, specimen collection, high-volume phlebotomy, administration of treatments, performing point of care lab tests, management of Hepatitis C, PrEP and nPEP care, client counseling, and education. Assists the Director of Nursing in developing, implementing and evaluating best practices, protocols, policies and procedures. Ensures Confidential Morbidity Reports are submitted to the Department of Public Health and addresses any submission issues.</p>				
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Degree, license exp	<p>Master's degree in Nursing required. Current California Registered Nurse and Nurse Practitioner license. Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire. Employee must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing. Current DEA and California Furnishing license required. Current Health Care Provider Basic Life Support (BLS) certification required. Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire. Training in Good Clinical Practices, research ethics, and IATA shipping preferred. At least one year experience in outpatient sexual health clinic preferred. At least one year experience in clinical research preferred.</p>				
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	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	184,048	0.33000	12	0.33000	\$ 60,736

Staff Position 5: Director of Clinical Services

Duties re program and UDC served	<p>Responsible for overseeing the day to day operations at all SFAF clinical sites. Primary responsibilities include supervising the managers of the lab technician and services navigation teams, ensuring compliance with lab regulations at all SFAF sites (i.e., staff competencies, proficiency testing, and quality assurance under Moderate Complexity CLIA regulations), oversees clinical licensing, ensures supply availability at all clinical sites, updating client and laboratory related policies and best practices when indicated, and oversees clinical partnerships with San Francisco Department of Public Health and community-based organizations.</p>				
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Degree, license exp	<p>Bachelor's Degree highly regarded; 3 years of managing and supervising staff required; Possession and maintenance of a State of California Certification as a Phlebotomist I or II; Basic Life Support (BLS) certification for Health Care Providers required; Knowledge of Title 22, Title 24, HIPAA and other regulations related to healthcare; Preferred experience in sexual health screenings and prevention.</p>				
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	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	206,492	0.27500	12	0.27500	\$ 56,785

	Total FTE, Base:	2.63500	Annualized:	2.63500	
			Total Salaries:	\$ 429,475	

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 32,854.84
SUI	\$ 2,233.27
Health/Life	\$ 64,421.25
Disability	\$ 343.58
WC	\$ 2,576.85
Retirement Plan	\$ 13,528.46

	\$	-
	\$	-
	Total Fringe Benefit:	\$ 115,958
	Fringe Benefit %:	27.00%
	TOTAL SALARIES/BENEFITS:	\$ 545,433

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	FTE 2.6350 * 12 months * \$1,181.05/FTE =	\$ 37,345
Total Occupancy:			\$ 37,345

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	FTE 2.6350 * 12 months * \$40.74/FTE =	\$ 1,288
Total Materials & Supplies:			\$ 1,288

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	FTE 2.6350 * 12 months * \$156.15/FTE =	\$ 4,937
Total General Operating:			\$ 4,937

	TOTAL OPERATING EXPENSES:	\$ 43,570
	TOTAL DIRECT COSTS:	\$ 589,003
Please list here the personnel and ledger expenses that are included in your shared costs?		Amount

TOTAL SALARIES/BENEFITS:			\$	545,433
TOTAL OPERATING EXPENSES:			\$	43,570
			Total:	\$ 589,003
4) INDIRECT COS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 88,350
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.				
			TOTAL EXPENSES:	\$ 677,353

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Rafiki HAP Capacity Building		Rafiki Workforce Development		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistance Program Coordinator	0.96500		0%	88,075	100%	88,075
Director of HAP	0.35000	42,000	100%		0%	42,000
Manager of HAPs	0.08000	7,200	100%		0%	7,200
Clinical Assistant Interns	1.73000		0%	86,362	100%	86,362
Director, Strut Program and Services	0.12150	9,080		9,080		18,160
						-
Total FTE & Salaries	3.24650	58,280	24%	183,517	76%	241,797
Fringe Benefits	17.3563%	10,115	24%	31,852	76%	41,967
Total Personnel Expenses		68,395	24%	215,369	76%	283,764
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		22,634	100%		0%	22,634
Total Materials and Supplies		8,651	100%		0%	8,651
Total General Operating		6,234	100%		0%	6,234
Consultants/Subcontractor:		60,000	100%		0%	60,000
Total Operating Expenses		97,519	100%	-		97,519
Total Direct Expenses		165,914	44%	215,369	56%	381,283
Indirect Expenses	15.00%	15,887	33%	32,305	67%	48,192
TOTAL EXPENSES		181,801	42%	247,674	58%	429,475
Unit of Service Type		Months		Months		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$15,150.10		\$20,639.50		
Number of UDC/NOC per Service Mode		N/A		5		5

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2024 - 6/30/2025

Staff Position 1: Clinical Assistant Program Coordinator					
Duties related to this program and UDC served	Coordinator will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	91,270	0.96500	12	0.96500	\$ 88,075
Staff Position 2: Director of HAP					
Duties re program and UDC served	The Director of Health Access Points will manage the Gay/MSM HAP to ensure the staff of SFAF and the subcontractors is supported to meet the deliverables. The Director will also develop relationships across the HAPs that SFAF is part of to support collaboration and coordination of the partners to meet the needs of communities. In addition, the Director will collaborate with the Testing Coordinator and Capacity Building Manager to ensure all HAP work is coordinated.				
Degree, license exp	Three years of experience working on sexual health or substance use health in community based settings. Education: Bachelor's degree or equivalent or 4 years of experience in community based settings.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	120,000	0.35000	12	0.35000	\$ 42,000
Staff Position 3: Manager of HAPs					
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	90,000	0.12000	8	0.08000	\$ 7,200
Staff Position 4: Clinical Assistant Interns					
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 12 participants at \$22/hr., for 20 hrs./week, for 16 weeks.				
Degree, license exp	High school Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	1.73000	12	1.73000	\$ 86,362
Staff Position 5: Director, Strut Program and Services					

Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	149,464	0.16200	9	0.12150	\$ 18,160
	Total FTE, Base: 3.32700		Annualized: 3.24650		
				Total Salaries:	\$ 241,797

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 11,891.00
SUI	\$ 808.00
Health/Life	\$ 23,315.00
Disability	\$ 124.00
WC	\$ 933.00
Retirement Plan	\$ 4,896.00
	\$ -
	\$ -
Total Fringe Benefit: \$ 41,967	
Fringe Benefit %: 17.3563%	
TOTAL SALARIES/BENEFITS: \$ 283,764	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month (excluding cohort FTE)	(Total FTE 3.327 - Cohort FTE 1.73) * 12 months * \$1,181.05/FTE =	\$ 22,634
Total Occupancy:			\$ 22,634

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost

Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 3.327 * 12 months * \$41/FTE =	\$ 1,637
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces.	\$701.4 per participant, for 10 participants	\$ 7,014

Total Materials & Supplies: \$ 8,651

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 3.327 * 12 months * \$156.15/FTE =	\$ 6,234

Total General Operating: \$ 6,234

Consultants/Subcontractors:

Consult/Subcon	Service Description	Rate/Formula	Cost
Demisha Burns	Continue assisting and supporting the research, identification, and development of an UMOJA HAP Resource Directory that will ultimately be available electronically and in paper form to holistically support the health of all Blacks/ African Americans in San Francisco.	7/1/24-9/15/24: \$350x64.5 hr. = \$22,575 9/15/24-6/30/25: \$230x estimated 163 hr. = \$37,490	\$ 60,000

Total Consultants/Subcontractors: \$ 60,000

TOTAL OPERATING EXPENSES: \$ 97,519

TOTAL DIRECT COSTS: \$ 381,283

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
TOTAL SALARIES/BENEFITS:	\$ 283,764
TOTAL OPERATING EXPENSES:	\$ 37,519
Total Operating Expense does not include Subcontractor Costs	Total: \$ 321,283

4) INDIRECT CO Indirect Rate: 15.00% TOTAL INDIRECT COSTS: \$ 48,192

This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.

Indirect Cost does not Include Subcontractor Costs

TOTAL EXPENSES: \$ 429,475

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		Rafiki HAP Capacity Building		Rafiki Workforce Development		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Totals
Clinical Assistant Program Coordinator	0.96500		0%	90,718	100%	90,718
Director of HAP	0.31300	38,687	100%		0%	38,687
Manager of HAPs	0.14000	12,978	100%		0%	12,978
Clinical Assistant Interns	1.73000		0%	86,362	100%	86,362
Director, Strut Program and Services	0.11000	8,467	50%	8,467	50%	16,934
						-
Total FTE & Salaries	3.25800	60,132	24%	185,547	76%	245,679
Fringe Benefits	17.5086%	10,528	24%	32,487	76%	43,015
Total Personnel Expenses		70,660	24%	218,034	76%	288,694
Operating Expenses		Expense	%	Expense	%	Totals
Total Occupancy		21,293	100%		0%	21,293
Total Materials and Supplies		5,191	100%		0%	5,191
Total General Operating		6,105	100%		0%	6,105
Total Staff Travel			0%		0%	-
Consultants/Subcontractor:			0%	60,000	100%	60,000
Other (specify):						
			0%		0%	-
			0%		0%	-
Total Operating Expenses		32,589	35%	60,000		92,589
Total Direct Expenses		103,249	27%	278,034	73%	381,283
Indirect Expenses	12.64%	13,050	27%	35,142	73%	48,192
TOTAL EXPENSES		116,299	27%	313,176	73%	429,475
Unit of Service Type		Months		Months		
Number of UOS per Service Mode		12		12		24
Cost Per UOS by Service Mode		\$9,691.61		\$26,098.02		
Number of UDC/NOC per Service Mode		N/A		5		5

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Clinical Assistant Program Coordinator				
Duties related to this program and UDC served	Coordinator will conduct a robust Sexual Health Clinical Training focused on supporting Black Health programs, will train a cohort of twelve Clinical Assistants to provide HIV prevention, treatment and advocacy and support Clinical Assistants. Coordinate and supervise Clinical Assistants in their work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community program staff. Will work with programs in San Francisco that serve Black/African Americans to provide internship opportunities.				
Degree, license, experience	A bachelor's degree or equivalent of four years experience in clinical health setting , two years experience in an administrative capacity in a public health organization. CA Phlebotomy License & cA HIV Test Counselor Certification and two year of experience in Supervisory or teaching position.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	94,008	0.96500	12	0.96500	\$ 90,718
Staff Position 2:	Director of HAP				
Duties re program and UDC served	The Director of Health Access Points will manage to ensure the staff of SFAF and the subcontractors is supported to meet the deliverables. The Director will also develop relationships across the HAPs that SFAF is part of to support collaboration and coordination of the partners to meet the needs of communities. In addition, the Director will collaborate with the Testing Coordinator and Capacity Building Manager to ensure all HAP work is coordinated.				
Degree, license exp	Three years of experience working on sexual health or substance use health in community based settings. Bachelor's degree or equivalent or 4 years of experience in community based settings.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	123,600	0.31300	12	0.31300	\$ 38,687
Staff Position 3:	Manager of HAPs				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.14000	12	0.14000	\$ 12,978
Staff Position 4:	Clinical Assistant Interns				
Duties re prog/UDC	The Cohort Participants (also known as Clinical Assistants) will partake in a robust Sexual Health Clinical Training with the San Francisco AIDS Foundation Health Equity Training Academy. The training will provide an opportunity to work alongside sexual health clinicians and volunteers, insurance and benefits navigators, and community programs staff, all who are experts in HIV prevention, treatment, and advocacy. 10 participants at \$24/hr., for 15 hrs./week, for 24 weeks.				
Degree, license exp	High school Diploma or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	49,920	1.73000	12	1.73000	\$ 86,362
Staff Position 5:	Director, Strut Program and Services				
Duties re program and UDC served	Responsible for managing and supporting various projects Provides advanced problem-solving, troubleshooting, and consultation with the SFDPH to resolve programmatic or service concerns. Provides advanced problem-solving, troubleshooting, and consultation to maintain a positive workplace environment. Ensures provision of a safe and welcoming environment to build rapport with clients and visitors. Ensures team provides high-quality support and assistance for clients accessing clinical services with a specific focus on sexual health services. Supports in the de-escalation of client incidents and developing processes to address client-related incidents.				
Degree, license exp	Bachelors or equivalent. Minimum of 3 years of work in non-profit management required. Experience working with LGBTQ populations, people of color, people who use drugs, and people experiencing homelessness.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	153,948	0.11000	12	0.11000	\$ 16,934
	Total FTE, Base:	3.25800	Annualized:	3.25800	
				Total Salaries:	\$ 245,679

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	FICA	\$	12,188.00
	SUI	\$	828.00
	Health/Life	\$	23,898.00
	Disability	\$	127.00
	WC	\$	956.00
	Retirement Plan	\$	5,018.00
		\$	-
		\$	-
	Total Fringe Benefit:	\$	43,015
	Fringe Benefit %:		17.5086%
		TOTAL SALARIES/BENEFITS:	\$ 288,694

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,161.280 per FTE per month (excluding cohort FTE).	(Total FTE 3.258 - Cohort FTE 1.73) * 12 months * \$1,161.28/FTE =	\$ 21,293
Total Occupancy:			\$ 21,293

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 3.258 * 12 months * \$41/FTE =	\$ 1,603
Program Materials	Materials directly related to cohort participation, including but not limited to those needed for cohort gatherings and cohort work spaces.	\$358.80 per participant, for 10 participants	\$ 3,588
Total Materials & Supplies:			\$ 5,191

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 3.258 * 12 months * \$156.15/FTE =	\$ 6,105
Total General Operating:			\$ 6,105

Consultants/Subcontractors:

Consult/Subcontr	Service Description	Rate/Formula	Cost
Demisha Burns	Continue assisting and supporting the research, identification, and development of an UMOJA HAP Resource Directory that will ultimately be available electronically and in paper form to holistically support the health of all Blacks/ African Americans in San Francisco.	\$230x261 hrs. for 12 months	\$ 60,000
Total Consultants/Subcontractors:			\$ 60,000

			TOTAL OPERATING EXPENSES:	\$ 92,589
			TOTAL DIRECT COSTS:	\$ 381,283
Please list here the personnel and ledger expenses that are included in your shared costs?				
				Amount
TOTAL SALARIES/BENEFITS:				\$ 288,694
TOTAL OPERATING EXPENSES:				\$ 32,589
Total Operating Expense does not include Subcontractor Costs			Total:	\$ 321,283
4) INDIRECT COS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 48,192
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.				
			TOTAL EXPENSES:	\$ 429,475

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	0.66667	52,624	100%	52,624
Manager of HAP	0.28000	25,200	100%	25,200
Director, Project Management	0.65000	79,248	100%	79,248
Practice Manager	0.14000	15,676	100%	15,676
Director, Contingency Management	0.11000	13,778	100%	13,778
Director, Clinical Intern Training Program	0.07000	8,768	100%	8,768
Chief Program Officer	0.11000	26,400	100%	26,400
Total FTE & Salaries	2.02667	221,694	100%	221,694
Fringe Benefits	27.00%	59,857	100%	59,857
Total Personnel Expenses		281,551	100%	281,551
Operating Expenses		Expense	%	Totals
Total Occupancy		37,204	100%	37,204
Total Materials and Supplies		2,999	100%	2,999
Total General Operating		5,022	100%	5,022
Total Operating Expenses		45,225	100%	45,225
Total Direct Expenses		326,776	100%	326,776
Indirect Expenses	15.00%	49,015	100%	49,015
TOTAL EXPENSES		375,791	100%	375,791
Unit of Service Type		Months		
Number of UOS per Service Mode		12		12
Cost Per UOS by Service Mode		\$31,315.95		
Number of UDC/NOC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2024 - 6/30/2025

Staff Position 1: Capacity Building Manager					
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	78,936	1.00000	8	0.66667	\$ 52,624
Staff Position 2: Manager of HAP					
Duties related to this program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license, experience	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	90,000	0.42000	8	0.28000	\$ 25,200
Staff Position 3: Director, Project Management					
Duties related to this program and UDC served	Oversees projects that contribute to the HAP model and coordinates work across SFAF to ensure effective and appropriate services. Provides capacity building to support the development of the Umoja HAP, reaching Black and African American communities across San Francisco. Establish a multi-year strategy for increasing access points to sexual health services for Black and African American community members. Supervises HAP Manager and Clinical Assistants Program.				
Degree, license, experience	Bachelor's degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	121,920	0.65000	12	0.65000	\$ 79,248
Staff Position 4: Practice Manager					
Duties related to this program and UDC served	The Practice Manager manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license, experience	At least three years of experience as a supervisor required/Three years of experience with clinical operations or front office management required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	111,973	0.14000	12	0.14000	\$ 15,676
Staff Position 5: Director, Contingency Management					

Duties related to this program and UDC served	Clinical & Administrative leadership, Program Development & Implementation, Administrative analysis, EHR Administrator, QA & compliance, Financial & Contract Management.				
Degree, license, experience	Demonstrated clinical experience, Experience directing SUD programs or services including group and 1 on 1 AOD counseling, Masters Degree in Mental Health or Social services or equivalent experience, Project Management, Contracts Management.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	125,256	0.22000	6	0.11000	\$ 13,778
Staff Position 6:	Director, Clinical Intern Training Program				
Duties re program and UDC served	Manages the clinical intern training program including all administrative and operations issues associated with the training program including: marketing, recruitment & retention; relationships with academic institutions; clinical & administrative supervision; quality assurance and training for Avatar and/or other electronic records systems and databases; curriculum development; individual and group training & consultation.				
Degree, license exp	Master's degree in counseling, social work and/or allied field and 6 to 10 years counseling experience required. Experience counseling target populations of G/MSM preferred. Active California license as a clinical social worker or marriage and family therapist required for minimum of 3 to 5 years with active credential to supervise clinical interns required. 3 to 5 years' experience supervising clinical interns. 3 to 5 years' experience in writing and developing curriculum and conducting trainings required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	125,256	0.14000	6	0.07000	\$ 8,768
Staff Position 7:	Chief Program Officer				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	240,000	0.11000	12	0.11000	\$ 26,400
	Total FTE, Base:	2.68000	Annualized:	2.02667	
				Total Salaries:	\$ 221,694

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 16,960.00
SUI	\$ 1,153.00
Health/Life	\$ 33,254.00
Disability	\$ 177.00
WC	\$ 1,330.00
Retirement Plan	\$ 6,984.00
	\$ -
	\$ -

	Total Fringe Benefit:	\$ 59,857
	Fringe Benefit %:	27.00%
	TOTAL SALARIES/BENEFITS:	\$ 281,551

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.68 * 12 months * \$1156.83/FTE =	\$ 37,204
Total Occupancy:			\$ 37,204

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.68 * 12 months * \$41/FTE =	\$ 1,319
Program Materials	Condoms, Lube, marketing & promotional materials.	\$140/month	\$ 1,680
Total Materials & Supplies:			\$ 2,999

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.68 * 12 months * \$156.15/FTE =	\$ 5,022
Total General Operating:			\$ 5,022

	TOTAL OPERATING EXPENSES:	\$ 45,225
	TOTAL DIRECT COSTS:	\$ 326,776

Please list here the personnel and ledger expenses that are included in your shared costs?

Amount

TOTAL SALARIES/BENEFITS:			\$	281,551
TOTAL OPERATING EXPENSES:			\$	45,225
			\$	326,776
4) INDIRECT COS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 49,015
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.				
			TOTAL EXPENSES:	\$ 375,791

CAPACITY BUILDING ACTIVITIES

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		CAPACITY BUILDING Integration of HIV/STI/HCV Testing		
Position Titles	Annual FTE	Salaries	% FTE	Totals
Capacity Building Manager	1.00000	81,304	100%	81,304
Manager of HAP	0.40000	37,080	100%	37,080
Director, Project Management	0.65000	81,625	100%	81,625
Practice Manager	0.05000	5,767	100%	5,767
Director, Clinical Intern Training Program	0.14000	18,062	100%	18,062
Chief Program Officer	0.01700	4,202	100%	4,202
Total FTE & Salaries	2.25700	228,040	100%	228,040
Fringe Benefits	27.00%	61,571	100%	61,571
Total Personnel Expenses		289,611	100%	289,611
Operating Expenses		Expense	%	Totals
Total Occupancy		31,826	100%	31,826
Total Materials and Supplies		1,112	100%	1,112
Total General Operating		4,229	100%	4,229
Total Staff Travel			0%	-
Consultants/Subcontractor:		-	0%	-
Total Operating Expenses		37,167	100%	37,167
Total Direct Expenses		326,778	100%	326,778
Indirect Expenses	15.00%	49,013	100%	49,013
TOTAL EXPENSES		375,791	100%	375,791
Unit of Service Type	Months			
Number of UOS per Service Mode	12		12	
Cost Per UOS by Service Mode	\$31,315.93			
Number of UDC/NOC per Service Mode	N/A		N/A	

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1: Capacity Building Manager					
Duties related to this program and UDC served	Will work with community partners to adapt successful models and create one-stop shop to support the Health Access Point to provide integrated HIV, STD, and HIV testing; linkage and navigation to pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), HIV care, HCV and STD treatment, primary care, safer sex supply distribution, education and behavioral health services. Will ensure efforts are community driven, holistic, accessible, welcoming, sex-positive, trauma informed and culturally resonant with the goal of establishing a comprehensive range of linked, integrated sexual health service.				
Degree, license, experience	Bachelor's degree or equivalent or minimum 2 years of experience in a community based organization setting.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	81,304	1.00000	12	1.00000	\$ 81,304
Staff Position 2: Manager of HAP					
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.40000	12	0.40000	\$ 37,080
Staff Position 3: Director, Project Management					
Duties re prog/UDC	Oversees projects that contribute to the HAP model and coordinates work across SFAF to ensure effective and appropriate services. Provides capacity building to support the development of the Umoja HAP, reaching Black and African American communities across San Francisco. Establish a multi-year strategy for increasing access points to sexual health services for Black and African American community members. Supervises HAP Manager and Clinical Assistants Program.				
Degree, license exp	Bachelor's Degree or equivalent.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	125,578	0.65000	12	0.65000	\$ 81,625
Staff Position 4: Practice Manager					
Duties related to this program and UDC served	The Practice Manager manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	At least three years of experience as a supervisor required/Three years of experience with clinical operations or front office management required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	115,332	0.05000	12	0.05000	\$ 5,767
Staff Position 5: Director, Clinical Intern Training Program					

Duties re program and UDC served	Manages the clinical intern training program including all administrative and operations issues associated with the training program including: marketing, recruitment & retention; relationships with academic institutions; clinical & administrative supervision; quality assurance and training for Avatar and/or other electronic records systems and databases; curriculum development; individual and group training & consultation.				
Degree, license exp	Master's degree in counseling, social work and/or allied field and 6 to 10 years counseling experience required. Experience counseling target populations of G/MSM preferred. Active California license as a clinical social worker or marriage and family therapist required for minimum of 3 to 5 years with active credential to supervise clinical interns required. 3 to 5 years' experience supervising clinical interns. 3 to 5 years' experience in writing and developing curriculum and conducting trainings required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	129,013	0.14000	12	0.14000	\$ 18,062

Staff Position 6:	Chief Program Officer				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	247,200	0.01700	12	0.01700	\$ 4,202
Total FTE, Base:		2.25700	Annualized:	2.25700	
				Total Salaries:	\$ 228,040

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 17,445.00
SUI	\$ 1,186.00
Health/Life	\$ 34,206.00
Disability	\$ 183.00
WC	\$ 1,368.00
Retirement Plan	\$ 7,183.00
	\$ -
	\$ -
Total Fringe Benefit:	\$ 61,571
Fringe Benefit %:	27.00%
TOTAL SALARIES/BENEFITS: \$ 289,611	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense.	FTE 2.257 * 12 months * \$1175.07/FTE =	\$ 31,826
Total Occupancy:			\$ 31,826

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology.	FTE 2.257 * 12 months * \$41.06/FTE =	\$ 1,112
Total Materials & Supplies:			\$ 1,112

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 2.257 * 12 months * \$156.15/FTE =	\$ 4,229
Total General Operating:			\$ 4,229

	TOTAL OPERATING EXPENSES:	\$ 37,167
	TOTAL DIRECT COSTS:	\$ 326,778

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
TOTAL SALARIES/BENEFITS:	\$ 289,611
TOTAL OPERATING EXPENSES:	\$ 37,167

4) INDIRECT COS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 49,013
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This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.

			TOTAL EXPENSES:	\$ 375,791
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CAT 4: GAY/MSM HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		Totals
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.50000	34,313	90%	3,813	10%	-	0%		0%		0%	38,125
Manager - Lab Technicians	1.00000	104,302	90%	11,589	10%	-	0%		0%		0%	115,891
Chief Program Officer	0.01600	767	20%	1,152	30%		0%	960	25%	960	25%	3,840
Practice Manager	0.62000	43,042	62%	20,827	30%	2,083	3%	3,471	5%		0%	69,423
Navigator	0.79000	26,044	60%	13,022	30%	1,302	3%	3,038	7%		0%	43,407
PrEP & HIV Benefits Navigator	0.45000	20,359	60%	10,179	30%	1,018	3%	2,375	7%		0%	33,931
Registered Nurse	0.81000	67,861	62%	38,309	35%	3,284	3%		0%		0%	109,454
Nurse Practitioner	0.16000	16,665	62%	9,408	35%	806	3%		0%		0%	26,879
Senior Director, Clinical Services	0.52000	64,426	60%	42,950	40%		0%		0%		0%	107,376
Manager of HAP	0.30667	16,560	60%	11,040	40%		0%		0%		0%	27,600
Manager, Client Services	0.07500	4,705	60%	3,137	40%		0%		0%		0%	7,842
Supervisor, Counselor II	0.54000	30,112	60%	20,074	40%		0%		0%		0%	50,186
Manager, Substance Health Equity Bilingual	0.09000	5,082	60%	3,388	40%		0%		0%		0%	8,470
Total FTE & Salaries	5.87767	434,237	68%	188,888	29%	8,493	1%	9,845	2%	960	0%	642,424
Fringe Benefits	27.00%	117,244	68%	51,000	29%	2,293	1%	2,658	2%	258	0%	173,454
Total Personnel Expenses		551,481	68%	239,888	29%	10,786	1%	12,503	2%	1,218	0%	815,878
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		19,093	20%	19,093	20%	19,093	20%	19,093	20%	19,093	20%	95,467
Total Materials and Supplies		2,928	50%	2,928	50%		0%		0%		0%	5,855
Total General Operating		11,150	50%	11,150	50%		0%		0%		0%	22,300
Total Staff Travel			0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
												-
Total Operating Expenses		85,171	26%	33,171		19,093		123,093		71,093		331,622
Total Direct Expenses		636,652	55%	273,060	24%	29,879	3%	135,596	12%	72,311	6%	1,147,500
Indirect Expenses	12.281%	78,188	55%	33,535	24%	3,669	3%	16,653	12%	8,881	6%	140,925
TOTAL EXPENSES		714,840	55%	306,595	24%	33,549	3%	152,249	12%	81,192	6%	1,288,425
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$26.37		\$25,549.56		\$2,795.76		\$12,687.44		\$6,766.01		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES					
7/1/2024 - 6/30/2025					
Staff Position 1	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	76,250	0.50000	12	0.50000	\$ 38,125
Staff Position 2:	Manager - Lab Technicians				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	115,891	1.00000	12	1.00000	\$ 115,891
Staff Position 3:	Chief Program Officer				
Duties re prog/UDC	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				
Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	240,000	0.01600	12	0.01600	\$ 3,840
Staff Position 4:	Practice Manager				
Duties related to this program and UDC served	The Practice Manager manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	At least three years of experience as a supervisor required/Three years of experience with clinical operations or front office management required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	111,973	0.62000	12	0.62000	\$ 69,423
Staff Position 5:	Navigator				
Duties re program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				

	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	54,945	0.79000	12	0.79000	\$ 43,407
Staff Position 6: PrEP & HIV Benefits Navigator					
Duties re program and UDC served	Responsible for the development and implementation of community and clinical level navigation interventions that targets the health of clients served in clinical services at SFAF. Supervises and develops Navigators.				
Degree, license exp	Bachelors Degree. Experience in target population, experience and knowledge of navigation interventions and frameworks, extensive knowledge of social support and health services in the region.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	75,402	0.45000	12	0.45000	\$ 33,931
Staff Position 7: Registered Nurse					
Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	135,128	0.81000	12	0.81000	\$ 109,454
Staff Position 8: Nurse Practitioner					
Duties re program and UDC served	The Nurse Practitioner (NP) provides advanced sexual health care and takes an active leadership role for the daily clinical operations of the Foundation, reporting to the Clinic Director. The NP works under a clinical scope of practice with the Senior Director of Clinical Services and Medical Director.				
Degree, license exp	Master's degree in Nursing required; Current California Registered Nurse and Nurse Practitioner license; Must have or obtain certification as a Nurse practitioner (NP) within 6 months of hire; must maintain an active Registered Nurse and Nurse Practitioner License with the California Board of Nursing; Current DEA and California Furnishing license required; Current Health Care Provider Basic Life Support (BLS) certification required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	167,995	0.16000	12	0.16000	\$ 26,879
Staff Position 9: Senior Director, Clinical Services					
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	206,492	0.52000	12	0.52000	\$ 107,376

Staff Position 10:	Manager of HAP				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	90,000	0.46000	8	0.30667	\$ 27,600
Staff Position 11:	Manager, Client Services				
Duties re program and UDC served	Key responsibilities include providing support to clients with appointment scheduling and check in; onsite assistance with technology; and De-escalation as needed.				
Degree, license exp	Master's degree and five years counseling experience required. Active California license as a clinical social worker or marriage and family therapist preferred; or registration with the Board of Behavioral Sciences (BBS) on track to become licensed. One-year minimum experience using the CBHS medical record Avatar platform system or other integrated electronic medical record database. Knowledge of ethical issues and legal reporting requirements regarding patient safety.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	104,562	0.15000	6	0.07500	\$ 7,842
Staff Position 12:	Supervisor, Counselor II				
Duties re program and UDC served	Individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				
Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,937	1.08000	6	0.54000	\$ 50,186
Staff Position 13:	Manager, Substance Health Equity Bilingual				
Duties re program and UDC served	The Substance Health Equity Bilingual Manager at SFAF plays a pivotal role in advancing the organization's mission by overseeing and coordinating substance health programs with a specific focus on linguistic and cultural competency. The manager will be responsible for developing, implementing, and evaluating initiatives that address substance use issues within diverse communities, with a primary focus on Spanish-speaking populations.				
Degree, license exp	Bachelor's degree in a relevant field; Master's degree preferred. Experience in substance health program management with a focus on linguistic and cultural competency. Bilingual proficiency in Spanish and English; additional proficiency in Maya languages is a strong asset. Strong interpersonal and communication skills, with the ability to engage effectively with diverse communities. Experience in staff supervision, training, and program evaluation. Commitment to health equity, cultural sensitivity, and social justice.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	94,106	0.18000	6	0.09000	\$ 8,470
	Total FTE, Base:	6.73600	Annualized:	5.87767	
				Total Salaries:	\$ 642,424

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

FICA	\$	49,145.44
SUI	\$	3,340.60
Health/Life	\$	96,363.60
Disability	\$	513.94
WC	\$	3,854.54
Retirement Plan	\$	20,236.36
	\$	-
	\$	-
Total Fringe Benefit:		\$ 173,454
Fringe Benefit %:		27.00%
TOTAL SALARIES/BENEFITS:		\$ 815,878

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	FTE 6.736 * 12 months * \$1,181.05/FTE =	\$ 95,467
Total Occupancy:			\$ 95,467

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies, support expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$211.71/Month * 12 Months =	\$ 2,540
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	FTE 6.736 * 12 months * \$41/FTE =	\$ 3,314
Total Materials & Supplies:			\$ 5,855

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$556.50 per month.	\$556.50 * 12 Months =	\$ 6,678
Staff Training	Training to Support Staff.	\$250/Training * 12 Months =	\$ 3,000
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage, at \$156.15 per FTE per month.	FTE 6.736 * 12 months * \$156.15/FTE =	\$ 12,622
Total General Operating:			\$ 22,300

Consultants/Subcontractors:

Consult/Subcon	Service Description	Rate/Formula	Cost
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SFCHC	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Glide	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

TOTAL OPERATING EXPENSES:		\$ 331,622
TOTAL DIRECT COSTS:		\$ 1,147,500

Please list here the personnel and ledger expenses that are included in your shared costs?

	Amount
TOTAL SALARIES/BENEFITS:	\$ 815,878
TOTAL OPERATING EXPENSES:	\$ 123,622
Total Operating Expense does not include Subcontractor Costs	\$ 939,500

4) INDIRECT COST	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	\$ 140,925
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This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.

Indirect Cost does not Include Subcontractor Costs

TOTAL EXPENSES:	\$ 1,288,425
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CAT 4: GAY/MSM HEALTH ACCESS POINT (HA)

UOS COST ALLOCATION BY SERVICE MODE

CHEP General

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		PREVENTION AND TREATMENT MEDICATION		CONDOM DISTRIBUTION		LINKAGE AND NAVIGATION		COMMUNITY ENGAGEMENT AND MOBILIZATION		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Lab Technician	0.50000	35,342	90%	3,927	10%	-	0%		0%		0%	39,269
Manager - Lab Technicians	1.00000	107,430	90%	11,937	10%	-	0%		0%		0%	119,367
Practice Manager	0.62000	44,334	62%	21,452	30%	2,145	3%	3,575	5%		0%	71,506
Navigator	0.50000	16,978	60%	8,489	30%	849	3%	1,981	7%		0%	28,297
PrEP & HIV Benefits Navigator	0.45000	6,990	20%	10,485	30%	1,048	3%	16,426	47%		0%	34,949
Nurse Practitioner	0.63000	54,365	62%	30,690	35%		0%	2,631	3%		0%	87,685
Senior Director, Clinical Services	0.50000	58,489	55%	42,538	40%		0%	5,317	5%		0%	106,344
Manager of HAP	0.46000	8,528	20%	12,793	30%	4,264	10%	12,793	30%	4,264	10%	42,642
Supervisor, Counselor II	1.08000	20,677	20%	20,677	20%	-	0%	62,030	60%		0%	103,383
Chief Program Officer	0.08400	5,191	25%	5,191	25%		0%	5,191	25%	5,191	25%	20,765
Total FTE & Salaries	5.82400	358,324	55%	168,177	26%	8,307	1%	109,944	17%	9,455	1%	654,207
Fringe Benefits	27.00%	96,748	55%	45,408	26%	2,243	1%	29,685	17%	2,551	1%	176,636
Total Personnel Expenses		455,072	55%	213,585	26%	10,550	1%	139,629	17%	12,006	1%	830,843
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		82,541	100%		0%		0%		0%		0%	82,541
Total Materials and Supplies		2,763	50%	2,763	50%		0%		0%		0%	5,525
Total General Operating		10,296	50%	10,296	50%		0%		0%		0%	20,591
Total Staff Travel		-	0%		0%		0%		0%		0%	-
Consultants/Subcontractor:		52,000	25%		0%		0%	104,000	50%	52,000	25%	208,000
			0%		0%		0%		0%		0%	-
Total Operating Expenses		147,599	47%	13,058		-		104,000		52,000		316,657
Total Direct Expenses		602,671	53%	226,643	20%	10,550	1%	243,629	21%	64,006	6%	1,147,500
Indirect Expenses	12.3%	74,014	53%	27,834	20%	1,296	1%	29,920	21%	7,861	6%	140,925
TOTAL EXPENSES		676,685	53%	254,477	20%	11,846	1%	273,549	21%	71,867	6%	1,288,425
Unit of Service Type		Test		Months		Months		Months		Months		
Number of UOS per Service Mode		27,120		12		12		12		12		27,168
Cost Per UOS by Service Mode		\$24.96		\$21,206.42		\$987.17		\$22,795.75		\$5,988.96		
Number of UDC/NOC per Service Mode		10,200		N/A		N/A		865		276		11341

BUDGET JUSTIFICATION

1a) SALARIES

7/1/2025 - 6/30/2026

Staff Position 1	Lab Technician				
Duties re program and UDC served	Performs phlebotomy services for confirmatory HIV antibody testing and RNA testing. Prepares specimen collection for transport to SFDPH laboratory.				
Degree, license, experience	State certified phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	78,538	0.50000	12	0.50000	\$ 39,269
Staff Position 2:	Manager - Lab Technicians				
Duties re program and UDC served	This position will be responsible for supervising the SFAF-wide lab tech team and working with the Director of Clinical Operations to oversee laboratory services. This position also serves as a lab tech as needed.				
Degree, license exp	Must have an active CPT License with the California Department of Public Health; Experience working with diverse populations including but not limited to LGBTQ+, injection drug users, and unhoused individuals; Must have two years of experience supervising staff; A minimum of three years of experience working in a laboratory setting; Must have two years of experience as a licensed phlebotomist.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	119,367	1.00000	12	1.00000	\$ 119,367
Staff Position 3:	Practice Manager				
Duties re prog/UDC	The Practice Manager manages and supports day-to-day clinical operations at Strut, including scheduling, training and leading a team of individuals responsible for registering and scheduling clients, and inventory management. This position ensures an integrated and coordinated client experience, partnering with the clinicians and lab techs to deliver excellent sexual health and gender affirming services to communities most impacted by health disparities. Client engagement, quality assurance, and clinical operations.				
Degree, license exp	At least three years of experience as a supervisor required/Three years of experience with clinical operations or front office management required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	115,332	0.62000	12	0.62000	\$ 71,506
Staff Position 4:	Navigator				
Duties related to this program and UDC served	Answers phone calls, greets and connects clients and visitors to pertinent services, resources or staff. Screens clients for COVID-19 exposure and/or symptoms. Assess client needs and concerns and provides support, assistance, information and referrals. Obtains patient demographic and verifying insurance information at each visit. Educates clients and visitors about SFAF programs, services and departments. Registers clients for services and schedules client appointments.				
Degree, license exp	HS Diploma, 3 years of experience in customer service, social work, or triage. Experience with an electronic health record system. Experience with target populations.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	56,594	0.50000	12	0.50000	\$ 28,297
Staff Position 5:	PrEP & HIV Benefits Navigator				
Duties re program and UDC served	Responsible for the development and implementation of community and clinical level navigation interventions that targets the health of clients served in clinical services at SFAF. Supervises and develops Navigators.				
Degree, license exp	Bachelors Degree. Experience in target population, experience and knowledge of navigation interventions and frameworks, extensive knowledge of social support and health services in the region.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	77,664	0.45000	12	0.45000	\$ 34,949
Staff Position 7:	Nurse Practitioner				

Duties re program and UDC served	The Clinical Registered Nurse (RN) provides direct patient care at the Nurse-led clinic at Magnet at Strut. The position will function within the scope of practice as defined by Strut's protocols and the State of California. This includes assessment, planning, implementing, and evaluating Strut's clients for sexually transmitted infections (STI) and HIV infection. All Magnet at Strut staff members also serve as HIV testing counselors as needed in the clinic. This is a per diem position that includes weekday, weekends, and evening shifts.				
Degree, license exp	A minimum of an Associate Degree in Nursing is required; Bachelor of Science in Nursing preferred; Current California Registered Nurse License is required; must maintain an active Registered Nurse License with the California Board of Nursing; Basic Life Support (BLS) certification for Health Care Providers required; Current California Certification as an HIV Counselor required or must be obtained within 6 months of hire; At least one year of nursing experience in an outpatient sexual health setting preferred.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	139,182	0.63000	12	0.63000	\$ 87,685
Staff Position 8:	Senior Director, Clinical Services				
Duties re program and UDC served	Provides strategic leadership, program development, and team management to enhance nursing services, clinical workflow and service delivery, clinical research partnerships, and strives to meet the evolving needs of communities. This individual is responsible for assessing community needs and designing innovative programs, particularly in sexual health and HIV prevention.				
Degree, license exp	Master's Degree Required with active Nurse Practitioner license. A minimum of five (5) years of recent related experience, which includes three (3) years in a senior leadership role with experience in operations, strategic initiative development and implementation, system planning, change management, financial and information management, and complex project management. Experience with Clinical Research Administration highly regarded. Experience working with HIV/AIDS, People of Color, People who use Drugs.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	212,687	0.50000	12	0.50000	\$ 106,344
Staff Position 9:	Manager of HAP				
Duties re program and UDC served	Coordinates internal SFAF HAP efforts. Supports teams to ensure they are meeting the DPH deliverables with priority populations for integrated testing, linkage to PrEP, PEP, HIV care, and overdose prevention, referrals and linkages to substance use and mental health services, and support for access to basic needs. Leads the HAP Gay/MSM in collaboration with community partners, develops a network among the SFAF HAP program staff and facilitates linkages and connections between all SFAF programs and the HAP services. Supports evaluation of SFAF HAP programs. Supervises Sexual Health Capacity Building Manager.				
Degree, license exp	Bachelor's degree in public health, social work, or a related field.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	92,700	0.46000	12	0.46000	\$ 42,642
Staff Position 10:	Supervisor, Counselor II				
Duties re program and UDC served	Individual counseling, group counseling, intakes & assessments, race equity & health justice, Workshops/events coordinator, client outreach.				
Degree, license exp	Master's degree in Counseling, Social Work, Marriage & Family Therapy, California BHS registration/licensure as a Social Worker, Marriage & Family Therapist, or Professional Counselor. 2 to 4 years of counseling experience required preferably with SFAF Priority communities. Experience or strong interest in providing services to active injection, non-injection and/or alcohol users in a model of care that accepts participant goals ranging from managed use to targeted abstinence to full abstinence.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	95,725	1.08000	12	1.08000	\$ 103,383
Staff Position 11:	Chief Program Officer				
Duties re program and UDC served	Responsible for supporting coordination and collaboration between and within syringe access, clinical services and behavioral health. Partners with leaders to create a comprehensive service delivery continuum that centers priority communities, including people living with HIV and people who inject drugs. Provides oversight, administrative support, and assist with program design and implementation.				

Degree, license exp	Master's degree in psychology, social services, business or related disciplines highly regarded. Requirements also include 5+ years' experience in supervisory capacity, especially in HIV prevention and demonstrated program management and program development experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo.	Total
	247,200	0.08400	12	0.08400	\$ 20,765
Total FTE, Base:		5.82400	Annualized:	5.82400	
				Total Salaries:	\$ 654,207

1b) EMPLOYEE FRINGE BENEFITS:

(Components provided below are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
FICA	\$ 50,046.84
SUI	\$ 3,401.88
Health/Life	\$ 98,131.05
Disability	\$ 523.37
WC	\$ 3,925.24
Retirement Plan	\$ 20,607.52
	\$ -
	\$ -
Total Fringe Benefit:	\$ 176,636
Fringe Benefit %:	27.00%
TOTAL SALARIES/BENEFITS: \$ 830,843	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Occupancy Shared Cost Allocation	Shared Occupancy expenses, including but not limited to Rent and Telephone expense, allocated at \$1,181.05 per FTE per month.	FTE 5.824 * 12 months * \$1,181.05/FTE =	\$ 82,541
Total Occupancy:			\$ 82,541

Materials & Supplies:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Program Materials	Lab and Program Supplies: expenses such as water, clinic condoms, and testing materials like containers, tubes, and bandages.	\$221.62/Month * 12 Months =	\$ 2,659
Office Supplies Shared Cost Allocation	Shared Office Supply expenses, including but not limited to postage, consumable office supplies, non-depreciable software and technology, at \$41 per FTE per month.	FTE 5.824 * 12 months * \$41/FTE =	\$ 2,865
Total Materials & Supplies:			\$ 5,525

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Data Collection	Employee Health Record, eClinicalWorks license - 5 licenses at \$556.50 per month.	\$556.50 * 12 Months =	\$ 6,678
Staff Training	Training to Support Staff.	\$250/Training * 12 Months =	\$ 3,000
General Operating Shared Cost Allocation	Shared General Operating expenses, including but not limited to insurance, equipment rental and maintenance, and off-site storage.	FTE 5.824 * 12 months * \$156.15/FTE =	\$ 10,913
Total General Operating:			\$ 20,591

Consultants/Subcontractors:

Consult/Subcontract	Service Description	Rate/Formula	Cost
SFCHC	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Glide	Subcontract on cost reimbursement basis.	\$4,333.34/Month * 12 Months =	\$ 52,000
Shanti	Subcontract on cost reimbursement basis.	\$8,666.67/Month * 12 Months =	\$ 104,000
Total Consultants/Subcontractors:			\$ 208,000

		TOTAL OPERATING EXPENSES:	\$ 316,657
		TOTAL DIRECT COSTS:	\$ 1,147,500
Please list here the personnel and ledger expenses that are included in your shared costs?		Amount	
TOTAL SALARIES/BENEFITS:			\$ 830,843
TOTAL OPERATING EXPENSES:			\$ 108,657
Total Operating Expense does not include Subcontractor Costs			\$ 939,500
4) INDIRECT COSTS	Indirect Rate: 15.00%		TOTAL INDIRECT COSTS: \$ 140,925
This contract seeks reimbursement at a rate of 15% of total direct costs to partially offset the shared costs of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses.			
Indirect Cost does not Include Subcontractor Costs		TOTAL EXPENSES:	\$ 1,288,425

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

b. Breach Notification Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this

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San Francisco Department of Public Health
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BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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j. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) for purposes of determining BA’s compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

l. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of “minimum necessary” is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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San Francisco Department of Public Health
Business Associate Agreement

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

a. Material Breach. A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?							
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?							
	If yes:	Name & Title:		Phone #		Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]							
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]							
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?							
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?							

II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...							Yes	No*
G	Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?							
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.)							
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?							
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?							
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?							

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:	Phone #	Email:			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature	Date	
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature	Date	
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Attachment 3 to Appendix E

Protected Information Destruction Order

Purge Certification - Contract ID # 1000024734

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated 01/01/2023 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title:

Date:

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-1b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation	Contract ID # 1000024734	Invoice Number A-1JUL24
Address: 940 Howard Street San Francisco, CA 94103		Contract Purchase Order No.: _____
Telephone: 415-487-3000	CHEP	Funding Source: GF
Fax: _____		Department ID-Authority ID: _____
Program Name: Clinical Assistance Program		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 07/1/24 - 07/31/24
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Training	2,326	10							2,326	10

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10				10

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$219,549				\$219,549.00
Fringe Benefits	\$1,876				\$1,876.00
Total Personnel Expenses	\$221,425				\$221,425.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,700				\$8,700.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$8,700				\$8,700.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$230,125				\$230,125.00
Indirect Expenses	\$34,519				\$34,519.00
TOTAL EXPENSES	\$264,644				\$264,644.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-2JUL24	Contract Purchase Order No.:
Program Name: Clinical Services Sustainability ACE Control #:	CHEP	Funding Source: GF	Department ID-Authority ID:
		Project ID-Activity ID:	Invoice Period: 07/1/24 - 07/31/24
		FINAL Invoice <input type="checkbox"/> (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$429,475				\$429,475.00
Fringe Benefits	\$115,958				\$115,958.00
Total Personnel Expenses	\$545,433				\$545,433.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,345				\$37,345.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,288				\$1,288.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,937				\$4,937.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,570				\$43,570.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$589,003				\$589,003.00
Indirect Expenses	\$88,350				\$88,350.00
TOTAL EXPENSES	\$677,353				\$677,353.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____	
Attn: Accounts Payable	(DPH Authorized Signatory)		

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-2c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-2JUL25	Contract Purchase Order No:
Program Name: Clinical Services Sustainability ACE Control #:	CHEP	Funding Source: GF	Department ID-Authority ID:
		Project ID-Activity ID:	Invoice Period: 07/1/25 - 07/31/25
		FINAL Invoice <input type="checkbox"/> (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Clinical Services	12	5,100							12	5,100
Prevention and Treatment Medication	12	5,100							12	5,100

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	10200				10,200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$429,475				\$429,475.00
Fringe Benefits	\$115,958				\$115,958.00
Total Personnel Expenses	\$545,433				\$545,433.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,345				\$37,345.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,288				\$1,288.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,937				\$4,937.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$43,570				\$43,570.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$589,003				\$589,003.00
Indirect Expenses	\$88,350				\$88,350.00
TOTAL EXPENSES	\$677,353				\$677,353.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
Attn: Accounts Payable		

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-3b
07/01/2024 - 06/30/2025
PAGE A

Contractor: **San Francisco AIDS Foundation** Contract ID # **1000024734** Invoice Number **A-3JUL24**
 Address: **940 Howard Street**
San Francisco, CA 94103 Contract Purchase Order No: _____

Telephone: **415-487-3000** Funding Source: **GF**
 Fax: _____ Department ID-Authority ID: _____



Program Name: **Capacity Building Activities: The Black Health Clinical Assistant Program** Project ID-Activity ID: _____

ACE Control #: _____ Invoice Period: **07/1/24 - 07/31/24**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Rafiki HAP Capacity Building	12	N/A							12	N/A
Rafiki Workforce Development	12	5							12	5

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	5				5

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$241,797				\$241,797.00
Fringe Benefits	\$41,967				\$41,967.00
Total Personnel Expenses	\$283,764				\$283,764.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$22,634				\$22,634.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,651				\$8,651.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,234				\$6,234.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$60,000				\$60,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$97,519				\$97,519.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$381,283				\$381,283.00
Indirect Expenses	\$48,192				\$48,192.00
TOTAL EXPENSES	\$429,475				\$429,475.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-3c
07/01/2025 - 06/30/2026
PAGE A

Contractor: **San Francisco AIDS Foundation** Contract ID # **1000024734** Invoice Number **A-3JUL25**
 Address: **940 Howard Street**
San Francisco, CA 94103 Contract Purchase Order No: _____

Telephone: **415-487-3000** Funding Source: **GF**
 Fax: _____



Program Name: **Capacity Building Activities: The Black Health Clinical Assistant Program** Department ID-Authority ID: _____
 Project ID-Activity ID: _____

ACE Control #: _____ Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Rafiki HAP Capacity Building	12	N/A							12	N/A
Rafiki Workforce Development	12	5							12	5

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	5				5

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$245,679				\$245,679.00
Fringe Benefits	\$43,015				\$43,015.00
Total Personnel Expenses	\$288,694				\$288,694.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$21,293				\$21,293.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,191				\$5,191.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,105				\$6,105.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$60,000				\$60,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$92,589				\$92,589.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$381,283				\$381,283.00
Indirect Expenses	\$48,192				\$48,192.00
TOTAL EXPENSES	\$429,475				\$429,475.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-4JUL24	Contract Purchase Order No.:
	CHEP		Funding Source: GF
Program Name: HAP Capacity Building Activities Program			Department ID-Authority ID:
ACE Control #:			Project ID-Activity ID:
			Invoice Period: 07/1/24 - 07/31/24
			FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of H	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	N/A				N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$221,694				\$221,694.00
Fringe Benefits	\$59,857				\$59,857.00
Total Personnel Expenses	\$281,551				\$281,551.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$37,204				\$37,204.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,999				\$2,999.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,022				\$5,022.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,225				\$45,225.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$326,776				\$326,776.00
Indirect Expenses	\$49,015				\$49,015.00
TOTAL EXPENSES	\$375,791				\$375,791.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to: AidsOffice@sfdph.org Attn: Accounts Payable	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-4c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-4JUL25	Contract Purchase Order No:
	CHEP		Funding Source: GF
Program Name: HAP Capacity Building Activities Program			Department ID-Authority ID:
ACE Control #:			Project ID-Activity ID:
			Invoice Period: 07/1/25 - 07/31/25
			FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Activities: Integration of H	12	N/A							12	N/A

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		N/A			N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$228,040				\$228,040.00
Fringe Benefits	\$61,571				\$61,571.00
Total Personnel Expenses	\$289,611				\$289,611.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$31,826				\$31,826.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,112				\$1,112.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$4,229				\$4,229.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$37,167				\$37,167.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$326,778				\$326,778.00
Indirect Expenses	\$49,013				\$49,013.00
TOTAL EXPENSES	\$375,791				\$375,791.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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Signature: _____ Date: _____
Title: _____

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Attn: Accounts Payable	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5b
07/01/2024 - 06/30/2025
PAGE A

Contractor: San Francisco AIDS Foundation Address: 940 Howard Street San Francisco, CA 94103 Telephone: 415-487-3000 Fax:	Contract ID # 1000024734	Invoice Number A-5JUL24	Contract Purchase Order No.:
Program Name: Health Access Point Gay/MSM ACE Control #:	CHEP	Funding Source: GF	Department ID-Authority ID:
		Project ID-Activity ID:	Invoice Period: 07/1/24 - 07/31/24
		FINAL Invoice <input type="checkbox"/> (check if Yes)	

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	#####
Condom Distribution	12	N/A							12	#####
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	11341				11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$642,424				\$642,424.00
Fringe Benefits	\$173,454				\$173,454.00
Total Personnel Expenses	\$815,878				\$815,878.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$95,467				\$95,467.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,855				\$5,855.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$22,300				\$22,300.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$208,000				\$208,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$331,622				\$331,622.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,147,500				\$1,147,500.00
Indirect Expenses	\$140,925				\$140,925.00
TOTAL EXPENSES	\$1,288,425				\$1,288,425.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
Attn: Accounts Payable		

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

F-5c
07/01/2025 - 06/30/2026
PAGE A

Contractor: San Francisco AIDS Foundation	Contract ID # 1000024734	Invoice Number A-5JUL25
Address: 940 Howard Street San Francisco, CA 94103		Contract Purchase Order No.: _____
Telephone: 415-487-3000	CHEP	Funding Source: GF
Fax: _____		Department ID-Authority ID: _____
Program Name: Health Access Point Gay/MSM		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 07/1/25 - 07/31/25
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Integrated HIV/HCV/STD Testing	27,120	10,200							27,120	10,200
Prevention and Treatment Medication	12	N/A							12	#####
Condom Distribution	12	N/A							12	#####
Linkage and Navigation	12	865							12	865
Community Engagement and Mobilization	12	276							12	276

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		11341			11,341

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$654,207				\$654,207.00
Fringe Benefits	\$176,636				\$176,636.00
Total Personnel Expenses	\$830,843				\$830,843.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$82,541				\$82,541.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$5,525				\$5,525.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$20,591				\$20,591.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$208,000				\$208,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$316,657				\$316,657.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$1,147,500				\$1,147,500.00
Indirect Expenses	\$140,925				\$140,925.00
TOTAL EXPENSES	\$1,288,425				\$1,288,425.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org	By: _____	Date: _____
Attn: Accounts Payable	(DPH Authorized Signatory)	

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)**

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Attachment 1 to SAA - System Specific Requirements

TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (dph.helpdesk@sfdph.org in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy.** All users must be issued a unique username for accessing City Data. Third Party must maintain a password policy based on information security best practices as required by 45 CFR § 164.308 and described in NIST Special Publication 800-63B.

b **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department’s standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department’s standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User’s access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT’S RIGHTS

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party’s access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User’s access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report.** To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

**A. Attachment 1 to SAA
System Specific Requirements**

I. For Access to Department Epic through Care Link the following terms shall apply:

A. Department Care Link Requirements:

1. Connectivity.
 - a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.
2. Compliance with Epic Terms and Conditions.
 - a) Third Party will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the Department Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing Department Care Link:
3. Epic-Provided Terms and Conditions
 - a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
 - b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

B. Department Epic Hyperspace:

1. Connectivity.
 - a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.
2. Application For Access and Compliance with Epic Terms and Conditions.
 - a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

1. Connectivity.

- a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Information Technology (IT) Support.

- a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Applicants must complete the myAvatar Account Request Form found at
https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

I. For Access to Department Epic through OutReach

A. Department OutReach Requirements:

1. Connectivity.

- d) Third Party Responsibility: The Third Party is required to obtain and maintain an active internet connection and necessary equipment in compliance with the specifications provided by both Epic and the Department.
- d) Technical Equipment Changes: The specifications for accessing OutReach may be updated over time. Third Party must ensure their equipment and software align with these specifications and bear any related costs.
- d) Equipment Ownership: Access to the system by Third Party Data Users must occur exclusively through equipment owned, leased, and maintained by the Third Party.
- d) Equipment Purchase: Compatible equipment required for use with OutReach is the responsibility of the Third Party.

2. Compliance with Epic Terms and Conditions

- a) Obligations: The Third Party will access and use the system strictly according to Epic's Terms and Conditions. Data Users must electronically accept these terms during their initial login to OutReach.

3. Epic-Provided Terms and Conditions

- a) Usage Rules: Basic rules are provided by Epic that apply when using the Epic OutReach account. These include:

- a. Purpose of Use: Access to Epic OutReach is intended to facilitate care for shared patients, manage referral data, or further legitimate business interests with respect to data from an Epic customer's system.
- b. Restrictions: Users are prohibited from using Epic OutReach to develop similar software to EpicCare Link. Additionally, account information must not be shared with individuals outside the organization.