

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

**First Amendment**

THIS AMENDMENT (this “Amendment”) is made as of **January 1<sup>st</sup>, 2018**, in San Francisco, California, by and between **Asian and Pacific Islander Wellness Center** (“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 **increase the contract amount**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 16-2017 issued on February 22, 2017** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **2005 07/08** on **July 18, 2016**;

NOW, THEREFORE, Contractor and the City 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 **May 1<sup>st</sup>, 2017, (Contract ID# 1000002676 / BPHC17000077)**, between Contractor and City.

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

**Article 2      Modifications to the Agreement**

The Agreement is hereby modified as follows:

2.1 **Article 3 Financial Matters** of the Original Agreement currently reads as follows:

**Article 3 Financial Matters**

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Three Million, Nine Hundred Thirty-One Thousand, Seven Hundred Five DOLLARS (\$3,931,705)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including

equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

**3.3.3 Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

**3.3.4 Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

**3.3.5 Reserved. (LBE Payment and Utilization Tracking System)**

**3.3.6 Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit [www.sfgov.org/ach](http://www.sfgov.org/ach).

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

**3.3.7 Grant Funded Contracts.**

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

(b) **Reserved (Grant Terms)**

**3.4 Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter

of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

**3.5 Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.



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

### Article 3 Financial Matters

**3.1 Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

**3.2 Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

### 3.3 Compensation.

**3.3.1 Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Four Million Eight Hundred Sixty-Three Thousand Three Hundred Forty Five DOLLARS (\$4,863,345)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

**3.3.2 Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City

shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

**3.3.3 Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

**3.3.4 Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City as specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

**3.3.5 Reserved. (LBE Payment and Utilization Tracking System)**

**3.3.6 Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit [www.sfgov.org/ach](http://www.sfgov.org/ach).

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

**3.3.7 Grant Funded Contracts.**

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

(b) **Reserved. (Grant Terms)**

**3.4 Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not

fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>.

If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

**3.5 Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

**3.6 Reserved. (Payment of Prevailing Wages)**

2.2 **Article 4 Services and Resources**, is hereby amended in its entirety to read as follows:

**Article 4 Services and Resources**

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. 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 adequate resources to allow timely completion within the project schedule specified in this Agreement.

**4.3 Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.

**a. Imprenta Communications Group**

**4.4 Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and

employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

**4.4.2 Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

**4.5 Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor 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.

4.6 **Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

2.3 **Article 5 Insurance and Indemnity**, is hereby amended in its entirety to read as follows:

## **Article 5 Insurance and Indemnity**

### **5.1 Insurance.**

5.1.1 **Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be

included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.8 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

5.2 **Indemnification.** Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

2.4 **Article 8 Termination and Default**, is hereby amended in its entirety to read as follows:

## **Article 8 Termination and Default**

### **8.1 Termination for Convenience**

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.



8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

## 8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 **Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information		

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

2.5 **Article 10 Additional Requirements Incorporated by Reference,** is hereby amended in its entirety to read as follows:

## **Article 10 Additional Requirements Incorporated by Reference**

**10.1 Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at [http://www.amlegal.com/codes/client/san-francisco\\_ca/](http://www.amlegal.com/codes/client/san-francisco_ca/)

**10.2 Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

**10.3 Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

**10.4 Reserved.**

**10.5 Nondiscrimination Requirements**

**10.5.1 Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

**10.5.2 Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

**10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

**10.7 Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

**10.8 Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

**10.9 First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

**10.10 Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701).

**10.11 Limitations on Contributions.** By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

**10.12 Reserved. (Slavery Era Disclosure)**

**10.13 Working with Minors.** In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

#### **10.14 Consideration of Criminal History in Hiring and Employment Decisions**

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

**10.15 Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, 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.

**10.16 Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

**10.17 Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.18 **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 **Reserved. (Preservative Treated Wood Products)**

2.6 **Article 11 General Provisions**, is hereby amended in its entirety to read as follows:

**Article 11 General Provisions**

11.1 **Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 402 San Francisco, California 94102	e-mail:	Nora.macias@sfdph.org
And:	BILL BLUM HIV HEALTH SERVICES 25 VAN NESS AVENUE, SUITE 500 SAN FRANCISCO, CA 94102	e-mail:	Bill.blum@sfdph.org
To CONTRACTOR:	ASIAN AND PACIFIC ISLANDER WELLNESS CENTER 730 POLK STREET, 4 <sup>TH</sup> FLOOR SAN FRANCISCO, CA 94109	e-mail:	lance@apiwellness.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 **Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 **Reserved.**

11.4 **Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 **Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 **Dispute Resolution Procedure.**

11.6.1 **Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

11.6.2 **Government Code Claim Requirement.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 **Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 **Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.



11.9 **Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 **Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 **Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 **Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated February 22, 2017. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

2.7 **Article 12 Department Specific Terms,** is hereby amended in its entirety to read as follows:

## **Article 12 Department Specific Terms**

### **12.1 Third Party Beneficiaries.**

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

### **12.2 Certification Regarding Lobbying.**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of

Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

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

### **12.3 Materials Review.**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

### **12.4 Emergency Response.**

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff

members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

2.8 Add **Article 13 Data and Security**, to this Agreement as Amended to reads as follows:

### **Article 13 Data and Security**

#### **13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

13.1.1 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 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, 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 Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information and the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

**The parties acknowledge that CONTRACTOR is one of the following (Choose Only One):**

1.  **CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is a Covered Entity<sup>1</sup> as defined under HIPAA;**  
Complete the following attached documents:
  - a. Appendix E SFDPH Protected Information Privacy & Security Agreement (PSA) (06-21-2017)
  - b. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
  - d. SFDPH Attestation 3 COMPLIANCE (06-07-2017)
  
2.  **CONTRACTOR will create, receive, maintain, transmit, or access SFDPH PHI And is NOT a Covered Entity<sup>1</sup> as defined under HIPAA;**  
Complete the following attached documents:
  - a. Appendix E SFDPH Business Associates Agreement (BAA) (08-04-2017)
  - b. SFDPH Attestation 1 PRIVACY (06-07-2017)
  - c. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
  
3.  **CONTRACTOR will NOT create, receive, maintain, transmit, or access SFDPH PHI;**  
Appendix E and attestations are not required.  
**This option requires review and approval from the Office of Compliance and Privacy Affairs.**

13.4 **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.

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<sup>1</sup> A Covered Entity is defined under HIPAA as one of the following:

- a. **Health Care Providers** (doctors, clinics, psychologists, pharmacies, nursing homes)
- b. **Health Plans** (Health insurance companies, HMOs, company health plans, government programs that pay for health care).
- c. **Health Care Clearinghouse** (Not Applicable to SFDPH contracts)

**Source:** <https://www.hhs.gov/hipaa/for-professionals/covered-entities/index.html>

[https://privacyruleandresearch.nih.gov/pr\\_06.asp](https://privacyruleandresearch.nih.gov/pr_06.asp)

2.9 Add **Article 14 MacBride And Signature**, to this Agreement as Amended to reads as follows:

**Article 14 MacBride And Signature**

14.1 **MacBride Principles -Northern Ireland.** The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

**The Appendices listed below are Amended as follows:**

2.10 **Delete** Appendix A, and **replace in its entirety** with Appendix A to Agreement as amended. Dated 01/01/2018.

2.11 **Delete** Appendix A-2, and **replace in its entirety** with Appendix A-2 to Agreement as amended. Dated: 01/01/2018.

2.12 **Add** Appendix A-3 to Agreement as amended. Dated: 01/01/2018.

2.13 **Add** Appendix A-4 to Agreement as amended. Dated: 01/01/2018.

2.14 **Delete** Appendix B, and **replace in its entirety** with Appendix B to Agreement as amended. Dated: 01/01/2018.

2.15 **Delete** Appendix B-2, and **replace in its entirety** with Appendix B-2 to Agreement as amended. Dated: 01/01/2018.

2.16 **Delete** Appendix B-2a, and **replace in its entirety** with Appendix B-2a to Agreement as amended. Dated: 01/01/2018.

2.17 **Delete** Appendix B-2b, and **replace in its entirety** with Appendix B-2b to Agreement as amended. Dated: 01/01/2018.

2.18 **Delete** Appendix B-2c, and **replace in its entirety** with Appendix B-2c to Agreement as amended. Dated: 01/01/2018.

2.19 **Add** Appendix B-3 to Agreement as amended. Dated: 01/01/2018.

2.20 **Add** Appendix B-4 to Agreement as amended. Dated: 01/01/2018.

2.21 **Add** Appendix B-4a to Agreement as amended. Dated: 01/01/2018.

2.22 **Delete** Appendix D, and **replace in its entirety** with Appendix D to Agreement as amended. Dated: 01/01/2018.

2.23 **Delete** Appendix E, and **replace in its entirety** with Appendix E to Agreement as amended. Dated: OCPA & CAT v6.21.2017 and Attestation forms 06-07-2017.

2.24 **Delete** Appendix F-2, and **replace in its entirety** with Appendix F-2 to Agreement as amended. Dated: 01/01/2018.

2.25 **Delete** Appendix F-2a, and **replace in its entirety** with Appendix F-2a to Agreement as amended. Dated: 01/01/2018.

2.26 **Delete** Appendix F-2b, and **replace in its entirety** with Appendix F-2b to Agreement as amended. Dated: 01/01/2018.

2.27 **Delete** Appendix F-2c, and **replace in its entirety** with Appendix F-2c to Agreement as amended. Dated: 01/01/2018.

2.28 **Add** Appendix F-3 to Agreement as amended. Dated: 01/01/2018.

2.29 **Add** Appendix F-4 to Agreement as amended. Dated: 01/01/2018.

2.30 **Add** Appendix F-4a to Agreement as amended. Dated: 01/01/2018.

### **Article 3      Effective Date**

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

### **Article 4      Legal Effect**

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.

**[SIGNATURES ON FOLLOWING PAGE]**





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

**CITY**

Recommended by:



Barbara A. Garcia, MPA  
Director of Health  
Department of Public Health

Approved as to Form:

Dennis J. Herrera  
City Attorney

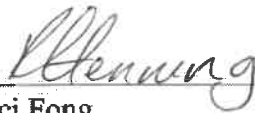
By:



Deputy City Attorney

*David K. Ries*

Approved:



for

Jaci Fong  
Director of the Office of Contract  
Administration, and  
Purchaser

**CONTRACTOR**

Asian and Pacific Islander Wellness Center

 1/22/2018

Lance Toma  
Chief Executive Officer  
730 Polk Street, 4<sup>th</sup> Floor  
San Francisco, CA 94109

Supplier ID number: 0000025031

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## Appendix A Scope of Services

### 1. Terms

#### A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Bill Blum**, Contract Administrator for the City, or his / her designee.

#### B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

#### C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

#### D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

#### E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

P. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

**2. Description of Services**

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1 **Integrated Medical Case Management - Ohana**

Appendix A-2 **Tenderloin Area Center of Excellence (TACE)**

Appendix A-3 **Tenderloin Area Center of Excellence (TACE) - Rebranding Federally Qualified Health Center (FQHC) Project**

Appendix A-4 **Tenderloin Early Intervention Services (TEIS) - HIV Homeless Outreach Mobile Engagement (HHOME)/TransAccess**

**3. Services Provided by Attorneys.** Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. 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.

**CONTRACT SUMMARY**

<b>Service Provider</b>	Asian & Pacific Islander Wellness Center			
<b>Total Contract</b>	\$4,342,272			
<b>Funding Source</b>	Ryan White Part A			
<b>Program Names</b>	Ohana Integrated Medical Case Management, Tenderloin Area Center of Excellence (TACE), TACE - Rebranding FQHC Project, and TEIS - HHOME & TransAccess			
<b>System of Care</b>	HIV Health Services (HHS)			
<b>Address</b>	730 Polk Street, 4th Floor San Francisco, CA 94109			
<b>Phone</b>	(415) 292-3420		Fax: (415) 292-3402	
<b>Contact Person</b>	Ming Ming Kwan, Director of Programs, phone # (415) 292-3420 x315; mingming@apiwellness.org			

		Ohana ICM, Appendix A-1				
		B-1	B-1a	B-1b	B-1c	
	<b>Funding Amount</b>	<b>\$109,233</b>	<b>\$131,080</b>	<b>\$131,080</b>	<b>\$131,080</b>	
	<b>Funding Term</b>	5/01/17 - 2/28/18	3/1/18 - 2/28/19	3/1/19 - 2/29/20	3/1/20 - 2/28/21	
<b>Hours</b>	Medical Case Management	939	1,136	1,136	1,136	
	Peer Advocacy	306	371	371	371	
	Treatment Adherence Ind	178	215	215	215	
	Treatment Adherence Group	15	18	18	18	
	<b>Total Program UOS</b>	<b>1,438</b>	<b>1,740</b>	<b>1,740</b>	<b>1,740</b>	
	<b>Total Program UDC</b>	<b>51</b>	<b>58</b>	<b>58</b>	<b>58</b>	
	<b>TACE, Appendix A-2</b>					
			B-2	B-2a	B-2b	B-2c
	<b>Funding Amount</b>	<b>\$653,908</b>	<b>\$784,690</b>	<b>\$784,690</b>	<b>\$784,690</b>	
	<b>Funding Term</b>	5/1/17 - 2/28/18	3/1/18 - 2/28/19	3/1/19 - 2/29/20	3/1/20 - 2/28/21	
<b>Hours</b>	Medical Case Management	4,196	5,616	5,616	5,616	
	Peer Navigation	2,575	3,105	3,105	3,105	
	Mental Health Referral	42	50	50	50	
	Peer Advocacy Group	444	540	540	540	
	Outpatient Mental Health & Substance Abuse Group	74	90	90	90	
	<b>Total Program UOS</b>	<b>7,331</b>	<b>9,401</b>	<b>9,401</b>	<b>9,401</b>	
	<b>Total Program UDC</b>	<b>167</b>	<b>200</b>	<b>200</b>	<b>200</b>	

**Target Population** The target populations of this program are "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of the Tenderloin. Targeted populations include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English-speaking residents, gay males and their non-gay identified sex partners. Ohana specifically serves HIV + Asian and Pacific Islanders living in SF.

**Description of Services**  
**Medical Case Management** providing comprehensive assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers on behalf of clients.  
**Peer Advocacy** outreach to engage and maintain the target population in care, assist Case Managers to follow clients and provides linkage between and among other services.  
**Treatment Adherence** services to promote adherence to health care treatment plans and screening, which includes short-term individual psychotherapy, substance use screening services.  
**Mental Health** services include referrals and linkages to mental health services provided on-site.  
**Groups** include mental health and substance use services in a therapeutic group setting.

		Rebranding, Appendix A-3	
		B-3	
Months	<b>Funding Amount</b>	<b>\$300,000</b>	
	<b>Funding Term</b>	07/01/17 - 06/30/18	
	Brand Development	12	
	Stakeholder Engagement	12	
	Marketing	12	
	<b>Total Program UOS</b>	<b>36</b>	
	<b>Total Program UDC</b>	<b>N/A</b>	

**Target Population** The Rebranding FQHC Project will target API Wellness stakeholders, current clients/patients, funders, local and regional LGBTQ communities, and the general public of future potential clients and patients to ensure accurate and effective representation of low-income and homeless individuals in San Francisco who are in "severe need" and "special populations" living with HIV/AIDS.

		HHOME and TransAccess, Appendix A-4			
		B-4 (HHOME)	B-4 (TransAccess)	B-4a (HHOME)	B-4a (TransAccess)
Hours	<b>Funding Amount</b>	<b>\$177,274</b>		<b>\$354,547</b>	
	<b>Funding Term</b>	09/01/17 - 02/28/18 (6 months)		03/01/18 - 02/28/19	
	Medical Case Management	624	624	1,206	1,170
	Peer Navigation	624	624	1,170	1,170
	TransAccess Support Group	n/a	48	n/a	90
	<b>Total Program UOS</b>	<b>1,248</b>	<b>1,296</b>	<b>2,376</b>	<b>2,430</b>
	<b>Total Program UDC</b>	<b>20</b>	<b>20</b>	<b>50</b>	<b>50</b>



**Target Population**

The target populations of this program are "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of San Francisco. Targeted populations for HHOME (HIV Homeless Outreach and Mobile Engagement) are HIV+ Homeless individuals who need intensive case and mobile delivered care and services to remain engaged in primary care. TransAccess serves HIV+ Transgender women experiencing stigma and other barriers to care who need higher levels of behavioral support and group services to successfully remain engaged in primary care.

**Description of Services**

**Medical Case Management** providing comprehensive assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers on behalf of clients.  
**Peer Navigation** outreach to engage and maintain the target population in care, assist Case Managers to follow clients and provides linkage between and among other services.  
**Support Groups(TransAccess only)** include mental health and substance use services in a therapeutic group setting.

**1. Program Name / Address** Asian and Pacific Islander Wellness Center, Inc.  
Tenderloin Area Center of Excellence (TACE)  
730 Polk Street 4<sup>th</sup> Floor, San Francisco, CA, 94109  
415-292-3400, Fax: 415-292-3404, www.apiwellness.org

Program Location Same

Contact Ming Ming Kwan, MSW, Chief Program Officer  
mingming@apiwellness.org

**2. Nature of Document** Modification

**3. Goal Statement**

To ensure and expand continuous seamless access to quality primary care and critical support services for severe need clients and special populations living with HIV/AIDS who are severely under-served residents of the Tenderloin.

**4. Target Population**

The target population of this program is "severe need" and "special populations" living with HIV/AIDS who are severely under-served residents of the Tenderloin. Targeted populations include homeless and marginally-housed residents of the Tenderloin, including residents who are active substance users, coping with mental illness, sex workers, transgender individuals, non-English speaking residents, gay males and their non-gay identified sex partners.

APIWC assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for SF residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is defined as 400% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services. Staff of both APIWC and TWHC verify client insurance and eligibility before medical services begin.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be obtained by client self-attestation, but must be documented in the client file or in ARIES.

**5. Modalities and Interventions: Units of Service (UOS) and Unduplicated Clients (UDC)**

All UOS are counted in hours consisting of 15-minute increments. The tables on the following pages illustrate the exact numbers of UOS/hours that are projected for the corresponding number of UDC in each mode of service.

Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Case Management Hours</b> 4.0 FTE x 40 hrs./wk. x 37 wks. x 81% effort = 4196 @ APIWC	4196	167
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Peer Navigation Hours</b> 2.5 FTE x 40 hrs./wk. x 37 wks. X 69.6% effort = 2575 @ APIWC	2575	167
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Mental Health Referrals and Linkages</b> 42 @ APIWC	42	42
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Peer Advocacy Group Hours</b> 4 groups/wk x 3 hr./group x 37 wks. = 444 @ APIWC	444	83
App B-2 / 05/01/17 - 2/28/18 10 months	<b>Outpatient Mental Health &amp; Substance Abuse Group Hours</b> 1 hr./group x 2 groups/wk. x 37 wks. = 74 @ APIWC	74	25
<b>Total UOS and Total UDC</b>		<b>7331</b>	<b>167</b>
Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2a / 03/01/18 - 2/28/19	<b>Case Management Hours</b> 4.0 FTE x 40 hrs./wk. x 45 wks x 78% effort = 5616 @ APIWC	5616	200
App B-2a / 03/01/18 - 2/28/19	<b>Peer Navigation Hours</b> 2.5 FTE x 40 hrs./wk. x 45 wks. x 69% effort = 3105 @ APIWC	3105	200
App B-2a / 03/01/18 - 2/28/19	<b>Mental Health Referrals and Linkages</b> 50 @ APIWC	50	50
App B-2a / 03/01/18 - 2/28/19	<b>Peer Advocacy Group Hours</b> 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC	540	100
App B-2a / 03/01/18 - 2/28/19	<b>Outpatient Mental Health &amp; Substance Abuse Group Hours</b> 1 1 hr./group x 2 groups/wk. x 45 wks.	90	30
<b>Total UOS and Total UDC</b>		<b>9401</b>	<b>200</b>

Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2b / 03/01/19 - 2/29/20	<b>Case Management Hours</b> 4.0 FTE x 40 hrs./wk. x 45 wks x 78% effort = 5616 @ APIWC	5616	200
App B-2b / 03/01/19 - 2/29/20	<b>Peer Navigation Hours</b> 2.5 FTE x 40 hrs./wk. x 45 wks. x 69% effort = 3105 @ APIWC	3105	200
App B-2b / 03/01/19 - 2/29/20	<b>Mental Health Referrals and Linkages</b> 50 @ APIWC	50	50
App B-2b / 03/01/19 - 2/29/20	<b>Peer Advocacy Group Hours</b> 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC	540	100
App B-2b / 03/01/19 - 2/29/20	<b>Outpatient Mental Health &amp; Substance Abuse Group Hours 1</b> 1 hr./group x 2 groups/wk. x 45 wks.	90	30
<b>Total UOS and Total UDC</b>		<b>9401</b>	<b>200</b>
Budget Appendix / Period	Mode of Service/Intervention Description	UOS	UDC
App B-2c / 03/01/20 - 2/28/21	<b>Case Management Hours</b> 4.0 FTE x 40 hrs./wk. x 45 wks x 78% effort = 5616 @ APIWC	5616	200
App B-2c / 03/01/20 - 2/28/21	<b>Peer Navigation Hours</b> 2.5 FTE x 40 hrs./wk. x 45 wks. x 69% effort = 3105 @ APIWC	3105	200
App B-2c / 03/01/20 - 2/28/21	<b>Mental Health Referrals and Linkages</b> 50 @ APIWC	50	50
App B-2c / 03/01/20 - 2/28/21	<b>Peer Advocacy Group Hours</b> 4 groups/wk x 3 hr./group x 45 wks. = 540 @ APIWC	540	100
App B-2c / 03/01/20 - 2/28/21	<b>Outpatient Mental Health &amp; Substance Abuse Group Hours 1</b> 1 hr./group x 2 groups/wk. x 45 wks.	90	30
<b>Total UOS and Total UDC</b>		<b>9401</b>	<b>200</b>

## 6. Methodology

### Location of Services

The Tenderloin Area Center of Excellence (TACE) collaborative will occur through two key sites. These include the Asian and Pacific Islander Wellness Center (APIWC) main office at 730 Polk and our medical providers within each site: SFDPH Tom Waddell Health Center (TWHC), 230 Golden Gate Avenue. TACE will be provided upon request to qualified residents living with HIV/AIDS and, as part of the screening, for new HIV+ residents identified through our HIV counseling and testing efforts within each site.

Behavioral health services will continually be offered at APIWC. These services include individual and group psychotherapy, substance use evaluation and treatment, mental health counseling, addiction medicine consultation, and clinical training. Associate Director of Behavioral Health and Community Programs will be in charge of assisting in monitoring the quality of behavioral health services for TACE.

### Site Coordination

Administrators and Service Managers of the different program services will meet on a monthly basis to ensure the efficient operation of the multi-disciplinary services development and provision of services.

Case conference meetings will be held one or two times each week, during which the multi-disciplinary team meets to engage in case review and problem solving. Case managers will also attend monthly case conferences at TWHC. Notes from these meetings are kept and filed for review.

### Integrated Services

TACE provides services to clients through multi-disciplinary teams. The composition of these teams varies based on client need. However, a basic structure ensures that clients receive coordinated, comprehensive services. The team is organized around a primary Case Manager who is responsible for coordinating the work of other members of the team. Other team members may include a Physician, Nurse Practitioner, Registered Nurse, Psychiatrist and/or Psychologist, Mental Health/Substance Use Counselor, Health Worker and staff and volunteer Peer navigators.

### Hours of Operation

Clients will be able to access TACE services each weekday. The program's overall hours of operation will be Monday through Friday, 9:00 a.m. to 4:30 p.m. for APIWC main office, excluding Wednesdays 12:00 p.m. to 4:30 p.m. and Monday through Friday, 8:00 a.m. to 5:00 p.m. for TWHC, excluding Thursdays from 8:00 a.m. to 1:00 p.m. A portion of this time is reserved for staff duties such as case conferences, trainings, administrative work and communication with other providers.

### Client Charts

All client charts are housed permanently at each TACE site. To ensure the confidentiality of client information, all charts are kept in locked file cabinets or in secure digital storage locations. Charting is also done using the State's ARIES database, which includes progress notes from each member of the multidisciplinary team. These charts are updated daily by members of the service team and contain information by category of service. Case managers regularly update information about the client's housing status and location and benefits status.

### Outreach and Case Finding

Clients learn about TACE through:

- Word of mouth –The Collaboration's existing pool of case management clients, including word-of-mouth referrals and a high level of drop-in clients due to word of mouth from existing clients and the program's convenient location, as well as through community events such as monthly treatment education forums.
- Referrals from other service providers - All of the collaborating partners of TACE identify clients who could benefit from the integrated services and link these clients as appropriate. As clients transition from SFDPH HIV Integrated Services (HIVIS) CoE, the TACE will follow up on referrals from HIVIS. HIVIS enrolls clients first by providing services on-site at the jail to clients who are incarcerated, and then by linking those clients with a case manager who will help transition them to services outside of the jail (with follow-up by HIVIS's Health Worker II position). Some clients are referred by service providers outside the collaboration, particularly service providers

who are barring clients from their own services, those who need to transition the client's case management, and those who have identified individuals with a demonstrated inability to access or follow through with regular medical care. Staff conducts in-services for other service providers to educate them about available services through TACE, and to ensure appropriate referrals. A combination informational flyer and referral form is distributed to likely referral sources to help facilitate the referral process.

- The TWHC HIV team works with the jail medical team to assure the continuity of care and appropriate discharge planning. For patients in mental health or substance abuse residential treatment the HIV team works with the residential providers to assure continuity of medical care.
- An extensive array of working MOUs are maintained and updated between the TACE and area residential treatment programs, hospitals, institutions and hospices. These are to ensure continued care for our patients during their time in and prior to being released from the facilities. For agencies receiving Ryan White CARE funds, these agencies are also on ARIES and location of a client within their programs or facilities can be a simple search of the system. Either way, the working MOUs include language for case conferencing between our program and their agency to ensure continuity of care.
- TWHC also maintains a database of HIV positive patients in medical care. This database produces reports on any patients not seen in the past three months. This report triggers outreach efforts to the last known location of the patient, as well as utilization of the many community contacts developed over the years, in order to locate the patient or bring them back into care. This outreach may be performed by TWHC health workers or TACE case managers or peer advocate staff. TWHC Primary Care providers are notified by e-mail of all SFGH admissions, Emergency Department visits and lab tests. TWHC HIV team staff visit all hospitalized patients, usually by the patient's primary medical care provider. The HIV Team staff work with the hospital team staff, starting at admission, on appropriate discharge plans and HIV Program follow up.
- Outreach by peer navigators – Staff and volunteer peer navigators conduct outreach activities in the course of performing their regular duties throughout the Tenderloin. Peer navigators ensure that HIV-infected individuals they encounter who are appropriate for services are referred to the TACE program. Outreach is focused on creating relationships with clients and providing incentives such as food packs to increase the likelihood of maintaining contact. In the course of establishing these relationships, peer navigators perform basic triage and assessment of clients' needs, and make appropriate referrals to the TACE program. When attempting to locate a client for follow up, case managers give identifying information to the Peer Advocate to assist them in locating and identifying the client during mobile activities.
- HIV antibody testing services – Confidential HIV antibody testing services, provided within the HIV Prevention Programs, are co-located at each site of our TACE, making possible a seamless transition into care for those who test positive for HIV antibodies. Health Educators (not funded under this contract) are able to link those testing positive directly with a case manager upon receiving positive antibody test results, thereby ensuring the opportunity for early intervention on behalf of that individual's health.

### **Eligibility/Intake**

An individual becomes a TACE client after supplying basic intake and client identifier information, providing proof of an HIV diagnosis and signing an informed consent to receive services. A Registered Nurse conducts a nursing intake and assessment, including lab work and TB test for those who wish to receive primary medical care. Clients who are in need of a letter of diagnosis and who become clients of TACE medical clinic are provided with one via an initial primary care history and physical. The consent includes information about all TACE services and gives permission for the sharing of client information among all TACE collaborators. Clients receive initial and ongoing needs assessment, and are offered those services that are indicated and available (psychiatric assessment, treatment advocacy groups and one-on-one counseling, housing assistance, etc.). Clients have the right to choose not to accept services offered, or to delay their use of those services until a later date, with the following exceptions: All clients will be assigned a case manager and will receive a baseline assessment. Clients who do not return for follow-up will be located during outreach activities and encouraged to return for services. After outreach has been done and

client do not return for services, cases are inactivated six months after the last contact and they are closed a year after the last contact.

### **Primary Care**

TACE provides HIV primary care services through a separate MOU with the SFDPH AIDS Office contracted to SFDPH Tom Waddell Health Center. Details of these services are provided in their MOU, although the delivery of integrated services, data collection and progress reporting will be coordinated through APIWC as the lead agent for TACE. These medical services are provided onsite at APIWC.

### **Mental Health & Substance Use Services**

In addition to basic assessments done by case management and medical staff with all clients, specialty mental health and substance abuse services are made available to clients in an effort to help them move toward greater stabilization by addressing mental health and substance abuse crises and emergencies. Though we cannot provide long-term mental health and substance abuse support, services offered in groups are provided with the goal of transferring the client to appropriate ongoing mental health and/or substance abuse care.

TACE provides mental health assessments and referrals for psychiatric medication evaluation, prescription monitoring, as well as psychiatric evaluation for continuing disability review for Social Security Disability and consultation to medical staff regarding client's level of functioning. Evaluations may be performed on-site for those clients for whom this is indicated. Individually counseling, not funded through this contract, is also offered to TACE client through existing APIWC resources.

TACE also provides substance abuse treatment screening and referrals as follows: case managers and peer navigators work closely with clients who are ready to enter treatment programs. This entails supporting them in making a decision about which type of program is appropriate for them, helping to set up appointments for intake and accompanying them to the appointments, and, if there is a waiting list for the program, supporting them during the waiting period. Upon the client's enrollment into a treatment program, the case manager and other team members, with the client's written consent, share relevant information about the client's history and health status with the substance use management or substance abuse treatment provider. Whenever appropriate, the case manager and peer advocate remain in contact with the client during their stay in the treatment program (via telephone and in-person visits if the client is enrolled in an in-patient program or during regular on-site or mobile follow-up visits, if the client is enrolled in an out-patient program).

TACE provides services to clients who are not ready to enter substance abuse treatment by first letting the client determine whether their substance use is an issue that they wish to resolve. If a client decides that accessing substance use and treatment services is not a goal, staff respect that decision, and continue to work with the client on other issues for which she does request assistance. Harm Reduction is a crucial component of the client centered model of service delivery used by our TACE, and helps ensure that staff can continue to provide the client with stabilization assistance even if he is actively using street drugs. These resources support weekly substance use treatment groups for clients in the TACE.

APIWC behavioral staff are trained and certified to evaluate psychiatric emergencies to place clients on a 5150 hold. If a client presents with a crisis, mental health staff is called in to evaluate and, if needed, to place client on a hold and facilitate the client's admittance to a hospital. Given the high degree of previous contact with the police by the target population, this allows staff to minimize the involvement of the police in those situations where the client is being admitted to PES. To ensure that some measure of crisis intervention services can be provided during times when the mental health services staff is not immediately available, all TACE staff is trained in mental health crisis management, and receive ongoing training in crisis intervention and management.

### **Case Management**

Once contact has been established between the case management staff and the client, staff addresses the seven core components of case management as described in Making the Connection: Standards of Practice for Client-Centered Case Management as follows:

1. Conducting an initial **intake** interview, including a determination of whether case management is an appropriate service for the client and collection of eligibility information. In order to insure that CARE funds are used as payer of last resort, an assessment of income source, medical insurance, including MediCal eligibility and other benefits is performed as part of the intake process. Referrals for benefits counseling are made as indicated by this assessment. Case managers perform follow up activities on an ongoing basis to insure maintenance of benefits. During intakes, the case manager is sensitive to the target populations' resistance to social services and takes care to acknowledge any cultural norms that may initially make the use of these services culturally inappropriate, as well as class-based differences that may initially separate the case manager from the client. The Case Manager gathers information in a manner that facilitates client follow-up.

The intake process includes the gathering of demographic information, review of client rights and responsibilities, grievance procedures and the obtaining of written consents, including the consent to receive services within TACE and appropriate collaborators. Referrals to medical care and other services are based on client eligibility and ability to access services funded by alternate sources of payment (e.g. MediCal) before accessing CARE funded services.

The intake typically lasts about an hour and may require more than one meeting between the case manager and the client. Clients who lack a letter of diagnosis are assisted in obtaining one. If the client already has a primary care provider, the case manager obtains a release from the client and then requests a faxed letter of diagnosis from the medical provider. If the client does not currently have a medical care provider, the case manager assists the client in making contact with a provider and then uses the client's release to obtain a letter of diagnosis after the client has seen the medical provider. If the client is not likely to be able to access medical care elsewhere, they are eligible to receive on-site medical care, and a letter of diagnosis is generated through the medical team after an initial history and physical and lab work by the medical provider. If the client has been using other AIDS services that would require a letter of diagnosis, such as the AIDS Emergency Fund, the case manager uses the client release to obtain the letter of diagnosis from that provider's files. All clients are consented for ARIES and case managers will check the database to ensure that the client is not participating in another Center of Excellence program.

2. A comprehensive **needs assessment** of psychosocial, practical support, benefits counseling and treatment education and advocacy needs is conducted. Assessments usually require at least one hour and may be conducted over more than one encounter, when necessary.
3. Based on the results of the assessment, the client and case manager together develop an individual **care plan** that outlines goals, objectives and activities to meet the client's needs and preferences for services and support. The plan documents referrals and follow-up concerning the needed services and is followed by program staff throughout the system. The plan also details client education needs about HIV treatment options with referrals to treatment advocacy services.
4. The case manager and client implement a care plan and **monitor** the step-by-step accomplishment of the goals and objectives laid out in the plan by the client and the case manager. Case managers may assign peer navigators to assist clients in accomplishing their goals. Clients are encouraged to frequently check in with case management staff. By having frequent contact with clients, staff is better able to assess clients' true strengths and challenges and to establish a working relationship based on trust.
5. The case manager conducts **follow-up** and monitoring through regular in-person or telephone contact (if possible) between case management staff and clients to ensure that the goals of the care plan are being achieved or modified accordingly. Peer navigators assist case managers in locating clients for follow-up during their outreach activities at various locations throughout the neighborhood. Several factors contribute to successful follow-up, including: the distribution of nutritional food packs, personal hygiene items, etc., to meet urgent needs; on-site provision of medical services; support services provided by mental health counselors and peer navigators and APIWC role in the community. Through case notes, tracking of clients' daily patterns assists in the location of clients for follow-up.



The case manager determines and reports successful outcomes in case notes and uses this information during follow-up. Case managers conduct follow-up and monitoring at least every 30 days although, as noted above, many clients have more frequent in-person contact with case management staff, while others have less frequent contact.

6. Case managers conduct regular **reassessments** as needed to ensure that the care plan and services continue to be of high quality and appropriate for the client's condition and that care among providers continues to be coordinated.
7. Case managers will **transfer and discharge** clients as appropriate, and in accordance with established procedures. Files for those clients not seen in 12 months are closed and archived. Referrals, verification of follow-through and transfer of records are done for clients seeking residential treatment for substance abuse issues; those who are jailed are discharged to HIVIS if in San Francisco or HIV social workers if at other facilities. Clients may be suspended for a period of 30-180 days for significant violations of APIWC behavioral guidelines. These guidelines are reviewed during the intake interview, and are posted throughout the agency. However, in cases of extreme behavior, such as violence, the suspension period may last for up to 12 months. In these cases, every effort is made to make a successful linkage to another case management program. Upon request, such clients may be eligible for review, and based on a successful review period, may resume services. Clients who are being discharged may choose to meet with their case manager for an exit interview, at which time, they may discuss successes achieved as well as ongoing or new challenges.

#### **Treatment Adherence Support**

For those who choose to initiate antiretroviral therapy, adherence support is offered by the case managers, peer navigators and medical team members in the form of individual counseling in adherence strategies, weekly support groups, and monthly educational forums. Medical staff provides adherence support in the form of medication management. The peer navigators offer adherence support in the form of practical assistance in obtaining prescriptions, and ensuring a reliable supply of medication. Mental health counselors and case managers provide adherence support through individual counseling, and support in addressing barriers and co-factors that contribute to instability, such as homelessness. Access to clean drinking water for taking pills is ensured through water filters and cup dispensers installed in all client bathrooms and nutritional supplements are made available to those with particular medication-related dietary requirements.

#### **Peer Advocacy**

Peer advocacy service utilizes peer navigators who assist with various daily tasks. Practical support, such as light housekeeping, which may be necessary in order to maintain a client's housing stability, comprises the majority of their workload. They help clients fill out paperwork for other agencies, or assist them in obtaining California ID or in completing ADAP certification. They accompany clients on trips to medical care providers, GA, Social Security offices and other service providers. They draw from their own experience to provide encouragement and adherence strategies for clients who are beginning antiretroviral therapy. They help build bridges between clients, the agency and the larger community by helping clients connect to TACE services with a friendly, caring face. Utilizing a self-help model, peer navigators also conduct weekly support groups for residents living with HIV/AIDS.

Peer navigators also help to recruit clients. They conduct outreach at various locations in the Tenderloin including residential hotels, other agencies, and various other locations where clients might be found. Peer navigators help locate clients for follow-up, particularly clients who are homeless or who have a pattern of changing their housing frequently. This location of clients for follow-up is supported by information documented in case notes on clients' daily patterns and by the peer navigators' specific knowledge of clients' hangouts.

Peer navigators are assigned daily tasks of client support through case managers, who triage and coordinate requests for assistance from the medical and mental health providers. They participate in daily rounds, where some of these day-to-day decisions are made and in weekly case conferences. Their insight about clients is an invaluable part of the clinical team's understanding of the clients.

#### **Peer Advocacy Groups**

Major depression, social anxiety, and/or isolation are significant problems for the CoE population. Case managers and Medical providers have found it difficult to create partnerships with clients around improving these problems. Food has been the primary motivator to engage clients who are resistant to mental health interventions, but who need to connect with others. Four Peer Advocacy groups will take place on Monday, Tuesday, Wednesday, and Thursday mornings to provide clients who have had difficulty sleeping or no sleep, who wake up anxious, who have low energy, or who are suffering from other barriers with access to care.

The groups will be coordinated by the peer advocacy staff with input and supervision by the Senior Case Manager and Program Manager; however, other TACE providers, including Case Managers will rotate participation in the process to interact and generate a social context: staff will encourage group conversation and self-awareness.

These brief interventions permit us to fulfill several goals:

- To conduct quick assessments the functioning of clients who might otherwise not be seen for extended periods.
- To support retention of clients.
- To improve the socialization and communication skills of clients.
- To provide micro (10-15 minute) psych-educational and self-care interventions (nutrition, anger management, depression, anxiety, loss, etc) for a population with short attention.
- To reinforce positive social networking and information sharing.
- To model self-care in HIV and co-morbidities.
- To introduce a range of providers and demystify resources available.

#### **Nutritional Supplements**

Food for nutritional supplements will be purchased by, warehoused at, packaged by and delivered by TACE staff and peer advocacy volunteers. Typically, supplements will include non-perishable protein, high-calorie carbohydrates, fruit, vitamins and juices. Supplements will be provided on site to clients who meet established criteria. Additional supplements will be provided to peer navigators, case managers, health workers, registered nurses and volunteers, who will take supplements into the homes of homebound clients via the mobile team. Supplements will be available Monday through Friday, during regular business hours, as supplies last. Distribution of nutritional supplements is based upon client request; all clients meet minimal income eligibility for CARE services. The distribution of nutritional supplements is recorded in ARIES and inventoried/order by TACE staff.

#### **Taxi Script, MUNI Tokens, food and household goods voucher distribution**

Taxi script, food and household goods vouchers and MUNI tokens will be distributed to clients in emergency situations and as an incentive to return for follow-up visits. In order to remain flexible and responsive to the needs of the target population, strict ceilings will not be imposed on the maximum value received per client or the number of times taxi script, tokens and vouchers may be received. In order to ensure that these resources are used appropriately, staff will be trained in proper procedures for their distribution, and only TACE staff will have access to these resources. The Program Manager will manage the utilization of these limited resources.

Information about availability and distribution will be included in new client orientations during the intake process.

Eligible clients will minimally meet the following criteria:

- Eligible for/enrolled in, CARE funded programs
- Resident of San Francisco or intent to reside (homeless) in San Francisco
- HIV antibody positive (documented)

Additional eligibility criteria will be used to ensure the appropriate use of these limited resources, and their fair distribution.

The San Francisco Department of Public Health, HIV Health Services (SFDPH HHS), awards APIWC taxi scripts, bus tokens and food vouchers. APIWC is responsible for the secure maintenance and accounting of voucher distribution to clients. Maintenance and record keeping must be demonstrated and documented. APIWC is subject to

an annual on-site visit from an authorized HHS staff member and/or team to ensure adherence to the following voucher guidelines.

Vouchers are intended for distribution to low-income TACE clients living with HIV/AIDS. Contractually, one voucher distributed to a CARE client is generally considered as a unit of service. Since no administrative funds are available through this voucher award, there is no cost per unit of service.

Upon receipt of vouchers from HHS, APIWC does the following:

- Verifies that the voucher amounts coincide with the Voucher Receipt. A copy of said receipt should accompany the physical voucher award and a copy should be filed with HHS. This count will be conducted by the Director and Associate Director. If any discrepancy is found, the Associate Director of Health Services will contact HHS immediately.
- When applicable, records all serial numbers or serial number series that are preprinted on vouchers. When distributing vouchers to clients, the appropriate serial number will be logged on the voucher distribution record along with the client's name and/or identifying information.
- Secures vouchers in a locked file cabinet. This cabinet is located at APIWC. The vouchers are secured in a safe behind a locked door by the Program Manager
- Documents all voucher disbursements through the maintenance of the voucher log book which is maintained by the Program Manager.
- Conducts quarterly inventory. This inventory is conducted by the Program Manager and Associate Director.

Generally speaking, bus tokens are issued for medical appointments and other special circumstances. Taxi vouchers are utilized to transport the most disabled clients to and from medical appointments. They are also used by these clients to attend early morning appointments that maybe difficult to make otherwise.

**Emergency Housing (not funded under this contract):**

APIWC will work with the HIV emergency housing program for SFDPH Housing and Urban Health. This service is provided for clients accessing the TACE who are homeless and pending placement in a longer-term program.

**Client care coordination, case conferences and internal referrals**

TACE links with agencies providing other services, including housing, food, benefits counseling, money management, mental health services, substance use management and drug treatment services via existing relationships with other service providers who work with Tenderloin clients. These providers include the San Francisco AIDS Foundation, Catholic Charities, Tenderloin Housing Clinic (housing), Project Open Hand (food), Positive Resource Center (benefits counseling), Lutheran Social Services (money management), Alliance Health Project (mental health services), Baker Places (substance use treatment), Walden House (substance use treatment) and Westside (substance use treatment and mental healthcare). Client advocacy services are made available through an outreach worker from Positive Resource Center and through a lawyer at AIDS Legal Referral Panel, who specializes in housing law and is available to both clients and staff for consultation.

TACE agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of both the newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance abuse treatment programs (non-HIV), adult probation, HIV counseling and testing, mental health programs (non-HIV), and homeless shelters.

Communication for linking treatment plans, obtaining legal consents, and coordinating care between agencies and staff involved in client treatment will rely primarily on releases signed by clients. Through these releases, clients agree to let other service providers share information with us, and to let us share information about the client with other service providers. No client information is shared with other providers without this release. Once releases have been obtained (and FAXed to appropriate staff), information sharing will occur via telephone and in-person meetings as appropriate. The ARIES system will be used to expand efforts for coordinated client care.

Once these releases are in place, upon review of client records by the TWHC Medical Director, quality assurance follow up interactions with the medical providers of clients identified who chose not to receive primary medical care at

our CoE are conducted as part of our commitment in ensuring excellent primary medical care for our clients. The interactions are documented and monitored.

Internal service coordination occurs through a series of regularly scheduled case conferences and meetings among members at all levels of our system. These include:

- TACE teams review new client intakes; strategize around urgent and daily planned tasks and appointments for clients. Notes are created in the State's ARIES database, including the plan for accomplishing many tasks and the location of clients that may be seen at partner sites throughout the day. Staff continually refers to these notes throughout the day to check on client plans.
- Weekly or more frequent case conference meetings are held. Core members of each team meet to engage in case review and problem-solving. Staff who rotate among teams will participate in these meetings according to agreed upon schedules. Meetings notes are documented and file so that all staff not in attendance may review case discussions.
- Weekly administrative meetings are held at each site among the Discipline Supervisors to discuss systems issues, such as implementation of protocols and changes in protocols, internal and external referrals and barriers in accessing the referral services, and coordination.
- At bi-monthly department manager's meetings, the TACE programs managers will meet with program director to (a) assess the program's success in meeting units of service goals, process objectives and outcome objectives; (b) data entry compliance; (c) engage in ongoing program planning, and (d) review program budgets and year-to-date expenditures.
- We will conduct a variety of team-building activities, which will help build bonds among the staff working on this collaboration. These activities will include scheduled in-service trainings and cross-trainings. All TACE staff will be included in these activities.

#### **Exit criteria and process**

Clients are discharged from services for three reasons: 1) client selects to transfer to another service provider, 2) client has achieved their personal program goals and is no longer in need of service and 3) client is suspended as a result of harmful behavior and is transfer to another provider. Each process includes a written statement for the client detailing referrals and how to reengage when they are ready, in need and/or have completed their suspension.

#### **Program staffing**

The core team consists of staff at the three sites of the TACE. SFDPH's TWHC is submitting a separate MOU with the SFDPH HHS. The following core members comprise staffing of the TACE program. They are as follows:

- Chief Program Officer
- Director of Programs
- Associate Director of Behavioral Health and Community Programs, HIV Treatment Programs
- TACE Program Manager
- Medical Case Managers
- Peer Navigators
- Program Assistant
- Quality Assurance/Contracts Management Coordinator
- Data Specialist (starting FY 18-19)
- IT Manager

TWUHC- (staff partially funded by RWPA in a separate contract)

- Clerk-Typist, Class 1424
- Medical Records Clerk, Class 2110
- Physician Specialist, Class 2230
- Medical Evaluation Assistant, Class 2430
- Health Worker II, Class 2586
- Health Worker III, Class 2587

Health Educator, Class 2822  
Eligibility Worker, Class 2903  
Registered Nurse, Class 2320  
Nurse Practitioner, Class 2328

APIWC Associate Director of Behavioral Health and Community Programs acts as the Coordinator for TACE and the Chief Program Officer serves as liaison with the AIDS Office for the data collection and reporting. Direct client services at TACE are led by the Director of Programs with support from the Associate Director and at SFDPH TWHC by the Medical Director, who serves as the Medical Director for clients and services in all sites of this TACE.

The Program Manager is responsible for supervising case managers and peer navigators, for coordinating with all collaborative partners, for QA of all client activities and documentation, and for preparing reports and participating in monitoring visits. The role also reviews all ARIES documentation by the team to ensure that paperwork is in compliance with AIDS Office requirements. The Program Manager will also schedule and conduct outreach activities in the community with assistance from the Senior Case Manager.

The Case Managers and Peer navigators are responsible for all case management, peer advocacy and related referrals to medical care, behavioral health support, and community supports. They are also responsible for documentation of referrals and assistance in ensuring HIV+ clients link with supports including additional specialty medical care services as needed.

All TACE team members (Program Manager, case managers, peer navigators) will complete data entry into to the ARIES database for their reports. The Data Specialist will oversee aggregating, reviewing, and sharing data with management and finance at APIWC.

**Staff supervision** will be multi-faceted: In the course of their work within multi-disciplinary teams, staff will work under the supervision of their direct supervisor who will ensure day-to-day functioning for issues pertaining to how the team operates, such as logistics, client flow, assuring arrival of staff members, and communication among team members.

Clinical staff, including case managers and peer line staff, is also provided weekly clinical supervision, as needed by LCSW staff. This acknowledges the intensity of the work conducted and provides a weekly space to discuss emotions and barriers in care delivery. Individualized skills' building is offered as well as techniques to avoid burnout, process death and dying and strategizing on techniques to handle dual-diagnosed clients.

Each staff member will operate with support and supervision from their home agency. This supervision will cover adherence to the home agency's personnel policies and procedures, scheduling, corrective actions, and performance evaluations. Because of the multi-faceted nature of the supervisory structure, all of the collaborating agencies in this proposal have agreed that the collaboration, as an entity, will have input into some aspects of this supervision, particularly scheduling and performance evaluations. The collaboration will also participate in the interviewing and hiring of new staff. The ability to deliver services in a multi-disciplinary team setting, and with multiple lines of supervision, will be major selection criteria for all hires.

Administrative supervision is conducted on a weekly basis. Case management staff meet individually with the program manager and peer advocacy staff meeting individually with the senior case manager to go over documentation, constructive criticism and positive feedback on job performance areas and other administrative issues. This is supplemented by ongoing case-by-case supervision and guidance by the program manager. To support staff in managing their personal issues to effectively work with a challenging population, ongoing weekly individual clinical supervision is provided for all direct line staff, as needed. The Program Manager, clinical supervisor, and staff person meet as a team when necessary and/or appropriate. The Associate Director of Health Services meets with the Director of Programs for administrative supervision; the program conducts monthly program a mandatory all-staff meeting is scheduled on the second Wednesdays of each month. To manage the work of our TWHC partner, including those involved in this collaboration, monthly administrative meetings to review progress in obtaining program objectives will be held with the TWHC Associate Medical Director and APIWC's Associate Director

and Director of Programs. Areas needing follow up are detailed and plans of redress made and monitored in the minutes of these meetings.

**Training:** APIWC holds ongoing learning as an important component of staff development. Weekly, TACE closes from 12pm– 4:30 pm on Wednesdays to conduct ongoing individual, team and/or all-agency learning processes. These are either led by APIWC management or consultants brought in on areas of interest. These activities also ensure that we meet the requirements of our funders. Topics include harm reduction, appropriate syringe disposal, cultural competency, health topic updates, best practice in-services, provider updates and group processes to ensure effective agency communication. Staff members also attend an array of local trainings as well as national trainings, as funding allows.

All full-time Case Managers and Peer Navigators will receive a minimum of 24 hours of training each year to increase their knowledge of service-related issues and/or to develop job-related skills. For Case Managers, a minimum of six hours of this training should be specific to benefits and entitlements if such training was not already obtained within two years. All Case Management and Peer Advocacy staff that has not been previously trained will enroll in, or successfully complete the CSTEP Program by the end of the contract period.

**Staff Performance Evaluation:** The formal review process occurs on a staff person's anniversary date or, as stated in the Employee handbook, in case of organizational transition, during an agreed upon time frame. Areas of concern or deviation from the current standards are noted and plans of redress developed and monitored by the Program Managers. The formal reviews provide supervisors and employees alike with the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful and realistic approaches for meeting goals. Supervisors are strongly encouraged to discuss job performance and goals on an informal and regular basis.

**Case conferencing:** As an integrated service organization, TACE conducts an array of case conferencing in an effort to coordinate and bring together the multi-disciplinary team that works on behalf of all clients access APIWC. On the Golden Gate site, Case conferences are held every Tuesday and Thursday from 4-5:00 PM. Morning meetings "Daily Rounds" are held at the beginning of each day, when critical client cases are discussed and the daily plan detailed to the team. Minutes of these meetings are maintained according to standard social service practice. Polk Site location holds the case conference every Monday from 12:30 to 1:30 pm

**Cooperative Relationships and Linkages:** APIWC could not conduct its work without a large network of community providers. These providers include, but are not limited to, UCSF Alliance Health Project, St. Anthony's Church, San Francisco AIDS Foundation, SFGH Emergency Room, San Francisco City Clinic and St. James Infirmary. Annually a listing of the current agencies and organizations with which we have Memorandums of Understanding (MOU) will be submitted as part of our annual reports. New MOAs indicating the changes in referral tracking developed in collaboration with HPS will be executed and will be presented to SFDPH upon completion.

**Client Satisfaction:** TACE will utilize client satisfaction surveys as one means of measuring the impact of our work. In addition, we hold a monthly Client Advisory Panel (CAP), and have consumer representation on our all agency Community Advisory Board (CAB).

APIWC's Client Satisfaction Survey is used to measure clients' perception of the services provided, the facility in which we operate, the staff, and any unmet needs that they would like TACE to consider. The tool is standardized and uses closed questions to measure changes across the wide array of APIWC services. The Client Satisfaction Survey is offered to clients by all program staff (some who are funded by this contract) and is entered into our data system by the Program Manager. Results of the survey will assess program's performance to determine if client satisfaction has changed over time. Also, measuring client satisfaction will help to strengthen communication and build relations with clients, assess the strengths and weaknesses of HIV programs from the client perspective, focus the quality improvement efforts; and create baseline data against which to measure changes in clients' satisfaction.

Annually, the client satisfaction reports are presented to the CAB along with any changes or responses provided by management. The impact of clients in our work is very real. Comments documented at the CAB and some from the satisfaction surveys have resulted in continued high marks from clients regarding our work.

## 7. Objectives and measurements

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled *Ambulatory Care-Primary Care (HHS) Performance Objectives* for each Fiscal Year of the contract term. APIWC TACE agrees to make its best efforts to achieve these objectives within the agreed upon time frame. The TACE Center of Excellence Program Manager shares information, in particular through the ARIES database, regarding the accomplishment of all program objectives and results of all evaluation measures with the SFDPH as part of the annual monitoring process. Other Required Contractual Language

The Associate Director has the responsibility for the recording, tracking, compiling, and analyzing data related to the accomplishment of each objective, including directing database administration and program assistant staff to develop internal systems to track elements needed to record and analyze data to measure the progress in accomplishing these objectives. This position will review 10-20 clients charts quarterly (both physical and in ARIES), selected randomly, to measure success in completing non-medical CoE objectives. All data is compiled, stored, and analyzed annually and reported in agency and all TACE team meetings with a plan of redress developed for any item with a variance.

## 8. Continuous Quality Improvement

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. APIWC guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction. TACE agrees to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, APIWC uses the following structures and processes to ensure continuous quality improvement.

- Quarterly random review of 10 client charts conducted by the CQI Committee and documented in the QA/QI log.
- Regular clinical supervision with licensed Mental Health Professional to ensure appropriate clinical support for case managers and peer navigators, as needed
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Monthly Client Advisory Panel meeting to address program's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

### HIPAA

1. DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality. As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
2. All staff who handles patient health information is trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. As Measured by: Documentation exists showing individuals were trained.
3. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided. As Measured by: Evidence in patient/client chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
4. A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility. As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)

5. Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented. As Measured by: Documentation exists.
6. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

In order to maintain fidelity to and track performance against SFDPH goals, the clinical staff will document all encounters and treatment plans in ARIES. The system will support tracking and managing the number of clients receiving case management services, home health care services, navigation services; demographic and insurance information will also be collected and tracked.

In addition, TACE clients will require close psychosocial monitoring. The team will utilize Panel Management for this purpose. Panel Management will allow the integration of the medical data from ARIES with Support Services data from each of the team members into a single dashboard-style report that all can access. The SF Coordinated Care Management System will allow the team to monitor which clients are in hospitals, skilled nursing facilities, or jail, which clients are accessing urgent or emergency room services, and which clients are at risk of eviction. The team will also monitor incoming referral sources, client engagement into medical and mental health services, and client disposition, and gather data regarding client experiences with stigma.

Where needed, staff will create additional tools similar to those currently used by APIWC, which are specific to new positions or tasks. These will include frameworks and checklists for unique positions, such as the Life Skills Trainer. In addition, the team will collaborate with LINC (Linkage, Integration, Navigation, and Comprehensive Services) to develop a monitoring system for discharged clients. The team will also implement an annual client satisfaction survey. Further quality improvement structures will help routinely track the program's contributions toward linkage, retention, and viral suppression outcomes on the spectrum of engagement in HIV prevention and care.

#### **ARIES Database**

APIWC collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding.

ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential. Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

APIWC complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

The Program Manager the Associate Director have the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. They also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. The Associate Director and Data Specialist ensure that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

#### **9. Required Language**



Third Party Reimbursement:	See Target Population, Page 1
Client Enrollment Priority:	See Target Population, Page 1
Client Diagnosis:	See Target Population, Page 1
Standards of Care:	See Continuous Quality Improvement, Page 14
ARIES Database:	See ARIES, Pages 15
Vigorous Pursuit:	See Target Population, Page 1

**1. Program Name / Address** Asian and Pacific Islander Wellness Center, Inc.  
Tenderloin Area Center of Excellence (TACE) -  
Rebranding FQHC Project  
730 Polk Street 4<sup>th</sup> Floor, San Francisco, CA, 94109  
415-292-3400, Fax: 415-292-3404, www.apiwellness.org

Program Location Same  
Contact Ming Ming Kwan, MSW, Chief Program Officer  
mingming@apiwellness.org

**2. Nature of Document** NEW

**3. Goal Statement**  
The goal of the Rebranding FQHC Project is (1) for API Wellness' growth and expansion as a federally qualified health center to more accurately and effectively represent the populations that it serves and intends to serve in San Francisco and the surrounding region, and (2) to ensure that all low-income and homeless individuals in San Francisco can easily access our culturally and linguistically competent primary care services and all other wrap-around services we provide.

**4. Target Population**  
The Rebranding FQHC Project will target API Wellness stakeholders, current clients/patients, funders, local and regional LGBTQ communities, and the general public of future potential clients and patients.

**5. Modalities and Interventions**  
API Wellness will employ three modalities: 1. Internal brand development, 2. Stakeholder engagement, 3. Marketing and Positioning to situate our new brand solidly in the network of health care services in San Francisco.

Unit of Service Description	UOS	UDC
1 UOS = 1 month of internal brand development, logistics/facilitation of stakeholder meetings, public presentations and marketing campaign provided under the combined effort of APIWC administration, staff and consultants.		
Brand Development	12	
Stakeholder Engagement	12	
Marketing	12	
<b>TOTAL UOS:</b>	<b>36</b>	<b>N/A</b>

**6. Methodology**  
API Wellness has naturally evolved beyond its founding mission of serving APIs who are living with or at-risk for HIV. We operate the Tenderloin HIV Center of Excellence for all Tenderloin residents of all races and ethnicities who are living with HIV. We have grown to

be the largest transgender service provider in the City. In 2015, we also expanded to provide primary care services as the City's newest federally qualified health center (FQHC), and we currently operate two medical clinics in the Tenderloin and the Castro. Our clients are cisgender, lesbian, gay, bisexual, transgender, queer, and questioning of all racial and ethnic backgrounds.

API Wellness is committed to responding to the evolving health needs of all the communities we serve, well beyond serving the API and HIV community. Furthermore, as an FQHC, API Wellness has a great opportunity to expand its services to reach the most vulnerable and stigmatized in our City with high quality, culturally competent health care services. However, in the Trump era, FQHCs need to be nimble and strategic given the ever-changing politics of health care.

On a national level, API Wellness has a strong presence in capacity-building, training, and health advocacy. Because of the recent establishment of a new satellite clinic at the San Francisco LGBT Center and the broad consumers that API Wellness serves, the organization is prepared for a name change and rebranding to truly reflect its consumer demographics and mission, and to lay a foundation for longevity on behalf of the lifetimes of the many clients we plan to serve.

It is our intention to rebrand and then execute a marketing campaign to solidify our rebranded presence in the City. After consulting with multiple communications and branding firms, it is clear that this will take tremendous effort over several years.

To realize our goal, API Wellness Centers has engaged the services of Imprint Communications Group.

After interviewing and reviewing proposals from three communications firms, API Wellness selected Imprint Communications Group to guide our efforts. Imprint is an award-winning public affairs, campaign, and ethnic marketing firm, which specializes in reaching diverse communities. The firm has an unrivaled track record in targeting and marketing to hard-to-reach communities. Imprint has worked with Fortune 500 corporations, foundations, government entities, candidates, and prominent elected officials. In addition to supporting and guiding the organization to identify its new brand identity, Imprint will provide a roadmap for the organization's marketing, communications, and fundraising efforts, and will work with us to further strengthen our new, exciting narrative.

API Wellness will use the strategy of *storytelling*. Storytelling is the messaging and positioning vehicle that Imprint has employed with multiple organizations. API Wellness will craft tailored messages to various audiences to garner their support and to position the organization for additional business development opportunities. We will identify and utilize clients as validators and external key influencers to articulate the different services that API Wellness provides, and thus the broader brand that API Wellness currently possesses.

## 7. Objectives and measurements

- By August 31, 2017, API Wellness will request bids from communications and branding firms in order to select the most competent company to work with API Wellness to establish its new full brand identity package, as measured by the bids received, process

notes of meetings and decisions made, and fully executed contract with the selected firm.

- By October 31, 2017, API Wellness will have implemented a formal process (including the establishment of an internal Rebranding Committee comprised of board and staff) to develop an initial draft of a new potential brand for API Wellness, as measured by the meetings held and minutes recorded.
- By January 25, 2018, API Wellness will engage its staff and full board, external stakeholders, and other community partners to finalize its brand identity package and positioning plan to be approved by the API Wellness Board of Directors, as measured by meetings and interviews being held with notes recorded, and board minutes of formal approval.
- By January 26, 2018, API Wellness shall produce and execute the 30<sup>th</sup> Anniversary Pearl Gala that will introduce the story of our new brand as measured by the actual holding of the event.
- By February 28, 2018, API Wellness will develop and initiate implementation of the company's media relations and integrated marketing campaign after its rebranding process as measured by the plan being presented to the Board at its February 2018 meeting.
- By March 31, 2018, agency materials, website, and social media outlets will transition to our new brand identity as part of the campaign launch to enhance brand awareness to both consumers and business partners, and to promote the significant value and community benefits that the company contributes to the communities and clients they serve as measured by creation of materials and transition of agency social media outlets.
- By March 31, 2018, API Wellness will develop and initiate implementation of a program to increase market share for the newly rebranded agency among consumers in San Francisco as measured by the actual increase in patient/client participation in all programs including our FQHC, based on the baseline of January 1, 2018.
- By April 30, 2018, the Board will have revised and updated its strategic plan to fully commit to its new brand and leverage this in service of the Tenderloin and LGBTQ community of San Francisco, as measured by formal adoption of a revised multi-year strategic plan.
- By June 30, 2018, API Wellness will have fully implemented the advertising and marketing program, positioning the organization positively in the press, having garnered earned media opportunities, and disseminated information and materials on our rebranded organization to ensure the community is fully informed of our rebrand and well-aware of all the services offered, as measured by the increase in positive press using January 1, 2018 as a baseline.
- By June 30, 2018, API Wellness will increase its new patient enrollment numbers (per month) by 50%, as measured against the baseline set at January of 2018.

A year-end, annual summary of the accomplishment of program objectives will be submitted to HHS SOC PM & BOCC by November 17 2018.

## **8. Continuous Quality Improvement**

API Wellness under its new name will hold continual monitoring meetings to assess the effectiveness of the new name and logo on its business model.

## **9. Required Language: N/A**

**1. Program Name / Address** Asian and Pacific Islander Wellness Center, Inc.  
Tenderloin Early Intervention Services -  
HHOME/TransAccess  
730 Polk Street 4<sup>th</sup> Floor, San Francisco, CA, 94109  
415-292-3400, Fax: 415-292-3404, www.apowellness.org

Program Location Same  
Contact Ming Ming Kwan, MSW, Chief Program Officer  
mingming@apiwellness.org

**2. Nature of Document** New

**3. Goal Statement**  
**HHOME**

The HIV Homeless Outreach Mobile Engagement (HHOME) program will ensure and expand seamless access to quality medical care and critical support services through a mobile, multidisciplinary team-based intervention designed to engage and retain in care San Francisco's "hardest to reach" population of people living with HIV who severely impacted by homelessness.

**TransAccess**

Trans Access will ensure and expand seamless access to quality primary HIV care and critical support services through a multi-faceted intervention designed to engage and retain in care San Francisco's population of transgender women of color living with HIV.

**4. Target Population**  
**HHOME**

At minimum, each client enrolled in the program will: 1) Have received a previous positive HIV test result; 2) Be living on the street or in a HRSA-defined unstable housing situation; 3) Have identified psychiatric disorders and/or mental health conditions; 4) Have active substance abuse and/or chemical dependency issues; 5) Be an individual who is not currently engaged in HIV treatment or therapy; and 6) Be an individual who is not currently linked to an identified medical home.

**TransAccess**

The proposed SPNS program will serve a complex and multi-faceted population of transgender women of color who face a broad range of challenges and barriers to HIV identification and entry and retention in HIV health care. This includes **five** broad categories of participants, consisting of:

1. HIV-infected women who are not yet aware of their HIV status;
2. HIV-infected women who have previously been in care but who, for a variety of reasons have dropped out of or been lost to care;
3. HIV-infected women who know their serostatus but have never been engaged in regular medical care;
4. HIV-infected women who are currently in medical care but who are unstably in care or at high risk of dropping out of care; and

With respect to inclusion in the program, priority will be given to residents of San Francisco who are low income and uninsured. Secondary consideration will be given to residents of San Francisco who are low income and underinsured. Funds will be used for services that are not reimbursed by any other source of revenue. Client eligibility for Ryan White funded services is assessed upon intake, and at six (6) month intervals thereafter, at minimum.

**5. Modalities / Interventions**

*HHOME: September 1, 2017 –February 28, 2018 (b-4)*

Unit of Service Description	UOS	UDC
HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments, of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans.  1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE	624	20
HHOME Peer Navigation: 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services.  1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE	624	20
<b>Totals This Period</b>	<b>1,248</b>	<b>20</b>

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**TransAccess September 1, 2017 – February 28, 2018 (b-4)**

Unit of Service Description	UOS	UDC
<p>Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans.</p> <p>1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE</p>	624	20
<p>Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments.</p> <p>2 hours / week x 24 weeks</p>	48	15
<p>Trans Access Peer Navigation 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services.</p> <p>1.0 FTE x 40 Hrs/Wk x 24 Wks x 65% LOE</p>	624	20
<b>Totals This Period</b>	<b>1,296</b>	<b>20</b>

**HHOME: March 1, 2018-February 28, 2019 (b-4a)**

Unit of Service Description	UOS	UDC
<p>HHOME Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments. 1hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans.</p> <p>1.0 FTE x 40 Hrs/Wk x 45 Wks x 67% LOE</p>	1,206	50

HHOME Peer Navigation: 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client access to health services.  1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE	1,170	50
Totals This Period	2,376	50

**TransAccess March 1, 2018 – February 28, 2019 (b-4a)**

Unit of Service Description	UOS	UDC
Trans Access Medical Case Management: 1 UOS = 1 hour, tracked in 15 minute increments 1 hour of client case management activities directly with clients or on behalf of clients to improve consumer health outcomes; including Treatment Advocacy counseling, health education directly with clients to improve their adherence to health care treatment plans.  1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE	1,170	50
Trans Access Support Groups: 1 UOS = 1 hour, tracked in 15 minute increments  2 Hrs/Wk x 45 Wks	90	25
Trans Access Peer Navigation 1 UOS = 1 hour, tracked in 15 minute increments of client outreach, peer-based advocacy/ linkage to care/ practical support to improve client.  1.0 FTE x 40 Hrs/Wk x 45 Wks x 65% LOE	1,170	50
Totals This Period	2,430	50



## 6. Methodology

**HHOME** The HHOME Project will target homeless individuals who are the most difficult to engage and retain in care- individuals facing complex, multiple co-morbidities, and barriers who have thus far resisted attempts to engage in housing and or HIV treatment - with the goal of getting individuals into medical care.

### **HHOME Outreach, Recruitment, Promotion, and Advertisement**

The HIV Homeless Outreach Mobile Engagement Project will specifically focus on serving what our program is describing as the "hardest to serve" HIV-positive homeless individuals in San Francisco - individuals that our advanced system has thus far been unable to retain in care and who face multiple co-morbidities accompanied by chaotic life circumstances that constitute formidable barriers to linkage and retention in care. At minimum, clients enrolled in our program will be required to meet the following six admission criteria: 1) Have received a previous positive HIV test result; 2) Be living on the street or in HRSA-defined unstable housing situations; 3) Have identified psychiatric disorders and/or mental health conditions; 4) Have active substance abuse and/or chemical dependency issues; 5) Be an individual who is not currently engaged in HIV treatment or therapy; and 6) Be an individual who is not currently linked to an identified medical home. HHOME will utilize four primary sources for identifying hardest-to-serve HIV- infected homeless individuals for inclusion in our program, as follows:

1. HHOME clients will include newly identified HIV-positive homeless individuals facing multiple co-morbidities who have been tested through a variety of programs including medically-related testing at the Tom Waddell Health Center; rapid testing through the TWHC Urgent Care center; and testing at public and private hospitals and clinics. Many of these individuals will be referred to the HHOME Project through the LINC'S (Linkage Integration Navigation and Comprehensive Services) program. A significant number of HHOME clients will also originate through the work of the SF HOT team which incorporates questions regarding HIV status into their existing outreach strategy.
2. HHOME clients will consist of homeless clients of the Tom Waddell Health Center who at some point in the past received HIV care at the Center but who, for a variety of reasons, have been lost to HIV care for anywhere from three months to several years.
3. HHOME clients will consist of pre-identified high users of multiple systems (HUMS), known in other jurisdictions as "hot spotters." These are low-income individuals who frequently utilize emergency rooms and urgent care centers to obtain basic health treatment. These individuals are identified by San Francisco using the city's Coordinated Case Management Data System (CCMS), an integrated electronic charting, reporting, and communication tool for teams working with clients who are served across multiple systems of care.
4. The remaining HHOME clients will be persons identified through an active citywide collaboration, the HIV Care Continuum Task Force, which engages public and private providers in an effort to link the most challenging HIV-positive homeless individuals in our region into care. Many of the referrals through this system will come from one of the SFDPH 15 satellite medical clinics which includes street

outreach teams, needle exchange programs, hospital emergency rooms, emergency shelters, and battered women's shelters.

5. Additional key referral partnerships include:

- Project Homeless Connect, providing a single location through which non-profit medical and social service providers can collaborate to serve the homeless of San Francisco with comprehensive, holistic services. Through Project Homeless Connect, over 1,000 community volunteers partner with government agencies, nonprofits, and the private sector every two months in a single location to provide comprehensive health and human services for homeless San Franciscans. Hundreds of corporations, nonprofits, and government agencies provide PHC and its clients with services such as dental care, eyeglasses, family support, food, HIV testing, housing, hygiene products, medical care, mental health services, substance abuse treatment, SSI benefits, legal advice, California identification cards, voice mail, employment counseling and job placement, wheelchair repair, methadone, needle exchange, and more.
- HIV Integrated Services (HIVIS), a Ryan White-funded program that functions as one of the San Francisco EMA's HIV Centers of Excellence and provides a unique one-stop, comprehensive care center providing jail-based health services and post-release treatment and care linkage services to incarcerated persons with HIV. HIVIS offers screening, support, and medical case management services for the majority of known HIV-infected individuals leaving the San Francisco jail system, and ensures a smooth transition in terms of both medical care and social services.
- Centerforce, which provides pre and post-release transitional support services for HIV- positive individuals being released from San Quentin State Prison just north of San Francisco.
- The Behavioral Health Access Center (BHAC) which serves as the assessment, referral and placement unit of the Community Behavioral Health Services section of the San Francisco Department of Public Health. BHAC conducts direct intakes and assessments of homeless clients in San Francisco who are dealing with intensive behavioral issues including severe and persistent mental illness and chronic substance abuse. It provides referrals and linkage support to connect them to services and providers throughout the city. Once assessed, individuals may be placed in outpatient treatment, residential treatment, or linked to other services in the community.

***HHOME Intake Criteria and Process***

The HHOME team will utilize a previously developed acuity assessment tool to determine client eligibility and appropriateness for the program. The HHOME team will ensure that all potential clients meet the six broad program criteria outlined and will cross-check potential clients using the CCMS database to ensure that individuals are not currently affiliated with a primary medical home. Potential clients will be informed of all program services and will sign written consent forms at program admission.

Newly admitted clients complete a comprehensive client needs assessment and history which documents prior medical conditions and major life events and identifies all

present conditions and factors that exist in the client's life, including known health conditions; past HIV treatment received; known mental health and psychiatric issues; history of past trauma; substance abuse and chemical dependency issues; cognitive and functional status; economic and housing circumstances; benefits eligibility; survival needs; current threats of or actual violence or physical abuse; extent and composition of social support networks; and engagement in HIV-related risk behaviors. This assessment history may need to be completed over multiple sessions, and the multidisciplinary team will meet together to review and develop preliminary care and stabilization recommendations for the client that are triaged based on a range of factors including threats of violence, threats to survival, and mental health and substance abuse-related stability issues. A comprehensive care plan will then be developed in collaboration with the client, outlining action steps and service linkages to be undertaken on behalf of and with the participation of the client, including proposed timeframes for attaining HIV care engagement and engagement in stable housing.

### ***HHOME Intervention Delivery Model***

Apart from meeting immediate survival needs, removing physical threats, and creating adequate stability to obtain medical care, the goal of the HHOME team is to involve and retain clients in a designated patient-centered medical home. The designated medical home will be an FQHC-qualified facility with access to citywide registries which serves as the hub location at which clients will access comprehensive HIV- specific and non-HIV-specific health and -medical services. For many project clients, their most appropriate designated medical home will be the Tom Waddell Health Center. An estimated 35% - 40% of project clients will be appropriate candidates for the Tom Waddell Health Center following their initial encounter with the HHOME team. Other HHOME clients will be triaged into a more intensive medical care environment at the a co-located intensive case management/primary care site or the Ryan White-funded Tenderloin Center of Excellence Health Clinic (TACE), a collaborative care initiative for severe needs homeless populations with HIV which encompasses the Tom Waddell Health Center, the Asian & Pacific Islander Wellness Center. TACE is able to provide effective medical care to a more chaotic and less highly stabilized population than Tom Waddell Health Center, and can serve as ideal bridge program for clients who have not been fully stabilized and housed.

### ***TransAccess***

Trans Access will create a unique public/private partnership model in which the medical services of a public community health clinic which has an established specialty in transgender medical care - the Tom Waddell Health Center - are transported and integrated into a respected and highly trusted community-based transgender support program - the TRANS:THRIVE program at Asian & Pacific Islander Wellness Center. The collaborative partnership has the explicit goal of enhancing utilization of and retention in HIV medical care by underserved transgender women of color. The program will create a unique neighborhood-based transgender medical home specifically designed to address the complex needs of this critically HIV impacted population.

TransAccess will consist of **four** principal components, each of which addresses the primary goals of the program while corresponding to emerging paradigms and priorities in HIV treatment and care and healthcare coverage. These components are as follows:

**Component # 1: Ensuring Access to High-Quality Transgender Clinic within a Community- Based Transgender Social Services Program;**

**Component # 2: Ensuring Access to a Comprehensive Continuum of Culturally and Linguistically Competent Social and Support Services to Enhance Care Engagement and Retention;**

**Component # 3: Conducting High-Quality Outreach to Identify HIV-Positive Transgender Women of Color;**

**Component # 4: Providing Opportunities for Employment, Leadership Development, and Community Involvement and Empowerment among Transgender Women of Color.**

**TransAccess Location of Services:**

At the heart of TransAccess is an innovative public / private partnership designed to make accessing and obtaining high-quality medical care easier, more attractive, and more tenable for HIV-positive transgender women of color. The highly skilled transgender and HIV medical specialists at the San Francisco Department of Health's Tom Waddell Health Center - the same specialists who provide care through the center's highly regarded Transgender Tuesdays clinic - will travel to Asian & Pacific Islander Wellness Center to deliver on-site medical care using the facilities available through the agency's newly established specialty clinic. The new facility includes three fully equipped examination rooms. The clinic space is located on the same floor as, and directly adjacent to the facilities of TRANS:THRIVE, where over 500 transgender individuals access care, service and support from each month.

**TransAccess Site Coordination**

Administrators and managers of the different program services will meet on a monthly basis to ensure the efficient operation of the multi-disciplinary services development and provision of services.

TransAccess client case conference meetings will be held one times each week, during which the multi-disciplinary team meets to engage in case review and problem solving. Notes from these meetings documented in ARIES.

**TransAccess Integrated Services**

Trans Access provides services to clients through a multi-disciplinary team. The composition of this team varies based on client need. However, a basic structure ensures that clients receive coordinated, comprehensive services. The team is organized around a primary Case Manager who is responsible for coordinating the work of other members in the team. Other team members funded by other sources may include a Physician, Nurse Practitioner, Registered Nurse, Psychiatrist and/or Psychologist, Mental Health/Substance Use Counselor, Health Worker and Peer Navigator.

**TransAccess Hours of Operation**

Clinical services will be located at TRANS:THRIVE with Tom Waddell staff providing three hours per week of medical services, on Thursdays from 2-5pm, and four hours per week of mental health services, on Wednesdays from 1-5pm.

### ***TransAccess Client Charts***

All client charts are housed permanently at each TransAccess site. To ensure the confidentiality of client information, all charts are kept in locked file cabinets or in secure digital storage locations. Charting is also done using the ARIES database which includes progress notes from each APIWC member of the multidisciplinary team. These charts are updated daily by members of the team and contain information by category of service. Case managers regularly update information about the housing status and location and benefits status.

### ***TransAccess Outreach and Case Finding***

Clients learn about Trans Access through:

- Word of mouth –The collaboration’s existing pool of case management clients, including word-of-mouth referrals and a high level of drop -in clients due to both word-of-mouth from existing clients and the program’s convenient location, as well as through community events such as monthly treatment education forums.
- Referrals from other service providers - All of the collaborating partners of Trans Access identify clients who could benefit from the integrated services and link these clients as appropriate. As clients transition from SFDPH HIVIS, Trans Access will follow up on referrals from HIVIS. HIVIS enrolls clients first by providing services on-site at the jail to clients who are incarcerated, and then by linking those clients with a case manager who will help transition them to services outside of the jail (with follow-up by HIVIS Health Worker II position). Some clients are referred by service providers outside the collaboration, particularly service providers who are barring clients from their own services, those who need to transition the client's case management, and those who have identified individuals with a demonstrated inability to access or follow through with regular medical care. Staff conducts in-services for other service providers to educate them about available services through Trans Access, and to ensure appropriate referrals. A combination informational flyer and referral form is distributed to likely referral sources to help facilitate the referral process.
  - The TWHC HIV team works with the jail medical team to assure the continuity of care and appropriate discharge planning. For patients in mental health or substance abuse residential treatment the HIV team works with the residential providers to assure continuity of medical care.
  - An extensive array of working MOUs are maintained and updated between the Trans Access and area residential treatment programs, hospitals, institutions and hospices. These are to ensure continued care for our patients during their time in and prior to being released from the facilities. Agencies receiving Ryan White CARE funds also use ARIES. The location of a client within their program or facilities can be obtained through a simple search of the system. The working MOUs include language for case conferencing between our program and their agency to ensure continuity of care.
  - TWHC also maintains a database of HIV positive patients in medical care. This database produces reports on any patients not seen in the past three months. The report triggers outreach efforts to the last known location of the patient, as well as utilization of the many community contacts developed over the years, in order to locate the patient or bring them back into care. This outreach may be performed by TWHC health workers, or Trans Access case managers or peer navigators staff. TWHC Primary Care providers are notified by e-mail of all SFGH admissions,

Emergency Department visits and lab tests. All hospitalized patients are visited by TWHC HIV team staff, usually by the patients primary medical care provider. The HIV staff work with the hospital team staff, starting at admission, through appropriate discharge plans and HIV Program follow up.

**Outreach by peer navigators– Conducting High-Quality Outreach to Identify HIV-Positive Transgender Women of Color:** APIWC and the TRANS:THRIVE program have developed strong bonds of trust with the local transgender community, and have extensive experience in engaging and involving transgender women in supportive programs to improve the quality of their lives. However, TRANS:THRIVE has consistently lacked outreach resources specifically dedicated to HIV-infected transgender women, and has also lacked the capability of directly linking HIV testing to clinical care engagement. For these reasons, one of the most critical elements of TransAccess is the 1.0 FTE Peer Navigator who will create a highly visible presence in the San Francisco transgender community advocating for the importance of HIV issues in transgender women’s lives and continually identifying and involving transgender women of color in TransAccess’ medical and psychosocial service continuum. The Peer Navigator will conduct outreach activities in the course of performing regular duties throughout the Tenderloin. The Peer Navigator ensures that HIV-infected individuals that are encountered, are appropriate for services are referred to the Trans Access program. Outreach is focused on creating relationships with clients and providing incentives such as food packs to increase the likelihood of maintaining contact. In the course of establishing these relationships, the peer navigators perform basic triage and assessment of clients' needs, and makes appropriate referrals to the Trans Access program. When attempting to locate a client for follow up, case manager give identifying information to the Peer Navigator to assist in locating and identifying the client during mobile activities.

**HIV antibody testing services** – San Francisco is fortunate to have in place a newly established, city-funded collaborative initiative specifically designed to increase the number of transgender persons in San Francisco who undergo testing for HIV infection. Led by Asian & Pacific Islander Wellness Center and TRANS:THRIVE, **TransformSF** – which began its work in September 2011 - seeks to increase access to culturally and linguistically competent HIV testing and treatment services for high-risk transgender individuals, particularly transgender women, of all races and ethnicities. In addition to TRANS:THRIVE, collaborating partners in the initiative include EI/La and Instituto Familiar de la Raza, both agencies bring their own cultural competency and expertise working with the transgender populations of color they serve in San Francisco. TransformSF will conduct at least 500 new HIV antibody tests each year to high-risk transgender women and men through an aggressive mobile outreach and HIV testing strategy at multiple sites in San Francisco. Collaborating organizations will provide linkage to high quality culturally and linguistically-competent support and HIV prevention programs as well as to treatment and care services to assist people living with HIV in managing their disease. TransformSF is ideally timed to coincide with the Trans Access program, and provides a complementary set of resources that will greatly increase the value and impact of our proposed intervention. Through TransformSF, San Francisco now has in place a new, aggressive system of transgender HIV outreach and testing which will in turn allow our initiative to focus more closely on returning out of care, HIV-aware populations to care and on developing a model of effective support and medical care services to HIV-infected and affected transgender women of color. Additionally, by serving as the leadership agency in TransformSF, Asian and Pacific Islander Wellness Services will ensure that Trans Access services complement and are integrated with TransformSF, and that the two initiatives share findings and information in regard to issues such as outreach strategies, effective transgender outreach sites.

### ***TransAccess Eligibility/Intake***

An individual becomes a Trans Access client after supplying basic intake and client identifier information, providing proof of an HIV diagnosis and signing an informed consent to receive services. A Registered Nurse conducts a nursing intake and assessment, including lab work and TB test for those who wish to receive primary medical care. Clients who are in need of a letter of diagnosis and who become clients of the TransAccess medical clinic are provided with one via an initial primary care history and physical. The consent includes information about all TransAccess services and gives permission for the sharing of client information among all TransAccess collaborators. Clients receive initial and ongoing needs assessment, and are offered those services that are indicated and available (psychiatric assessment, treatment advocacy groups and one-on-one counseling, housing assistance, etc.). Clients have the right to choose not to accept services offered, or to delay their use of those services until a later date, with the following exceptions: All clients will be assigned a case manager and will receive a baseline assessment. Clients who do not return for follow-up will be located during outreach activities and encouraged to return for services. After outreach has been done and clients do not return for services, cases are inactivated six months after the last contact and these cases are closed a year after the last contact.

### ***TransAccess coordination with Primary Care Services***

TransAccess provides HIV primary care services through a separate MOU with the SFDPH AIDS Office contracted to SFDPH Tom Waddell Health Center. Details of these services are provided in their separately funded contract, although the delivery of integrated services, data collection and progress reporting will be coordinated through Asian & Pacific Islander Wellness Center as the lead agent for TransAccess.

Perhaps the most important approach our satellite clinic will take to attract out-of-care HIV-positive and high-risk transgender women of color to engage in medical care and treatment involves providing free, safe hormonal therapy under the supervision of a trained medical team.

Hormone therapies are frequently not supported by HMOs and private insurers, and Tom Waddell Health Center staffs have become highly skilled in safely prescribing and monitoring hormone therapy, and in tailoring hormone therapy to meet the specific needs of each transgender patient. The center has also developed an extensive set of protocols guiding the use of hormones in the clinic setting for the transgender patient.

### ***TransAccess coordination with Mental Health & Substance Use Services<sup>[FAI]</sup>***

In addition to basic assessments done by case management and medical staff with all clients, specialty mental health services, not funded under this contract, are made available to clients in an effort to help them move toward greater stabilization by addressing mental health crises and emergencies and by providing substance use counseling. Though we cannot provide long-term mental health support, services offer individual counseling which is provided with the goal of transferring the client to appropriate ongoing mental health care. Evaluations may be performed on-site for those clients for whom this is indicated.

Primary care and mental health staff also are able to consult with off-site mental health providers serving our clients, as needed. TWHC mental health providers will assist the TWHC medical team with treatment diagnosis, treatment adherence, and psychotropic medication recommendations and administration for multi-diagnosed clients. This additional activity, is in response to medical provider need for additional back-up with these very

complex multiply diagnosed patients. At least twenty hours of mental health staff time, will overlap with the primary care schedule during which time they will be on-call for consultation within the medical area.

APIWC behavioral staff are trained and certified to evaluate psychiatric emergencies to place clients on a 5150 hold. If a client presents with a crisis, mental health staff is called in to evaluate and, if needed, to place client on a hold and facilitate the client's admittance to a hospital. Given the high degree of previous contact with the police by the target population, this allows staff to minimize the involvement of the police in those situations where the client is being admitted to PES.

### ***TransAccess Case Management***

TransAccess will integrate an aggressive program of client needs assessment, service linkage, and psychosocial support to ensure that issues or problems that act as a barrier to HIV care access are addressed and that maximum client stabilization is attained. One of the key elements of this integration involves integration of a full-time Case Manager to provide high-quality psychosocial case management services for HIV-positive and high-risk negative transgender women in our program who are facing complex barriers to care.

Once contact has been established between the TransAccess case management staff and the client, staff addresses the seven core components of case management as described in Making the Connection: Standards of Practice for Client-Centered Case Management as follows:

1. Conducting an initial TransAccess **intake** interview, including a determination of whether case management is an appropriate service for the client and collection of eligibility information. In order to insure that funds are used as payer of last resort, an assessment of income source, medical insurance, including MediCal eligibility and other benefits is performed as part of the intake process. Referrals for benefits counseling are made as indicated by this assessment. Case managers perform follow up activities on an ongoing basis to insure maintenance of benefits. During intakes, the case manager is sensitive to the target populations' resistance to social services and takes care to acknowledge any cultural norms that may initially make the use of these services culturally inappropriate, as well as class-based differences that may initially separate the case manager from the client. The Case Manager gathers information in a manner that facilitates client follow-up.

The TransAccess intake process includes the gathering of demographic information, review of client rights and responsibilities, grievance procedures and the obtaining of written consents, including the consent to receive services within the TransAccess and appropriate collaborators. Referrals to medical care and other services are based on client eligibility and ability to access services funded by alternate sources of payment (e.g. MediCal) before accessing funded services.

The TransAccess intake typically lasts about an hour and may require more than one meeting between the case manager and the client. Clients who lack a letter of diagnosis are assisted in obtaining one. If the client already has a primary care provider, the case manager obtains a release from the client and then requests a faxed letter of diagnosis from the medical provider. If the client does not currently have a medical care provider, the case manager assists the client in making contact with a provider and then uses the client's release to obtain a letter of diagnosis after the client has seen the medical provider. If the



client is not likely to be able to access medical care elsewhere, they are eligible to receive on-site medical care, and a letter of diagnosis is generated through the medical team after an initial history and physical and lab work by the medical provider. If the client has been using other AIDS services that would require a letter of diagnosis, such as the AIDS Emergency Fund, the case manager uses the client release to obtain the letter of diagnosis from that provider's files. All clients are consented for ARIES and case managers will check the database to ensure that the client is not engaged in another medical home.

2. A comprehensive TransAccess **needs assessment** of psychosocial, practical support, benefits counseling and treatment education and advocacy needs is conducted. Assessments usually require at least one hour and may be conducted over more than one encounter, when necessary.
3. Based on the results of the assessment, the TransAccess client and case manager together develop an individual **care plan** that outlines goals, objectives and activities to meet the client's needs and preferences for services and support. The plan documents referrals and follow-up concerning the needed services and is followed by program staff throughout the system. The plan also details client education needs about HIV treatment options with referrals to treatment advocacy services.
4. The TransAccess case manager and client implement a care plan and monitor the step-by-step accomplishment of the goals and objectives laid out in the plan by the client and the Case Manager. The Case Manager may assign the Peer Navigator to assist clients in accomplishing their goals. Clients are encouraged to frequently check in with the Case Manager. By having frequent contact with clients, staff is better able to assess clients' true strengths and challenges and to establish a working relationship based on trust.
5. The TransAccess case manager conducts **follow-up** and monitoring through regular in-person or telephone contact (if possible) between case management staff and clients to ensure that the goals of the care plan are being achieved or modified accordingly. Peer advocates assist case managers in locating clients for follow-up during their outreach activities at various locations throughout the neighborhood. Several factors contribute to successful follow-up, including: the distribution of nutritional food packs, personal hygiene items, etc., to meet urgent needs; on-site provision of medical services; support services provided by mental health counselors and peer advocates and A&PI Wellness Center's role in the community. Through case notes, tracking of clients' daily patterns assists in the location of clients for follow-up.

The TransAccess Case Manager determines and reports successful outcomes in case notes and uses this information during follow-up. The Case Manager conducts follow-up and monitoring at least every 30 days although, as noted above, many clients have more frequent in-person contact with case management staff, while others have less frequent contact.

6. The TransAccess Case Manager will conduct regular **reassessments** as needed to ensure that the care plan and services continue to be of high quality and appropriate for the client's condition and that care among providers continues to be coordinated.
7. The TransAccess Case Manager will transfer **and discharge** clients as appropriate, and in accordance with established written procedures. If after one month of client inactivity, the Case Manager and/or Peer Navigator will go out to locate the client and provide

services. Their file remains active for six months from the date the client was last seen, and is marked as “lost to follow-up”. Files for those clients not seen in 12 months or longer are discharged and closed. Referrals, verification of follow-through and transfer of records are done for clients seeking residential treatment for substance abuse issues; those who are jailed are discharged to HIVIS, if in San Francisco, or HIV social workers if at other facilities. For significant violations of APIWC’s behavioral guidelines, a last resort is that clients may be suspended for a period of 30-180 days. These guidelines are reviewed during the intake interview, and are posted throughout the agency. In these cases, every effort is made to make a successful linkage to another case management program. Upon request, such clients may be eligible for review, and based on a successful review period, may resume services.

TransAccess Clients who are being discharged may choose to meet with their case manager for an exit interview, at which time, they may discuss successes achieved as well as ongoing or new challenges.

#### ***TransAccess Treatment Adherence Support***

For those who choose to initiate antiretroviral therapy, adherence support is offered by the Case Manager, Peer Navigator and medical team members in the form of individual counseling in adherence strategies, weekly support groups, and monthly educational forums. Medical staff provides adherence support in the form of medication management. The peer navigators offers adherence support in the form of practical assistance in obtaining prescriptions, and ensuring a reliable supply of medication. Case managers provide adherence support through individual counseling, and support in addressing barriers and co-factors that contribute to instability, such as homelessness. Access to clean drinking water for taking pills is ensured through water filters and cup dispensers installed in all client bathrooms and nutritional supplements are made available to those with particular medication-related dietary requirements.

Regarding TransAccess Case Management and Treatment Adherence support—these brief interventions permit us to fulfill several goals:

- To conduct quick assessments the functioning of clients who might otherwise not be seen for extended periods.
- To support retention of clients.
- To improve the socialization and communication skills of clients.
- To provide micro (10-15 minute) psych-educational and self-care interventions (nutrition, anger management, depression, anxiety, loss, etc.) for a population with short attention.
- To reinforce positive social networking and information sharing.
- To model self-care in HIV and co-morbidities.
- To introduce a range of providers and demystify resources available.

#### ***Trans Access Client care coordination, case conferences and internal referrals***

Trans Access links with agencies providing other services, including housing, food, benefits counseling, money management, mental health services, substance use management and drug treatment services via existing relationships with other service providers who work with Tenderloin clients. These providers include the San Francisco AIDS Foundation, Catholic Charities, Tenderloin Housing Clinic (housing), Project Open Hand (food), Positive Resource Center (benefits counseling), Lutheran Social Services (money management), Alliance Health Project (mental health services), Baker Places (substance use treatment), Walden House (substance use treatment) and Westside (substance use treatment and mental

health services). Client advocacy services are made available through an outreach worker from Positive Resource Center and through a lawyer at AIDS Legal Referral Panel, who specializes in housing law and is available to both clients and staff for consultation.

Trans Access agrees to maintain appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of both the newly diagnosed and PLWH not in care. Key points of access include emergency rooms, substance abuse treatment programs (non-HIV), adult probation, juvenile probation, HIV counseling and testing, mental health programs (non-HIV), and homeless shelters.

Our communication for linking treatment plans, obtaining legal consents, and coordinating care between agencies and staff involved in client treatment will rely primarily on releases signed by clients. Through these releases, clients agree to let other service providers share information with us, and to let us share information about the client with other service providers. No client information is shared with other providers without this release. Once releases have been obtained (and FAXed to appropriate staff), information sharing will occur via telephone and in-person meetings as appropriate. The ARIES system will be used to expand efforts for coordinated client care.

Internal service coordination occurs through a series of regularly scheduled case conferences and meetings among members at all levels of our system. These include:

- Trans Access teams review new client intakes; strategize around urgent and daily planned tasks and appointments for clients. Notes are created in the ARIES database, including the plan for accomplishing many tasks and the location of clients that may be seen at partner sites throughout the day. Staff continually refers to these notes throughout the day to check on client plans.
- Weekly or more frequent case conference meetings are held. Core members of each team meet to engage in case review and problem-solving. Staff who rotate among teams will participate in these meetings according to agreed upon schedules. Meetings notes are documented in ARIES.
- Weekly administrative meetings are held at each site among the direct supervisor to discuss systems issues, such as implementation of protocols and changes in protocols, internal and external referrals and barriers in accessing the referral services, and coordination.
- At bi-monthly department manager's meetings, the Trans Access program manager will meet with the Director of Programs and other program managers to (a) assess the program's success in meeting units of service goals, process objectives and outcome objectives; (b) data entry compliance; (c) engage in ongoing program planning, and (d) review program budgets and year-to-date expenditures.
- We will conduct a variety of team-building activities, which will help build bonds among the staff working on this collaboration. These activities will include scheduled in-service trainings and cross-trainings. All Trans Access staff will be included in these activities.

#### ***TransAccess Exit criteria and process***

Clients are discharged from services for three reasons: 1) client selects to transfer to another service provider, 2) client has achieved their personal program goals and is no longer in need of service and 3) client is suspended as a result of harmful behavior and is transfer to another provider. Each process includes a written statement for the client

detailing referrals and how to reengage when they are ready, in need and/or have completed their suspension.

**HHOME & TransAccess Staff supervision** will be multi-faceted: In the course of their work within multi-disciplinary teams, staff will work under the supervision of their direct supervisor who will ensure day-to-day functioning for issues pertaining to how the team operates, such as logistics, client flow, assuring arrival of staff members, and communication among team members.

Clinical staff, including the Case Manager and Peer Navigator, may also be provided with weekly individual clinical supervision. This acknowledges the intensity of the work conducted and provides a weekly space to discuss emotions and barriers in care delivery. Individualized skills' building is offered as well as techniques to avoid burnout, process death and dying issues and strategizing on techniques to handle multiply-diagnosed clients.

The collaboration will also participate in the interviewing and hiring of new staff. The ability to deliver services in a multi-disciplinary team setting, and with multiple lines of supervision, will be major selection criteria for all hires.

Administrative supervision is conducted on a weekly basis. Each staff person meets individually with the direct supervisor to go over documentation, constructive criticism and positive feedback on job performance areas and other administrative issues. This is supplemented by ongoing case-by-case supervision and guidance by the Program Manager. To support staff in managing their personal issues to effectively work with a challenging population, ongoing weekly individual clinical supervision may be provided for direct line staff. The Associate Director meets with the Trans Access Program Manager for administrative supervision; the program conducts monthly program team meetings and a mandatory all-staff meeting is scheduled on the second Wednesdays of each month. To manage the work of our TWHC partner, including those involved in this collaboration, monthly administrative meetings to review progress in obtaining program objectives will be held with the program managers/administrators. Areas needing follow up are detailed and plans of redress made and monitored in the minutes of these meetings.

**HHOME & TransAccess Training:** A&PI Wellness Center holds ongoing learning as an important component of staff development. HHOME & Trans Access programs will close from 11 am – 5 pm on Wednesdays to conduct ongoing individual, team and/or all agency learning processes. Training occurring during these times are either lead by APIWC managers or consultants brought in on areas of interest. These activities also ensure that we meet the requirements of our funders. Topics include harm reduction, appropriate syringe disposal, cultural competency, health topic updates, best practice in-services, provider updates and group processes to ensure effective agency communication. Staff members also attend an array of local trainings as well as national trainings, as funding allows.

**Staff Performance Evaluation:** The formal review process occurs annually in the Spring for the previous calendar year as stated in the Employee handbook. Areas of concern or deviation from the current standards are noted and plans of redress developed and monitored by direct supervisors. The formal reviews provide supervisors and employees alike with the opportunity to discuss job tasks, identify and correct weaknesses, encourage and recognize strengths, and discuss positive, purposeful and realistic approaches for

meeting goals. Supervisors are strongly encouraged to discuss job performance and goals on an informal and regular basis, often through regularly maintained staff work plans.

**Case conferencing:** As an integrated service organization, HHOME & Trans Access conduct an array of case conferencing in an effort to coordinate and bring together the multi-disciplinary team that works on behalf of all clients access APIWC. Case conference will occur weekly for 1-2 hours.

**Cooperative Relationships and Linkages:** HHOME & Trans Access could not conduct work without a large network of community providers. These providers include, but are not limited to, UCSF AIDS Health Project, St. Anthony's Church, San Francisco AIDS Foundation, SFGH Emergency Room, San Francisco City Clinic and St. James Infirmary. Annually a listing of the current agencies and organizations with which we have Memorandums of Understanding (MOU) will be submitted as part of our annual reports. New MOUs indicating the changes in referral tracking developed in collaboration with HPS will be executed and will be presented to SFDPH upon completion.

**Client Satisfaction:** HHOME & Trans Access will utilize client satisfaction surveys as one means of measuring the impact of work. In addition, participation in the Client Advisory Board (CAB) allows program participants to provide feedback. Program clients may also have representation on the agency board of directors.

APIWC's Client Satisfaction Survey is used to measure clients' perception of the services provided, the facility in which we operate, the staff, and any unmet needs that they would like Trans Access to consider. The Client Satisfaction Survey is offered to clients by all program staff (some who are funded by this contract) and is entered into our data system. Results of the survey will assess program's performance to determine if client satisfaction has changed over time. Also, measuring client satisfaction will help to strengthen communication and build relations with clients, assess the strengths and weaknesses of HIV programs from the clients' perspective, focus the quality improvement efforts; and create baseline data against which to measure changes in clients' satisfaction.

Client Satisfaction reports will be presented to the CAB along with any changes or responses provided by management. The impact of clients in our work is very real. Comments documented at the CAB and some from the satisfaction surveys have resulted in continued high marks from clients regarding our work.

## 7. Objectives and Measurements

APIWC will fully cooperate with its DPH partners to satisfy the project's Federal work plan goals and objectives as described in Attachment I.

## 8. Continuous Quality Improvement

Provider agrees to abide by the standards of care for the services specified in this exhibit as described in "Making the Connection: Standards of Care for Client -Centered Services"

API Wellness Center guarantees compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements: such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency and Client Satisfaction.

HHOME and TransAccess agree to conduct HIV-specific CQI activities to ensure compliance with Public Health Service guidelines related to treatment of HIV. In order to ensure that the services are provided in the manner intended, A&PI Wellness Center uses the following structures and processes to ensure continuous quality improvement.

- Alternating weeks one hour clinical supervision with licensed Mental Health
- Weekly multidisciplinary meeting to monitor client's issues, as documented in the meeting log.
- Annual review of written program policies and procedures.
- Quarterly Client Advisory Board meeting to address agency's strengths and weaknesses with client and identify areas of improvement, as documented in the minutes.

With the implementation of HIPAA requirements, a DPH Privacy Policy was developed and contractors were trained during FY 03-04. Effective July 1, 2004, contractors will be subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions (if any) identified in FY 04-05 (July 1, 2004 - June 30, 2005) will be considered informational, to establish a baseline for the following year. Beginning FY 05-06 (July 1, 2005 - June 30, 2006), findings of compliance or non-compliance and corrective actions (if any) will be integrated into the contractor's monitoring report. The following items should be incorporated into the contract narrative.

Item #2a: DPH Privacy Policy is integrated into the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.

Item #2b: All staff who handle patient health information are trained (Including new hires) and annually updated in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation exists showing individuals were trained.

Item #2c: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #2d: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #2e: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #2f: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1).to providers outside the DPH Safety Net or (2) from a substance abuse program. As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

**9. Data Collection and Reporting**

The Program Managers and the Agency Quality Assurance/Contract Management Coordinator have the responsibility for the quality of the ARIES data collected and the quality of the interventions provided. They also have responsibility for ensuring the quality of tracking and documentation of referrals and linkages. APIWC will fully cooperate with data entry into designated data systems & reporting requirements under the direction of HHS in order to satisfy local and Federal mandates for this project. New client registration data is entered within 48 hours or two working days after data is collected. Service data for the preceding month, including UOS is entered by the 15th working day of each month. The deliverables are consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statements of Deliverables and Invoice" form. If these HHS standards for quality and timeliness of data entry are not followed payments may be delayed until the data has been entered and updated. The Project Director/Evaluation Coordinator ensures that the Monthly Statement of Deliverables and Invoice, narrative reports, annual administrative reports, monitoring report protocols, and any other forms or reports required will be submitted in a timely fashion to the HIV Health Services Branch.

**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-1a, B-1b, B-1c	<b>Integrated Medical Case Management - Ohana</b>
Appendix B-2, B-2a, B-2b, B-2c	<b>Tenderloin Area Center of Excellence (TACE)</b>
Appendix B-3	<b>Tenderloin Area Center of Excellence (TACE) - Rebranding Federally Qualified Health Center (FQHC) Project</b>
Appendix B-4, B-4a	<b>Tenderloin Early Intervention Services (TEIS) - HIV Homeless Outreach Mobile Engagement (HHOME)/TransAccess</b>

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$521,073** 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 executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. 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:

	<b>Term</b>	<b>Funding Source</b>	<b>Amount</b>
Original Agreement	05/01/17 – 02/28/18	RWPA	\$109,233
Original Agreement	03/01/18 – 02/28/19	RWPA	\$131,080
Original Agreement	03/01/19 – 02/29/20	RWPA	\$131,080



Original Agreement	03/01/19 – 02/28/21	RWPA	\$131,080
Original Agreement	05/01/17 – 02/28/18	RWPA	\$653,908
Original Agreement	03/01/18 – 02/28/19	RWPA	\$784,690
Original Agreement	03/01/19 – 02/29/20	RWPA	\$784,690
Original Agreement	03/01/19 – 02/28/21	RWPA	\$784,690
<b>Amendment #1</b>	<b>07/01/17 – 06/30/18</b>	<b>GF</b>	<b>\$300,000</b>
<b>Amendment #1</b>	<b>09/01/17 – 02/28/18</b>	<b>RWPA</b>	<b>\$177,274</b>
<b>Amendment #1</b>	<b>03/01/18 – 02/28/19</b>	<b>RWPA</b>	<b>\$354,547</b>
			<b>Total Award</b>
			<b>\$4,342,272</b>
			<b>Contingency</b>
			<b>\$521,073</b>
			<b>(This equals the total NTE)Total</b>
			<b>\$4,863,345</b>

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												
CMS # 7870											Appendix B, Page 3	
DPH Section HIV Health Services											05/01/17 - 02/28/21	
Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification											FY 2017-21	
Agency/Organization Name Asian and Pacific Islander Wellness Center (APIWC)											Fund Notice: 12/12/17	
Contractor Name (may be same as above) Same												
Program	Ohana Integrated Medical Case Management (IMCM)				Tenderloin Area Center of Excellence (TACE)				Rebranding FQHC Project (TACE)	HHOME / Trans Access (TEIS)	HHOME / Trans Access (TEIS)	TOTALS
Appendix Number	A-1/B-1	A-1/B-1a	A-1/B-1b	A-1/B-1c	A-2/B-2	A-2/B-2a	A-2/B-2b	A-2/B-2c	A-3/B-3	A-4/B-4	A-4/B-4a	TOTALS
Appendix Term	5/01/17-2/28/18	3/01/18-2/28/19	3/01/19-2/29/20	3/01/20-2/28/21	5/01/17-2/28/18	3/01/18-2/28/19	3/01/19-2/29/20	3/01/20-2/28/21	7/1/17-6/30/18	9/1/17-2/28/18	3/1/18-2/28/19	05/01/17 - 02/28/21
<b>EXPENSES</b>												
Salaries	\$ 67,298	\$ 80,758	\$ 80,758	\$ 80,758	\$ 360,641	\$ 429,448	\$ 443,323	\$ 443,323	\$ 99,700	\$ 104,690	\$ 211,880	\$ 2,402,577
Employee Benefits	\$ 17,793	\$ 21,353	\$ 21,353	\$ 21,353	\$ 95,353	\$ 113,331	\$ 117,215	\$ 117,215	\$ 26,361	\$ 27,681	\$ 56,021	\$ 635,029
Total Personnel Expenses	\$ 85,091	\$ 102,111	\$ 102,111	\$ 102,111	\$ 455,994	\$ 542,779	\$ 560,538	\$ 560,538	\$ 126,061	\$ 132,371	\$ 267,901	\$ 3,037,806
Operating Expense	\$ 15,123	\$ 18,146	\$ 18,146	\$ 18,146	\$ 143,923	\$ 177,121	\$ 159,361	\$ 159,361	\$ 149,167	\$ 30,694	\$ 58,223	\$ 947,411
<b>Subtotal Direct Costs</b>	<b>\$ 100,214</b>	<b>\$ 120,257</b>	<b>\$ 120,257</b>	<b>\$ 120,257</b>	<b>\$ 599,917</b>	<b>\$ 719,900</b>	<b>\$ 719,899</b>	<b>\$ 719,899</b>	<b>\$ 275,228</b>	<b>\$ 163,065</b>	<b>\$ 326,124</b>	<b>\$ 3,985,017</b>
Indirect Cost Amount	\$ 9,019	\$ 10,823	\$ 10,823	\$ 10,823	\$ 53,991	\$ 64,790	\$ 64,791	\$ 64,791	\$ 24,772	\$ 14,209	\$ 28,423	\$ 357,255
Indirect Cost Rate (%)	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	8.7%	8.7%	
<b>Total Expenses</b>	<b>\$ 109,233</b>	<b>\$ 131,080</b>	<b>\$ 131,080</b>	<b>\$ 131,080</b>	<b>\$ 653,908</b>	<b>\$ 784,690</b>	<b>\$ 784,690</b>	<b>\$ 784,690</b>	<b>\$ 300,000</b>	<b>\$ 177,274</b>	<b>\$ 354,547</b>	<b>\$ 4,342,272</b>
<b>REVENUES &amp; FUNDING SOURCES</b>												
HHS FED CARE Part A - PD13, CFDA #	\$ 109,233	\$ 131,080	\$ 131,080	\$ 131,080	\$ 653,908	\$ 784,690	\$ 784,690	\$ 784,690		\$ 177,274	\$ 354,547	\$ 4,042,272
HHS COUNTY GF									\$ 300,000			\$ 300,000
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
<b>Total DPH Revenues</b>	<b>\$ 109,233</b>	<b>\$ 131,080</b>	<b>\$ 131,080</b>	<b>\$ 131,080</b>	<b>\$ 653,908</b>	<b>\$ 784,690</b>	<b>\$ 784,690</b>	<b>\$ 784,690</b>	<b>\$ 300,000</b>	<b>\$ 177,274</b>	<b>\$ 354,547</b>	<b>\$ 4,342,272</b>
<b>Total Non-DPH Revenues</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>
<b>Total Revenues (DPH and Non-DPH)</b>	<b>\$ 109,233</b>	<b>\$ 131,080</b>	<b>\$ 131,080</b>	<b>\$ 131,080</b>	<b>\$ 653,908</b>	<b>\$ 784,690</b>	<b>\$ 784,690</b>	<b>\$ 784,690</b>	<b>\$ 300,000</b>	<b>\$ 177,274</b>	<b>\$ 354,547</b>	<b>\$ 4,342,272</b>
(CR)	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	
Prepared By Anil Vora Phone # (415) 292-3420 ext. 341												

UDC COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	Case Management Hours		Peer Navigation Hours		Mental Health Referrals & Linkages		Peer Advocacy Group Hours		Mental Health & Substance Abuse Group Hours		Contract Totals
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Position Titles												
Chief Medical Officer & Chief	0.25	10,125	27%	3,750	10%		0%	23,625	63%		0%	37,500
Director of Programs	0.21	7,481	45%	7,481	45%		0%		0%	1,663	10%	16,625
Assoc Dir, HIV Svcs	0.10	5,417	100%		0%		0%		0%		0%	5,417
Program Manager	1.00	22,000	48%	11,458	25%	2,291	5%	5,042	11%	5,042	11%	45,833
Case Managers	3.30	133,375	100%		0%		0%		0%		0%	133,375
Peer Navigators	2.00			50,093	85%		0%	8,840	15%		0%	58,933
QA/Contracts Coordinator	0.75	13,320	32%	18,731	45%		0%	9,574	23%		0%	41,625
Engagement Specialist	0.80			10,027	47%		0%	11,306	53%		0%	21,333
<b>Total FTE &amp; Salaries</b>	<b>8.41</b>	<b>191,718</b>	<b>53.16%</b>	<b>101,540</b>	<b>28.16%</b>	<b>2,291</b>	<b>0.64%</b>	<b>58,387</b>	<b>16.19%</b>	<b>6,705</b>	<b>1.86%</b>	<b>360,641</b>
Fringe Benefits		50,690	53.16%	26,847	28.16%	606	0.64%	15,437	16.19%	1,773	1.86%	95,353
<b>Total Personnel Exp</b>		<b>242,408</b>	<b>53.16%</b>	<b>128,387</b>	<b>28.16%</b>	<b>2,897</b>	<b>0.64%</b>	<b>73,824</b>	<b>16.19%</b>	<b>8,478</b>	<b>1.86%</b>	<b>455,994</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	
Total Occupancy		31,696	53%	16,787	28%	379	1%	9,653	16%	1,109	2%	59,624
Total Materials and Supplies		3,610	53%	1,912	28%	43	1%	1,099	16%	126	2%	6,790
Total General Operating		5,730	53%	3,035	28%	68	1%	1,745	16%	201	2%	10,779
Total Staff Travel		4,226	53%	2,238	28%	51	1%	1,287	16%	148	2%	7,950
Other - Misc		14,353	53%	7,602	28%	172	1%	4,371	16%	502	2%	27,000
Other - Client Food		16,894	53%	8,948	28%	202	1%	5,145	16%	591	2%	31,780
<b>Total Operating Expenses</b>		<b>76,509</b>	<b>53.16%</b>	<b>40,522</b>	<b>28.16%</b>	<b>915</b>	<b>0.64%</b>	<b>29,300</b>	<b>16.19%</b>	<b>2,677</b>	<b>1.86%</b>	<b>149,923</b>
<b>Capital Expenses</b>		<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	
Capital Expenditure 1		-	0%	-	0%	-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-	0%	-	0%	-
<b>Total Capital Expenses</b>		<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>	<b>0%</b>	<b>-</b>
<b>Total Direct Expenses</b>		<b>318,917</b>	<b>53.16%</b>	<b>168,909</b>	<b>28.16%</b>	<b>3,812</b>	<b>0.64%</b>	<b>97,124</b>	<b>16.19%</b>	<b>11,155</b>	<b>1.86%</b>	<b>599,917</b>
Indirect Expenses	9%	28,702	53.16%	15,201	28.16%	343	0.64%	8,741	16.19%	1,004	1.86%	53,991
<b>TOTAL EXPENSES</b>		<b>347,619</b>	<b>53.16%</b>	<b>184,110</b>	<b>28.16%</b>	<b>4,155</b>	<b>0.64%</b>	<b>105,865</b>	<b>16.19%</b>	<b>12,159</b>	<b>1.86%</b>	<b>653,908</b>
UDS per Service Mode		4,196		2,575		42		444		74		7,331
Cost / UDS by Service Mode		\$82.85		\$71.50		\$98.94		\$238.44		\$164.32		
UDC per Service Mode		167		167		42		83		25		167

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Medical Officer &amp; Chief Program Officer</b>				
Brief Duties	For the first six months the CMO lead agency hlth care svcs and had oversight of linkage/integration w behavioral hlth, HIV testing, outreach. After a short overlap, the CPO now leads all programs except medical services and is tasked with integration of all programming.			
Min Quals	MD license; certification in HIV med; strong record of leadership w HIV & exp w LGBT comm.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	<b>Total</b>
\$180,000.00	0.25	10	0.83	<b>\$ 37,500</b>

<b>Staff Position 2: Director of Programs</b>				
Brief Duties	Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances.			
Min Quals	LCSW or equivalent w clinical spvsn exp; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$95,000.00	0.21	10	0.83	<b>\$ 16,625</b>

<b>Staff Position 3: Associate Director of HIV Services</b>				
Brief Duties	Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages.			
Min Quals	2 yrs. exp spvsn and prog management.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$65,000.00	0.10	10	0.83	<b>\$ 5,417</b>

<b>Staff Position 4: Program Manager</b>				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$55,000.00	1.00	10	0.83	<b>\$ 45,833</b>

<b>Staff Position 5: Case Managers</b>				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$48,500.00	3.30	10	0.83	<b>\$ 133,375</b>



Phone/Communication	phone, internet, email: prog & client communication/coordination.	\$65/mo./FTE	\$ 5,464
		<b>Total Occupancy:</b>	<b>\$ 59,624</b>

<b>Materials &amp; Supplies Expense</b>		<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Supplies/Postage	General office supplies for program related projects.		\$30.20/mo./FTE	\$ 2,540
Program Supplies	Hygiene kits and other program supplies.		\$4,250	\$ 4,250
		<b>Total Materials &amp; Supplies:</b>		<b>\$ 6,790</b>

<b>General Operating Expense</b>		<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Insurance	Liability for project staff office, drop-in, grp svcs areas.		\$43/mo./FTE	\$ 3,616
Equipment rental	Copier, phone, voicemail equip lease/maintenance.		\$25/mo./FTE	\$ 2,103
Conference Presentations	Conference registration for presenters on HIV/AIDS interventions.		\$670 x 4; \$595 x 4	\$ 5,060
		<b>Total General Operating:</b>		<b>\$ 10,779</b>

<b>Staff Travel and Purpose</b>		<b>Location</b>	<b>Expense Item</b>	<b>Rate</b>	<b>Cost</b>
Clipper cards to escort clients to		Local	Clipper Cards	\$2.5 x 100 UDC x 10 appts	\$ 2,500
US Conference on AIDS (USCA)		Orlando, FL	Airfare/Hotel/PerDiem	1150 x 2 staff	\$ 2,300
Nat'l Healthcare for the Homeless		Minneapolis	Airfare/Hotel/PerDiem	1050 x 3 staff	\$ 3,150
			<b>Total Staff Travel:</b>		<b>\$ 7,950</b>

<b>Other Expense - Misc</b>		<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Integration of Staff Spaces: Phase I	In order to both integrate staff across programs and to increase the number of staff that fit into our existing space, we're converting both cubicles and private offices to a flexible open plan space. Cost of individual components is \$100-\$1,000. For example: laptop \$1,000, monitor \$150, table \$1,000, adjustable monitor arm \$200, rolling drawer unit \$200. Some staff already have laptops thus won't need that, others have no laptop but can use their current monitor. Each new spaces will require a table, a monitor arm, and a rolling drawer unit.		Phase I: Late 17/18	\$ 15,000
Medical waste removal	Fees for removal of medical waste products.		\$1,800/mo x 10 x 50%	\$ 9,000
Art Program supplies	Paint, beads, canvas and other materials for art therapy program.		\$300/mo x 10 mos	\$ 3,000
		<b>Total Other- Misc</b>		<b>\$ 27,000</b>

<b>Other Expense - Client Food/Incenti</b>		<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Client Food/Incentives	Food for program activities; breakfast/lunch programs.		2000/month x 12 mos	\$ 24,000
Client Food/Incentives	Client mental health and treatment adherence programming.		6430	\$ 6,430
Client Food/Incentives	Consumer Advisory Bd mtgs.		\$150 each x 9	\$ 1,350
		<b>Total Other - Client Food/Incentives</b>		<b>\$ 31,780</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 143,923</b>
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**3) CAPITAL EXPENDITURES:** (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost

**TOTAL CAPITAL EXPENDITURES: \$ -**

**TOTAL DIRECT COSTS: \$ 599,917**

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)		Amount
Salaries & benefits	\$41,248.00	\$ 41,248
Occupancy	\$3,927.00	\$ 3,927
Materials & supplies	\$1,111.00	\$ 1,111
General operating	\$1,055.00	\$ 1,055
Travel	\$198.00	\$ 198
Consultants	\$660.00	\$ 660
Other	\$5,793.00	\$ 5,793

Indirect Rate: 9%

**TOTAL INDIRECT COSTS: \$ 53,991**

**TOTAL EXPENSES: \$ 653,908**

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES										Contract Totals
		Case Management Hours		Peer Navigation Hours		Mental Health Referrals and Linkages		Peer Advocacy Group Hours		Mental Health & Substance Abuse Group Hours		
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Program Officer	0.10	8,684	81%		0%		0%	2,000	19%		0%	10,684
Director of Programs	0.14	8,760	65%	1,000	7%		0%	1,133	8%	2,640	20%	13,533
Associate Director	0.20	13,228	100%		0%		0%		0%		0%	13,228
Program Manager	1.00	29,543	53%	13,920	25%	2,300	4%	6,000	11%	4,200	8%	55,963
Case Managers	4.00	197,395	100%		0%	-	0%		0%		0%	197,395
Peer Navigators	2.50	-		79,227	88%	-	0%	10,720	12%	-	0%	89,947
Contracts Coordinator	0.15	1,000	10%		0%		0%	8,150	84%	500	5%	9,650
Engagement Specialist	0.40		0%	12,000	79%	-	0%	3,238	21%	-	0%	15,238
Data Specialist	0.45		0%	11,810	50%		0%	12,000	50%		0%	23,810
<b>Total FTE &amp; Salaries</b>	<b>8.94</b>	<b>258,610</b>	<b>60.22%</b>	<b>117,957</b>	<b>27.47%</b>	<b>2,300</b>	<b>0.54%</b>	<b>43,241</b>	<b>10.07%</b>	<b>7,340</b>	<b>1.71%</b>	<b>429,448</b>
Fringe Benefits	26.39%	68,247	60.22%	31,129	27.47%	607	0.54%	11,411	10.07%	1,937	1.71%	113,331
<b>Total Personnel</b>		<b>326,857</b>	<b>60.22%</b>	<b>149,086</b>	<b>27.47%</b>	<b>2,907</b>	<b>0.54%</b>	<b>54,652</b>	<b>10.07%</b>	<b>9,277</b>	<b>1.71%</b>	<b>542,779</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		50,584	60%	23,072	27%	450	1%	8,458	10%	1,436	2%	84,000
Total Materials and Supplies		4,949	60%	2,257	27%	44	1%	827	10%	141	2%	8,218
Total General Operating		7,440	60%	3,394	27%	66	1%	1,244	10%	211	2%	12,355
Total Staff Travel		7,558	60%	3,447	27%	67	1%	1,264	10%	214	2%	12,550
Consultants/Subcontractor:		-	60%	-	27%	-	1%	-	10%	-	2%	-
Other - Misc		11,683	60%	5,329	27%	104	1%	1,953	10%	331	2%	19,400
Other - Client Food		24,448	60%	11,151	27%	217	1%	4,088	10%	694	2%	40,598
<b>Total Operating Expenses</b>		<b>106,662</b>	<b>60.22%</b>	<b>48,650</b>	<b>27.47%</b>	<b>948</b>	<b>0.54%</b>	<b>17,834</b>	<b>10.07%</b>	<b>3,027</b>	<b>1.71%</b>	<b>177,121</b>
<b>Total Direct Expenses</b>		<b>433,519</b>	<b>60.22%</b>	<b>197,736</b>	<b>27.47%</b>	<b>3,855</b>	<b>0.54%</b>	<b>72,486</b>	<b>10.07%</b>	<b>12,304</b>	<b>1.71%</b>	<b>719,900</b>
Indirect Expenses	9%	39,016	60.22%	17,796	27.47%	347	0.54%	6,524	10.07%	1,107	1.71%	64,790
<b>TOTAL EXPENSES</b>		<b>472,535</b>	<b>60.22%</b>	<b>215,532</b>	<b>27.47%</b>	<b>4,202</b>	<b>0.54%</b>	<b>79,010</b>	<b>10.07%</b>	<b>13,411</b>	<b>1.71%</b>	<b>784,690</b>
<b>UOS per Service Mode</b>		<b>5,616</b>		<b>3,105</b>		<b>50</b>		<b>540</b>		<b>90</b>		<b>9,401</b>
<b>Cost / UOS by Service Mode</b>		<b>\$84.15</b>		<b>\$69.42</b>		<b>\$84.04</b>		<b>\$146.33</b>		<b>\$149.02</b>		
<b>UDC per Service Mode</b>		<b>200</b>		<b>200</b>		<b>50</b>		<b>100</b>		<b>30</b>		<b>200</b>



**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Program Officer</b>				
Brief Duties	The CPO leads all of the agency's programs except the medical clinic. The CPO oversees programmatic strategy and is tasked with optimizing resources across programs for effective client outcomes.			
Min Quals	Strong record of leadership in HIV services, 5+ years program development, multi-program operations, and established funder relationships.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	<b>Total</b>
\$106,837.50	0.10	12	1.00	\$ <b>10,684</b>
<b>Staff Position 2: Director of Programs</b>				
Brief Duties	Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances.			
Min Quals	LCSW or equivalent w clinical spvsn exp; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	<b>Total</b>
\$96,662.50	0.14	12	1.00	\$ <b>13,533</b>
<b>Staff Position 3: Associate Director</b>				
Brief Duties	Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages.			
Min Quals	2 yrs. exp spvsn and prog management.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	<b>Total</b>
\$66,137.50	0.20	12	1.00	\$ <b>13,228</b>
<b>Staff Position 4: Program Manager</b>				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	<b>Total</b>
\$55,962.50	1.00	12	1.00	\$ <b>55,963</b>
<b>Staff Position 5: Case Managers</b>				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	<b>Total</b>
\$49,348.75	4.00	12	1.00	\$ <b>197,395</b>
<b>Staff Position 6: Peer Navigators</b>				
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsing, practical/emotional support; organizes treatment ed groups .			
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	<b>Total</b>
\$35,978.80	2.50	12	1.00	\$ <b>89,947</b>
<b>Staff Position 7: Contracts Coordinator</b>				
Brief Duties	Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports.			
Min Quals	Bachelor's degree and 3-5 years experience in program delivery and contract compliance.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	<b>Total</b>
\$64,331.00	0.15	12	1.00	\$ <b>9,650</b>



Staff Training	Compasspoint Trainings.	\$300/staff * 2 staff	\$ 600
		<b>Total General Operating:</b>	<b>\$ 12,355</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
Clipper cards to escort clients to appts	Local	Clipper Cards	\$2.5 x 125 UDC x 12 appts	\$ 3,750
US Conference on AIDS (USCA)	Orlando, FL	Airfare/Hotel/PerDiem	1150 x 4 staff	\$ 4,600
Nat'l Healthcare for the Homeless	Minneapolis	Airfare/Hotel/PerDiem	1050 x 4 staff	\$ 4,200
			<b>Total Staff Travel:</b>	<b>\$ 12,550</b>

Other Expense - Misc	Brief Description	Rate	Cost	
Integration of Staff Spaces:	2nd Phase of physical integration: finalize set-up of new workspaces.	Phase I: Early 18/19	\$ 5,000	
Medical waste removal	Fees for removal of medical waste products.	\$1,800/mo x 12 x 50%	\$ 10,800	
Art Program supplies	Paint, beads, canvas and other materials for art therapy program.	\$300/mo x 12 mos	\$ 3,600	
			<b>Total Other- Misc</b>	<b>\$ 19,400</b>

Other Expense - Client Food/Incentives	Brief Description	Rate	Cost	
Client Food/Incentives	Food for program activities; breakfast/lunch programs.	2500/month x 12 mos	\$ 30,000	
Client Food/Incentives	Client mental health and treatment adherence programming.	6998 annually	\$ 6,998	
Client Food/Incentives	Ad hoc nutrition support & Consumer Advisory Bd mtgs.	300/month X 12 mos	\$ 3,600	
			<b>Total Other - Client Food/Incentives</b>	<b>\$ 40,598</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 177,121</b>
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<b>TOTAL DIRECT COSTS:</b>	<b>\$ 719,900</b>
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#### 4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Salaries & benefits	\$49,497.00
Occupancy	\$4,712.00
Materials & supplies	\$1,333.00
General operating	\$1,266.00
Travel	\$238.00
Consultants	\$792.00
Other	\$6,952.00

<b>Indirect Rate:</b>	<b>9%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 64,790</b>

<b>TOTAL EXPENSES:</b>	<b>\$ 784,690</b>
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UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	SERVICE MODES															
	Case Management Hours			Peer Navigation Hours			Mental Health Referrals and Linkages			Peer Advocacy Group Hours			Mental Health & Substance Abuse Group Hours			
	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
Position Titles																
Chief Program Officer	0.10	9,004	82%	0%	0%	0%	0%	2,000	18%	0%	0%	0%	0%	0%	11,004	
Director of Programs	0.15	10,161	68%	7%	1,000	7%	0%	1,133	8%	0%	0%	0%	2,640	18%	14,934	
Associate Director	0.20	13,228	97%	3%	396	3%	0%		0%	0%	0%	0%		0%	13,624	
Program Manager	1.00	29,543	51%	27%	15,598	27%	4%	2,300	4%	6,000	10%	0%	4,200	7%	57,641	
Case Managers	4.00	203,317	100%	0%		0%	0%	-	0%		0%	0%		0%	203,317	
Peer Navigators	2.50	-		87%	80,145	87%	0%	-	0%	12,500	13%	0%	-	0%	92,645	
Contracts Coordinator	0.15	1,289	13%	0%		0%	0%	8,150	82%	500	5%	0%	500	5%	9,939	
Engagement Specialist	0.40	457	3%	76%	12,000	76%	0%	-	0%	3,238	21%	0%	-	0%	15,695	
Data Specialist	0.45	439	2%	48%	11,810	48%	75	75	0%	12,000	49%	200	1%	1%	24,524	
<b>Total FTE &amp; Salaries</b>	<b>8.95</b>	<b>267,438</b>	<b>60.33%</b>	<b>27.28%</b>	<b>120,949</b>	<b>27.28%</b>	<b>0.54%</b>	<b>2,375</b>	<b>0.54%</b>	<b>45,021</b>	<b>10.16%</b>	<b>0.54%</b>	<b>7,540</b>	<b>1.70%</b>	<b>443,323</b>	
Fringe Benefits	26.44%	70,710	60.32%	27.28%	31,979	27.28%	628	628	0.54%	11,904	10.16%	1,994	1,994	1.70%	117,215	
<b>Total Personnel</b>		<b>338,148</b>	<b>60.33%</b>	<b>27.28%</b>	<b>152,928</b>	<b>27.28%</b>	<b>3,003</b>	<b>0.54%</b>	<b>3,003</b>	<b>56,925</b>	<b>10.16%</b>	<b>9,534</b>	<b>1.70%</b>	<b>1.70%</b>	<b>560,538</b>	
<b>Operating Expenses</b>																
Total Occupancy		50,212	60%	27%	22,708	27%	446	446	1%	8,453	10%	1,416	1,416	2%	83,235	
Total Materials and Supplies		4,960	60%	27%	2,243	27%	44	44	1%	835	10%	140	140	2%	8,222	
Total General Operating		6,695	60%	27%	3,028	27%	59	59	1%	1,127	10%	189	189	2%	11,098	
Total Staff Travel		6,244	60%	27%	2,824	27%	55	55	1%	1,051	10%	176	176	2%	10,350	
Consultants/Subcontractor:		-	60%	27%	-	27%	-	-	1%	-	10%	-	-	2%	-	
Other - Misc		3,982	60%	27%	1,801	27%	35	35	1%	670	10%	112	112	2%	6,600	
Other - Client Food		24,042	60%	27%	10,874	27%	214	214	1%	4,048	10%	678	678	2%	39,856	
<b>Total Operating Expenses</b>		<b>96,135</b>	<b>60%</b>	<b>27%</b>	<b>43,478</b>	<b>27%</b>	<b>853</b>	<b>853</b>	<b>1%</b>	<b>16,184</b>	<b>10%</b>	<b>2,711</b>	<b>2,711</b>	<b>2%</b>	<b>159,361</b>	
<b>Total Direct Expenses</b>		<b>434,283</b>	<b>60.32%</b>	<b>27.28%</b>	<b>196,406</b>	<b>27.28%</b>	<b>3,856</b>	<b>3,856</b>	<b>0.54%</b>	<b>73,109</b>	<b>10.16%</b>	<b>12,245</b>	<b>12,245</b>	<b>1.70%</b>	<b>719,899</b>	
Indirect Expenses	9%	39,085	60.32%	27.28%	17,677	27.28%	347	347	0.54%	6,580	10.16%	1,102	1,102	1.70%	64,791	
<b>TOTAL EXPENSES</b>		<b>473,368</b>	<b>60.33%</b>	<b>27.28%</b>	<b>214,083</b>	<b>27.28%</b>	<b>4,203</b>	<b>4,203</b>	<b>0.54%</b>	<b>79,689</b>	<b>10.16%</b>	<b>13,347</b>	<b>13,347</b>	<b>1.70%</b>	<b>784,690</b>	
<b>UOS per Service Mode</b>		5,616			3,105		50	50		540		90	90		<b>9,401</b>	
<b>Cost / UOS by Service Mode</b>		\$84.29			\$68.95		\$84.06	\$84.06		\$147.58		\$148.30	\$148.30			
<b>UDC per Service Mode</b>		200			200		50	50		100		30	30		200	

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Program Officer</b>				
Brief Duties	The CPO leads all of the agency's programs except the medical clinic. The CPO oversees programmatic strategy and is tasked with optimizing resources across programs for effective client outcomes.			
Min Quals	Strong record of leadership in HIV services, 5+ years program development, multi-program operations, and established funder relationships.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12	<b>Total</b>
\$110,042.63	0.10	12	1.00	<b>\$ 11,004</b>
<b>Staff Position 2: Director of Programs</b>				
Brief Duties	Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances.			
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$99,562.38	0.15	12	1.00	<b>\$ 14,934</b>
<b>Staff Position 3: Associate Director</b>				
Brief Duties	Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages.			
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$68,121.63	0.20	12	1.00	<b>\$ 13,624</b>
<b>Staff Position 4: Program Manager</b>				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$57,641.38	1.00	12	1.00	<b>\$ 57,641</b>
<b>Staff Position 5: Case Managers</b>				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$50,829.21	4.00	12	1.00	<b>\$ 203,317</b>

<b>Staff Position 6: Peer Navigators</b>				
Brief Duties	conducts outreach/case finding; assists clients in accessing svcs and maintaining adherence to med regimens; provides peer cnsng, practical/emotional support; organizes treatment ed groups.			
Min Quals	High school diploma, bilingual proficiency, and 2 years of HIV or social service experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$37,058.16	2.50	12	1.00	<b>\$ 92,645</b>

<b>Staff Position 7: Contracts Mngmt Coord</b>				
Brief Duties	Provides TACE monitoring to ensure outcome deliverables and performance goals are met. Responsible for overall contract quality assurance. Works continuously with program staff to deliver timely reports.			
Min Quals	Bachelor's degree and 3-5 years experience in program delivery and contract compliance.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$66,260.93	0.15	12	1.00	<b>\$ 9,939</b>

<b>Staff Position 8: Engagement Specialist</b>				
Brief Duties	Provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection.			
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$39,237.85	0.40	12	1.00	<b>\$ 15,695</b>

<b>Staff Position 9: Data Specialist</b>				
Brief Duties	Provides clerical/admin support to prog staff; plans client events, organizes/facilitates grps; data entry/collection.			
Min Quals	Bachelor's or equivalent exp, computer, office skills, 2 yrs of admin experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$54,497.30	0.45	12	1.00	<b>\$ 24,524</b>

**Total FTE: 8.95                      Total Salaries: \$ 443,323**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

Component	Cost
Social Security	\$ 33,914
Retirement	\$ 6,384
Medical	\$ 68,937
Dental	\$ -
Unemployment Insurance	\$ 3,547
Disability Insurance	\$ -
Paid Time Off	\$ -
Other (specify):	\$ 4,433
<b>Total Fringe Benefit:</b>	<b>\$ 117,215</b>

Fringe Benefit %: 26.44%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 560,538**

**2) OPERATING EXPENSES:**

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas.	\$578/mo./FTE	\$ 62,077
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space.	\$132/mo./FTE	\$ 14,177
Phone/Communication	phone, internet, email: prog & client communication/coordination.	65/mo./FTE	\$ 6,981
<b>Total Occupancy:</b>			<b>\$ 83,235</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects.	\$35/mo./FTE	\$ 3,759
Program Supplies	Hygiene kits and other program supplies.	\$4,463	\$ 4,463
<b>Total Materials &amp; Supplies:</b>			<b>\$ 8,222</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas.	\$43/mo./FTE	\$ 4,618
Equipment rental	Copier, phone, voicemail equip lease/maintenance.	\$25/mo./FTE	\$ 2,685
Conference Presentations	Conference registration for presenters on HIV/AIDS interventions.	\$670 x 3; \$595 x 3	\$ 3,795
Staff Training	Compasspoint Trainings.	\$300/staff * 2 staff	\$ 600
<b>Total General Operating:</b>			<b>\$ 11,098</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
Clipper cards to escort clients to appts	Local	Clipper Cards	\$2.5 x 125 UDC x 12 appts	\$ 3,750
US Conference on AIDS (USCA)	Orlando, FL	Airfare/Hotel/PerDiem	1150 x 3 staff	\$ 3,450
Nat'l Healthcare for the Homeless (NHCHC)	Minneapolis	Airfare/Hotel/PerDiem	1050 x 3 staff	\$ 3,150
<b>Total Staff Travel:</b>				<b>\$ 10,350</b>

Other Expense - Misc	Brief Description	Rate	Cost
Medical waste removal	Fees for removal of medical waste products.	\$500/mo x 12 x 50%	\$ 3,000
Art Program supplies	Paint, beads, canvas and other materials for art therapy program.	\$300/mo x 12 mos	\$ 3,600

<b>Total Other- Misc</b>	<b>\$</b>	<b>6,600</b>
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**Other Expense - Client Food/Incentives Brief Description**

		<b>Rate</b>	
Client Food/Incentives	Food for program activities; breakfast/lunch programs.	2400/month x 12 mos	\$ 28,800
Client Food/Incentives	Client mental health and treatment adherence programming.	7456 annually	\$ 7,456
Client Food/Incentives	Ad hoc nutrition support & Consumer Advisory Bd mtgs.	300/month X 12 mos	\$ 3,600

<b>Total Other - Client Food/Incentives</b>	<b>\$</b>	<b>39,856</b>
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<b>TOTAL OPERATING EXPENSES:</b>	<b>\$</b>	<b>159,361</b>
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<b>TOTAL DIRECT COSTS:</b>	<b>\$</b>	<b>719,899</b>
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**4) INDIRECT COSTS**

**Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)**

		<b>Amount</b>
Salaries & benefits	\$50,110.00	\$ 50,110
Occupancy	\$4,770.00	\$ 4,770
Materials & supplies	\$1,350.00	\$ 1,350
General operating	\$1,282.00	\$ 1,282
Travel	\$241.00	\$ 241
Other	\$7,038.00	\$ 7,038

**Indirect Rate:** 9%

<b>TOTAL INDIRECT COSTS:</b>	<b>\$</b>	<b>64,791</b>
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<b>TOTAL EXPENSES:</b>	<b>\$</b>	<b>784,690</b>
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UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES												Contract Totals			
	Case Management Hours			Peer Navigation Hours			Mental Health Referrals and Linkages			Peer Advocacy Group Hours				Mental Health & Substance Abuse Group Hours		
Personnel Expenses	FTE	Salaries	% FTE	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Salaries	% FTE	Contract Totals
Chief Program Officer	0.10	9,004	82%													11,004
Director of Programs	0.14	10,161	68%	1,000	7%					1,133	8%			2,640	18%	14,934
Associate Director	0.20	13,624	100%		0%						0%				0%	13,624
Program Manager	1.00	29,543	51%	15,598	27%	2,300	4%	6,000	10%	4,200	7%			4,200	7%	57,641
Case Managers	4.00	203,317	100%		0%		0%		0%		0%				0%	203,317
Peer Navigators	2.50			80,925	87%		0%	11,720	13%		0%				0%	92,645
Contracts Coordinator	0.15	1,289	13%		0%		0%	8,150	82%	500	5%			500	5%	9,939
Engagement Specialist	0.40	457	3%	12,000	76%		0%	3,238	21%		0%				0%	15,695
Data Specialist	0.45	457	2%	11,810	48%		0%	12,000	49%		1%			165	1%	24,524
<b>Total FTE &amp; Salaries</b>	<b>8.94</b>	<b>267,852</b>	<b>60.42%</b>	<b>121,333</b>	<b>27.37%</b>	<b>2,392</b>	<b>0.54%</b>	<b>44,241</b>	<b>9.98%</b>	<b>7,505</b>	<b>1.69%</b>	<b>443,323</b>				<b>443,323</b>
Fringe Benefits		70,820	60.42%	32,081	27.37%	632	0.54%	11,697	9.98%	1,985	1.69%	117,215				117,215
<b>Total Personnel</b>		<b>338,672</b>	<b>60.42%</b>	<b>153,414</b>	<b>27.37%</b>	<b>3,024</b>	<b>0.54%</b>	<b>55,938</b>	<b>9.98%</b>	<b>9,490</b>	<b>1.69%</b>	<b>560,538</b>				<b>560,538</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		50,290	60%	22,781	27%	449	1%	8,306	10%	1,409	2%	83,235				83,235
Total Materials and Supplies		4,968	60%	2,250	27%	44	1%	821	10%	139	2%	8,222				8,222
Total General Operating		6,705	60%	3,037	27%	60	1%	1,108	10%	188	2%	11,098				11,098
Total Staff Travel		6,253	60%	2,833	27%	56	1%	1,033	10%	175	2%	10,350				10,350
Consultants/Subcontractor:		-	60%	-	27%	-	1%	-	10%	-	2%	-				-
Other - Misc		3,988	60%	1,806	27%	36	1%	659	10%	111	2%	6,600				6,600
Other - Client Food		24,081	60%	10,908	27%	215	1%	3,977	10%	675	2%	39,856				39,856
<b>Total Operating Expenses</b>		<b>96,285</b>	<b>60.42%</b>	<b>43,615</b>	<b>27.37%</b>	<b>860</b>	<b>0.54%</b>	<b>15,904</b>	<b>9.98%</b>	<b>2,697</b>	<b>1.69%</b>	<b>159,361</b>				<b>159,361</b>
Total Direct Expenses		434,957	60.42%	197,029	27.37%	3,884	0.54%	71,842	9.98%	12,187	1.69%	719,899				719,899
Indirect Expenses	9%	39,146	60.42%	17,733	27.37%	349	0.54%	6,466	9.98%	1,097	1.69%	64,791				64,791
<b>TOTAL EXPENSES</b>		<b>474,103</b>	<b>60.42%</b>	<b>214,762</b>	<b>27.37%</b>	<b>4,233</b>	<b>0.54%</b>	<b>78,308</b>	<b>9.98%</b>	<b>13,284</b>	<b>1.69%</b>	<b>784,690</b>				<b>784,690</b>
		UOS per Service Mode		5,616		3,105		50		540		90				<b>9,401</b>
		Cost / UOS by Service Mode		\$84.43		\$69.17		\$84.66		\$145.02		\$147.60				
		UDC per Service Mode		200		200		50		100		30				200

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Program Officer</b>				
Brief Duties	The CPO leads all of the agency's programs except the medical clinic. The CPO oversees programmatic strategy and is tasked with optimizing resources across programs for effective client outcomes.			
Min Quals	Strong record of leadership in HIV services, 5+ years program development, multi-program operations, and established funder relationships.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12	<b>Total</b>
\$110,042.63	0.10	12	1.00	<b>\$ 11,004</b>
<b>Staff Position 2: Director of Programs</b>				
Brief Duties	Directly supervises all programs that provide services to individual clients except medical clinic. Provides clinical supervision and consultation to providers. Engages directly with clients to evaluate concerns and address grievances.			
Min Quals	Master's in social work, psychology or related field; 3.5 yrs in leadership position involving supervision/mngmt of progs, budgets and contracts.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$99,562.38	0.15	12	1.00	<b>\$ 14,934</b>
<b>Staff Position 3: Associate Director</b>				
Brief Duties	Provides supervision of all Program Mngrs; oversees programmatic operation; coordinates with program partners; provides direct services to clients as back-up for service provider absences, vacations, and staff shortages.			
Min Quals	LCSW or equivalent, 2 yrs. exp in direct psychotherapy, clinical spvsn and prog management.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$68,121.63	0.20	12	1.00	<b>\$ 13,624</b>
<b>Staff Position 4: Program Manager</b>				
Brief Duties	The program manager will provide day-to-day oversight of the TACE program and supervision of staff.			
Min Quals	Bachelor's degree with 2 years management level experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$57,641.38	1.00	12	1.00	<b>\$ 57,641</b>
<b>Staff Position 5: Case Managers</b>				
Brief Duties	Conduct intake, assessment, referral and linkage, client advocacy; PWP counseling; counsel clients on treatment adherence issues; coordinate activities with Peer Navigators.			
Min Quals	Bachelor's or masters level in hlth or social svcs; bilingual proficiency; 3 yrs HIV or social svc exp.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$50,829.21	4.00	12	1.00	<b>\$ 203,317</b>



Component	Cost
Social Security	\$ 33,914
Retirement	\$ 6,384
Medical	\$ 68,937
Dental	\$ -
Unemployment Insurance	\$ 3,547
Disability Insurance	\$ -
Paid Time Off	\$ -
Other (specify):	\$ 4,433
<b>Total Fringe Benefit:</b>	<b>\$ 117,215</b>
<b>Fringe Benefit %:</b>	<b>26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: \$ 560,538</b>	

**2) OPERATING EXPENSES:**

Occupancy Expense	Brief Description	Rate	Cost
Rent/facilities	project staff office, common & confidential mtg areas.	\$578/mo./FTE	\$ 62,077
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space.	\$132/mo./FTE	\$ 14,177
Phone/Communication	phone, internet, email: prog & client communication/coordination.	65/mo./FTE	\$ 6,981
<b>Total Occupancy:</b>			<b>\$ 83,235</b>

Materials & Supplies Expense	Brief Description	Rate	Cost
Supplies/Postage	General office supplies for program related projects.	\$35/mo./FTE	\$ 3,759
Program Supplies	Hygiene kits and other program supplies.	\$4,463	\$ 4,463
<b>Total Materials &amp; Supplies:</b>			<b>\$ 8,222</b>

General Operating Expense	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas.	\$43/mo./FTE	\$ 4,618
Equipment rental	Copier, phone, voicemail equip lease/maintenance.	\$25/mo./FTE	\$ 2,685
Conference Presentations	Conference registration for presenters on HIV/AIDS interventions.	\$670 x 3; \$595 x 3	\$ 3,795
Staff Training	Compasspoint Trainings.	\$300/staff * 2 staff	\$ 600
<b>Total General Operating:</b>			<b>\$ 11,098</b>

Staff Travel and Purpose	Location	Expense Item	Rate	Cost
Clipper cards to escort clients to appts	Local	Clipper Cards	\$2.5 x 125 UDC x 12 appts	\$ 3,750
US Conference on AIDS (USCA)	Orlando, FL	Airfare/Hotel/PerDiem	1150 x 3 staff	\$ 3,450
Nat'l Healthcare for the Homeless	Minneapolis	Airfare/Hotel/PerDiem	1050 x 3 staff	\$ 3,150

**Total Staff Travel:** \$ 10,350

Other Expense - Misc	Brief Description	Rate	Cost
Medical waste removal	Fees for removal of medical waste products.	\$500/mo x 12 x 50%	\$ 3,000
Art Program supplies	Paint, beads, canvas and other materials for art therapy program.	\$300/mo x 12 mos	\$ 3,600
<b>Total Other- Misc</b>			<b>\$ 6,600</b>

Other Expense - Client Food/Incentives	Brief Description	Rate	Cost
Client Food/Incentives	Food for program activities; breakfast/lunch programs.	2400/month x 12 mos	\$ 28,800
Client Food/Incentives	Client mental health and treatment adherence programming.	7456 annually	\$ 7,456
Client Food/Incentives	Ad hoc nutrition support & Consumer Advisory Bd mtgs.	300/month X 12 mos	\$ 3,600
<b>Total Other - Client Food/Incentives</b>			<b>\$ 39,856</b>

**TOTAL OPERATING EXPENSES:** \$ 159,361

**TOTAL DIRECT COSTS:** \$ 719,899

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Salaries & benefits \$50,110.00	\$ 50,110
Occupancy \$4,770.00	\$ 4,770
Materials & supplies \$1,350.00	\$ 1,350
General operating \$1,282.00	\$ 1,282
Travel \$241.00	\$ 241
Other \$7,038.00	\$ 7,038

**Indirect Rate:** 9%  
**TOTAL INDIRECT COSTS:** \$ 64,791

**TOTAL EXPENSES:** \$ 784,690

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						Contract Totals
Personnel Expenses		Brand Development		Stakeholder Engagement		Marketing		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Chief Executive Officer	0.10	5,495	35%	5,024	32%	5,181	33%	15,700
Chief Strategic Engagement Officer	0.45	13,500	25%	21,600	40%	18,900	35%	54,000
Communications Manager	0.50	7,500	25%	12,000	40%	10,500	35%	30,000
								-
								-
								-
								-
<b>Total FTE &amp; Salaries</b>	<b>1.05</b>	<b>26,495</b>	<b>26.57%</b>	<b>38,624</b>	<b>38.74%</b>	<b>34,581</b>	<b>34.69%</b>	99,700
Fringe Benefits	26.44%	7,006	26.58%	\$ 10,212	38.74%	9,143	34.69%	26,361
<b>Total Personnel</b>		<b>33,501</b>	<b>26.58%</b>	<b>48,836</b>	<b>38.74%</b>	<b>43,724</b>	<b>34.69%</b>	126,061
<b>Operating Expenses</b>								
		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		2,515	34%	2,515	34%	2,366	32%	7,396
Total Materials and Supplies		12,041	34%	12,041	34%	11,332	32%	35,414
Total General Operating		291	34%	291	34%	275	32%	857
Total Staff Travel								
Consultants/Subcontractor:		36,200	40%	36,200	40%	18,100	20%	90,500
Other - Misc		5,100	34%	5,100	34%	4,800	32%	15,000
								-
								-
								-
								-
<b>Total Operating Expenses</b>		<b>56,147</b>	<b>37.64%</b>	<b>56,147</b>	<b>37.64%</b>	<b>36,873</b>	<b>24.72%</b>	<b>149,167</b>
<b>Capital Expenses</b>								
		<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Contract Total</b>
Capital Expenditure 1								-
Capital Expenditure 2								-
<b>Total Capital Expenses</b>								-
<b>Total Direct Expenses</b>								
		89,648	32.57%	104,983	38.14%	80,597	29.28%	275,228
<b>Indirect Expenses</b>	9%	8,069	32.57%	9,448	38.14%	7,255	29.29%	24,772
<b>TOTAL EXPENSES</b>		<b>97,717</b>	<b>32.57%</b>	<b>114,431</b>	<b>38.14%</b>	<b>87,852</b>	<b>29.28%</b>	<b>300,000</b>
<b>Type of Reimbursement</b>		<b>Cost Reimbursement</b>						
<b>UOS per Service Mode</b>		12		12		12		<b>36</b>
<b>Cost / UOS by Service Mode</b>		\$8,143.11		\$9,535.96		\$7,321.00		
<b>UDC per Service Mode</b>		N/A		N/A		N/A		N/A
								<b>Rev. 07/15</b>

**BUDGET JUSTIFICATION**

**1a) SALARIES**

<b>Staff Position 1: Chief Executive Officer</b>				
Brief Duties	Guide and supervise the overall direction of rebranding and marketing campaign.			
Min Quals	Master's Degree in Economics, Healthcare Administration, Social Work, Business Administration, or Public Administration or equivalent experience; previous experience in directing the development and the administrative policies within a health services organization.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	<b>Total</b>
\$157,000.00	0.10	12	1.00	\$ <b>15,700</b>

<b>Staff Position 2: Chief Strategic Engagement Officer</b>				
Brief Duties	Oversee day-to-day operations of rebranding and marketing campaign; guide and supervise campaign objectives; monitor and supervise contractor, Imprenta; supervise Communications Manager.			
Min Quals	Master's degree; experience in strategic relationship building with a variety of stakeholders such as funders, policy makers, and community organizations.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$120,000.00	0.45	12	1.00	\$ <b>54,000</b>

<b>Staff Position 3: Communications Manager</b>				
Brief Duties	Monitor and implement communications objectives of campaign including but not limited to production of print materials for new brand and website updates; implement public presentation of new brand.			
Min Quals	Bachelor's degree; 3-5 years of communications and marketing experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	<b>Total</b>
\$60,000.00	0.50	12	1.00	\$ <b>30,000</b>

**Total FTE: 1.05                      Total Salaries: \$ 99,700**

**1b) EMPLOYEE FRINGE BENEFITS:**

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

Component	Cost
Social Security	\$ 7,627
Retirement	\$ 1,436
Medical	\$ 15,503
Dental	\$ -
Unemployment Insurance	\$ 798
Disability Insurance	\$ -
Paid Time Off	\$ -
Other (specify):	\$ 997

**Total Fringe Benefit: \$ 26,361**

**Fringe Benefit %: 26.44%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 126,061**

**2) OPERATING EXPENSES:**

<b>Occupancy Expense</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Rent/facilities	Project staff office, common & confidential mtg areas.	\$435/mo./FTE	\$ 5,481
Utilities/maintenance	Janitorial, maintenance supplies, security for staff space.	\$127/mo./FTE	\$ 1,600
Phone/Communication	phone, internet, email.	\$25/mo./FTE	\$ 315
<b>Total Occupancy:</b>			<b>\$ 7,396</b>

<b>Materials &amp; Supplies Expense</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Supplies/Postage	General office supplies for program related projects.	\$22/mo.	\$ 264
Printing/reproduction	Letterhead, envelopes, and signage.	29000	\$ 29,000
Promotional Materials & Supplies		\$6,150	\$ 6,150
<b>Total Materials &amp; Supplies:</b>			<b>\$ 35,414</b>

<b>General Operating Expense</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Insurance	Liability for project staff office, drop-in, grp svcs areas.	\$43/mo./FTE	\$ 542
Equipment rental	Copier, phone, voicemail equip lease/maintenance.	\$25/mo./FTE	\$ 315
<b>Total General Operating:</b>			<b>\$ 857</b>

<b>Staff Travel and Purpose</b>	<b>Location</b>	<b>Expense Item</b>	<b>Rate</b>	<b>Cost</b>
			<b>Total Staff Travel:</b>	<b>\$ -</b>

<b>Consultant/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate</b>	<b>Cost</b>
Imprenta Communications Group	Rebranding/Communications Firm.	68000	\$ 68,000
TBD	Graphic Designer @ rate TBD.	7500	\$ 7,500
TBD	Website Designer @ rate TBD.	5000	\$ 5,000
TBD	Board/Staff Retreat Facilitation @ rate TBD.	10000	\$ 10,000
<b>Total Consultant</b>			<b>\$ 90,500</b>



Other Expense - Misc	Brief Description	Rate	Cost
Advertisements	(print, social media, etc.)		\$ 15,000
		<b>Total Other- Misc</b>	<b>\$ 15,000</b>

**TOTAL OPERATING EXPENSES: \$ 149,167**

**3) CAPITAL EXPENDITURES:** (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost

**TOTAL CAPITAL EXPENDITURES: \$ -**

**TOTAL DIRECT COSTS: \$ 275,228**

**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Salaries & benefits \$18,924.00	\$ 18,924
Occupancy \$1,802.00	\$ 1,802
Materials & supplies \$510.00	\$ 510
General operating \$484.00	\$ 484
Travel \$91.00	\$ 91
Consultants \$303.00	\$ 303
Other \$2,658.00	\$ 2,658

**Indirect Rate: 9%**

**TOTAL INDIRECT COSTS: \$ 24,772**

**TOTAL EXPENSES: \$ 300,000**

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES										Contract Totals
		Trans Access Medical Case Management		Trans Access Peer Navigation		Trans Access Support Groups		HHOME Medical Case Management		HHOME Peer Navigation		
Position Titles		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Program Manager or Asst. Dir	0.50	3,750	25%	3,750	25%			3,750	25%	3,750	25%	15,000
HHOME Senior Case Manager	1.00							26,125	100%			26,125
HHOME Peer Navigator	1.00									18,720	100%	18,720
Trans Access Senior Case Manager	1.00	23,512	90%	-	0%	2,613	10%				0%	26,125
Trans Access Peer Navigator	1.00	-	0%	18,720	100%							18,720
<b>Total FTE &amp; Salaries</b>	<b>4.50</b>	<b>27,262</b>	<b>26.04%</b>	<b>22,470</b>	<b>21.46%</b>	<b>2,613</b>	<b>2.50%</b>	<b>29,875</b>	<b>28.54%</b>	<b>22,470</b>	<b>21.46%</b>	<b>104,690</b>
Fringe Benefits	26.44%	7,209	26.04%	5,941	21.46%	691	2.50%	7,899	28.54%	\$ 5,941	21.46%	27,681
<b>Total Personnel</b>		<b>34,471</b>	<b>26.04%</b>	<b>28,411</b>	<b>21.46%</b>	<b>3,304</b>	<b>2.50%</b>	<b>37,774</b>	<b>28.54%</b>	<b>28,411</b>	<b>21.46%</b>	<b>132,371</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		4,268	26%	3,518	21%	409	2%	4,677	29%	3,517	21%	16,389
Total Materials and Supplies		2,006	26%	1,654	21%	192	2%	2,199	29%	1,654	21%	7,705
Total General Operating		522	26%	431	21%	50	2%	572	29%	431	21%	2,006
Total Staff Travel		587	26%	484	21%	56	2%	644	29%	485	22%	2,256
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-	0%	-	0%	-
Other		609	26%	502	21%	58	2%	667	29%	502	21%	2,338
<b>Total Operating Expenses</b>		<b>7,992</b>	<b>26.04%</b>	<b>6,589</b>	<b>21.47%</b>	<b>765</b>	<b>2.49%</b>	<b>8,759</b>	<b>28.54%</b>	<b>6,589</b>	<b>21.47%</b>	<b>30,694</b>
<b>Capital Expenses</b>		<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Contract Total</b>
Capital Expenditure 1												
Capital Expenditure 2												
<b>Total Capital Expenses</b>												
<b>Total Direct Expenses</b>		<b>42,463</b>	<b>26.04%</b>	<b>35,000</b>	<b>21.46%</b>	<b>4,069</b>	<b>2.50%</b>	<b>46,533</b>	<b>28.54%</b>	<b>35,000</b>	<b>21.46%</b>	<b>163,065</b>
Indirect Expenses	8.7%	3,700	26.04%	3,050	21.46%	354	2.50%	4,055	28.54%	3,050	21.46%	14,209
<b>TOTAL EXPENSES</b>		<b>46,163</b>	<b>26.04%</b>	<b>38,050</b>	<b>21.46%</b>	<b>4,423</b>	<b>2.49%</b>	<b>50,588</b>	<b>28.54%</b>	<b>38,050</b>	<b>21.46%</b>	<b>177,274</b>
<b>Type of Reimbursement</b>		<b>Cost Reimbursement</b>										
UOS per Service Mode		624		624		48		624		624		<b>2,544</b>
Cost / UOS by Service Mode		\$73.98		\$60.98		\$92.15		\$81.08		\$60.98		N/A
UDC per Service Mode		20		20		15		20		20		<b>40</b>

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**1b) EMPLOYEE FRINGE BENEFITS:**

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

Component	Cost
Social Security	\$ 8,009.00
Retirement	\$ 1,508.00
Medical	\$ 16,279.00
Dental	
Unemployment Insurance	\$ 838.00
Disability Insurance	
Paid Time Off	
Other (specify):	\$ 1,047.00
<b>Total Fringe Benefit:</b>	<b>27,681</b>
	<b>Fringe Benefit %: 26.44%</b>
<b>TOTAL SALARIES &amp; EMPLOYEE FRINGE BENEFITS: 132,371</b>	

**2) OPERATING EXPENSES:**

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent/facilities	For project staff space, common and confidential meeting areas.	\$435/mo./FTE	11,745
Utilities and maintenance	To cover janitorial and maintenance	\$127/mo./FTE	3,429
Telephone/communications	Telephone, internet and email services.	\$45/mo./FTE	1,215
<b>Total Occupancy:</b>			<b>16,389</b>

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Group meeting supplies	Healthy snacks and beverages for weekly client support groups.	\$100/week	2,550
Office supplies	Basic supplies such as paper, pens, files, printer cartridges, postage, and	\$25/mo./FTE	675
Printing and reproduction	Flyers, schedules of services and other client materials.	\$25/mo.	150
Laptops	laptops for direct service staff.	\$1082.50 x 4 staff	4,330
<b>Total Materials &amp; Supplies:</b>			<b>7,705</b>

General Operating:

Expense Item	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas.	\$43/mo./FTE	\$ 1,161
Equipment rental	Copier, phone, voicemail equip lease/maintenance.	\$25/mo./FTE	\$ 675
Staff Training	Case Management Training Course.	\$170	\$ 170
<b>Total General Operating:</b>			<b>2,006</b>

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Local transportation for project staff: BART, MUNI	San Francisco	Clipper Money	\$94/mo x 6 mo x 4 staff	2,256
<b>Total Staff Travel:</b>				<b>2,256</b>

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost	
<b>Total Consultants/Subcontractors:</b>				<b>-</b>

Other: \_\_\_\_\_

Expense Item	Brief Description	Rate	Cost
Client housing support	stabilization and permanent housing move-in kits.	\$50/client x 15	750
Client treatment adherence and mental health programming	nutritional food for programming.	(\$100/mo x 6 mo) + \$988 annual meeting	1,588
<b>Total Other:</b>			<b>2,338</b>

	<b>TOTAL OPERATING EXPENSES:</b>	<b>30,694</b>
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**3) CAPITAL EXPENDITURES:** (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost

	<b>TOTAL CAPITAL EXPENDITURES:</b>	<b>-</b>
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	<b>TOTAL DIRECT COSTS:</b>	<b>163,065</b>
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**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Salaries & Benefits	11,212
Occupancy	1,067
Materials & Supplies	302
General Operating	-
Travel	54
Consultants	-
Other	1,575

	<b>Indirect Rate:</b>	<b>8.7%</b>
	<b>TOTAL INDIRECT COSTS:</b>	<b>14,209</b>

	<b>TOTAL EXPENSES:</b>	<b>177,274</b>
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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES										
Personnel Expenses	FTE	Trans Access Medical Case Management		Trans Access Peer Navigation		Trans Access Support Groups		HHOME Medical Case Management		HHOME Peer Navigation		Contract Totals
		Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Program Manager or Asst. Dir.	0.50	8,125	25%	8,125	25%			8,125	25%	8,125	25%	32,500
HHOME Senior Case Manager	1.00							52,250	100%			52,250
HHOME Peer Navigator	1.00									37,440	100%	37,440
Trans Access Senior Case Manager	1.00	47,025	90%	-	0%	5,225	10%					52,250
Trans Access Peer Navigator	1.00	-		37,440	100%							37,440
		-		-		-						
		-										
<b>Total FTE &amp; Salaries</b>	<b>4.50</b>	<b>55,150</b>	<b>26.03%</b>	<b>45,565</b>	<b>21.51%</b>	<b>5,225</b>	<b>2.47%</b>	<b>60,375</b>	<b>28.49%</b>	<b>45,565</b>	<b>21.51%</b>	<b>211,880</b>
Fringe Benefits	26.44%	14,582	26.03%	12,047	21.51%	1,382	2.47%	15,963	28.49%	\$ 12,047	21.51%	56,021
<b>Total Personnel</b>		<b>69,732</b>	<b>26.03%</b>	<b>57,612</b>	<b>21.51%</b>	<b>6,607</b>	<b>2.47%</b>	<b>76,338</b>	<b>28.49%</b>	<b>57,612</b>	<b>21.51%</b>	<b>267,901</b>
<b>Operating Expenses</b>		<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Total</b>
Total Occupancy		8,490	26%	7,014	22%	804	2%	9,294	28%	7,014	22%	32,616
Total Materials and Supplies		1,757	26%	1,452	22%	166	2%	1,923	28%	1,452	22%	6,750
Total General Operating		1,346	26%	1,112	22%	128	2%	1,474	28%	1,112	22%	5,172
Total Staff Travel		2,580	26%	2,132	22%	244	2%	2,824	28%	2,132	22%	9,912
Consultants/Subcontractor:		-	0%	-	0%	-	0%	-	0%	-	0%	-
Other		982	26%	811	22%	93	2%	1,076	29%	811	22%	3,773
<b>Total Operating Expenses</b>		<b>15,155</b>	<b>26.03%</b>	<b>12,521</b>	<b>21.51%</b>	<b>1,435</b>	<b>2.46%</b>	<b>16,591</b>	<b>28.49%</b>	<b>12,521</b>	<b>21.51%</b>	<b>58,223</b>
<b>Capital Expenses</b>		<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Expenditure</b>	<b>%</b>	<b>Contract Total</b>
Capital Expenditure 1												-
Capital Expenditure 2												-
<b>Total Capital Expenses</b>												-
<b>Total Direct Expenses</b>		<b>84,887</b>	<b>26.03%</b>	<b>70,133</b>	<b>21.51%</b>	<b>8,042</b>	<b>2.47%</b>	<b>92,929</b>	<b>28.49%</b>	<b>70,133</b>	<b>21.51%</b>	<b>326,124</b>
Indirect Expenses	8.7%	7,399	26.03%	6,112	21.51%	701	2.47%	8,099	28.49%	6,112	21.51%	28,423
<b>TOTAL EXPENSES</b>		<b>92,286</b>	<b>26.03%</b>	<b>76,245</b>	<b>21.51%</b>	<b>8,743</b>	<b>2.47%</b>	<b>101,028</b>	<b>28.49%</b>	<b>76,245</b>	<b>21.51%</b>	<b>354,547</b>
<b>Type of Reimbursement</b>		<b>Cost Reimbursement</b>										
UOS per Service Mode		1,170		1,170		90		1,206		1,170		4,806
Cost / UOS by Service Mode		\$78.88		\$65.17		\$97.15		\$83.78		\$65.17		N/A
UDC per Service Mode		50		50		25		50		50		100

Rev. 07/15



**Occupancy:** \_\_\_\_\_

Expense Item	Brief Description	Rate	Cost
Rent/facilities	For project staff space, common and confidential meeting areas.	\$435/mo./FTE	23,490
Utilities and maintenance	To cover janitorial and maintenance supplies.	\$127/mo./FTE	6,858
Telephone/communications	Telephone, internet and email services.	\$42/mo./FTE	2,268
<b>Total Occupancy:</b>			<b>32,616</b>

**Materials & Supplies:** \_\_\_\_\_

Expense Item	Brief Description	Rate	Cost
Group meeting supplies	Healthy snacks for weekly client support groups.	\$100/week	5,100
Office supplies	Basic supplies such as paper, pens, files, printer cartridges, postage, and delivery.	\$25/mo./FTE	1,350
Printing and reproduction	Flyers, schedules of services and other client materials.	\$25/mo.	300
<b>Total Materials &amp; Supplies:</b>			<b>6,750</b>

**General Operating:** \_\_\_\_\_

Expense Item	Brief Description	Rate	Cost
Insurance	Liability for project staff office, drop-in, grp svcs areas.	\$43/mo./FTE	\$ 2,322
Equipment rental	Copier, phone, voicemail equip lease/maintenance.	\$25/mo./FTE	\$ 1,350
Staff training	conference registrations.	\$500 x 3 staff	1,500
<b>Total General Operating:</b>			<b>5,172</b>

**Staff Travel:** \_\_\_\_\_

Purpose of Travel	Location	Expense Item	Rate	Cost
Local transportation for project staff: BART, MUNI	San Francisco	clipper card	\$94/mo x 4 staff	4,512
Conference travel	national	airfare/hotel/per diem	1800/staff x 3 staff	5,400
<b>Total Staff Travel:</b>				<b>9,912</b>

**Consultants/Subcontractors:** \_\_\_\_\_

Consultant/Subcontractor Name	Service Description	Rate	Cost
			-
<b>Total Consultants/Subcontractors:</b>			<b>-</b>

**Other:** \_\_\_\_\_

Expense Item	Brief Description	Rate	Cost
Client housing support	stabilization/permanent housing move-in kits.	\$50/client x 25 clients	1,250
Client treatment adherence and mental health programming	nutritional food for programming.	(\$75/mo x 12 mo) + \$1623 annual meeting	2523
<b>Total Other:</b>			<b>3,773</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>58,223</b>
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**3) CAPITAL EXPENDITURES:** (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost

<b>TOTAL CAPITAL EXPENDITURES:</b>	<b>-</b>
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<b>TOTAL DIRECT COSTS:</b>	<b>326,124</b>
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**4) INDIRECT COSTS**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

	Amount
Salaries & Benefits	22,423
Occupancy	2,135
Materials & Supplies	604
General Operating	-
Travel	108
Consultants	-
Other	3,149

<b>Indirect Rate:</b>	<b>8.7%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>28,423</b>

<b>TOTAL EXPENSES:</b>	<b>354,547</b>
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**Appendix D  
Grant Terms  
Reserved**



## San Francisco Department of Public Health

## Protected Information Privacy and Security Agreement

**PROTECTED INFORMATION Privacy and Security Agreement**

Asian and Pacific Islander Wellness Center (“CONTRACTOR”) hereby acknowledges and agrees to the following privacy and security obligations and commitments in regard to access to the Department of Public Health’s (SFDPH) Protected Information:

**a. Compliance with Federal and State Laws.** CONTRACTOR shall protect the privacy and provide for the security of SFDPH’s medical information or protected health information (“PHI”) (collectively, “Protected Information”) 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”).

**b. Attestations.** Except when SFDPH’s data privacy officer exempts CONTRACTOR in writing, the CONTRACTOR shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1), Data Security (Attachment 2), and Compliance (Attachment 3) within sixty (60) calendar days from the execution of the Agreement. If SFDPH makes substantial changes to any of these forms during the term of the Agreement, the CONTRACTOR will be required to complete SFDPH’s updated forms within sixty (60) calendar days from the date that SFDPH provides CONTRACTOR with written notice of such changes. CONTRACTOR shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to SFDPH within 15 calendar days of a written request by SFDPH.

**b. Appropriate Safeguards.** CONTRACTOR shall take the appropriate security measures to protect the confidentiality, integrity and availability of Protected Information that it accesses, creates, receives, maintains, or transmits.

**c. Notification of Breach, Security Threats, and Unpermitted Uses or Disclosures.** CONTRACTOR shall notify SFDPH in writing within 5 calendar days of any breach of Protected Information; any reasonable suspicion or detection of security incidents related to Protected Information and any use or disclosure of data in violation of any applicable federal or state laws by CONTRACTOR or its agents or subcontractors. SFDPH will notify CONTRACTOR of any reasonable suspicion or detection of security incidents that could compromise SFDPH systems and confidentiality. In such security incidents, both parties will work collaboratively to mitigate the situation and to identify a solution.



## San Francisco Department of Public Health

## Protected Information Privacy and Security Agreement

**d. Notification of Breach to Regulatory Agencies.** CONTRACTOR acknowledges and agrees that, as a Covered Entity and health care provider, it has an obligation independent of SFDPH to notify regulatory agencies and patients of privacy breaches caused by the acts or omissions of its employees or agents or related to the security of its electronic systems.

**e. Corrective Action.** CONTRACTOR shall take prompt corrective action to remedy any breach of Protected Information, mitigate to the extent practicable any harmful effect of a use or disclosure of Protected Information, and take any other action required by applicable federal and state laws and regulations pertaining to such breach.

**g. Protection Against Threats.** CONTRACTOR shall protect against any reasonably anticipated threats or hazards to the security or integrity of the Protected Information.

**h. Protection Against Unpermitted Uses or Disclosures.** CONTRACTOR shall protect against any reasonably anticipated access, uses or disclosures of the Protected Information that are not permitted or required under federal or state law.

**i. Security Violations.** CONTRACTOR shall maintain written policies and procedures to prevent, detect, contain, and correct security violations, including risk analysis, risk management, sanctions, and information system activity review.

**j. Privacy and Security Officers.** CONTRACTOR shall maintain qualified Privacy and Security Officers.

**k. Appropriate Access.** CONTRACTOR shall ensure that all CONTRACTOR employees and agents have appropriate access to electronic Protected Information and shall prevent those employees and agents who do not need access from obtaining it. This includes procedures for authorizing and supervising access, workforce clearance, and personnel termination procedures.

**l. Training.** CONTRACTOR shall provide privacy and security awareness and training for all employees and agents, including management. This shall include initial training and periodic reminders and updates, including requirements and obligations under federal and state law. Training shall cover protecting against viruses and malicious software and password management.

**m. Security Incidents.** CONTRACTOR shall maintain policies and procedures to report, mitigate and document Security Incidents.

**n. Periodic Evaluations.** CONTRACTOR shall conduct periodic evaluations of the security implementation against the Security Standards and environmental or operational changes affecting the security of electronic Protected Information.



## San Francisco Department of Public Health

## Protected Information Privacy and Security Agreement

**o. Facility Access Controls.** CONTRACTOR shall maintain facility access controls, which limit physical access to the provider's electronic information systems and the facilities in which they are housed, while ensuring that authorized access is allowed. These controls include a facility security plan, access control procedures, and facility maintenance.

**p. Workstation Use.** CONTRACTOR shall maintain security policies and procedures on workstation use, including the physical surroundings of workstations that permit access to electronic Protected Information.

**q. Access Controls.** CONTRACTOR shall maintain access controls to restrict access to persons or processes that have been granted access rights. These include unique user identification, emergency access procedures, and automatic log off of systems after no more than a ten minute period of inactivity.

**r. Audit Control Mechanisms.** CONTRACTOR shall comply with SFDPH requests to audit appropriateness of usage of SFDPH electronic records systems. Quarterly, SFDPH shall provide CONTRACTOR with a list representing a random 1% of patient records that were accessed by CONTRACTOR staff during the fiscal year. CONTRACTOR shall develop an audit tool to ensure that the SFDPH electronic records systems are accessed only for treatment reasons, shall conduct quarterly audits, and shall provide the results of these audits to the SFDPH Chief Integrity Officer within 14 calendar days of receipt.

**s. Civil and Criminal Penalties.** CONTRACTOR understands and agrees that it may be subject to civil or criminal penalties for the unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c) and other state and federal laws.

**t. Deprovision of Access.** Within 24 hours of expiration or earlier termination of the Agreement, CONTRACTOR shall provide SFDPH with a list of all employees and other individuals or entities that have access to SFDPH's electronic records systems. Within 48 hours of expiration or earlier termination of the Agreement, SFDPH shall ensure that all access to SFDPH's electronic records systems is deprovisioned with respect to all individuals and entities on CONTRACTOR's user list.

**u. Data Destruction.** When no longer needed, CONTRACTOR must destroy all Protected Information received from SFDPH or obtained on SFDPH's behalf that CONTRACTOR has in its possession using the Gutmann or U.S. Department of Defense (DoD) 5220.22-M (7 Pass) standard, or by degaussing. Media may also be physically destroyed in accordance with NIST Special Publication 800-88.

**v. Survival.** The obligations of CONTRACTOR under this Appendix shall survive the expiration or termination of this Agreement.



San Francisco Department of Public Health

Protected Information Privacy and Security Agreement

**w. Disclaimer.** SFDPH makes no warranty or representation that compliance by CONTRACTOR with this Agreement, HIPAA, the HITECH Act, the HIPAA Regulations or applicable California law provisions will be adequate or satisfactory for CONTRACTOR's own purposes. CONTRACTOR is solely responsible for all decisions made by CONTRACTOR regarding the safeguarding of PHI.

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

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

Attachment 3 – SFDPH Compliance Attestation, version (06-07-2017)

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?			
	<table border="1"> <tr> <td>If yes:</td> <td>Name &amp; Title:</td> <td>Phone #</td> <td>Email:</td> </tr> </table>			If yes:
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 <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFPDH Information Security staff?</b>			

**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 <u>Privacy Notice</u> 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 <b>PRIOR</b> 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](mailto: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.**

<b>DOES YOUR ORGANIZATION...</b>		<b>Yes</b>	<b>No*</b>					
<b>A</b>	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>B</b>	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 30%; padding: 5px;">Date of last Data Security Risk Assessment/Audit:</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:</td> <td style="padding: 5px;"></td> </tr> </table>	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:				
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:								
<b>C</b>	Have a formal Data Security Awareness Program?							
<b>D</b>	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)?							
<b>E</b>	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information? <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 10%; padding: 5px;">If yes:</td> <td style="width: 20%; padding: 5px;">Name &amp; Title:</td> <td style="width: 20%; padding: 5px;">Phone #</td> <td style="width: 20%; padding: 5px;">Email:</td> <td style="width: 30%;"></td> </tr> </table>	If yes:	Name & Title:	Phone #	Email:			
If yes:	Name & Title:	Phone #	Email:					
<b>F</b>	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.]							
<b>G</b>	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.]							
<b>H</b>	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH’s health information?							
<b>I</b>	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](mailto: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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### COMPLIANCE ATTESTATION FOR HIPAA COVERED ENTITIES

All business partners of SFDPH that are HIPAA Covered Entities must have a formal compliance program and demonstrate integrity in their business practices. 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. DOES YOUR ORGANIZATION...		Yes	No*
A	Have a formal Compliance Program that meets Office of the Inspector General (OIG) requirements?		
B	Have a Compliance Officer or other individual designated as the person in charge of handling compliance matters?		
	If yes:		
	Name & Title:	Phone #	Email:
C	Require Compliance Training upon hire and annually thereafter for all employees? [Retain training materials for 7 years.]		
D	Have proof that employees have completed compliance training? [Retain proof for 7 years.]		
E	Have a Code of Conduct or Ethics policy that includes a non-retaliation clause and a mechanism for staff to confidentially and anonymously report potential compliance concerns. [Retain versions for 7 years.]		
F	Have proof that employees upon hire, and annually thereafter, have signed agreement to your organization's Code of Conduct? [Retain proof for 7 years.]		
G	Have mechanisms in place to identify and promptly respond to compliance deficiencies (including reporting any deficiencies to SFDPH) that could jeopardize your organization's continued participation in government health care programs including Medicare or Medi-Cal funded programs?		
H	Understand and comply with state and federal regulations regarding billing Medicare and Medi-Cal programs and assure that bills submitted to such programs are supported by the required medical record documentation?		
I	Publicize the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the City's Whistleblower Program including posting a notice of whistleblower protections in staff areas where it can be seen?		
J	Upon hire and monthly thereafter, check the exclusions lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency? [Retain proof for 7 years.]		
K	Upon hire and re-enrollment of clinical providers, check the Social Security Administration's Death Master File to ensure that Medicaid or Medicare is not being billed in the name of a deceased provider. [Retain proof for 7 years.]		
L	Require (or will require if/when applicable) subcontractors that are HIPAA Covered Entities to comply with all applicable requirements in this Attestation?		

**II. Under penalty of perjury, I attest that I have authority to sign on behalf of my organization and that, to the best of my knowledge, the information herein is true and correct:**

Attested by:	Name: (print)	Title:	Signature:	Date:

**III. \*EXCEPTIONS:** If you answered "NO" to any question or believe a question is Not Applicable, please contact OCPA for a consultation at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org). All "No" or "N/A" answers must be reviewed and approved by OCPA below.

Approved by OCPA:	Name: (print)	Title:	Signature:	Date:



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

APPENDIX F-2  
05/01/17 - 02/28/18  
PAGE A

**Contractor: Alsan and Pacific Islander Wellness Center**  
**Address: 730 Polk Street, 4th Floor**  
**San Francisco, CA 94109**

**Telephone: 415-292-3400**  
**Fax: 415-292-3404**



**Program Name: Tenderloin Area Center of Excellence (TACE)**

**ACE Control #:**

**Contract ID #**  
1000002676

**Invoice Number**  
A-2MAY17

**Contract Purchase Order No:**

**Funding Source:** RWPA

**Grant Code/Detail:** HCPD13

**Project Code/Detail:**

**Invoice Period:** 05/1/17 - 05/31/17

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	4,196	167							4,196	167
Peer Navigation Hours	2,575	167							2,575	167
Mental Health Referrals & Linkages	42	42							42	42
Peer Advocacy Group Hours	444	83							444	83
Mental Health & Substance Abuse Group H	74	25							74	25

	UDC	UDC	UDC	UDC	UDC
<b>Unduplicated Clients for Appendix</b>		167			167

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$360,641				\$360,641.00
Fringe Benefits	\$95,353				\$95,353.00
<b>Total Personnel Expenses</b>	<b>\$455,994</b>				<b>\$455,994.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$59,624				\$59,624.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$6,790				\$6,790.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$10,779				\$10,779.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$7,950				\$7,950.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$58,780				\$58,780.00
<b>Total Operating Expenses</b>	<b>\$143,923</b>				<b>\$143,923.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$599,917</b>				<b>\$599,917.00</b>
Indirect Expenses	\$53,991				\$53,991.00
<b>TOTAL EXPENSES</b>	<b>\$653,908</b>				<b>\$653,908.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:** \_\_\_\_\_

<b>Send to:</b>	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 <b>Attn: Contract Payments</b>	<b>By:</b> _____ (DPH Authorized Signatory)	<b>Date:</b> _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2a  
03/01/18 - 02/28/19  
PAGE A

**Contractor: Aisan and Pacific Islander Wellness Center**  
**Address: 730 Polk Street, 4th Floor**  
**San Francisco, CA 94109**

**Telephone: 415-292-3400**  
**Fax: 415-292-3404**



**Program Name: Tenderloin Area Center of Excellence (TACE)**

**ACE Control #:**

**Contract ID #**  
1000002676

**Invoice Number**  
A-2MAR18

**Contract Purchase Order No:**

**Funding Source:** RWPA

**Grant Code/Detail:** HCPD13

**Project Code/Detail:**

**Invoice Period:** 03/1/18 - 03/31/18

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	5,616	200							5,616	200
Peer Navigation Hours	3,105	200							3,105	200
Mental Health Referrals & Linkages	50	50							50	50
Peer Advocacy Group Hours	540	100							540	100
Mental Health & Substance Abuse Group H	90	30							90	30

	UDC	UDC	UDC	UDC	UDC
<b>Unduplicated Clients for Appendix</b>	200				200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
<b>Total Salaries (See Page B)</b>	\$429,448				\$429,448.00
<b>Fringe Benefits</b>	\$113,331				\$113,331.00
<b>Total Personnel Expenses</b>	\$542,779				\$542,779.00
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$84,000				\$84,000.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,218				\$8,218.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,355				\$12,355.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$12,550				\$12,550.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$59,998				\$59,998.00
<b>Total Operating Expenses</b>	\$177,121				\$177,121.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$719,900				\$719,900.00
<b>Indirect Expenses</b>	\$64,790				\$64,790.00
<b>TOTAL EXPENSES</b>	\$784,690				\$784,690.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:** \_\_\_\_\_

<b>Send to:</b>	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 <b>Attn: Contract Payments</b>	<b>By:</b> _____ (DPH Authorized Signatory)	<b>Date:</b> _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2b  
03/01/19 - 02/29/20  
PAGE A

**Contractor: Aisan and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Contract ID #  
1000002676

Invoice Number  
A-2MAR19

Telephone: 415-292-3400  
Fax: 415-292-3404



Contract Purchase Order No: \_\_\_\_\_

Funding Source: RWPA

Grant Code/Detail: HCPD13

Program Name: Tenderloin Area Center of Excellence (TACE)

Project Code/Detail: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: 03/1/19 - 03/31/19

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	5,616	200							5,616	200
Peer Navigation Hours	3,105	200							3,105	200
Mental Health Referrals & Linkages	50	50							50	50
Peer Advocacy Group Hours	540	100							540	100
Mental Health & Substance Abuse Group H	90	30							90	30

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		200			200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$443,323				\$443,323.00
Fringe Benefits	\$117,215				\$117,215.00
<b>Total Personnel Expenses</b>	<b>\$560,538</b>				<b>\$560,538.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$83,235				\$83,235.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,222				\$8,222.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$11,098				\$11,098.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$10,350				\$10,350.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$46,456				\$46,456.00
<b>Total Operating Expenses</b>	<b>\$159,361</b>				<b>\$159,361.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$719,899</b>				<b>\$719,899.00</b>
Indirect Expenses	\$64,791				\$64,791.00
<b>TOTAL EXPENSES</b>	<b>\$784,690</b>				<b>\$784,690.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2c  
03/01/20 - 02/28/21  
PAGE A

**Contractor: Aisan and Pacific Islander Wellness Center**  
**Address: 730 Polk Street, 4th Floor**  
**San Francisco, CA 94109**

**Telephone: 415-292-3400**  
**Fax: 415-292-3404**



**Program Name: Tenderloin Area Center of Excellence (TACE)**

**ACE Control #:**

**Contract ID #**  
1000002676

**Invoice Number**  
A-2MAR20

**Contract Purchase Order No:**

**Funding Source:** RWPA

**Grant Code/Detail:** HCPD13

**Project Code/Detail:**

**Invoice Period:** 03/1/20 - 03/31/20

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Case Management Hours	5,616	200							5,616	200
Peer Navigation Hours	3,105	200							3,105	200
Mental Health Referrals & Linkages	50	50							50	50
Peer Advocacy Group Hours	540	100							540	100
Mental Health & Substance Abuse Group H	90	30							90	30

	UDC	UDC	UDC	UDC	UDC
<b>Unduplicated Clients for Appendix</b>		200			200

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
<b>Total Salaries (See Page B)</b>	\$443,323				\$443,323.00
<b>Fringe Benefits</b>	\$117,215				\$117,215.00
<b>Total Personnel Expenses</b>	\$560,538				\$560,538.00
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$83,235				\$83,235.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$8,222				\$8,222.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$11,098				\$11,098.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$10,350				\$10,350.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$46,456				\$46,456.00
<b>Total Operating Expenses</b>	\$159,361				\$159,361.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$719,899				\$719,899.00
<b>Indirect Expenses</b>	\$64,791				\$64,791.00
<b>TOTAL EXPENSES</b>	\$784,690				\$784,690.00
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:** \_\_\_\_\_

<b>Send to:</b>	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 <b>Attn: Contract Payments</b>	<b>By:</b> _____ (DPH Authorized Signatory)	<b>Date:</b> _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3  
07/01/17 - 06/30/18  
PAGE A

**Contractor: Aisan and Pacific Islander Wellness Center**  
Address: 730 Polk Street, 4th Floor  
San Francisco, CA 94109

Contract ID #  
1000002676

Invoice Number  
A-3JUL17

Telephone: 415-292-3400  
Fax: 415-292-3404



Contract Purchase Order No: \_\_\_\_\_

Funding Source: General Fund

Grant Code/Detail: \_\_\_\_\_

Program Name: **Tenderloin Area Center of Excellence (TACE) - Rebranding FQHC Project**

Project Code/Detail: \_\_\_\_\_

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Brand Development	12	N/A							12	N/A
Stakeholder Engagement	12	N/A							12	N/A
Marketing	12	N/A							12	N/A

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		N/A			N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$99,700				\$99,700.00
Fringe Benefits	\$26,361				\$26,361.00
<b>Total Personnel Expenses</b>	<b>\$126,061</b>				<b>\$126,061.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$7,396				\$7,396.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$35,414				\$35,414.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$857				\$857.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$90,500				\$90,500.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$15,000				\$15,000.00
<b>Total Operating Expenses</b>	<b>\$149,167</b>				<b>\$149,167.00</b>
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$275,228</b>				<b>\$275,228.00</b>
Indirect Expenses	\$24,772				\$24,772.00
<b>TOTAL EXPENSES</b>	<b>\$300,000</b>				<b>\$300,000.00</b>
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 Attn: <b>Contract Payments</b>	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4  
09/01/17 - 02/28/18  
PAGE A

**Contractor: Aisan and Pacific Islander Wellness Center**  
**Address: 730 Polk Street, 4th Floor**  
**San Francisco, CA 94109**

**Contract ID #**  
1000002676

**Invoice Number**  
A-4SEP17

**Telephone: 415-292-3400**  
**Fax: 415-292-3404**



**Contract Purchase Order No:** \_\_\_\_\_

**Funding Source:** RWPA

**Grant Code/Detail:** HCPD13

**Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess**

**Project Code/Detail:** \_\_\_\_\_

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 09/1/17 - 09/30/17

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Trans Access Medical Case Management	624	20							624	20
Trans Access Peer Navigation	624	20							624	20
Trans Access Support Groups	48	15							48	15
HHOME Medical Case Management	624	20							624	20
HHOME Peer Navigation	624	20							624	20

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	40				40

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$104,690				\$104,690.00
Fringe Benefits	\$27,681				\$27,681.00
<b>Total Personnel Expenses</b>	<b>\$132,371</b>				<b>\$132,371.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$16,389				\$16,389.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$7,705				\$7,705.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$2,006				\$2,006.00
Staff Travel - (e.g., Local & Out of Town)	\$2,256				\$2,256.00
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,338				\$2,338.00
<b>Total Operating Expenses</b>	<b>\$30,694</b>				<b>\$30,694.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$163,065</b>				<b>\$163,065.00</b>
Indirect Expenses	\$14,209				\$14,209.00
<b>TOTAL EXPENSES</b>	<b>\$177,274</b>				<b>\$177,274.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:** \_\_\_\_\_

<b>Send to:</b>	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 <b>Attn: Contract Payments</b>	<b>By:</b> _____ (DPH Authorized Signatory)	<b>Date:</b> _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4  
09/01/17 - 02/28/18  
PAGE B

<p><b>Contractor: Aisan and Pacific Islander Wellness Center</b> Address: 730 Polk Street, 4th Floor San Francisco, CA 94109</p> <p>Telephone: 415-292-3400 Fax: 415-292-3404</p> <p>Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess</p> <p>ACE Control #: <input type="text"/></p>	<p align="right"><b>Invoice Number</b> <input type="text" value="A-4SEP17"/></p> <p><b>Contract Purchase Order No:</b> <input type="text"/></p> <p><b>Fund Source:</b> <input type="text" value="RWPA"/></p> <p><b>Grant Code/Detail:</b> <input type="text" value="HCPD13"/></p> <p><b>Project Code/Detail:</b> <input type="text"/></p> <p><b>Invoice Period:</b> <input type="text" value="09/1/17 - 09/30/17"/></p> <p><b>FINAL Invoice</b> <input type="checkbox"/> (check if Yes)</p>
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**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Manager or Asst. Dir	0.50	\$15,000				\$15,000.00
HHOM Senior Case Manager	1.00	\$26,125				\$26,125.00
HHOME Peer Navigator	1.00	\$18,720				\$18,720.00
Trans Access Senior Case Manager	1.00	\$26,125				\$26,125.00
Trans Access Peer Navigator	1.00	\$18,720				\$18,720.00
<b>TOTAL SALARIES</b>	4.50	\$104,690				\$104,690.00

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.

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

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

APPENDIX F-4a  
03/01/18 - 02/28/19  
PAGE A

**Contractor: Aisan and Pacific Islander Wellness Center**  
**Address: 730 Polk Street, 4th Floor**  
**San Francisco, CA 94109**

**Contract ID #**  
1000002676

**Invoice Number**  
A-4MAR18

**Contract Purchase Order No:** \_\_\_\_\_

**Telephone: 415-292-3400**  
**Fax: 415-292-3404**



**Funding Source:** RWPA

**Grant Code/Detail:** HCPD13

**Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess**

**Project Code/Detail:** \_\_\_\_\_

**ACE Control #:** \_\_\_\_\_

**Invoice Period:** 03/1/18 - 03/31/18

**FINAL Invoice**  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Trans Access Medical Case Management	1,170	50							1,170	50
Trans Access Peer Navigation	1,170	50							1,170	50
Trans Access Support Groups	90	25							90	25
HHOME Medical Case Management	1,206	50							1,206	50
HHOME Peer Navigation	1,170	50							1,170	50

	UDC	UDC	UDC	UDC	UDC
<b>Unduplicated Clients for Appendix</b>	100				100

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$211,880				\$211,880.00
Fringe Benefits	\$56,021				\$56,021.00
<b>Total Personnel Expenses</b>	<b>\$267,901</b>				<b>\$267,901.00</b>
<b>Operating Expenses:</b>					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$32,616				\$32,616.00
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$6,750				\$6,750.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$5,172				\$5,172.00
<b>Staff Travel</b> - (e.g., Local & Out of Town)	\$9,912				\$9,912.00
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$3,773				\$3,773.00
<b>Total Operating Expenses</b>	<b>\$58,223</b>				<b>\$58,223.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$326,124</b>				<b>\$326,124.00</b>
Indirect Expenses	\$28,423				\$28,423.00
<b>TOTAL EXPENSES</b>	<b>\$354,547</b>				<b>\$354,547.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 Attn: Contract Payments	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4a  
03/01/18 - 02/28/19  
PAGE B

<b>Contractor: Aisan and Pacific Islander Wellness Center</b> <b>Address: 730 Polk Street, 4th Floor</b> <b>San Francisco, CA 94109</b>  <b>Telephone: 415-292-3400</b> <b>Fax: 415-292-3404</b>	<b>Invoice Number:</b> <input type="text" value="A-4MAR18"/> <b>Contract Purchase Order No.:</b> <input type="text"/>  <b>Fund Source:</b> <input type="text" value="RWPA"/>  <b>Grant Code/Detail:</b> <input type="text" value="HCPD13"/> <b>Project Code/Detail:</b> <input type="text"/>
<b>Program Name: Tenderloin Early Intervention Services - HHOME/TransAccess</b>  <b>ACE Control #:</b> <input type="text"/>	<b>Invoice Period:</b> <input type="text" value="03/1/18 - 03/31/18"/>  <b>FINAL Invoice</b> <input type="checkbox"/> (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Manager or Asst Dir	0.50	\$32,500				\$32,500.00
HHOME Senior Case Manager	1.00	\$52,250				\$52,250.00
HHOME Peer Navigator	1.00	\$37,440				\$37,440.00
Trans Access Senior Case Manager	1.00	\$52,250				\$52,250.00
Trans Access Peer Navigator	1.00	\$37,440				\$37,440.00
<b>TOTAL SALARIES</b>	4.50	\$211,880				\$211,880.00

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.

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/20/2017

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER License # 0564249</b> <b>Heffernan Insurance Brokers</b> 1460B O'Brien Drive Menlo Park, CA 94025	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext): 1 (650) 842-5200</b>	<b>FAX (A/C, No): (650) 842-5201</b>	
	<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>	
<b>INSURED</b>  <b>Asian &amp; Pacific Islander Wellness Center</b> 730 Polk St Fl 4 San Francisco, CA 94109	<b>INSURER A : Nonprofits Insurance Alliance of California</b>		<b>01184</b>
	<b>INSURER B : Citizens Insurance Company of America</b>		<b>31534</b>
	<b>INSURER C : National Fire &amp; Marine Insurance Company</b>		<b>20079</b>
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		

**COVERAGES**                                      **CERTIFICATE NUMBER:**                                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> <b>OCUR</b>  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  OTHER:	X		201701295NPO	10/23/2017	10/23/2018	EACH OCCURRENCE \$ <b>1,000,000</b>
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$ <b>500,000</b>
							MED EXP (Any one person) \$ <b>20,000</b>
							PERSONAL & ADV INJURY \$ <b>1,000,000</b>
							GENERAL AGGREGATE \$ <b>3,000,000</b>
							PRODUCTS - COMP/OP AGG \$ <b>3,000,000</b>
							\$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b>  ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X		201701295NPO	10/23/2017	10/23/2018	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b>
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCUR</b> <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>  DED <input checked="" type="checkbox"/> <b>RETENTION \$ 10,000</b>			201701295UMBPO	10/23/2017	10/23/2018	EACH OCCURRENCE \$ <b>3,000,000</b>
							AGGREGATE \$ <b>3,000,000</b>
							\$
B	<input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below	X		WBFD45621800	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
							E.L. EACH ACCIDENT \$ <b>1,000,000</b>
							E.L. DISEASE - EA EMPLOYEE \$ <b>1,000,000</b>
							E.L. DISEASE - POLICY LIMIT \$ <b>1,000,000</b>
C	Prof. Liability			HN009893	03/09/2017	03/09/2018	Per Claim \$ <b>1,000,000</b>
C	Prof. Liability			HN009893	03/09/2017	03/09/2018	Aggregate \$ <b>3,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Re: As Per Contract or Agreement on File with Insured. The City & County of San Francisco, its officers, agents and employees are included as an additional insured (and primary) on General Liability policy and additional insured on Automobile Liability policy per the attached endorsements, if required. Waiver of Subrogation is included on Workers Compensation policy, if required. The Waiver endorsement has been requested for the Workers Compensation policy from the insurance company and if approved will be forwarded when received.

<b>CERTIFICATE HOLDER</b>  City & County of San Francisco Department of Public Health 101 Grove Street, Room 402 San Francisco, CA 94102	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

### SCHEDULE

**Name Of Additional Insured Person(s) Or Organization(s):**

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
  2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED  
PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT  
FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

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- A. SECTION II – WHO IS AN INSURED** is amended to include any public entity as an additional insured for whom you are performing operations when you and such person or organization have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:
1. Your negligent acts or omissions; or
  2. The negligent acts or omissions of those acting on your behalf; in the performance of your ongoing operations.

No such public entity is an additional insured for liability arising out of the “products-completed operations hazard” or for liability arising out of the sole negligence of that public entity.

- B.** With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply.

This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

- C.** The following is added to **SECTION III – LIMITS OF INSURANCE:**

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

- D.** With respect to the insurance provided to the additional insured(s), **Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

**4. Other Insurance**

**a. Primary Insurance**

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s)' own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph b. below.

**b. Excess Insurance**

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
  - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
  - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
  - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
  - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE.**
  - (e) That is any other insurance available to an additional insured(s) under this Endorsement covering liability for damages arising out of the premises or operations, or products-completed operations, for which the additional insured(s) has been added as an additional insured by that other insurance.

- (1) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
  - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
  - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

**c. Methods of Sharing**

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

**BUSINESS AUTO COVERAGE  
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

**POLICY NUMBER:** 2017-01295-NPO

**Schedule AI**

**Page 1**

**NAME OF INSURED:** Asian and Pacific Islander Wellness Center, Inc.

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**ADDITIONAL INSUREDS /  
LOSS PAYEE**

Additional Insured - NIAC A1

City and County of San Francisco, its officers, agents and employees

101 Grove St., Rm. 402

San Francisco, CA 94102

As respects vehicle(s): N/A

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COUNTERSIGNED: 10/27/2017

BY



(AUTHORIZED REPRESENTATIVE)

