

File No. 210036

Committee Item No. 4

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Committee

Date February 10, 2021

Board of Supervisors Meeting

Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

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Completed by: Linda Wong Date February 5, 2021

Completed by: Linda Wong Date _____

1 [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention -
2 Heluna Health - Epidemiology and Laboratory Capacity Coronavirus Aid, Relief, and
3 Economic Security Act (CARES) 2020 - \$242,472]

4 **Resolution retroactively authorizing the Department of Public Health to accept and**
5 **expend a grant in the amount of \$242,472 from the Centers for Disease Control and**
6 **Prevention through Heluna Health for participation in a program, entitled**
7 **“Epidemiology and Laboratory Capacity Coronavirus Aid, Relief, and Economic**
8 **Security Act (CARES) 2020 Emerging Issues Project Funding for Adjusting Community**
9 **Mitigation in Response to COVID-19,” for the period of May 1, 2020, through March 31,**
10 **2022.**

11
12 WHEREAS, The Centers for Disease Control and Prevention (CDC), through Heluna
13 Health as a pass-through entity, has agreed to fund the Department of Public Health (DPH) in
14 the amount of \$242,472 for participation in a program, entitled “Epidemiology and Laboratory
15 Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging
16 Issues Project Funding for Adjusting Community Mitigation in Response to COVID-19,” for the
17 period of May 1, 2020, through March 31, 2022; and

18 WHEREAS, The purpose of the grant is help rapidly establish, and monitor key
19 activities related to COVID-19 in the areas of epidemiology, laboratory, and informatics that
20 will allow state, local, and territorial governments to make data-driven policy decisions about
21 the most appropriate level of community mitigation efforts necessary to reopen their
22 communities while still protecting the public’s health; and

23 WHEREAS, The grant does not require an Annual Salary Ordinance Amendment; and

24 WHEREAS, A request for retroactive approval is being sought because DPH received
25 the full award letter on July 31, 2020, for a project start date of May 1, 2020; and

1 WHEREAS, The grant budget includes a provision for indirect costs in the amount of
2 \$11,546; now, therefore, be it

3 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
4 in the amount of \$242,472 from the CDC; and, be it

5 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
6 expend the grant funds pursuant to Administrative Code, Section 10.170-1; and, be it

7 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
8 Agreement on behalf of the City; and, be it

9 FURTHER RESOLVED, That within thirty (30) days of the agreement being fully
10 executed by all parties, the Department of Public Health shall provide the final agreement to
11 the Clerk of the Board for inclusion into the official file.

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1 Recommended:

Approved: /s/_____

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Mayor

3 /s/_____

4 Dr. Grant Colfax

Approved: /s/_____

5 Director of Health

Controller

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File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
(Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging Issues Project Funding for Adjusting Community Mitigation in Response to COVID-19**
2. Department: **Department of Public Health**
3. Contact Person: **Susan Philip** Telephone: **628-206-7638**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$242,472**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable): **N/A**
- 7a. Grant Source Agency: **Centers for Disease Control and Prevention**
b. Grant Pass-Through Agency (if applicable): **Heluna Health**
8. Proposed Grant Project Summary: **Resources are intended to help rapidly establish and monitor key activities related to COVID-19 in the areas of epidemiology, laboratory, and informatics that will allow state, local, and territorial governments to make data-driven policy decisions about the most appropriate level of community mitigation efforts necessary to reopen their communities while still protecting the public's health.**

Examples of activities include:

- **Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures**
- **Improve morbidity and mortality surveillance**
- **Enhance laboratory testing and reporting capacity**
- **Prevent and control COVID-19 in healthcare settings and protect other vulnerable or high-risk populations**
- **Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states; including air travel)**
- **Work with healthcare system to manage and monitor system capacity**
- **Improve understanding of jurisdictional communities with respect to COVID-19 risk**

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **05/01/2020** End-Date: **03/31/2022**

10a. Amount budgeted for contractual services: **\$0**

b. Will contractual services be put out to bid? **No**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?

d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$ **11,546**

b2. How was the amount calculated? **5% of Personnel Costs**

c1. If no, why are indirect costs not included? **N/A**

Not allowed by granting agency To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs?

12. Any other significant grant requirements or comments:

We respectfully request for approval to accept and expend these funds retroactive to May 1, 2020. The department received the award on July 31, 2020. This grant does not require an ASO amendment and partially reimburses the department for existing positions during the period of May 1, 2020 through March 31, 2022.

Proposal ID: CTR00001959
Fund ID: 11580
Department: 251974
Project Description: HD STD PD148 CDC-ELC COVID19
Project: 10036682
Authority: 10001
Activity: 0001

****Disability Access Checklist***(Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker PhD
(Name)

DPH ADA Coordinator
(Title)

Date Reviewed: 12/22/2020 | 4:45 PM PST

DocuSigned by:
Toni Rucker
AB4292F7331E44D...
(Signature Required)

Department Head or Designee Approval of Grant Information Form:

Dr. Grant Colfax
(Name)

Director of Health
(Title)

Date Reviewed: 12/22/2020 | 5:59 PM PST

DocuSigned by:
Greg Wagner
20327324732843F...
(Signature Required)
Greg Wagner, COO for



U.S. Centers for Disease Control and Prevention (CDC)-Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging Issues (E) Project Funding for Adjusting Community Mitigation in Response to COVID-19 Award Notice

July 31, 2020

Christine Siador, MPH
Deputy Director, Population Health Division
Director, Office of Operations, Finance & Grants Management
San Francisco Department of Public Health
25 Van Ness, Suite 200
San Francisco, CA 94102
Christine.siador@sfdph.org

Dear Ms. Siador:

Heluna Health on behalf of the California Department of Public Health (CDPH) has been awarded funding from the U.S. Centers for Disease Control and Prevention (CDC) under the Epidemiology and Laboratory Capacity (ELC) for Coronavirus Aid, Relief, and Economic Security Act (CARES) Act 6NU50CK000539-01-08.

After careful review of your submission and using the announced criteria, Heluna Health has approved your application for the amount of **\$242,472.00**. The funding period is **5/1/2020 - 3/23/2022**. These funds are subject to the following conditions:

Pre-Award Requirements

- Submission of all required agency documents as requested by Heluna Health including:
 - W9;
 - Socioeconomic Status Form; and
 - Certificate of Insurance, naming Heluna Health as additional insured

Post Award Requirements Upon Execution of Agreement

- Submission of monthly invoices for payment in accordance with the approved budget and approved invoice template provided by Heluna Health.
- Tracking and reporting of procurement of supplies, equipment, and other approved items as outlined by Heluna Health.
- Submission of progress reporting and performance measure requirements for the activities and resources requested and approved. The reporting and performance measure requirements will be determined prior to agreement execution.

Heluna Health is able to assist the LHD with hiring of staff and with the purchase of major equipment (> \$5,000) to expedite response activities.

Agreements will be provided by Heluna Health for Local Health Department review and signature by Thursday, August 27, 2020. Please contact Rochelle McLaurin, Deputy Director, Contract and Grant Management, via email at ELCCOVID19Invoices@helunahealth.org with any questions or concerns. Please return the signed agreement by Monday, Sep 28, 2020.

We look forward to working with you on this project.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Peter Dale', with a stylized flourish at the end.

Peter Dale
Chief Program Officer

ELC CARES Funding for Local Health Jurisdictions

Enter Name of Local Health Jurisdiction: City and County of San Francisco

Contract Term: May 1, 2020 to March 31, 2022

Add Rows and Expenses/Items as Needed

Expenditure Type	Expenditure Name	Max # of Hours (if hourly employee)	(if available) Monthly Salary/Hourly Range (per budget)	Salary/Hourly Rate	Total % Budgeted	Months Position Budgeted	Original Budget
Position Title	Special Nurse (P103)			92.70	66%	19	\$ 185,463
Position Title							\$ -
Total Salaries and Wages							\$ 185,463
FB - Fringe Benefits @					25%		\$ 45,463
Total Fringe Benefits					25%		\$ 45,463
Total Personnel							\$ 230,926
Supplies							
SP - Office Supplies							\$ -
SP - Lab Supplies (specify types and costs of supplies)							\$ -
SP- Testing Supplies (specify)							\$ -
SP- Other Supplies (specify)							\$ -
Total Supplies							\$ -
Equipment							
Equipment							\$ -
Total Equipment							\$ -
Travel							
TC - Travel In State							\$ -
TC - Travel Out of State							\$ -
Total Travel							\$ -
Other Costs							
OC - Communications							\$ -
OC - Computers							\$ -
OC - Training							\$ -
OC - Meeting/Conferences							\$ -
OC - Facilities Operation							\$ -
OC - Other (specify) - Contract	Heluna Health position (Health Program Coordinator II)						\$ 244,113
Total Other Costs							\$ 244,113
Total Direct Cost							\$ 475,039
FA - Indirect (Use CDPH Approved Cost Rate for ICR)		5.0%	Indirect Type	Personnel			\$ 11,546
Total Budget							\$ 486,586
Proposal/Approval Budget							\$ 486,586
Carryforward							\$ -
Difference							\$ 0

Travel Justification

Equipment Justification

Laptop and Computer Justification

Other Justification

ELC CARES Funding for Local Health Jurisdictions
Enter Name of Local Health Jurisdiction: **City and County of San Francisco**

Contract Term: May 1, 2020 to March 31, 2022

Add Rows and Expenses/Items as Needed

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SP- Other Supplies (specify)							\$ -
Total Supplies							\$ -
Equipment							
Equipment							\$ -
Total Equipment							\$ -
Travel							
TC - Travel In State							\$ -
TC - Travel Out of State							\$ -
Total Travel							\$ -
Other Costs							
OC - Communications							\$ -
OC - Computers							\$ -
OC - Training							\$ -
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Proposal/Approval Budget							\$ 486,586
Carryforward							
Difference							\$ 0

Travel Justification

Equipment Justification

Laptop and Computer Justification

Other Justification



[SUBCONTRACT/SUBAWARD] AGREEMENT BETWEEN

HELUNA HEALTH

AND

CITY AND COUNTY OF SAN FRANCISCO

This [Subcontract/Sub-Award] Agreement (this "Agreement") is made and entered into as of May 1, 2020 by and between PUBLIC HEALTH FOUNDATION ENTERPRISES, INC., DBA Heluna Health, a 501(c)(3) California nonprofit corporation (hereinafter referred to as "HELUNA HEALTH"), and the party identified in Section 1 below (hereinafter be referred to as "Subcontractor/Subawardee.")

RECITALS

- A. HELUNA HEALTH has been granted an award by DEPARTMENT OF HEALTH AND HUMAN SERVICES Centers for Disease Control and Prevention (the "Funding Agency"), under contract number 6NU50CK000539-01-08; Federal Award Identification Number (FAIN) NU50CK000539; and Catalog of Federal Domestic Assistance (CFDA) number 93.323 under which HELUNA HEALTH and its subcontractors and subawardees will collaborate on the program.
- B. Subcontractor/Subawardee has expertise in the necessary area(s) which their expertise can assist HELUNA HEALTH to perform its obligations under the Funding Award Agreement; and
- C. HELUNA HEALTH desires to engage the services of Subcontractor/Subawardee to assist HELUNA HEALTH in the performance of certain of its obligations under the Funding Award Agreement as set forth herein.

AGREEMENT

1. IDENTITIES OF PARTIES

SUBCONTRACTOR/SUBAWARDEE:

Legal Name of Subcontractor/Subawardee: City and County of San Francisco
DBA of Subcontractor/Subawardee: San Francisco Department of Public Health
Type of Entity: Sole Proprietorship; Partnership; Corporation;
 Limited Liability Company; Government
State of Organization (if an entity): California
Address: 1380 Howard Street, Suite 423A
City/State/Zip: San Francisco, CA 94103

Business Telephone: (415) 255-3512
Social Security or Employer Identification Number: 94-6000417
License Number and Expiration Date, if any: N/A
Email Address: Maggie.han@sfdph.org

Name of Principal Investigator/Project Coordinator: Christine Siador
Phone Number of Principal Investigator/Project Coordinator: (628) 206-7621

Is Subcontractor/Subawardee required to file a Single Audit with the Federal Government? (Required for parties who receive Federal funds in the aggregate amount of \$500,000 or more):

Yes No

If yes, has Subcontractor/Subawardee filed the required Single Audit? Yes No

(If yes, submit copy to HELUNA HEALTH prior to signing this Agreement)

HELUNA HEALTH:

Heluna Health

Address and Phone #: 13300 Crossroads Parkway North, Suite 450, City of Industry, CA, 91746-3505; (562) 699-7320

Program Name: ELC

Program/CID #: 0187.4280

Project Director Name: Cheryl Starling

Project Director Phone #: (916) 251-7320

Project Director Email Address: CStarling@helunahealth.org

Contracts Manager Name: Rochelle McLaurin

Contracts Manager Email Address: RMclaurin@helunahealth.org

2. SCOPE OF SERVICES

(a) Services. Subcontractor/Subawardee shall perform the services, duties and obligations set forth in the Statement of Work ("SOW") attached as Exhibit A hereto, which is made a part hereof and incorporated herein by reference (the "Services"). The Services relate to Sections Exhibit C and N/A of the Funding Award Agreement. Subcontractor/Subawardee shall perform the Services in accordance with the specifications, timetables and requirements set forth in the SOW and this Agreement. HELUNA HEALTH may, in its discretion, provide to Subcontractor/Subawardee a copy of the Funding Award Agreement or the relevant sections thereof. If Subcontractor/Subawardee is provided with a copy of the Funding Award Agreement or the relevant sections thereof, Subcontractor/Subawardee shall carefully review them and shall perform the Services in accordance with the specifications, timetables and requirements set forth therein.

(b) Location(s) of Services. Subcontractor/Subawardee shall perform the Services at the following location(s):

25 Van Ness Avenue, First Floor
San Francisco, CA 94102

(c) Subcontractor/Subawardee Principal Investigator/Project Coordinator. Subcontractor/Subawardee shall appoint the Principal Investigator/Project Coordinator (the "PI") identified above to be primary point of contact with HELUNA HEALTH and the Funding Agency with respect to the Services and to have primary responsibility within Subcontractor's/Subawardee's organization for the performance of the (technical or programmatic) aspects of the Services. Subcontractor/Subawardee shall not replace or reassign the PI without HELUNA HEALTH's and the Funding Agency's prior written approval.

(d) HELUNA HEALTH Project Director. The HELUNA HEALTH Project Director identified above shall be primarily responsible on behalf of HELUNA HEALTH for the overall direction of the Services, including review and approval of Subcontractor's/Subawardee's performance of the Services. HELUNA HEALTH will notify Subcontractor/Subawardee if HELUNA HEALTH replaces or reassigns such Project Director.

(e) Performance Reporting. If requested by HELUNA HEALTH or the Funding Agency, Subcontractor/Subawardee shall submit a final technical or performance report, annual performance report, and quarterly performance reports. The final report shall be due 30 days after expiration or termination of this Agreement; annual reports and quarterly reports shall be due 30 days after the reporting period. Subcontractor/Subawardee shall also provide any other reports as may be requested by HELUNA HEALTH. Performance reports shall include a comparison of actual accomplishments with goals and objectives established for the period, findings of the PI, or both, as requested by HELUNA HEALTH. Where possible, quantitative output data should be related to cost data for computation of unit costs. Other pertinent information will include, when appropriate, the reasons why established goals were not met and an analysis. Subcontractor/Subawardee shall immediately notify HELUNA HEALTH of developments that have a significant impact on the performance of the Services hereunder and of any problems, delays, or adverse conditions that materially impair its ability to meet the objectives of the Services, including providing a statement of the action taken or contemplated and any assistance needed to resolve the situation.

3. COMPLIANCE WITH FUNDING AWARD AGREEMENT AND LAWS AND REGULATIONS; FLOW DOWN PROVISIONS

(a) Compliance with Funding Contract. Subcontractor/Subawardee shall comply with, and shall ensure that all of its personnel and lower-tier subcontractors comply with, all of the rules, requirements and restrictions set forth in the Funding Award Agreement that are applicable to Subcontractor/Subawardee and Subcontractor's/Subawardee's activities.

(b) Flow Down Provisions. Without limiting the generality of Section 3(a) above, Subcontractor/Subawardee shall comply with, and shall ensure that all of its personnel and lower-tier subcontractors comply with, all of the flow-down provisions of the Funding Award Agreement applicable to Subcontractor/Subawardee set forth in Exhibit C attached hereto or otherwise made available to Subcontractor/Subawardee (including through links to website pages), which are made a part hereof and incorporated herein by reference (the "Flow Down Provisions"). Subcontractor/Subawardee represents and warrants that it has carefully reviewed all of the Flow Down Provisions and is able to comply with all of the Flow Down Provisions. In the event that the requirements set forth in the Flow Down Provisions are greater than the requirements set forth in this Agreement, or in the event of any conflict between the provisions of this Agreement and the Flow Down Provisions, the Flow Down Provisions shall control and Subcontractor/Subawardee shall comply with the requirements set forth in the Flow Down Provisions in accordance with Section 2(a).

(c) Laws and Regulations. Subcontractor/Subawardee shall also comply with all state and federal statutes and regulations applicable to Subcontractor/Subawardee, the Services or the Funding Award Agreement, in performing its obligations under this Agreement. Without limiting the generality of the foregoing, Subcontractor shall:

(i) unless exempt, comply with the requirements under 45 CFR Part 74, and the Public Health Service Grants Policy Statement;

(ii) unless exempt, comply with Executive Order 11246 entitled "Equal Employment Opportunity" as amended by Executive Order 11375 and as supplemental in Dept. of Labor regulations (41 CFR Part 60);

(iii) comply with (and not violate) all statutes, laws, rules and regulations relating to non-discrimination against any employees or applicants for employment, including, without limitation, Title VII of the Civil Rights Act of 1964, The Americans with Disabilities Act Amendments Act of 2008, and the California Fair Employment and Housing Act (if Subcontractor/Subawardee is located within California), and shall take affirmative action to ensure that all employment related decisions are made in conformance with all such statutes, laws, rules and regulations; and

(iv) unless it is exempt from doing so, comply with 45 CFR Part 76, Appendix B-Certification Regarding Debarment, Suspension, and Ineligibility, Voluntary Exclusion-Lower Tier Covered Transactions.

(d) HIPAA Business Associate Agreement. If the Health Insurance Portability and Accountability Act of 1996, as amended ("HIPAA") is applicable to the Services, Subcontractor/Subawardee shall execute and deliver HELUNA HEALTH's standard Business Associate Agreement as required by HIPAA.

(e) Lower-tier Subcontractors/Subawardees. Subcontractor/Subawardee shall incorporate all of the terms and conditions of this Agreement into all lower-tier subcontracts that Subcontractor/Subawardee may enter into in connection with this Agreement, and shall ensure that all such lower-tier subcontractors/subawardees and their personnel comply with all of the requirements of this Agreement applicable to Subcontractor/Subawardee, and all of the rules, requirements and restrictions set forth in the Funding Award Agreement, including the Flow Down Provisions, that are applicable to such lower-tier subcontractors'/subawardees' activities.

4. PAYMENT FOR SERVICES

(a) Budget. The total compensation and reimbursements payable to Subcontractor/Subawardee hereunder shall be as set forth in the detailed budget for the Services attached hereto as Exhibit B (the "Budget"), which is made a part hereof and incorporated herein by reference, which Budget is as set forth in the Funding Award Agreement. The maximum amount payable to Subcontractor/Subawardee hereunder shall not exceed the maximum amount set forth in the Budget.

(b) Must Stay Within Budget Time Periods. Subcontractor/Subawardee shall be compensated only for Services actually performed by Subcontractor/Subawardee and within the appropriate time period set forth in the Budget.

(c) Approval of Services by HELUNA HEALTH. All Services must be completed to the satisfaction of HELUNA HEALTH in order to be entitled to payment hereunder.

(d) Funds Available to HELUNA HEALTH. HELUNA HEALTH shall not be obligated to make payment under this Agreement unless the corresponding funds are disbursed to HELUNA HEALTH under the Funding Award Agreement. In the event that HELUNA HEALTH has made payment to Subcontractor/Subawardee under this Agreement and HELUNA HEALTH subsequently does not receive from the Funding Agency for any reason the corresponding payment for the Services performed by Subcontractor/Subawardee or expenses incurred by Subcontractor/Subawardee, then Subcontractor/Subawardee shall refund such payment to HELUNA HEALTH within ten (10) days after written notice from HELUNA HEALTH.

(e) Billing of Expenses and Costs. All expenses and costs shall be billed in accordance with the approved budget. Expenses incurred after the expiration or termination of this Agreement shall be disallowed. Subcontractor/Subawardee shall submit its final invoice no later than 30 days after the date of expiration of the term or termination of this Agreement.

(f) Budget Modifications. The Budget may be modified only by written agreement of HELUNA HEALTH and Subcontractor/Subawardee and the prior written approval of the Funding Agency.

5. INVOICING PROCEDURES

(a) Approval by Funding Agency. If required under the Funding Award Agreement, Subcontractor/Subawardee must first submit all timesheets and invoices to the Funding Agency for approval by the Funding Agency. After the Funding Agency has approved a timesheet and invoice submitted by Subcontractor/Subawardee, Subcontractor/Subawardee shall submit the same to HELUNA HEALTH.

(b) Address for Invoices. Subcontractor/Subawardee shall send all timesheets and invoices to the attention of the HELUNA HEALTH Project Director at the address set forth in Section 1 above.

(c) Invoicing Period. All invoices shall be submitted not more frequently than monthly, in arrears and must be submitted to HELUNA HEALTH within 30 days after the end of the applicable month or within 15 days after approval by the Funding Agency (if applicable), whichever is later. All final invoices must be received within 30 days of the expiration or termination of this Agreement or within such earlier time period as HELUNA HEALTH may require. If any invoices are not submitted within such time periods, Subcontractor/Subawardee waives (in HELUNA HEALTH's discretion) all rights to payment under such invoices.

(d) Formatting and Requirements of Invoices. All invoices shall be submitted in the form attached hereto as Exhibit D, as it may be modified by HELUNA HEALTH from time to time.

6. TERM AND TERMINATION

(a) Term. Unless earlier terminated as provided herein, the term of this Agreement shall be from 5/1/2020 to 3/31/2022 the "Term").

(b) Termination Without Cause. Without cause, HELUNA HEALTH may terminate this Agreement by giving 30 days' prior written notice to Subcontractor/Subawardee of its intent to terminate this Agreement without cause.

(c) Termination for Cause. With reasonable cause, either party may terminate this Agreement effective immediately upon the giving of written notice of termination for cause. Reasonable cause shall include:

- i. A material violation or breach of this Agreement by the other party which is not cured within 15 days after written notice from the terminating party;
- ii. Any act of the other party that exposes the terminating party to liability to others for personal injury or property damage or any other harm, damage or injury; or
- iii. If either party receives notice from the Funding Agency of the cancellation or termination of, or reduction of funding under, the Funding Award Agreement affecting the Services.

(d) Termination for Lack of Funding. HELUNA HEALTH may terminate this Agreement if for any reason the funding available under the Funding Award Agreement is withdrawn, limited, or impaired.

(e) Cessation Upon Termination. On the effective date of termination, Subcontractor/Subawardee shall cease all further Services under this Agreement, and Subcontractor/Subawardee shall cancel as many outstanding obligations as possible and not incur any additional obligations.

(f) Payment After Termination. Subject to the terms and conditions set forth in this Agreement, upon termination of this Agreement, provided, that HELUNA HEALTH has received the corresponding funds from the Funding Agency under the Funding Award Agreement , HELUNA HEALTH shall pay for any reasonable non-cancellable obligations properly incurred by Subcontractor/Subawardee under this Agreement and in accordance with the Budget prior to termination, and shall pay any amounts due to Subcontractor/Subawardee and properly invoiced under this Agreement for Services performed prior to termination; provided, that if HELUNA HEALTH has terminated this Agreement for reasonable cause under Section 6(c) above, then HELUNA HEALTH shall have the right to offset and deduct from any payments due to Subcontractor/Subawardee hereunder any damages or losses incurred by HELUNA HEALTH as a result of such violation or breach.

(g) Return of Materials. Upon the expiration or termination of this Agreement, Subcontractor/Subawardee shall immediately promptly return to HELUNA HEALTH all computers, cell phones, smart phones, computer programs, files, documentation, user data, media, related material and any and all other Confidential Information (as defined in below) of HELUNA HEALTH and all Work Product (as defined below). HELUNA HEALTH shall have the right to withhold final payment to Subcontractor/Subawardee until all such items are returned to HELUNA HEALTH.

(h) Surviving Provisions. The provisions of Sections 7 through 16, and any other sections that by their nature should or are intended to survive the expiration or termination of this Agreement shall survive and the parties shall continue to comply with the provisions of this Agreement that survive.

7. REPRESENTATIONS AND WARRANTIES. Subcontractor/Subawardee represents, warrants and covenants to HELUNA HEALTH as follows:

(a) Licenses and Permits. Subcontractor/Subawardee maintains and shall maintain during all relevant times under this Agreement all applicable federal, state and local business and other licenses, including any professional licenses or certificates, industrial permits and/or licenses, industry specific licenses, licenses required by the state(s) and/or locality(s) in which it does business, fictitious business names, federal tax identification numbers, insurance, and anything else required of Subcontractor/Subawardee as a business operator.

(b) Qualifications and Performance. Subcontractor/Subawardee (i) has the experience and skill to perform the Services hereunder, (ii) shall perform the Services in a good and workman like manner and in accordance with generally accepted professional standards and in an expeditious and economical manner consistent with sound professional practices, and (iii) is adequately financed to meet any financial obligation it may be required to incur hereunder.

(c) Not Debarred. Neither Subcontractor/Subawardee nor its principals or personnel are presently, nor will any of them be during the term of this Agreement, debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or funding agency.

8. INDEPENDENT CONTRACTOR STATUS

(a) Independent Contractor. Nothing in this Agreement is intended to place the parties in the relationship of employer-employee, partners, joint venturers, or in anything other than an independent contractor relationship. It is the parties' intention that Subcontractor/Subawardee shall be an independent contractor and not HELUNA HEALTH's employee or agent, and in conformity therewith, that Subcontractor/Subawardee shall retain sole and absolute discretion and judgment in the manner and means of carrying out Subcontractor/Subawardee's Services hereunder. Subcontractor/Subawardee is under the control of HELUNA HEALTH as to the results of Subcontractor/Subawardee's Services only, and not as to the means by which such results are accomplished.

(b) No Power to Bind HELUNA HEALTH. Without limiting the generality of the foregoing paragraph, this Agreement does not designate Subcontractor/Subawardee as the agent or legal representative of HELUNA HEALTH for any purpose whatsoever. Subcontractor/Subawardee is not granted any right or authority to assume or create any obligation or responsibility, or to make any promise or commitment regarding any work, on behalf of or in the name of HELUNA HEALTH or to bind it in any manner, or to make any contract or agreement on behalf of or in the name of HELUNA HEALTH, without the prior written consent from HELUNA HEALTH management. No sales, invoices nor orders for goods or services shall be valid and binding upon HELUNA HEALTH (whether as the provider or the recipient) unless and until accepted by HELUNA HEALTH, at its sole and absolute discretion, through its established channels. HELUNA HEALTH shall not be liable for any obligation incurred by Subcontractor/Subawardee.

(c) No Withholding. Except for tax withholdings that are required by law, neither federal, nor state, nor local income tax nor payroll taxes of any kind shall be withheld or paid by HELUNA HEALTH on behalf of Subcontractor/Subawardee or the employees of Subcontractor/Subawardee. Subcontractor/Subawardee and its personnel shall not be treated as employees or HELUNA HEALTH with respect to the Services performed hereunder for federal or state tax purposes or for any other purposes.

(d) No Employee Benefits. Neither Subcontractor/Subawardee nor its personnel shall be eligible for, and shall not participate in, any of HELUNA HEALTH's retirement, health, or other fringe benefit plans.

(e) Workers' Compensation. No workers' compensation insurance shall be obtained by HELUNA HEALTH concerning Subcontractor/Subawardee or Subcontractor's/Subawardee's personnel. Subcontractor/Subawardee shall comply with all workers' compensation laws concerning Subcontractor/Subawardee and its personnel.

(f) Taxes. Subcontractor/Subawardee understands that Subcontractor/Subawardee is responsible to pay, according to law, Subcontractor's/Subawardee's income taxes. If Subcontractor/Subawardee is not an entity, Subcontractor/Subawardee further understands that Subcontractor/Subawardee may be liable for self-employment (social security) tax, to be paid by Subcontractor/Subawardee according to law. Subcontractor/Subawardee shall be solely responsible for the payment of all federal, state and local income taxes, social security taxes, federal and state unemployment insurance and similar taxes and all other assessments, taxes, contributions or sums payable with respect to Subcontractor/Subawardee or its employees as a result of or in connection with the Services performed by Subcontractor/Subawardee hereunder. Subcontractor/Subawardee represents and warrants and covenants that it shall report all income earned as a result of this Agreement and pay all federal, state and local income and self-employment taxes and other assessments required to be paid under applicable law. Subcontractor/Subawardee agrees to defend, indemnify and hold HELUNA HEALTH harmless from any and all claims made by federal, state and local taxing authorities on account of Subcontractor's/Subawardee's failure to pay any such federal, state or local income and self-employment taxes or other assessments due as a result of Subcontractor's/Subawardee 's Services hereunder.

(g) Sub-Tier Subcontractors/Subawardees. Subcontractor/Subawardee shall have control over the manner and means of Subcontractor/Subawardee's performance under this Agreement. However, HELUNA HEALTH is engaging Subcontractor/Subawardee for Subcontractor's/Subawardee's unique skills, knowledge, abilities and other attributes. Accordingly, Subcontractors/Subawardees may not use any lower-tier subcontractors/subawardees in the performance of its services hereunder without HELUNA HEALTH's prior written approval. Any lower-tier subcontractors/subawardees who are approved by HELUNA HEALTH must execute all agreements and documents required by HELUNA HEALTH prior to performing any work. Subcontractor/Subawardee shall ensure that all lower-tier subcontractors/subawardees comply with all of the terms and provisions of this Agreement and shall be responsible and liable for all acts and omissions of all lower-tier subcontractors/subawardees as if they were the acts or omissions of Subcontractor/Subawardee.

9. ASSIGNMENT OF WORK PRODUCT

(a) Ownership of Work Product. Subcontractor/Subawardee agrees that, as between HELUNA HEALTH and Subcontractor/Subawardee, all discoveries, ideas, inventions, and information that Subcontractor/Subawardee may develop (either alone or in conjunction with others), information or work product developed wholly or partially by Subcontractor/Subawardee as part of or related to Subcontractor's/subawardee's retention by HELUNA HEALTH hereunder (including all intermediate and partial versions thereof) or the performance of the services hereunder or which existence Subcontractor/Subawardee may discover while retained by HELUNA HEALTH, including any software, platforms, all ideas, designs, marks, logos, and content relating thereto, whether or not subject to patent, copyright or trademark or other intellectual property protections including without limitation, any scripts, prototypes, other components (collectively the "Work Product"), shall be the sole property of HELUNA HEALTH upon its creation and (in the case of copyrightable works) upon its fixation in a tangible medium of expression.

(b) Assignment. Subcontractor/Subawardee hereby forever assigns to HELUNA HEALTH all right, title and interest in any Work Product designed and/or developed by Subcontractor/Subawardee or otherwise delivered to HELUNA HEALTH as part of or related to Subcontractor's/Subawardee's retention with HELUNA HEALTH. The Work Product shall be the sole property of HELUNA HEALTH, and all copyrightable and patentable aspects of the Work Product are to be considered "works made for hire" within the meaning of the Copyright Act of 1976, as amended (the "Act"), of which HELUNA HEALTH is to be the "author" within the meaning of such Act. All such copyrightable and patentable works, as well as all copies of such works in whatever medium fixed or embodied, shall be owned exclusively by HELUNA HEALTH on their creation, and Subcontractor/Subawardee hereby expressly disclaims any interest in any of them. In the event (and to the extent) that any Work Product or any part or element of them, is found as a matter of law not to be a "Work Made For Hire" within the meaning of the Act, Subcontractor/Subawardee hereby assigns to HELUNA HEALTH the sole and exclusive right, title and interest in and to all such works, and all copies of any of them, without further consideration, and, if such assignment is invalid, Subcontractor/Subawardee hereby grants HELUNA HEALTH a non-exclusive, worldwide, perpetual, fully paid-up, irrevocable, right and license to use, reproduce, make, sell, perform and display (publicly or otherwise), and distribute, and modify and otherwise make derivative works of Subcontractor/Subawardee's Work Product and to authorize third parties to perform any or all of the foregoing, including through multiple tiers of sublicenses.

(c) Moral Rights Waiver. For purposes of this subsection, "Moral Rights" means any rights of paternity or integrity, any right to claim authorship of the Work Product, to object to any distortion, mutilation or other modification of, or other derogatory action in relation to, the Work Product, whether or not such would be prejudicial to Subcontractor's/Subawardee's honor or reputation, and any similar right, existing under judicial or statutory law of any country in the world, or under any treaty, regardless whether or not such right is denominated or generally referred to as a "Moral" right. Subcontractor/Subawardee hereby irrevocably

transfers and assigns to HELUNA HEALTH any and all Moral Rights that Subcontractor/Subawardee may have in the Work Product. Subcontractor/Subawardee also hereby forever waives and agrees never to assert any and all Moral Rights it may have in the Work Product, even after termination of Subcontractor's/Subawardee's work on behalf of HELUNA HEALTH as part of or related to Subcontractor's/Subawardee's retention with HELUNA HEALTH.

(d) No Liens. Subcontractor/Subawardee shall deliver all Work Product to HELUNA HEALTH free and clear of any and all claims, rights and encumbrances of third parties.

(e) Assignment Documents. Subcontractor/Subawardee will cooperate with HELUNA HEALTH, with HELUNA HEALTH's approval and at HELUNA HEALTH's expense, in obtaining patent, copyright, trademark or other statutory protections for the Work Product in each country in which one or more is sold, distributed or licensed, and in taking any enforcement action, including any public or private prosecution, to protect HELUNA HEALTH's intellectual property rights in or to the Work Product. Subcontractor/Subawardee hereby grants HELUNA HEALTH the exclusive right, and appoints HELUNA HEALTH as attorney-in-fact, to execute and prosecute in Subcontractor's/Subawardee's name as author or inventor or in HELUNA HEALTH's name as assignee, any application for registration or recordation of any copyright, trademark, patent or other right in or to the Work Product, and to undertake any enforcement action with respect to any Work Product. With HELUNA HEALTH's approval and at HELUNA HEALTH's expense, Subcontractor/Subawardee will execute such other documents of registration and recordation as may be necessary to perfect in HELUNA HEALTH, or protect, the rights assigned to HELUNA HEALTH hereunder in each country in which HELUNA HEALTH reasonably determines to be prudent.

(f) No Infringement. Subcontractor/Subawardee represents and warrants that any Work Product delivered to HELUNA HEALTH hereunder will be developed by Subcontractor/Subawardee and shall not infringe or violate any patents, copyrights, trademarks, trade secrets or other proprietary rights of any third party.

(g) No Harmful Code. With respect to the website and any computer programs or software code ("Software") included in the Services hereunder, Subcontractor/Subawardee represents and warrants that: (i) the Software and its media shall contain no computer instructions or inappropriate functions whose purpose or result is to disrupt, damage or interfere with HELUNA HEALTH's or its affiliates' or their customers' use of or access to the Software or any of their data, programs or computer or telecommunications facilities and (ii) unless expressly authorized in writing by HELUNA HEALTH, such Software shall not contain any mechanism which electronically notifies Subcontractor/Subawardee of any fact or event, nor contain any key, node lock, time-out, logic bomb or other function, implemented by any means, which may restrict HELUNA HEALTH's or its affiliates' or customers' use of or access to the Software or any other programs, data or equipment.

(h) Rights of Funding Agency and Federal Government. All rights to the Work Product assigned or granted to HELUNA HEALTH hereunder shall be subject to any rights of the Funding Agency under the Funding Award Agreement and any rights of the United States Federal Government under applicable laws and regulations.

10. PUBLICATIONS

(a) Right to Publish Works. Subcontractor/Subawardee may, with HELUNA HEALTH's and the Funding Agency's prior written consent, publish articles written by Subcontractor/Subawardee in connection with the Services performed by Subcontractor/Subawardee hereunder. Subcontractor/Subawardee shall submit all such articles for review by HELUNA HEALTH and the Funding Agency at least 60 days prior to the proposed publication date.

(b) Acknowledgment in Publications. On any publication approved by HELUNA HEALTH and the Funding Agency as described above, Subcontractor/Subawardee shall place an acknowledgment of federal government support, and shall include a disclaimer, as appropriate, as follows: "The contents of this publication are solely the responsibility of the authors and do not necessarily represent the official views of Heluna Health. or **[Name of Funding Agency]**".

(c) Use of HELUNA HEALTH's or Funding Agency's Name. Subcontractor/Subawardee shall not use in any manner HELUNA HEALTH's name, logo or trademarks without HELUNA HEALTH's prior written consent. Subcontractor/Subawardee shall not use in any manner the Funding Agency's name, logo or trademarks without the Funding Agency's prior written consent.

11. INDEMNIFICATION

(a) By Subcontractor/Subawardee. Subcontractor/Subawardee hereby agrees to indemnify, hold harmless and defend HELUNA HEALTH, its board of trustees, officers, directors, agents, contractors and employees from any and all claims, causes of action, costs, demands, expenses (including attorney's fees and costs), losses, damages, injuries, and liabilities arising from (i) any accident, death, or injury whatsoever or however caused to any person or property arising out of the intentional action or negligence of Subcontractor/Subawardee (or its agents, subcontractors or employees), (ii) Subcontractor's/Subawardee's (or its agents', subcontractors' or employees') violation of any federal, state or local law or regulation, (iii) the breach by Subcontractor/Subawardee (or its agents, subcontractors or employees) of any its representations, warranties or agreements under this Agreement or (iv) any claims that the Work Product, or any element thereof, infringes the intellectual, privacy or other rights of any party.

(b) By HELUNA HEALTH. HELUNA HEALTH hereby agrees to indemnify, hold harmless and defend Subcontractor/Subawardee, its officers, directors, agents, contractors and employees from any and all claims, causes of action, costs, demands, expenses (including attorney's fees and costs), losses, damages, injuries, and liabilities arising from (i) any accident,

death, or injury whatsoever or however caused to any person or property arising out of the intentional action or negligence of HELUNA HEALTH, (ii) HELUNA HEALTH's violation of any federal, state or local law or regulation or (iii) the breach by HELUNA HEALTH of any its representations, warranties or agreements under this Agreement.

12. INSURANCE

(a) Required Coverages. Subcontractor/Subawardee shall, unless otherwise agreed in writing by HELUNA HEALTH, maintain: (i) Workers' Compensation insurance, (ii) Professional Liability Insurance and Commercial General Liability Insurance (including broad form contractual and automobile liability coverage), with minimum limits of ONE MILLION DOLLARS (\$1,000,000) combined single limit per occurrence, and (iii) Automobile Liability on each automobile owned by him/her/it or his/her/its agents, subcontractors/subawardees or employees, which is used at any time to carry out Subcontractor's/Subawardee's duties hereunder, with minimum limits of \$100,000 per person and \$300,000 per occurrence for bodily injury. If higher or additional coverages are required under the Flow Down Provisions, Subcontractor/Subawardee shall procure such coverages.

(b) Additional Insureds. All such insurance shall provide that Subcontractor's/Subawardee's insurance is primary and not contributory, shall protect Subcontractor/Subawardee, HELUNA HEALTH and the Funding Agency and their affiliates from claims for personal injury (including bodily injury and death) and property damage which may arise from or in connection with the performance of the Services hereunder, or from or out of any negligent act or omission of Subcontractor/Subawardee, its officers, directors, agents or employees. All such insurance shall be written by a responsible insurance company possessing B+ VII rating or better as listed in the Best Guide, shall name HELUNA HEALTH and the Funding Agency as additional insureds for Professional Liability, Commercial General Liability and Automobile Liability only, shall contain a waiver of subrogation with respect to the additional insureds, shall be written on an occurrence basis and shall provide that the coverage thereunder may not be reduced or canceled unless 30 days' prior written notice thereof is furnished to HELUNA HEALTH and the Funding Agency. Certificates of Insurance containing such waiver of subrogation or copies of policies shall be furnished to HELUNA HEALTH upon request.

13. CONFIDENTIALITY

(a) Confidential Information. Subcontractor/Subawardee agrees that during the course of this Agreement, Subcontractor/Subawardee may be exposed to and become aware of certain unique and confidential information and special knowledge (hereinafter "Confidential Information") provided to or developed by HELUNA HEALTH. Said Confidential Information includes, but is not limited to, the identity of actual and potential clients of HELUNA HEALTH, client lists, particular needs of each client, the manner in which business is conducted with each client, addresses, telephone numbers, and specific characteristics of clients; financial information about HELUNA HEALTH and/or its clients; client information reports; mailing labels; various sales and marketing information; sales report forms; pricing information (such as price

lists, quotation guides, previous or outstanding quotations, or billing information); pending projects or proposals; business plans and projections, including new product, facility or expansion plans; employee salaries; contracts and wage information; mailing plans and programs; technical know-how; designs; products ordered; business methods; processes; records; specifications; computer programs; accounting; and information disclosed to HELUNA HEALTH by any third party which HELUNA HEALTH is obligated to treat as confidential and/or proprietary. This Confidential Information derives independent actual or potential economic value from not being generally known to the public or to other persons, who can obtain economic value from its disclosure or use, is not readily available through any source other than HELUNA HEALTH and is the subject of reasonable efforts to maintain secrecy. Since Subcontractor/Subawardee may be exposed to and become aware of said Confidential Information and, because of its unique and confidential nature, the parties hereto desire to afford HELUNA HEALTH protection against its unauthorized use or its use in any manner detrimental to HELUNA HEALTH. Therefore, Subcontractor/Subawardee shall not disclose in any manner whatsoever any of the aforesaid Confidential Information, directly or indirectly, or use it in any way whatsoever, either during this Agreement or at any time thereafter, except as required in the course of Subcontractor's/Subawardee's work with HELUNA HEALTH or except as otherwise provided in this Agreement. Further, Subcontractor/Subawardee shall develop and maintain procedures and take other reasonable steps in furtherance of HELUNA HEALTH's desire to maintain the confidentiality of its Confidential Information.

(b) Funding Agency Confidentiality. Subcontractor/Subawardee shall also comply with all confidentiality obligations imposed by the Funding Agency in the Funding Award Agreement or otherwise.

(c) Return of Documents. All documents and other items which might be deemed the subject of or related to Confidential Information of HELUNA HEALTH's business, whether prepared, conceived, originated, discovered, or developed by Subcontractor/Subawardee, in whole or in part, or otherwise coming into Subcontractor's/Subawardee 's possession, shall remain the exclusive property of HELUNA HEALTH and shall not be copied or removed from the premises of HELUNA HEALTH without the express written consent of HELUNA HEALTH. All such items, and any copies thereof, shall be immediately returned to HELUNA HEALTH by Subcontractor/Subawardee upon request at any time and upon termination of this Agreement.

14. NON-SOLICITATION OF EMPLOYEES

During the Term of this Agreement and for two years following the termination of this Agreement, Subcontractor/Subawardee shall not induce, encourage, or advise any person who is employed by or is engaged as an agent or independent contractor by HELUNA HEALTH to leave the employment or engagement of HELUNA HEALTH or otherwise raid the employees of HELUNA HEALTH. Nothing contained in this paragraph shall constitute a waiver by HELUNA HEALTH of any rights it may have if Subcontractor/Subawardee engages in actionable conduct after the two-year period referred to above.

15. RECORD RETENTION AND ACCESS TO RECORDS

Subcontractor/Subawardee shall grant to HELUNA HEALTH, the Funding Agency and the U.S. Comptroller General and their respective authorized representatives upon demand, access to any books, documents, papers and records of Subcontractor/Subawardee relating to this Agreement or the Services for audit, examination, excerpt and transcription. Subcontractor/Subawardee shall retain all such records for seven (7) years (or longer if required under HELUNA HEALTH's record retention policy, under the Funding Award Agreement or by law, including under Circular A-110, Subpart C, Post-Award Requirements and FAR Subpart 4.7 Contractor Records Retention - 4.703 Policy) after final payment is made under this Agreement and all pending matters are closed, unless extended by an audit, litigation, or other action involving the records, whichever is later.

16. GENERAL TERMS

(a) Amendments. Amendments to this Agreement shall be in writing, signed by the party to be obligated by such amendment and attached to this Agreement.

(b) Governing Law; Venue. This Agreement is entered into in Los Angeles County, California. This Agreement shall be interpreted, construed and governed by, in accordance with and consistent with the laws of the State of California without giving effect to its conflicts of laws principals. Such laws shall apply in all respects, including statutes of limitation, to any disputes or controversies arising out of or pertaining to this Agreement. The sole, exclusive and proper venue for any proceedings brought to interpret or enforce this Agreement or to obtain a declaration of the rights of the parties hereunder shall be Los Angeles County, California. Each of the parties hereto submits to the exclusive personal jurisdiction of the courts located in Los Angeles County, California and waives any defense of forum non conveniens.

(c) Equitable Relief. In light of the irreparable harm to HELUNA HEALTH that a breach by Subcontractor/Subawardee of Sections 9, 10, 13 and 14 of this Agreement would cause, in addition to other remedies set forth in this Agreement and other relief for violations of this Agreement, HELUNA HEALTH shall be entitled to enjoin Subcontractor/Subawardee from any breach or threatened breach of such Sections, to the extent permitted by law and without bond.

(d) Binding Agreement. All terms, conditions and covenants to be observed and performed by the parties hereto shall be applicable to and binding upon their respective agents, employees, heirs, executors, administrators, affiliates, subsidiaries, associates, employees, successors and assigns.

(e) Captions. All captions (section headings) set forth herein are inserted only as a matter of convenience and for reference, and shall not affect the interpretation of this Agreement.

(f) Counterparts. This Agreement may be executed in any number of counterparts, each of which shall be deemed an original but all of which, when taken together, shall constitute one and the same document.

(g) Additional Documents. The parties hereto each agree that they shall execute and, if appropriate, acknowledge any and all additional and other documents, instruments and writings which may be reasonably requested by the other party in order to fully carry out the intent and purpose of this Agreement.

(h) Attorneys' Fees; Costs. In the event that any suit in law or equity, arbitration or other formal proceeding is instituted by any party to enforce or interpret any part of this Agreement, or to recover damages for breach thereof, the prevailing party shall, in addition to any such other relief available to such party, be entitled to recover costs of suit incurred therein, and to also recover as an element of such costs (but not as damages) reasonable attorneys' fees incurred by such prevailing party.

(i) Entire Agreement. This Agreement, and all documents referred to in it, or incorporated in it, is an integrated document containing and expressing all terms, covenants, conditions, warranties and agreements of the parties relating to the subject matter hereof. No other or prior agreements or understandings, written or oral, pertaining to the same shall be valid or of any force or effect.

(j) Facsimile or Email Transmissions. A facsimile transmission or transmission by Email of the executed signature page of this Agreement shall be accepted as, relied upon as, and deemed to be, an original.

(k) Fair Interpretation. The language appearing in all parts of this Agreement shall be construed, in all cases, according to its fair meaning in the English language, and not strictly construed for or against any party hereto. This Agreement has been prepared jointly by the parties hereto after arm's length negotiations and any uncertainty or ambiguity contained in this Agreement, if any, shall not be interpreted or construed against any party, but according to its fair meaning applying the applicable rules of interpretation and construction of contracts.

(l) No Waiver. No failure or delay by any party in exercising a right, power or remedy under the Agreement shall operate as a waiver of any such right or other right, power or remedy. No waiver of, or acquiescence in, any breach or default of any one or more of the terms, provisions or conditions contained in this Agreement shall be deemed to imply or constitute a waiver of any other or succeeding or repeated breach or default hereunder. The consent or approval by any party hereto to or of any act of the other party hereto requiring further consent or approval shall not be deemed to waive or render unnecessary any consent or approval to or of any subsequent similar acts.

(m) Notices. Any notice, demand, consent or other communication required or permitted to be given hereunder shall be made in the English language and shall be so given by

personal delivery, by (i) registered or certified (return receipt) or First Class United States Postal Service mail, postage pre-paid, or (ii) recognized overnight national courier service, or (iii) facsimile transmission confirmed by letter sent by First Class United States Postal Service mail, postage pre-paid, or (iv) by email confirmed by letter sent by First Class United States Postal Service mail, postage pre-paid, addressed to the recipient of such notice at the following address or facsimile number, as the case may be, or any other address or facsimile number or email address provided by a party in the manner described hereinabove:

In the case of HELUNA HEALTH, addressed to:

Heluna Health
13300 Crossroads Parkway North, Suite 450
City of Industry, CA 91746-3505
Attention: Rochelle McLaurin
Facsimile: (562) 692-6950
Email: RMclaurin@helunahealth.org

In the case of Subcontractor, addressed to:

San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103
Attention: Maggie Han
Facsimile: (628) 206-7681
Email: Maggie.han@sfdph.org

Any such notice shall be deemed to have been received by the addressee, and service thereof shall be deemed effective, five (5) days following deposit thereof with the United States Postal Service, or upon actual receipt, whichever first occurs, unless the address for delivery is not within one of the United States or its territories or possessions, in which case service shall be effective seven (7) days following deposit, or upon actual receipt, whichever first occurs.

(n) Remedies Non-Exclusive. Except where otherwise expressly set forth herein, all remedies provided by this Agreement shall be deemed to be cumulative and additional and not in lieu of or exclusive of each other or of any other remedy available to the respective parties at law or in equity.

(o) Severability. If any term, provision, condition or other portion of this Agreement is determined to be invalid, void or unenforceable by a forum of competent jurisdiction, the same shall not affect any other term, provision, condition or other portion hereof, and the remainder of this Agreement shall remain in full force and effect, as if such invalid, void or unenforceable term, provision, condition or other portion of this Agreement did not appear herein.

(p) Limitation of Liability. EXCEPT FOR A BREACH OF SECTIONS 9 AND 13 ABOVE AND EXCEPT TO THE EXTENT INCLUDED IN A PARTY'S INDEMNIFICATION OBLIGATIONS UNDER SECTION 11 ABOVE, IN NO EVENT SHALL ANY PARTY BE LIABLE TO THE OTHER FOR ANY INDIRECT, SPECIAL, INCIDENTAL, PUNITIVE OR CONSEQUENTIAL DAMAGES, WHETHER BASED ON BREACH OF CONTRACT, TORT (INCLUDING NEGLIGENCE), OR OTHERWISE, AND WHETHER OR NOT THAT PARTY HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH DAMAGE.

(q) Non-Assignability. None of the parties shall assign, transfer, sell, encumber, hypothecate, alienate or otherwise dispose of this Agreement, or any right, title or interest to or in this Agreement, nor shall a party delegate any duty or obligation to be performed hereunder, without the express written consent of the other party having been first obtained, except that any party may assign this Agreement without the consent of the other party in the case of a reorganization, merger, consolidation, or sale of all or substantially all of its assets so long as the assignee expressly assumes all of the obligations of the assignor under this Agreement. Notwithstanding the foregoing, HELUNA HEALTH may assign this Agreement to an affiliate of HELUNA HEALTH without the consent of the other party. Any attempt to assign this Agreement other than as permitted above shall be null and void.

(r) Signing Person. The individuals signing this Agreement on behalf of an entity represents and warrants that he/she has authority to bind such entity to this Agreement.

[Signatures follow on next page]

The undersigned have caused this Subcontract/Subaward Agreement to be executed as of the date first set forth above:

HELUNA HEALTH

By: _____

Peter Dale

Chief Program Officer

THE CITY AND COUNTY OF SAN FRANCISCO

Signature: _____

Print Name, Title [If any entity]

EXHIBIT A
TO SUBCONTRACT/SUBAWARD AGREEMENT

SCOPE OF WORK (SOW)

Activity 1 - Milestone 1	Activity 1: Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.	
	Planned Activity <i>(Provide a title for this milestone)</i>	Expand Case Investigation and Contact Tracing Workforce
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	San Francisco is estimated to need 132 CI/CT staff for its population of 880,000. We currently have 126 staff, we will add at least additional 6 staff and consider requesting staff from CDPH
	Applicant capacity: What is the current capacity to perform this milestone?	We are in the process of hiring additional contract staff for the SFDPH team, and will contract with CBOs to train and support community based staff to also do this work
	Expected Achieve By Date <i>(select from drop down)</i>	August 2020

Activity 1 - Milestone 2	Activity 1: Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.	
	Planned Activity <i>(Provide a title for this milestone)</i>	Better match linguistic ability of staff to cases and contacts
	Implementation Plan <i>(Bulleted items or brief sentences)</i>	50% of cases in San Francisco are among Latinx persons. As we add staff to the CI/CT team, and via our CBO partners we will select for the ability to speak Spanish.
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date	September 2020

	<i>(select from drop down)</i>	
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Activity 2 - Milestone 1	Activity 2: Improve morbidity and mortality surveillance	
	Planned Activity (Provide a title for this milestone)	Establish or enhance community-based surveillance
	Implementation Plan (Bulleted items or brief sentences)	We conduct surveillance among essential workers and schools when they reopen in the fall. Our implementation includes: <ul style="list-style-type: none"> o Assemble a surveillance team o Engage with key stakeholders to plan to finalize surveillance plans for summer and fall. o Develop a surveillance protocol that includes methods for data collection, data analysis, and data reporting to support real-time public health actions. o Implement the surveillance protocol in collaboration with key stakeholders.
	Applicant capacity: What is the current capacity to perform this milestone?	We currently do not have any dedicated staff within our Department Operations Center that are devoted to this work. We have one lead epidemiologist that is leading the engagement with key stakeholders and a project manager.
	Expected Achieve By Date <i>(select from drop down)</i>	December 2020

Activity 2 - Milestone 2	Activity 2: Improve morbidity and mortality surveillance	
	Planned Activity (Provide a title for this milestone)	Monitor and report daily incidence rate.
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> o We are already monitoring daily incidence according to local and state metrics. o We continue to monitor daily incidence in order to understand any surge in cases.
Applicant capacity: What is the current capacity to perform this milestone?		

	Expected Achieve By Date <i>(select from drop down)</i>	June 2020
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Activity 2 - Milestone 3	Activity 2: Improve morbidity and mortality surveillance	
	Planned Activity (Provide a title for this milestone)	If applicable in the track and send Emergency Department and outpatient visits for COVID-like illness, as well as other illnesses, to CDC. Send copies of all admit, discharge, and transfer (ADT) messages to CDC National Syndromic Surveillance Program (NSSP). If not applicable to the LHJ, check NA here X
	Implementation Plan (Bulleted items or brief sentences)	We are not routinely collecting syndromic data from Emergency Department and outpatient visits.
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 2 - Milestone 4	Activity 2: Improve morbidity and mortality surveillance	
	Planned Activity (Provide a title for this milestone)	Provide accurate accounting of COVID-19 associated deaths
	Implementation Plan (Bulleted items or brief sentences)	As part of our current surveillance activities, we monitor and report COVID-19-associated deaths.
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date <i>(select from drop down)</i>	June 2020

Activity 2: Improve morbidity and mortality surveillance	
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Activity 2 - Milestone 5	Planned Activity (Provide a title for this milestone)	Assist and support electronic case reporting from healthcare facilities via CalREDIE, including for COVID-19.
	Implementation Plan (Bulleted items or brief sentences)	<ul style="list-style-type: none"> o We have discussed electronic case reporting for COVID-19 with CDPH. o At this time, we are focusing on getting more complete hospitalization data from all hospitals in the City and County of San Francisco (admissions, discharges, transfers, length of stay, etc.).
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date <i>(select from drop down)</i>	August 2020

Activity 3 - Milestone 1	Activity 3: Enhance laboratory testing and reporting capacity.	
	Planned Activity (Provide a title for this milestone)	Match low barrier testing resources to neighborhoods with highest rates of infection
	Implementation Plan (Bulleted items or brief sentences)	In partnership with UCSF and community partners, devise neighborhood level strategies for increased testing in communities at highest risk of infection in San Francisco
	Applicant capacity: What is the current capacity to perform this milestone?	San Francisco has exceeded its target of 1.8 tests/1000 persons daily, and now will further refine location and mode of testing assets to serve the parts of the cities with highest rates of COVID-19 infection
Expected Achieve By Date <i>(select from drop down)</i>	September 2020	

Activity 3 - Milestone 2	Activity 3: Enhance laboratory testing and reporting capacity.	
	Planned Activity (Provide a title for this milestone)	Continue to maximize utilization of the SFDPH Public Health Laboratory

	Implementation Plan (Bulleted items or brief sentences)	Increase and distribute staffing to increased hours of testing to keep turnaround time low to optimize public health investigations and outbreak prevention. Goal is to increase from 600 specimens to 700-800 daily
	Applicant capacity: What is the current capacity to perform this milestone?	Currently limited to 600 specimens daily to keep TAT 48 hours or less.
	Expected Achieve By Date (select from drop down)	September 2020

Activity 4 - Milestone 1	Activity 4: Control COVID-19 in high-risk settings and protect vulnerable or high-risk populations.	
	Planned Activity (Provide a title for this milestone)	Increase infection prevention and outbreak management consultation and support to non-congregate living sites (i.e. businesses, childcare facilities, schools)
	Implementation Plan (Bulleted items or brief sentences)	Provide guidance to help employers and childcare/school facilities manage on site exposures and operationalize infection prevention planning and protocols. Facilitate testing when needed.
	Applicant capacity: What is the current capacity to perform this milestone?	Severely limited since the staff available with this expertise are focused on congregate living settings.
	Expected Achieve By Date (select from drop down)	October 2020

Activity 5 - Milestone 1	Activity 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states; including air travel).	
	Planned Activity (Provide a title for this milestone)	Develop a regional dashboard for testing, cases, hospitalizations, and deaths to support local health officer decision-making
	Implementation Plan (Bulleted items or brief sentences)	Continue to work with epidemiologists and data scientists in the Bay Area region to develop the dashboard for the ongoing COVID-19 pandemic based on the needs of the local health officers.

	Applicant capacity: What is the current capacity to perform this milestone?	We have one lead epidemiologist and several staff in Advance Planning who are participating in this work.
	Expected Achieve By Date <i>(select from drop down)</i>	December 2020

Activity 6 - Milestone 1	Activity 6: Work with healthcare system to manage and monitor system capacity.	
	Planned Activity (Provide a title for this milestone)	Not applicable.
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date <i>(select from drop down)</i>	

Activity 7 - Milestone 1	Activity 7: Improve understanding of jurisdictional communities with respect to COVID-19 risk.	
	Planned Activity (Provide a title for this milestone)	Not applicable.
	Implementation Plan (Bulleted items or brief sentences)	
	Applicant capacity: What is the current capacity to perform this milestone?	
	Expected Achieve By Date <i>(select from drop down)</i>	

EXHIBIT B
TO SUBCONTRACT/SUBAWARD AGREEMENT

BUDGET

Expenditure Type	Expenditure Name	Max # of Hours (if hourly employee)	Monthly		Total % Budgeted	Months Position Budgeted	Original Budget
			Salary/Hourly Range (per budget)	Salary/Hourly Rate			
Other Costs							
OC - Other - Contract	Special Nurse - Salaries and Fringe for 19 months						\$ 230,926.00
Total Other Costs							\$ 230,926.00
Total Direct Cost							\$ 230,926.00
FA - Indirect (Use CDPH Approved Cost Rate for ICR)		5.0%	Indirect Type	Personnel			\$ 11,546.00
Total Budget							\$ 242,472.00

Total approved budget: \$486,585.13

Minus Heluna Health Personnel: \$244,113.13

Total award to City and County of San Francisco Public Health Department shall not exceed \$242,472.00.

EXHIBIT C
TO SUBCONTRACT/SUBAWARD AGREEMENT
FLOW DOWN PROVISIONS

Refer to following pages.

EXHIBIT D
TO SUBCONTRACT/SUBAWARD AGREEMENT

FORM OF INVOICE
DRAFT

An example of the required invoice template is attached. The invoice template specific to your agency will be provided after the agreement is fully executed.

Invoice Instructions

The invoice template will be updated monthly and provided the third week of month for the previous month.

Monthly invoice template and supporting documentation are due within 30 days of month end via email to ELCCOVID19Invoices@helunahealth.org.

- Supporting documentation required: Invoice, proof of payment, receipts, and packing slips for any operating cost purchases (i.e. equipment, supplies, etc.).
- For personnel supporting documentation, please provide payroll register or general ledger detail for employees and timesheets.

EXHIBIT E
TO SUBCONTRACT/SUBAWARD AGREEMENT
CERTIFICATE OF INSURANCE

Refer to following page.

CDC - Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020

Local Health Jurisdiction Name:	City and County of San Francisco
Grant Number:	6 NU90TP922071-01-03

Activity 1: Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.

Activity 1 Actions and Deliverables

A. Enhanced contact tracing including contact elicitation/identification, contact notification, and contact follow-up. Activities could include traditional contact tracing methods as well as healthcare-specific and other proximity/location-based methods.

Activity 1: Establish or enhance ability to aggressively identify cases, conduct contact tracing and follow up, as well as implement recommended containment measures.

Planned Activity <i>(Provide a title for this milestone)</i>	Expand Case Investigation and Contact Tracing Workforce
Implementation Plan <i>(Bulleted items or brief sentences)</i>	San Francisco is estimated to need 132 CI/CT staff for its population of 880,000. We currently have 126 staff, we will add at least additional 6 staff and consider requesting staff from CDPH
Applicant capacity: What is the current capacity to perform this milestone?	We are in the process of hiring additional contract staff for the SFDPH team, and will contract with CBOs to train and support community based staff to also do this work
Expected Achieve By Date <i>(select from drop down)</i>	August 2020

Activity 2: Improve morbidity and mortality surveillance, including:

- 1. Establish an annual morbidity and mortality surveillance system.
- 2. Monitor and report daily incidence rates.
- 3. Establish the local and state Emergency Department and hospitalizations for COVID-19 cases, as well as other diseases, to CDC. Send copies of all death, discharge, and transfer (ADT) messages to CDC National Epidemiology Surveillance Program (NESP). For information on the ADT data file see:
- 4. Provide accurate accounting of COVID-19 associated deaths.
- 5. Assess and report laboratory case reporting, test utilization, facilities and CAP/CLIA, including for COVID-19.

Activity 2 - Morbidity & Mortality	E1 Program Update (9/30/20 - 10/31/20)	E2 Program Update (10/31/20 - 11/30/20)	E3 Program Update (11/30/20 - 12/31/20)	E4 Program Update (12/31/20 - 1/31/21)	E5 Program Update (1/31/21 - 2/28/21)	E6 Program Update (2/28/21 - 3/31/21)	E7 Program Update (3/31/21 - 4/30/21)	E8 Program Update (4/30/21 - 5/31/21)
<p>Activity 2 - Morbidity & Mortality</p> <p>Program Update (9/30/20 - 10/31/20)</p> <p>Program Update (10/31/20 - 11/30/20)</p> <p>Program Update (11/30/20 - 12/31/20)</p> <p>Program Update (12/31/20 - 1/31/21)</p> <p>Program Update (1/31/21 - 2/28/21)</p> <p>Program Update (2/28/21 - 3/31/21)</p> <p>Program Update (3/31/21 - 4/30/21)</p> <p>Program Update (4/30/21 - 5/31/21)</p>								
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Activity 4: Control COVID-19 in high-risk settings and protect vulnerable or high-risk populations.		Q1 Program Update (10/2020 - 12/2020)	Q2 Program Update (1/2021 - 3/2021)	Q3 Program Update (4/2021 - 6/2021)	Q4 Program Update (7/2021 - 9/2021)	Q1 Program Update (10/2021 - 12/2021)	Q2 Program Update (1/2022 - 3/2022)	Q3 Program Update (4/2022 - 6/2022)	Q4 Program Update (7/2022 - 9/2022)	Q1 Program Update (10/2022 - 12/2022)	Q2 Program Update (1/2023 - 3/2023)	Q3 Program Update (4/2023 - 6/2023)	Q4 Program Update (7/2023 - 9/2023)
Activity 4 - Milestone 1	Objectives (What are you trying to accomplish?)	<p>1. Assess and address COVID-19 risks in high-risk settings (e.g., long-term care facilities, correctional facilities, homeless shelters, etc.)</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Interventions (What are you doing to accomplish your objectives?)	<p>1. Conduct risk assessments of high-risk settings.</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Impact/Outcomes (How will you know you are accomplishing your objectives?)	<p>1. Reduction in COVID-19 cases in high-risk settings.</p> <p>2. Improved surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p> <p>3. Enhanced understanding of COVID-19 transmission in high-risk settings.</p>											
	Notes (What are your thoughts on the progress of the activity?)	<p>1. Progress on risk assessments and interventions in high-risk settings.</p> <p>2. Challenges in implementing interventions in high-risk settings.</p> <p>3. Opportunities for future work in high-risk settings.</p>											
Activity 4 - Milestone 2	Objectives (What are you trying to accomplish?)	<p>1. Assess and address COVID-19 risks in high-risk settings (e.g., long-term care facilities, correctional facilities, homeless shelters, etc.)</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Interventions (What are you doing to accomplish your objectives?)	<p>1. Conduct risk assessments of high-risk settings.</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Impact/Outcomes (How will you know you are accomplishing your objectives?)	<p>1. Reduction in COVID-19 cases in high-risk settings.</p> <p>2. Improved surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p> <p>3. Enhanced understanding of COVID-19 transmission in high-risk settings.</p>											
	Notes (What are your thoughts on the progress of the activity?)	<p>1. Progress on risk assessments and interventions in high-risk settings.</p> <p>2. Challenges in implementing interventions in high-risk settings.</p> <p>3. Opportunities for future work in high-risk settings.</p>											
Activity 4 - Milestone 3	Objectives (What are you trying to accomplish?)	<p>1. Assess and address COVID-19 risks in high-risk settings (e.g., long-term care facilities, correctional facilities, homeless shelters, etc.)</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Interventions (What are you doing to accomplish your objectives?)	<p>1. Conduct risk assessments of high-risk settings.</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Impact/Outcomes (How will you know you are accomplishing your objectives?)	<p>1. Reduction in COVID-19 cases in high-risk settings.</p> <p>2. Improved surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p> <p>3. Enhanced understanding of COVID-19 transmission in high-risk settings.</p>											
	Notes (What are your thoughts on the progress of the activity?)	<p>1. Progress on risk assessments and interventions in high-risk settings.</p> <p>2. Challenges in implementing interventions in high-risk settings.</p> <p>3. Opportunities for future work in high-risk settings.</p>											
Activity 4 - Milestone 4	Objectives (What are you trying to accomplish?)	<p>1. Assess and address COVID-19 risks in high-risk settings (e.g., long-term care facilities, correctional facilities, homeless shelters, etc.)</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Interventions (What are you doing to accomplish your objectives?)	<p>1. Conduct risk assessments of high-risk settings.</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Impact/Outcomes (How will you know you are accomplishing your objectives?)	<p>1. Reduction in COVID-19 cases in high-risk settings.</p> <p>2. Improved surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p> <p>3. Enhanced understanding of COVID-19 transmission in high-risk settings.</p>											
	Notes (What are your thoughts on the progress of the activity?)	<p>1. Progress on risk assessments and interventions in high-risk settings.</p> <p>2. Challenges in implementing interventions in high-risk settings.</p> <p>3. Opportunities for future work in high-risk settings.</p>											
Activity 4 - Milestone 5	Objectives (What are you trying to accomplish?)	<p>1. Assess and address COVID-19 risks in high-risk settings (e.g., long-term care facilities, correctional facilities, homeless shelters, etc.)</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Interventions (What are you doing to accomplish your objectives?)	<p>1. Conduct risk assessments of high-risk settings.</p> <p>2. Implement and evaluate interventions to reduce transmission and protect vulnerable populations in high-risk settings.</p> <p>3. Enhance surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p>											
	Impact/Outcomes (How will you know you are accomplishing your objectives?)	<p>1. Reduction in COVID-19 cases in high-risk settings.</p> <p>2. Improved surveillance and reporting capabilities to monitor and respond to outbreaks in high-risk settings.</p> <p>3. Enhanced understanding of COVID-19 transmission in high-risk settings.</p>											
	Notes (What are your thoughts on the progress of the activity?)	<p>1. Progress on risk assessments and interventions in high-risk settings.</p> <p>2. Challenges in implementing interventions in high-risk settings.</p> <p>3. Opportunities for future work in high-risk settings.</p>											

Activity 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states, including air travel).

Priority 5: Monitor and Mitigation - To be achieved by December 31, 2020.

Activity 5 - Milestone 1	Activity 5 - Milestone 2	Activity 5 - Milestone 3	Activity 5 - Milestone 4	Activity 5 - Milestone 5	Q1 Program Update (01/2020 - 03/2020)	Q2 Program Update (04/2020 - 06/2020)	Q3 Program Update (07/2020 - 09/2020)	Q4 Program Update (10/2020 - 12/2020)	Q1 Program Update (01/2021 - 03/2021)	Q2 Program Update (04/2021 - 06/2021)	Q3 Program Update (07/2021 - 09/2021)	Q4 Program Update (10/2021 - 12/2021)	Q1 Program Update (01/2022 - 03/2022)	Q2 Program Update (04/2022 - 06/2022)	Q3 Program Update (07/2022 - 09/2022)	Q4 Program Update (10/2022 - 12/2022)	Q1 Program Update (01/2023 - 03/2023)	Q2 Program Update (04/2023 - 06/2023)	Q3 Program Update (07/2023 - 09/2023)	Q4 Program Update (10/2023 - 12/2023)
<p>Activity 5 - Milestone 1</p> <p>Priority 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states, including air travel).</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Activity 5 - Milestone 2</p> <p>Priority 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states, including air travel).</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Activity 5 - Milestone 3</p> <p>Priority 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states, including air travel).</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Activity 5 - Milestone 4</p> <p>Priority 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states, including air travel).</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Activity 5 - Milestone 5</p> <p>Priority 5: Monitor and mitigate COVID-19 introductions from connected jurisdictions (i.e., neighboring cities, states, including air travel).</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q1 Program Update (01/2020 - 03/2020)</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q2 Program Update (04/2020 - 06/2020)</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q3 Program Update (07/2020 - 09/2020)</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q4 Program Update (10/2020 - 12/2020)</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q1 Program Update (01/2021 - 03/2021)</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q2 Program Update (04/2021 - 06/2021)</p> <p>Program Objectives (to be achieved)</p> <p>Performance Measures (to be achieved)</p> <p>Reported capacity: What is the current capacity for this milestone?</p> <p>Reported address by date:</p>	<p>Q3 Program Update (07/2021 - 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London N. Breed
Mayor

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Dr. Grant Colfax
Director of Health
DATE: 12/23/2020
SUBJECT: Grant Accept and Expend
GRANT TITLE: Accept and Expend Grant - Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging Issues Project Funding for Adjusting Community Mitigation in Response to COVID-19 - \$242,472

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

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist -
- Budget and Budget Justification
- Grant application: Not Applicable. No application submitted.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

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

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

Certified copy required Yes

No

From: [Peacock, Rebecca \(MYR\)](#)
To: [BOS Legislation, \(BOS\)](#)
Cc: [Kittler, Sophia \(MYR\)](#); [Duning, Anna \(MYR\)](#); [Wong, Greg \(DPH\)](#)
Subject: Mayor -- [Resolution] -- [Accept and Expend Grant - Retroactive - Centers for Disease Control and Prevention - Heluna Health - Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging Issues Proj]
Date: Tuesday, January 12, 2021 4:44:50 PM
Attachments: [\(7\) A&E_DPH_ELC_CARES.zip](#)

Attached for introduction to the Board of Supervisors is a **resolution retroactively authorizing the Department of Public Health to accept and expend a grant in the amount of \$242,472 from the Centers for Disease Control and Prevention through Heluna Health for participation in a program, entitled “Epidemiology and Laboratory Capacity (ELC) Coronavirus Aid, Relief, and Economic Security Act (CARES) 2020 Emerging Issues Project Funding for Adjusting Community Mitigation in Response to COVID-19,” for the period of May 1, 2020, through March 31, 2022.**

This is the final legislative submission from the Mayor’s Office. Please let me know if you have any questions.

Rebecca Peacock ([they/them](#))
(415) 554-6982 | Rebecca.Peacock@sfgov.org
Office of Mayor London N. Breed
City & County of San Francisco