

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

First Amendment

THIS **FIRST** AMENDMENT (“Amendment”) is made as of **April 1st, 2025**, in San Francisco, California, by and between **Rafiki Coalition for Health & Wellness** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

- a. Replace Appendix A-1 with the attached A-1 to update program activities, required trainings and additional requirements dated 04/01/2025.
- b. Include Attachment 1 – “Standard of Care Service Description for Integrated HIV, HCV, and STD Testing.”
- c. Replace Appendix B with the attached Appendix B dated 04/01/2025.
- d. Replace B-1b and corresponding invoice dated 04/01/2025.
- e. Add B-1c and corresponding invoice dated 04/01/2025.
- f. Replace Appendix E, “Business Associate Agreement”, with updated OCPA & CAT v1/10/2024, Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024.
- g. Replace Appendix K, “Data Access and Sharing Terms”, with the “Third party Computer System Access Agreement (SAA)” dated 01-08-2025; and

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

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

WHEREAS, this Amendment is consistent with an approval obtained on June 29, 2016 from the Civil Service Commission under PSC number 2006-07/08 which authorizes the award of multiple

agreements, the total value of which cannot exceed \$210,000,000 for the period commencing July 1, 2008 and is continuous; and

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

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

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

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

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

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

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

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

2.5 **Appendix B-1c.** Appendix B-1c is hereby added to Agreement as revised. Dated 04/01/2025.

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

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

2.8 **Appendix F-1c.** Appendix F-1c is hereby added to Agreement as revised. Dated 04/01/2025.

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

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

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

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

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

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

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

10.15 Nonprofit Contractor Requirements.

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

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

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

12.6 Prevention of Fraud, Waste and Abuse. Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

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

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

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

The parties acknowledge that CONTRACTOR will:

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

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

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

2. **NOT do any of the activities listed above in subsection 1;**
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

13.4 Management of City Data.

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

13.4.2 Disposition of City Data. Upon request of City or termination or expiration of this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractor's environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

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

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

13.7 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed

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

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY

Recommended by:

Signed by:
Susan Philip
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Daniel Tsai 5/14/2025 | 5:05:24 PDT
Director of Health
San Francisco Department of Public Health

CONTRACTOR

RAFIKI COALITION FOR HEALTH AND WELLNESS

Signed by:
Shanell Williams
5237C71F9CF64D5...
Shanell Williams 5/12/2025 | 6:08:23 PDT
Executive Director
601 Cesar Chavez
San Francisco, CA 94124

Approved as to Form:

City Supplier number: 0000012545

David Chiu
City Attorney

Signed by:
Bess Utisam Hanish
D0523AF4F16D451...
By: Deputy City Attorney 5/14/2025 | 12:11:13 PDT

Approved:

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

Signed by:
Dolly Vance
0CED890CE18041E...
By: 5/15/2025 | 3:38 PM PDT

1. **Rafiki Coalition for Health and Wellness – Health Access Point (HAP) - Umoja**
 601 Cesar Chavez Street, San Francisco, CA 94124
 Shanell Williams, Executive Director 415-615-9945 x113/ cp 415-375-1069
 Andre Aikins, Director of Programs 415-615-9945 x135
 Tina Seng, Director of Finance 415-615-9945 x123

2. **Nature of Document:** Original RPB **Contract Amendment**

3. **GOAL STATEMENT**

Increase Community Wellness, Sexual & Drug User health services within a Health Access Point (HAP) model that is also designed to meet the Getting to Zero citywide goals:

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

4. **TARGET POPULATION/OUTREACH POPULATION**

Rafiki and its partners serves all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, Rafiki’s outreach efforts will include but are not limited to Black and African Americans.

5. **MODALITIES and INTERVENTIONS** Units of Service (UOS) and Unduplicated Clients (UDC)-
See appendix B “UOS Table”.

6. **METHODOLOGY/Service Delivery Description**

Acronyms:

- HAP: Health Access Point
- HCV: Hepatitis C Virus
- ART: Antiretroviral Therapy
- PrEP: Pre-Exposure Prophylaxis
- STI/STD: Sexual Transmitted Infection/Disease
- HIV: Human Immunodeficiency Virus

The Umoja HAP utilizes a Black/African American-centered wellness perspective that seeks to foster self-determination, pride, self-esteem, collaboration, community involvement, and prioritization of family and community wellness while addressing key underlying social determinants of health that continue to influence Black/African American health disparities. This includes designing health and service access points informed by Black people's resilience, pride, excellence, culture, history, wisdom, and creativity. This HAP emerged from the desire to uplift the beauty of Black people and celebrate our contributions to the world.

All project services will be provided in the context of an integrated, community-focused, whole-person care program that ensures simultaneous access to multiple service modalities while working to overcome stigma and foster greater sexual health, freedom, and wellness in a sex-positive and pleasure-affirming environment. Many of the services provided through Umoja HAP will be offered

in the context of a one-stop shop model that incorporates sexual health services and linkage to care, cultural events, and educational programming. Many of the services provided through Umoja HAP will be offered in the context of a “one-stop shop” model that incorporates sexual health services and linkage to care, cultural events and educational programming, a food pharmacy, individual support, and mental health services, complementary medicine, basic needs. Individuals will be able to access services through a variety of pathways, including community pop-ups, a satellite Rafiki site on Third and Quesada, and Umoja HAP partner locations.

Co-located Services Model

The UMOJA HAP lead by Rafiki has several community partners: Third Street Youth Center and Clinic, Alliance Health Project, Positive Resource Center, and the San Francisco AIDS Foundation to ensure service delivery continuity and consistency for San Francisco’s Black/African American community.

We are currently completing our program planning process with the support of Facente Consulting. A key component of the program planning process is fully fleshing out service delivery protocols for each of the thirteen standards of care. This program planning was completed by 6/30/2024.

Rafiki has secured a dedicated site for Umoja HAP services. In addition to the dedicated site our community partner, Alliance Health Project, has a mobile testing unit that we can utilize to ensure we are touching all of San Francisco either through pop ups or to support our additional partners from Black led organizations in the Tenderloin, Fillmore/Western Addition and Lakeview/OMI neighborhoods with testing services. At the Umoja HAP site, we are open to having dedicated days for our community partners to provide services to the community. Third Street Youth Center and Clinic will serve youth; Rafiki and all our other partners will serve adults at the site. We will determine in the program planning process if our adult service partners would like to identify other sub populations in the adult population. We will ensure each partner has a dedicated service they are providing as well unduplicated client list while co-located. By partners working together we can ensure we have the capacity to always meet the needs of the community.

Capacity Building Planning and Implementation Activities:

Year 1: Capacity Building Planning – January 1, 2023-June 30, 2023

1 UOS = 1 month of Capacity Building Planning Activities = 6 UOS. During these six months, Rafiki will focus on two primary activities:

1) Organizational Capacity Assessment

Rafiki will contract with Jeweld Legacy Group to conduct an organizational capacity assessment. The assessment will explore agency strengths and gaps in domains. The capacity assessment will unfold in the following phases:

1. Organization-wide preparation (January 2023): Work with the internal planning group and Rafiki staff to set the tone and develop expectations for the process.

2. Conduct organization-wide capacity assessment (February – May 2023): Conduct a desk review of policies and procedures (HR, Finance, Contracts, Program, Operations, and Rafiki overall); implement a comprehensive stakeholder engagement process (leadership, Board, staff, clients/consumers, funders, partner agencies); and facilitate a reflection and inquiry process with Rafiki to begin to develop actionable priorities based on the findings.

3. Develop the capacity-building plan (June 2023): In collaboration with Rafiki, Jeweld Legacy Group will prepare a written action-oriented capacity-building plan to be implemented in July 2023 – June 2024.

The deliverable from this phase will be a capacity-building plan to be implemented starting July 1, 2023.

2) HAP Program Planning

Rafiki will work with Facente Consulting to develop the HAP program plan. Rafiki will convene the HAP partners and form a consumer/community leadership body to design the precise structure and scope of Umoja and to determine project principles, goals, objectives, timelines, and ways of working together as partners. This program planning was completed by 6/30/2024.

Rafiki will facilitate the program planning process in partnership with San Francisco AIDS Foundation (SFAF), which will consist of the following:

- Twice monthly meetings with HAP partners. Discussion topics may include:
 - Services to be provided, by which agencies, and when.
 - Training plans for Rafiki staff.
 - Program protocols.
 - Inter-agency communications and collaboration.
 - Rafiki staffing needed, core competencies, and job descriptions.
 - Timeline for rollout and scale-up of direct services.

Year 2: Capacity Building Implementation – July 1, 2023-June 30, 2024 – Capacity Building Implementation Phase I has been completed as of June 30th, 2024.

1 UOS = 1 month of Capacity Building Implementation Activities = 12 UOS. The focus of this phase is twofold:

1) Implementation of the capacity-building plan

Rafiki will work with Jeweld Legacy Group and any other partners identified in the capacity-building planning phase to implement the plan. The goal is to leverage agency strengths and address any gaps in agency capacity, so that when direct services roll out, program operations will run smoothly in service of meeting community needs.

2) Pop-Up Model for staged rollout of HAP program activities/direct services

Based on the program plan developed Rafiki will begin to set the stage for direct services. Beginning in January 2024, co-located services through pop-ups will take place throughout the city with all partners. The first 6 months will include hiring, training, development of partner subcontracts, and direct services offered primarily through referral to partner agencies. The

second 6 months will emphasize continued training to build Rafiki program capacity and co-located services. However, the exact timing will be dependent on what comes out of the program planning phase.

While the precise staffing plan will be refined in collaboration with CHEP, key new staff are expected to include: a) a full-time Umoja HAP Program Manager who will oversee and manage the HAP program, including coordinating project data collection and reporting; b) a full-time Umoja HAP Program Coordinator who will assist the Program Manager with coordination of community partners as well capacity building and implementation activities such as training and planning for the HAP site. will c) a part-time Mental Health Clinic Director who will oversee development of clinical services and standards c) a part-time Community Engagement Special Events Coordinator who will plan and direct project outreach, conduct community needs assessments, and coordinate local policy and community action initiatives; and d) a full-time Operations Manager who will build Rafiki's capacity to conduct effective data gathering, management, and reporting while overseeing project-related buildouts and facility-related capacity building. These staff will work as an integrated team and will closely collaborate with CHEP, Rafiki staff, staff of our partner agencies, and local Bayview and city residents, organizations, and programs to shape a community-centered prevention and health initiative that has continually expanding positive impacts for the entire SF Black and African American communities.

Facility Expansion Planning – This is an ongoing activity that is continuing thru FY24/25 and FY25/26.

Rafiki will conduct a collaborative Spatial Planning process that will incorporate local consumer and agency input to design the structure and scope of the Umoja Project space expansion, considering the project's principles, goals, objectives, timelines, partnerships, and budget to move forward.

Development of Subcontract agreements with contract HAP sub-contractors – This is an ongoing activity that is continuing thru FY24/25 and FY25/26.

All subcontractors signed agreements in January 2023 with Rafiki Coalition to provide training and capacity building for the UJOMA HAP.

Year 3 and Year 4: Service Descriptions; July 1, 2024 – June 30, 2026

The following areas of HAP 13 standard-of-care services will be provided in partnership with the identified sub-contractors in Appendix B.

Services provided within this HAP must also be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Black/African American populations. Peer-delivered services must be an integral part of the network. Services must honor the cultural diversity within the Black/African American community, and respect and work within Black/African American cultural contexts, social systems, institutions, and norms. Services must be provided in (but not limited to) the Bayview Hunter's point and other predominantly Black/African American neighborhoods in San Francisco. Services, printed materials, and other media/communications must resonate with the Black/African American community and community members must be included in the design, implementation, and evaluation of services. It is especially important that services address the realities regarding fears about accessing services due to mistrust of the medical system and racial discrimination in the system. Health education is also especially important for Black/African American residents, who may not have had access to accurate health information within their communities.

The primary subpopulations within the Black/African American community living with or at risk for HIV, HCV, and/or STDs are women, men who have sex with men (MSM), people who inject drugs (PWID) or injected drugs in the past, trans women and men, people experiencing homelessness, previously incarcerated, and youth. The HAP should ensure that services reach these populations using both **targeted** efforts (focused on these primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

Program Requirements:

Required Services

The Black/African American HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Black/African American HAP partners (e.g., via linkage to a HAP partner agency, via the partner agency providing services on site at the applicant’s service location, or other approach). For services provided by other Black/African American HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Service Delivery through the Subcontract Agreements:

Year 2: July 1, 2023-June 30, 2024

Integrated HIV, HCV, and STD testing*

Services begin January 2024. SFAF, AHP (Alliance Health Project) and 3rd Street Youth. The services will include testing for the HAP. SFAF's testing will take place in a Rafiki co-located space; AHP's via mobile settings; and 3rd Street Youth's testing will take place within their existing clinic.

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

Services will begin January 2024. The HAP will provide internal and external referrals PrEP, HIV Care, HCV Treatment, STD Treatment and to case management services. Rafiki will utilize current collaborations and internal follow-up procedures to ensure clients successfully accessed services.

Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis) *

Rafiki will establish harm reduction services for individuals who have a relationship with substance use. Additionally, AHP and SFAF will serve as a referral source for the HAP using in-kind resources. Both AHP and SFAF currently operate robust substance use treatment programs. SFAF also provides DPH-funded harm reduction services at various sites – including in the Bayview at Innes Avenue between 3rd Street and Phelps. SFAF will refer community members accessing these services to the HAP.

Syringe access and disposal*

SFAF will provides citywide syringe disposal services with funding from DPH. Services are provided 7 days a week, 12 hours a day. SFAF will partner with the HAP to ensure that program participants have access to harm reduction supplies, including syringes.

Overdose prevention (including naloxone distribution) *

With existing resources through DPH, SFAF will partner with the HAP to ensure that program participants have access to overdose prevention education and Narcan. SFAF or the Dope Project will also train HAP staff to administer Naloxone.

Condom distribution*

Services will begin in January 2024. Rafiki, SFAF, AHP, and 3rd Street Youth will distribute safer sex supplies during the provision of services that support the HAP.

Community engagement and mobilization (physical and online, social media) *

Community engagement and mobilization will commence as a part of Year 1 capacity building efforts.

In Year 2, Rafiki will conduct community engagement efforts to support HAP outreach and engagement priorities.

HIV, HCV, STD health education and prevention counseling*

Services will begin in January 2024. SFAF, AHP and 3rd Street Youth will conduct health education and prevention counseling in tandem with testing services.

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

Services will begin in January 2024. Rafiki will provide access to basic needs, with a focus on food justice, for HAP clients. Additional basic needs will be further developed through the Year 1 needs assessment and incorporated into the HAP's basic needs offerings.

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

Services will begin in January 2024. SFAF providers will provide prevention and treatment medication – PrEP and ART for HIV; HCV treatment; and STD treatment to individuals who been tested through the HAP and AHP’s mobile testing efforts. Direct linkages will be made to SFAF to ensure that clients are connected to PrEP, ART for HIV, HCV and/or STD treatment. All referrals/linkage/navigation will be documented, and client follow-up will be initiated based on internal follow-up procedures to ensure successful linkage to services.

Mental health services

Services will begin in January 2024. Rafiki and AHP will provide mental health services to HAP clients as applicable. Services will occur either at Rafiki or AHP. All Linkage and Navigation to mental health services will be documented and followed-up.

Primary care

The HAP will refer clients in need of primary care to clinics such as Third Street Youth, Bridge HIV, Ward 86/ZSFG, Southeast Health Clinic, Potrero Clinic, Bayview Clinic, and others. The HAP may provide limited primary care to clients in Year 3 of the project or beyond based on community need and learnings in Year 2.

Substance use treatment

Eligible HAP clients will access AHP and SFAF for substance use treatment services. AHP is a Mental Health Medi-Cal and Medicare provider and has contracted with SFDPH in this role for more than a decade. In addition, AHP is Drug Medi-Cal certified by the CA Department of Health Care Services and SFDPH has selected AHP to provide Drug Medi-Cal Substance Use Disorder services. All linkages and Navigation to substance use treatment services will be documented and followed-up to ensure successful connection to services.

Workforce Development

The HAP will utilize the services of PRC (Positive Resource Center) in adapting and developing, and implementing a comprehensive curriculum for workforce development and training. This curriculum will be responsive to the emerging needs of the community and the training needs of HAP staff. PRC also provides a continuum of supportive services for people with HIV/AIDS and behavioral health conditions including emergency financial assistance, eviction prevention and housing stabilization, and legal advocacy.

In addition to existing partners, the HAP will refer clients to other appropriate community resources.

Years Three and Four: July 1, 2024-June 30, 2026

Integrated HIV, HCV, and STD testing*

Services begin July 2024. AHP will provide testing at Pop Ups (Rotating Pop Ups, Satellite Pop Ups, Mobile Pop Ups) and other mobile settings. 3rd Street Youth provides testing at their existing clinic under other funding, and will be a site for referral for testing for youth. Tests include HIV, GC (two sites), CT (two sites), syphilis, and HCV. SFAF will provide testing through mobile sites as needed to support AHP at the mobile sites and at the 3rd Street site. As 5000 3rd Street is built out, SFAF will also provide testing alongside Rafiki staff as they build the capacity of the Rafiki staff to provide

sexual health services. The Black Health Clinical Assistants will support outreach and linkage to mobile services.

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

Services begin July 2024. The HAP will provide internal and external navigation for PrEP, HIV Care, HCV Treatment, STD Treatment, and case management services. Rafiki will utilize current collaborations and internal follow-up procedures to assess how clients successfully accessed services. AHP's PrEP navigator will link clients served at mobile sites to SFAF Magnet and SFDPH City Clinic. SFAF will link to PrEP through van-based services and also at Magnet when appropriate and accessible for clients.

Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis) *

Rafiki will establish harm reduction services for individuals who have a relationship with substance use. Harm reduction supplies are available at all service sites and integrated into services. Norcan, testing strips, and palm cards are passed out at events and Pop Ups. Needle exchange and disposal are services also to be provided. Additionally, AHP and SFAF will serve as a referral source for the HAP using in-kind resources. Both AHP and SFAF currently operate robust substance use treatment programs. SFAF also provides DPH-funded harm reduction services at various sites – including in the Bayview at Innes Avenue between 3rd Street and Phelps, and PROP services provided in mobile settings and at SFAF sites. SFAF will also link behavioral health clients to services at the Umoja HAP.

Syringe access and disposal*

SFAF provides citywide syringe disposal services citywide seven days a week, with a special site in the Bayview community, with other funding from DPH. SFAF will partner with the HAP to ensure that program participants have access to harm reduction supplies, including syringes, and will provide staff training in harm reduction and overdose prevention. The Umoja HAP partners will provide syringes through the Umoja HAP services.

Overdose prevention (including naloxone distribution) *

With existing resources through DPH, SFAF will partner with the HAP to ensure that program participants have access to overdose prevention education and Narcan. SFAF and/or the DOPE Project will also train HAP staff to administer Naloxone.

Condom distribution*

Rafiki, SFAF, AHP, and 3rd Street Youth will distribute condoms and other safer sex supplies during the provision of services that support the HAP. PRC will have condoms available to all participants for distribution at workforce development programs.

Community engagement and mobilization (physical and online, social media) *

Community engagement and mobilization will be ongoing with communities throughout the city, reaching Black/African American communities through street outreach, outreach during events, external partners, and social media and online communications. Rafiki will develop partnerships with external partner agencies that reach the Black/African American community to develop a network of services that serve the community and can refer to each other.

HIV, HCV, STD health education and prevention counseling*

Health education and prevention counseling related to HIV, HCV, and STI is integral into all testing services and 3rd Street youth provides health education and prevention counseling as a standalone service for youth. SFAF, AHP and 3rd Street Youth will conduct health education and prevention counseling in tandem with testing services.

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

Rafiki will provide access to basic needs, with a focus on food justice for HAP clients. A partnership with the Food Bank will provide food access to the community at the new 3rd Street location. Additional services to meet the basic needs of community will be provided during services by Rafiki, AHP, 3rd Street Youth, and SFAF, and will include referrals to housing, and employment services. PRC is providing a workforce development program and will have navigators at Pop Ups to link community members to their services. The participants from this training will be available to the HAP partners as they complete their training as candidates for the HAP staff positions. PRC also provides a continuum of supportive services for people with HIV/AIDS and behavioral health conditions including emergency financial assistance, eviction prevention and housing stabilization, and legal advocacy. SFAF provides clinical workforce development through the Black Health Clinical Assistance Program, training members of the community to provide clinical services within this HAP and other organizations that serve community.

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

SFAF providers will be provide prevention and treatment medication, including PrEP and both nPEP and DoxyPEP, ART for HIV, HCV treatment, and STI treatment to both clients who test through SFAF services as well as individuals who been tested through the HAP and AHP's mobile testing efforts, and available to 3rd Street Youth as needed. Direct linkages will be made to SFAF to ensure that clients are connected to PrEP, ART for HIV, HCV and/or STI treatment. All referrals/linkage/navigation will be documented, and client follow-up will be initiated based on internal follow-up procedures to ensure successful linkage to services.

Mental health services

Rafiki and AHP provide mental health services and will be a navigation site for HAP clients. Services will occur either at Rafiki or AHP. Rafiki will provide interdisciplinary modalities of therapy and counseling designed to educate and equip our clients/community with tools necessary to maintain mental wellbeing. All Linkage and Navigation to mental health services will be documented and followed-up.

Primary care

The HAP will refer clients in need of primary care to clinics such as Third Street Youth, Ward 86/ZSFG, Southeast Health Clinic, Potrero Clinic, Bayview Clinic, and linkages will be made to private providers as appropriate.

Substance use treatment

HAP clients will be linked to SFAF for substance use treatment services through Stonewall. AHP is a Mental Health Medi-Cal and Medicare provider and has contracted with SFDPH in this role for more than a decade. In addition, AHP is Drug Medi-Cal certified by the CA Department of Health Care Services and SFDPH has selected AHP to provide Drug Medi-Cal Substance Use Disorder services. All linkages and Navigation to substance use treatment services will be documented and followed-up to ensure successful connection to services.

Workforce Development

The HAP will utilize the services of PRC in adapting and implementing a comprehensive curriculum for workforce development for the community and for HAP staff training. This curriculum will be responsive to the emerging needs of the community and the training needs of HAP staff. PRC staff will be present at health and community events to link community members to the workforce development services. PRC will work with each partner to support linkage of trained people to their organization. SFAF has a Black Health Clinical Assistants training program that provides comprehensive clinical training to members of the community. SFAF will work with partners to make the program available and will link trained interns to the partners as workforce.

In addition to existing partners, the HAP partners will refer clients to other appropriate community resources.

7. OBJECTIVES and MEASUREMENTS

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

8. CONTINUOUS QUALITY IMPROVEMENT

Rafiki agrees to adhere to the following:

- a. Any relevant guidelines in the San Francisco HIV Prevention Plan.
- b. All guidelines developed by CHEP to implement services that meet the objectives in San Francisco's System of Prevention .

9. DATA COLLECTION AND REPORTING REQUIREMENTS

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

- Evaluation Web – As of 7/1/24, this is no longer required.
- CHEP Internal Data Manager (Quarterly Submission/Upload).
- Quarterly narrative report for Year 1.
- Other systems/processes as requested.
- Required & Preferred Service Elements – See Attachment 1.
- Data Requirements/ Program Performance Measures – See Attachment 1.

***Assigned CHEP Program Liaison will provide technical assistance & training on all above data collection systems.**

10. REQUIRED LANGUAGE:

REQUIRED TRAINING

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

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

ADDITIONAL CONTRACT REQUIREMENTS

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

11. Subcontractors & Consultants:

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

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

Required and Preferred Service Elements:

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

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

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

Additional Information

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

Data Requirements

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

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

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

- None

Opt Out Criteria

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

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

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

Additional Considerations:

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

**Appendix B
Calculation of Charges**

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B Appendix B-1.1, B-1, B-1a, B-1b, B-1c	Budget Summary Health Access Point: B/AA Capacity Building Umoja Program
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B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$540,900** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original Agreement	01/01/23-07/31/23	CDC	\$5,000
Original Agreement	01/01/23-06/30/23	GF	\$1,200,000
Original Agreement	07/01/23-06/30/24	GF	\$2,400,000
Original Agreement	07/01/24-06/30/25	GF TBD	\$2,400,000
Original Agreement	07/01/25-06/30/26	GF TBD	\$2,400,000
Revision to Program Budgets #1	01/01/23-06/30/23	GF	\$0
Revision to Program Budgets #1	07/01/23-06/30/24	GF	\$0
Revision to Program Budgets #2	07/01/23-06/30/24	GF	\$114,000
Revision to Program Budgets #3	07/01/23-06/30/24	GF	\$0
Revision to Program Budgets #4	07/01/24-06/30/25	GF TBD	(\$2,400,000)
Revision to Program Budgets #4	07/01/24-06/30/25	GF	\$2,576,850
Amendment #1	07/01/24-06/30/25	GF	\$0
Amendment #1	07/01/25-06/30/26	GF TBD	(\$2,400,000)
Amendment #1	07/01/25-06/30/26	GF	<u>\$2,576,850</u>
		Total Award Amount:	\$8,872,700
		12% Contingency	\$540,900
		(This equals the total NTE)Total	\$9,413,600

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

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

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

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

CID#: 1000024732						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						7/1/23-6/30/26
Check one: <input type="checkbox"/> New/Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets						FN#4
CONTRACT NOTIFICATION # and DATE:						10/29/2024
Agency Name: Rafiki Coalition for Health & Wellness						
Program/Provider Name:	Health Access Point: B/AA Capacity Building	Health Access Point: B/AA Capacity Building	Health Access Point: B/AA Capacity Building	Health Access Point: B/AA Capacity Building	Health Access Point: B/AA Capacity Building	TOTALS
Appendix Number:	A-1 / B-1	A-1 / B-1.1	A-1 / B-1a	A-1 / B-1b	A-1/B-1c	
Appendix Term:	1/1/23-6/30/23	1/1/23-7/31/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	
EXPENSES						
Salaries	\$ 282,313	\$ -	\$ 164,493	\$ 308,081	\$ 535,767	\$ 1,290,654
Employee Benefits	\$ 93,135	\$ 0	\$ 49,348	\$ 92,424	\$ 160,730	\$ 395,637
Total Personnel Expenses	\$ 375,448	\$ 0	\$ 213,841	\$ 400,505	\$ 696,497	\$ 1,686,291
Employee Fringe Benefit Rate	32.99%		30.00%	30%	30%	
Operating Expense	\$ 668,030	\$ 4,348	\$ 1,972,247	\$ 1,840,234	\$ 1,544,242	\$ 6,029,101
Subtotal Direct Costs	\$ 1,043,478	\$ 4,348	\$ 2,186,088	\$ 2,240,739	\$ 2,240,739	\$ 7,715,392
Indirect Cost Amount	\$ 156,522	\$ 652	\$ 327,912	\$ 336,111	\$ 336,111	\$ 1,157,308
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	
Total Expenses	\$ 1,200,000	\$ 5,000	\$ 2,514,000	\$ 2,576,850	\$ 2,576,850	\$ 8,872,700
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 1,200,000		\$ 2,514,000	\$ 2,576,850	\$ 2,576,850	\$ 8,867,700
CDC PS20-2010		5,000				\$ 5,000
Total DPH Revenues	\$ 1,200,000	\$ 5,000	\$ 2,514,000	\$ 2,576,850	\$ 2,576,850	\$ 8,872,700
Total Revenues (DPH and Non-DPH)	\$ 1,200,000	\$ 5,000	\$ 2,514,000	\$ 2,576,850	\$ 2,576,850	\$ 8,872,700
Reimbursement Method	(CR)	(CR)	(CR)	(CR)	(CR)	CR
Prepared By Shanell Williams, Interim ED.						

DPH 1: Department of Public Health Contract Budget Summary by Program		Appendix B
CID#: 1000024732		
DPH Section: Community Health Equity and Promotion (CHEP)		
Check one: <input type="checkbox"/> New/Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets		
CONTRACT NOTIFICATION # and DATE:		Funding Notification Date: 10/29/2024, FN#4
Agency Name: Rafiki Coalition for Health & Wellness		

Appendix: A-1 Program Name: Capacity Building Modalities			
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Term: 01/01/23-06/30/23 General Fund / Appendix A-1, B-1	Capacity Building: 1 UOS = 1 month of Capacity Building Planning Activities 6 x months	6	N/A
	Planning (6 months = 6 UOS) – January 1, 2023- June 30, 2023		
Total Services Delivered		6	N/A

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Term: 01/01/23-07/31/23 CDC PS20-2010 Appendix A-1, B-1.1	Capacity Building: 1 UOS = 1 month of Capacity Building Planning Activities x 7 months	7	N/A
	Planning (7 months = 7 UOS) – January 1, 2023-July 31, 2023		
Total Services Delivered		7	N/A

Appendix: A-1 Program Name: Capacity Building Black African American Health Access Point Integrated Services			
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
Term: 07/01/23-06/30/24 General Fund Appendix A-1, B-1a	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 9 months	9	N/A
	Capacity Building Community Pop-up Events: 1 UOS = 1 Community Pop-Up event x 3 months	3	
Total Services Delivered		12	N/A

Break down of sub-contractor agreement UOS:			
Integrated HIV, HCV, and STD testing* Workforce Development & Training Capacity Building Support from Sub-contractors/Consultants			
Subcontractors: SFAF, AHP, 3rd Street Youth, PRC, Facente, Jeweled Legacy, S. Williams			
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)
	SFAF: Integrated HIV/STI/HCV Testing: 1 UOS = 1 hour of testing services co-located at Rafiki x 2000 hours	2000	N/A

Term: 07/01/23-06/30/24 General Fund / App A1-B1a (split activities – 2nd half of Year 1, Jan 2024-June 2024)	AHP: Integrated HIV/STI/HCV Testing: 1 UOS = 1 hour of mobile testing x 2000 hours	2000	N/A
	3rd Street Youth: Integrated HIV/STI/HCV Testing: 1 UOS = 1 hour of youth based testing at 3 rd Street x 2000 hours	2000	N/A
	PRC: Workforce Development & Training: 1 UOS = 1 hour of training x 1000 hours = 1000 UOS	1000	N/A
	Facente: Program Planning Facilitation: 1 UOS = 1 day of facilitation & Program Planning	1	N/A
	S. Williams: Rafiki Executive Director: 1 UOS = 1 month of consultant x 12 months	12	N/A
Total Services Delivered		7,013	N/A

Appendix: A-1		Program Name: Capacity Building Black African American Health Access Point Integrated Services		
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund Appendix A-1, B-1b	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 12 mon	12	N/A	N/A
Total Services Delivered		12		N/A
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 12 mon	12	N/A	N/A
Total Services Delivered		12		N/A

Break down of sub-contractor agreement UOS:

1. Integrated HIV, HCV, and STD testing

Subcontractor: SFAF, AHP, 3rd St.

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
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Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Integrated HIV/STI/HCV Testing: 1 UOS = 1 Test	2000	500	N/A
	AHP: Integrated HIV/STI/HCV Testing: 1 UOS = 1 Test	551	240	
	Glide: Integrated HIV/STI/HCV Testing: 1 UOS = 1 Test	60	60	
Total Services Delivered		2,611	800	
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Integrated HIV/STI/HCV Testing: 1 UOS = 1 Test	2000	500	N/A
	AHP: Integrated HIV/STI/HCV Testing: 1 UOS = 1 Test	551	240	
	Glide: Integrated HIV/STI/HCV Testing: 1 UOS = 1 Test	60	60	
Total Services Delivered		2,611	800	

2. Linkage and navigation to PrEP, PEP/Doxy PEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
Rafiki Coalition for Health and Wellness
Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	200	NA
	AHP: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	240	
	3rd Street Youth: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	100	
	Rafiki: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	50	
	Glide: Linkage and Navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	60	
Total Services Delivered		60	650	0

Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	200	NA
	AHP: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	240	
	3rd Street Youth: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	100	
	Rafiki: Linkage and navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	50	
	Glide: Linkage and Navigation 1 UOS = 1 Month of Linkage & Navigation services x 12 months	12	60	
Total Services Delivered		60	650	0

3. Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	0 (staff are in-kind)	NA
	AHP: Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	160	
	Glide: Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	200	
Total Services Delivered		36	360	NA

Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	0 (staff are in-kind)	NA
	AHP: Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	160	
	Glide: Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	200	
Total Services Delivered		36	360	NA

4. Overdose prevention (including naloxone distribution) * Rafiki Coalition for Health and Wellness				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Overdose/Naloxone Distribution 1 UOS = 1 month Overdose Prevention Services x 12 months	12	0 in-kind staff	NA
	AHP: Overdose/Naloxone Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	80	
	Glide: Overdose/Naloxone Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	200	
Total Services Delivered		36	280	
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Overdose/Naloxone Distribution 1 UOS = 1 month Overdose Prevention Services x 12 months	12	0 in-kind staff	NA
	AHP: Overdose/Naloxone Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	80	
	Glide: Overdose/Naloxone Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	200	
Total Services Delivered		36	280	

5. Syringe access and disposal*				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Syringe access and disposal 1 UOS = 1 Month of Syringe access & Disposal Services x 12 months	12	100	NA
	Glide: Syringe access and disposal 1 UOS = 1 Month Syringe access & Disposal Services x 12 months	12	200	
Total Services Delivered		24	300	
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Syringe access and disposal 1 UOS = 1 Month of Syringe access & Disposal Services x 12 months	12	100	NA
	Glide: Syringe access and disposal 1 UOS = 1 Month Syringe access & Disposal Services x 12 months	12	200	
Total Services Delivered		24	300	

6. Condom distribution*				
Term	Units of Service (UOS) Description	Number of Contacts	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	4,000	10,000.00	NA
	AHP: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	8,000		
	3rd St Youth: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	2,000		
	Glide: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	500		
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	1,666		
Total Services Delivered		16,166	10,000	0

Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	4,000	10,000.00	NA
	AHP: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	8,000		
	3rd St Youth: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	2,000		
	Glide: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	500		
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	1,666		
Total Services Delivered		16,166	10,000	0

7. Community engagement and mobilization (physical and online, social media) *				
ALL PARTNERS				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	Community Workshops Community Pop-up Events: 1 UOS = 1 Community Pop-Up events 12 months, 1 POP-up event/community engagement event per month.	12	5,000	N/A
Total Services Delivered		12	5,000	N/A
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	Community Workshops Community Pop-up Events: 1 UOS = 1 Community Pop-Up events 12 months, 1 POP-up event/community engagement event per month.	12	5,000	N/A
Total Services Delivered		12	5,000	N/A

8. HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) * Rafiki Coalition for Health and Wellness				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	500	NA
	AHP:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	240	
	3rd St Youth: HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	75	
	PRC: HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	60	
	Glide: HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	60	
Total Services Delivered		60	935	0
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	500	NA
	AHP:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	240	
	3rd St Youth: HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	75	

	PRC: HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	60	
	Glide: HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Education x 12 months	12	60	
	Total Services Delivered	60	935	0

9. Basic needs services (examples: food, housing, and employment) *

Rafiki Coalition for Health & Wellness

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	50	NA
	AHP: Basic needs services 1 UOS = 1 month of Basic Needs Services (AHP not providing these)	12	200	
	Rafiki: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	500	
	3rd St Youth: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	300	
	Glide 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC 1 UOS = 1 month of Basic Needs Services	12	80	
	Total Services Delivered	72	2,930	
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	50	NA
	AHP: Basic needs services 1 UOS = 1 month of Basic Needs Services (AHP not providing these)	12	200	
	Rafiki: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	500	
	3rd St Youth: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	300	
	Glide 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC 1 UOS = 1 month of Basic Needs Services	12	80	
	Total Services Delivered	72	2,930	

10. Linkage to Prevention and treatment medication*
Rafiki Coalition for Health & Wellness
Subcontractor: SFAF, AHP, 3rd Street Youth - Add AHP 200 NOC

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Prevention and treatment medication 1 UOS = 1 Month of Linkage to Prevention & Treatment Services	12	200	NA
	Glide: Prevention and treatment medication 1 UOS = 1 month of Linkage to prevention and treatment medication	12	50	
Total Services Delivered		24	250	0
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Prevention and treatment medication 1 UOS = 1 Month of Linkage to Prevention & Treatment Services	12	200	NA
	Glide: Prevention and treatment medication 1 UOS = 1 month of Linkage to prevention and treatment medication	12	50	
Total Services Delivered		24	250	0
11. Mental Health Services				
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	AHP: Mental health services 1 UOS = 1 hour of service	122	160	NA
	Rafiki: Mental health services 1 UOS = 1 hour of service	120	150	
	Glide: Mental health services 1 UOS = 1 hour of service	100	400	
Total Services Delivered		342	710	0
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	AHP: Mental health services 1 UOS = 1 hour of service	122	160	NA
	Rafiki: Mental health services 1 UOS = 1 hour of service	120	150	
	Glide: Mental health services 1 UOS = 1 hour of service	100	400	
Total Services Delivered		342	710	0

12. Linkage to Primary care Rafiki Coalition for Health & Wellness				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	AHP: 1 UOS = 1 month of linkage to Primary care services x 12 months	12	200	
	Total Services Delivered	12	200	0
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	AHP: 1 UOS = 1 month of linkage to Primary care services x 12 months	12	200	
	Total Services Delivered	12	200	0

13. Linkage to Substance use treatment Rafiki Coalition for Health & Wellness				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/24-06/30/25 General Fund / App A-1, B-1b	SFAF: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	20	NA
	AHP: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	160	
	Glide 1 UOS = 1 month of Substance use and Treatment Services	12	200	
	Total Services Delivered	36	380	0
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	20	NA
	AHP: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	160	
	Glide 1 UOS = 1 month of Substance use and Treatment Services	12	200	
	Total Services Delivered	36	380	0

Outreach Efforts:

Rafiki and its partners will serve everyone who qualifies regardless of their race, ethnicity, or national origin, to ensure vulnerable populations have knowledge of and access to these services. Rafiki will ensure outreach efforts reach a variety of communities, including but not limited to all ethnicities and populations within San Francisco, with a focused expertise to meet the unique needs of the Black and African American communities.

<p>Service Description:</p>	<p>The Health Access Point (HAP) will meet the needs of Black and African American communities. A HAP is defined as a population-specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, inclusive, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status.</p>
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Contractor Name Rafiki Coalition for Health & Wellness

Appendix # **B-1b**

Funding Source General Funds

Page # 1

Fiscal Year(s) 7/01/2024-6/30/2025

Funding Notification Date 10/29/2024

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES																																
		Capacity Building Operations		Integrated HIV, HCV, and STD testing		Linkage and Navigation		Harm reduction services for substance use		Overdose prevention		Syringe access and disposal		Condom Distribution		Community Engagement and Mobilization		HIV, HCV, STD health education and prevention counseling		Basic needs services		Prevention and treatment medication		Mental Health Services		Primary care		Substance use treatment						
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals				
HAP Clinical Director (TBD)	0.50	20,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	20,000				
HAP Program Manager (KC)	1.00	97,850	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	97,850				
HAP Program Coordinator (RF)	1.00	75,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	75,000				
HAP Clinical Test Counselors (1) (Bhargavi Garimella)	1.00	32,500	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	32,500				
Director of Program (AA)	0.15	21,350	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	21,350				
Data Analysis - (HJ)	0.50	40,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	40,000				
Mental Health Clinical Supervisor (BW)	0.06	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	8,400				
MH Therapist - Spencer Bowdy	0.06	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	7,118				
MH Therapist	0.06	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	5,863				
Total FTE & Total Salaries	4.33	286,700	93%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	21,381	7%	0%	0%	308,081		
Fringe Benefits	30.00%	86,010	93%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	6,414	7%	0%	0%	92,424
Total Personnel Expenses		372,710	93%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	27,795	7%	-	0%	400,505		
Operating Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total			
Total Occupancy	359,740	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	359,740			
Total Materials and Supplies	128,006	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	128,006			
Total General Operating	102,748	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	102,748			
Total Staff Travel	2,740	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	2,740			
Consultants/Subcontractor:	76,923	8%	64,379	7%	64,379	7%	64,379	7%	64,379	7%	48,994	5%	79,763	8%	95,148	10%	95,148	10%	95,148	10%	95,148	10%	48,994	5%	64,379	7%	33,609	4%	64,379	7%	960,000			
Other (specify):	287,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	287,000			
	0%	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-			
	0%	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-			
	0%	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-			
	0%	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-			
Total Operating Expenses	957,157	52%	64,379	3%	64,379	100%	64,379	100%	64,379	131%	48,994	61%	79,763	84%	95,148	100%	95,148	100%	95,148	194%	48,994	76%	64,379	192%	33,609	52%	64,379	3%	64,379	3%	1,840,234			
Capital Expenses	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total			
Capital Expenditure 1	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-			
Capital Expenditure 2	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-			
Total Capital Expenses	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%				
Total Direct Expenses	1,329,867	59%	64,379	3%	64,379	100%	64,379	100%	64,379	131%	48,994	61%	79,763	84%	95,148	100%	95,148	100%	95,148	194%	48,994	53%	92,174	274%	33,609	52%	64,379	3%	64,379	3%	2,240,739			
Indirect Expenses 15.00%	336,111	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	336,111			
TOTAL EXPENSES	1,665,978	65%	64,379	2%	64,379	100%	64,379	100%	64,379	131%	48,994	61%	79,763	84%	95,148	100%	95,148	100%	95,148	194%	48,994	53%	92,174	274%	33,609	52%	64,379	2%	64,379	2%	2,576,850			
UOS Type Description	Month	Test	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Condom	Month	Month	Month	Month	Month	Hour	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month				
Units of Service (UOS) per Service Mode	12	2,611	60	36	36	24	16,166	12	60	72	24	342	12	36	19,503																			
Cost Per Unit of Service by Service Mode	138,831.50	24.67	1,072.99	1,788.31	1,788.31	2,041.42	4.94	7,929.00	1,585.80	1,321.50	2,041.42	269.52	2,800.75	1,788.31																				
Number of Contracts (NOC) per Service Mode	N/A	800	650	360	280	300	10000	5000	935	2930	250	710	200	380																				

BUDGET JUSTIFICATION

Contractor Name Rafiki Coalition for Health & Wellness
 Program Name: Health Access Point: B/AA Capacity Building

Appendix #: B-1b
 Fiscal Year: FY24-25

1a) SALARIES

Staff Position 1: HAP Clinical Director (TBD)					
Brief description of job duties: The Director of Clinical Services is responsible for the clinical operations and services provided across UMOJA HAP Site. This includes POP Up/Rotating POP Up/Satellite and the mobile testing unit. Under the clinical supervision of the Medical Director and the Sr. Director of Clinical Services, the position serves as the lead clinician, overseeing the day-to-day operations of clinical services and ensuring compliance with federal, state, and local clinic licensing and regulatory requirements. Works with community partners, programs, and staff to develop and implement initiatives that support San Francisco AIDS Foundation's strategic plan and priorities.					
Minimum qualifications: MD or RN Degree is required, 10+ years of Clinical Operations experience, Proven track record as Clinical Operations Program Lead, Experience of early clinical development, particularly with antiviral or anti-infectious disease compounds is preferred.					
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$160,000.00		0.50	3	0.25	\$ 20,000

Staff Position 2: HAP Program Manager (KC)					
Brief description of job duties: The UMOJA Health Access Point (HAP) Program Manager position includes these key categories: (1) Coordinate all UMOJA HAP sponsored activities at events including maintaining relationships with participating partners, organizing details of day to day programing, events, data collection, evaluation processes, and collaborating with overall management team; (2) Developing and organizing relationships with practitioners to provide Rafiki health & wellness services at UMOJA HAP community events; (3) Ensure task completion from affiliated contractors; assess and adjust as needed, following day to day programing and each event; (4) Provide critical feedback to ensure alignment with mission, values, and goals; (5) Attend weekly meetings to plan for programing and upcoming event iterations; (6) Oversee the successful completion of all aspects of Rafiki involvement in and serve as main point of contact for all communications and inquiries on behalf of Rafiki; (7) Oversee and supervise UMOJA HAP personal which includes work allocation, training, and problem resolution; evaluate performance and make recommendations for personal actions: motivate employees to achieve peak productivity and performance. (8) Under the direct supervision of the Director of Programs the HAP Program Manager ensures thorough communication/updates is brought back to Rafiki Executives weekly.					
Minimum qualifications: BA/BS or more advanced.					
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$97,850.00		1.00	12	1.00	\$ 97,850

Staff Position 3: HAP Program Coordinator (RF)					
Brief description of job duties: The UMOJA Health Access Point (HAP) is creating a holistic, accessible, welcoming, sex-positive, and culturally responsive project through which community members have the ability to access a comprehensive range of linked, integrated services to prevent, diagnose, and treat HIV, STD, and HCV. The UMOJA HAP Program Coordinator must possess experience and a passion for working with marginalized communities. This position assists The UMOJA HAP Program Manager develop and support events, pop ups, satellite sites, and a static site that will be open late this year. These services will provide sexual education and HIV,STI, STD, MPOX, HEP'C testing services along with harm reduction and overdose prevention/intervention.					
Minimum qualifications: BA/BS or more advanced.					
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$75,000.00		1.00	12	1.00	\$ 75,000

Staff Position 4: HAP Clinical Test Counslors (1) (Bhargavi Garimella)					
Brief description of job duties: The Test Counselor executes all UMOJA Health Access Point(HAP) testing and phlebotomy services for HIV, HCV, and STI's for clients referred to UMOJA HAP This position is responsible for conducting outreach, providing HIV/HCV/STI testing, one-on-one risk reduction counseling, sexual health education, groups and referrals to healthcare and social support services.					
Minimum qualifications: BA/BS or more advanced.					
Annual Salary:		x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total

	\$65,000.00	1.00	6	0.50	\$	32,500
Staff Position 5: Director of Program (AA)						
Brief description of job duties:	This position is responsible for all staff supervision and implementation of the entire contract, and supervises the progress of all the deliverables and provides quality assurance and compliance for the entire contract. This position reports to the Executive Director, and stands in for the Executive Director and the Program Manager of Programs as needed.					
Minimum qualifications: BA/BS or more advanced.						
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	\$142,330.00	0.15	12	1.00	\$	21,350
Staff Position 6: Data Analysis - (HJ)						
Brief description of job duties:	The UMOJA HAP Data Analysis will provide program data entry, collection, reporting and subcontractor support concerning collecting, reporting, and entry of client level data and numbers of clients seen.					
Minimum qualifications: Minimum BS/BA, 3-5 years of data management experience, experience with SAS software.						
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	\$80,000.00	0.50	12	1.00	\$	40,000
Staff Position 7: Mental Health Clinical Supervisor (BW)						
Brief description of job duties:	Directs the day-to-day operations of the Mental Wellness program overall and implements programmatic and administrative policies and procedures to attain program goals, objectives, and outcomes. Supervises the clinical staff, clinical trainees, and contractors, and assesses and evaluates programmatic outcomes for best practices and praxis. Makes programmatic and administrative recommendations to the Project Director/Executive Director in accordance with the agency/program goals and objectives. Reports to the Executive Director.					
Minimum qualifications: MA/MFT/LCSW/PHD/PSYD.						
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	\$140,000.00	0.06	12	1.00	\$	8,400
Staff Position 8: MH Therapist - Spencer Bowdy						
Brief description of job duties:	Provides individual, family, and group sessions, and is responsible for maintaining progress notes, client goals, and creating treatment plans to be supervised by licensed clinician. Therapist provides the described services as it relates to HAP 13 standards of care detailed in App A. Supervision is provided by the Clinical Training Director and may also have clinical supervision with licensed contractor. Reports to the Clinical Training Director and the Mental Wellness Administrator.					
Minimum qualifications: MA/MFT/LCSW/PHD/PSYD.						
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	\$118,627.00	0.06	12	1.00	\$	7,118
Staff Position 9: MH Therapist						
Brief description of job duties:	Provides individual, family, and group sessions, and is responsible for maintaining progress notes, client goals, and creating treatment plans to be supervised by licensed clinician. Therapist provides the described services as it relates to HAP 13 standards of care detailed in App A. Supervision is provided by the Clinical Training Director and may also have clinical supervision with licensed contractor. Reports to the Clinical Training Director and the Mental Wellness Administrator.					
Minimum qualifications: MA/MFT/LCSW/PHD/PSYD.						
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total
	\$97,715.04	0.06	12	1.00	\$	5,863
Total FTE:		4.33	Total Salaries: \$		308,081	

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	19,101.02
Medicare	4,467.17
Unemployment Insurance	3,388.89
Medical Plan	30,484.00
Workers Compensation	3,234.85
Pension	12,323.24
Paid Time Off	19,425.12
Other (specify):	-
Total Fringe Benefit:	92,424
Fringe Benefit %:	30.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 400,505	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent & Utilities	office space and meeting room.	\$268,400 x 10%	26,840
Clinical space- Rent	facility rental for HAP activities.	\$5000 x 12	60,000
Clinical space- Utilities	Electric, gas, water and scavenger.	\$4,000 x 12	48,000
Clinical space- Telephone	landline and cell.	(\$1,200 + 450) x 6	9,900
Clinical space - Repairs & Maintenance	janitorial, security, and repairs.	~ \$2471 x 6	15,000
Clinical space - Repairs & Maintenance	facility rental space configuration - renovation, permits and insurances, interior and office setup, security and access control, signage.	~ 16,666.66 x 12	200,000
Total Occupancy:			359,740

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office supplies	copier paper, writing materials, software.	~ \$67,081 x 4%	2,686
Clinical space- Office supplies	copier paper, writing materials, software.	\$3125 x 8	25,000
Program supplies	clinical supplies, reference materials.	\$8360 x 12	100,320
Total Materials & Supplies:			128,006

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	\$3125/month x6	18,750
Clinical space- Insurance	general & liability insurance.	\$1800/month x12	21,600
Clinical space- Information Technology	internet service provider, website maintenance, social medial platforms.	\$2083/month x6	12,498
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	\$500/month x 12 months	6,000
Advertising/Outreach	Social Media, newspaper, community outreach ambassadors (2).	~ 3,333/Month x 12 months	40,000
Meeting and conferences	staff/client meeting refreshments.	\$325/month x 12 months	3,900
Total General Operating:			102,748

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Staff mileage	local travel by automobile, rideshare.		~ 4,900 miles @ \$0.56	2,740

				Total Staff Travel:	2,740
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Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Integrated HIV, HCV, and STD testing, Linkage and navigation, Harm reduction services, Syringe access and disposal, Overdose prevention, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage, Substance use treatment.	260,000	260,000
3rd Street Youth Center and Clinic	Integrated HIV, HCV, and STD testing, Linkage and navigation, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage.	200,000	200,000
UCSF Alliance Health Project	Integrated HIV, HCV, and STD testing, Linkage and navigation, Harm reduction services, Overdose prevention, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage.	200,000	200,000
PRC	Condom distribution, HIV, HCV, STD health education and prevention counseling, Workforce Development, Capacity Building: ¶ Participate in planning and development meetings as part of Umoja HAP team. This includes participation in Biweekly Umoja HAP Meetings, subcommittee meetings as scheduled, and monthly CHEP HAP meetings. o Total meetings: 12 Umoja HAP meetings, subcommittee meetings as necessary, and 12 monthly CHEP meeting = minimum of 24 meetings ¶ HAP and Rafiki staff training: Average one to two training sessions per quarter, not to exceed eight training sessions.	100,000	100,000
Glide Foundation	Integrated HIV, HCV, and STD testing, Linkage and navigation, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage.	200,000	200,000
Total Consultants/Subcontractors:			960,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (2), POP UP events (12), Mobile Clinic Locations (12).	28 events x ~ \$7,857/per event	220,000
Peer Workforce & Professional Development	Clinical Test Counslors - Practicum Students - Stipend Training Stipends 2 Students @ 2,000 ea.	2 Students @ 2,000ea/month (6mos)	12,000
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	Various workshops TBD	30,000
Barrier Removal	Client Stipends/Gift Cards provided to clinic clients, events participants as detailed in Appendix A serving 500 clients.	\$25/card x 100 cards \$50/card x 350 cards \$100/card x 50 cards	25,000
Total Other:			287,000

TOTAL OPERATING EXPENSES:	1,840,234
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3) CAPITAL EXPENDITURES: (If needed. A unit valued at \$5,000 or more)

Capital Expenditure Item	Brief Description	Cost
TOTAL CAPITAL EXPENDITURES:		-

TOTAL DIRECT COSTS:	2,240,739
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4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	336,111
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Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

Amount

Shared cost of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses @ 15% of Direct Expense.	336,111

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS:	336,111
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TOTAL EXPENSES:	2,576,850
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Contractor Name Rafiki Coalition for Health & Wellness
 Funding Source General Funds

Appendix # **B-1c**
 Page # **1**
 Fiscal Year(s) 7/1/2025-6/30/2026
 Funding Notification Date 10/29/2024

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES																												
		Capacity Building Operations		Integrated HIV, HCV, and STD testing		Linkage and Navigation		Harm reduction services for substance use		Overdose prevention		Syringe access and disposal		Condom Distribution		Community Engagement and Mobilization		HIV, HCV, STD health education and prevention counseling		Basic needs services		Prevention and treatment medication		Mental Health Services		Primary care		Substance use treatment		
Personnel Expenses	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals
HAP Clinical Director (TBD)	0.50	80,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	80,000
HAP Program Manager (KC)	1.00	100,786	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	100,786
HAP Program Coordinator (RF)	1.00	77,250	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	77,250
HAP Clinical Navigator (TBD)	1.00	65,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	65,000
HAP Clinical Test Counselors (2) (Rharuavi (Garimella, TRN))	2.00	130,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	130,000
Director of Program (AA)	0.15	21,350	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	21,350
Data Analysis - (HJ)	0.50	40,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	40,000
Director of Mental Health TBD	0.06	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	8,400
MH Therapist - Spencer Bowdy	0.06	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	7,118
MH Therapist	0.06	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	5,863
		-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-
Total FTE & Total Salaries	6.33	514,386	96%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	535,767
Fringe Benefits	30.00%	154,316	96%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	160,730
Total Personnel Expenses		668,702	96%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	696,497
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		159,740	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	159,740
Total Materials and Supplies		129,286	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	129,286
Total General Operating		120,496	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	120,496
Total Staff Travel		2,720	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	2,720
Consultants/Subcontractor:		76,923	8%	64,379	7%	64,379	7%	64,379	7%	64,379	7%	48,994	5%	79,763	8%	95,148	10%	95,148	10%	95,148	10%	48,994	5%	64,379	7%	33,609	4%	64,379	7%	960,000
Other (specify):		172,000	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	172,000
		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-
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		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	-
Total Operating Expenses		661,165	43%	64,379	4%	64,379	100%	64,379	100%	64,379	131%	48,994	61%	79,763	84%	95,148	100%	95,148	100%	95,148	194%	48,994	76%	64,379	192%	33,609	52%	64,379	4%	1,544,242
Capital Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Capital Expenditure 1		-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-
Capital Expenditure 2		-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-
Total Capital Expenses		-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	
Total Direct Expenses		1,329,867	59%	64,379	3%	64,379	100%	64,379	100%	64,379	131%	48,994	61%	79,763	84%	95,148	100%	95,148	100%	95,148	194%	48,994	53%	92,174	274%	33,609	52%	64,379	3%	2,240,739
Indirect Expenses	15%	336,111	100%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	-	0%	336,111
TOTAL EXPENSES		1,665,978	65%	64,379	2%	64,379	100%	64,379	100%	64,379	131%	48,994	61%	79,763	84%	95,148	100%	95,148	100%	95,148	194%	48,994	53%	92,174	274%	33,609	52%	64,379	2%	2,576,850
UOS Type Description	Month	Test	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Condom	Month	Month	Month	Month	Month	Hour	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Month	Contract Total	
Units of Service (UOS) per Service Mode	12	2,611	60	36	36	24	16,166	12	60	72	24	342	24	60	72	24	342	24	60	72	24	342	24	60	72	24	342	24	36	19,503
Cost Per Unit of Service by Service Mode	138,831.50	24.67	1,072.99	1,788.31	1,788.31	2,041.42	4.94	7,929.00	1,585.80	1,321.50	2,041.42	269.52	2,800.75	1,788.31	22,795															
Number of Contracts (NOC) per Service Mode	N/A	800	650	360	280	300	10000	5000	935	2930	250	710	200	380																

BUDGET JUSTIFICATION

Contractor Name Rafiki Coalition for Health & Wellness
Program Name: Health Access Point: B/AA Capacity Building

Appendix #: B-1c
 Fiscal Year: FY25-26

1a) SALARIES

Staff Position 1: HAP Clinical Director (TBD)					
Brief description of job duties:	The Director of Clinical Services is responsible for the clinical operations and services provided across UMOJA HAP Site. This includes POP Up/Rotating POP Up/Satellite and the mobile testing unit. Under the clinical supervision of the Medical Director and the Sr. Director of Clinical Services, the position serves as the lead clinician, overseeing the day-to-day operations of clinical services and ensuring compliance with federal, state, and local clinic licensing and regulatory requirements. Works with community partners, programs, and staff to develop and implement initiatives that support San Francisco AIDS Foundation's strategic plan and priorities.				
Minimum qualifications:	MD or RN Degree is required, 10+ years of Clinical Operations experience, Proven track record as Clinical Operations Program Lead, Experience of early clinical development, particularly with antiviral or anti-infectious disease compounds is preferred.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$160,000.00	0.50	12	1.00	\$ 80,000

Staff Position 2: HAP Program Manager (KC)					
Brief description of job duties:	The UMOJA Health Access Point (HAP) Program Manager position includes these key categories: (1) Coordinate all UMOJA HAP sponsored activities at events including maintaining relationships with participating partners, organizing details of day to day programing, events, data collection, evaluation processes, and collaborating with overall management team; (2) Developing and organizing relationships with practitioners to provide Rafiki health & wellness services at UMOJA HAP community events; (3) Ensure task completion from affiliated contractors; assess and adjust as needed, following day to day programing and each event; (4) Provide critical feedback to ensure alignment with mission, values, and goals; (5) Attend weekly meetings to plan for programing and upcoming event iterations; (6) Oversee the successful completion of all aspects of Rafiki involvement in and serve as main point of contact for all communications and inquiries on behalf of Rafiki; (7) Oversee and supervise UMOJA HAP personal which includes work allocation, training, and problem resolution; evaluate performance and make recommendations for personal actions: motivate employees to achieve peak productivity and performance. (8) Under the direct supervision of the Director of Programs the HAP Program Manager ensures thorough communication/updates is brought back to Rafiki Executives weekly.				
Minimum qualifications:	BA/BS or more advanced.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$100,785.50	1.00	12	1.00	\$ 100,786

Staff Position 3: HAP Program Coordinator (RF)					
Brief description of job duties:	The UMOJA Health Access Point (HAP) is creating a holistic, accessible, welcoming, sex-positive, and culturally responsive project through which community members have the ability to access a comprehensive range of linked, integrated services to prevent, diagnose, and treat HIV, STD, and HCV. The UMOJA HAP Program Coordinator must possess experience and a passion for working with marginalized communities. This position assists The UMOJA HAP Program Manager develop and support events, pop ups, satellite sites, and a static site that will be open late this year. These services will provide sexual education and HIV,STI, STD, MPOX, HEP'C testing services along with harm reduction and overdose prevention/intervention.				
Minimum qualifications:	BA/BS or more advanced.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$77,250.00	1.00	12	1.00	\$ 77,250

Staff Position 4: HAP Clinical Navigator (TBD)					
Brief description of job duties:	Under the immediate supervision of the Clinic Coordinator the Health Navigator provides direct service to community members focusing on but not limited to Sexual health, Harm reduction and Overdose prevention Mitigation activities, while being based at and operating from the Wellness Center, delivering services onsite and in the community.				
Minimum qualifications:	BA/BS or more advanced.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$65,000.00	1.00	12	1.00	\$ 65,000

HAP Clinical Test Counselors (2)					
Staff Position 4: (Bhargavi Garimella, TBD)					
Brief description of job duties:	The Test Counselor executes all UMOJA Health Access Point(HAP) testing and phlebotomy services for HIV, HCV, and STI's for clients referred to UMOJA HAP This position is responsible for conducting outreach, providing HIV/HCV/STI testing, one-on-one risk reduction counseling, sexual health education, groups and referrals to healthcare and social support services.				

1b) EMPLOYEE FRINGE BENEFITS:

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

Component	Cost
Social Security	33,217.55
Medicare	7,768.62
Unemployment Insurance	5,893.44
Medical Plan	53,013.07
Workers Compensation	5,625.55
Pension	21,430.68
Paid Time Off	33,781.18
Other (specify):	-
Total Fringe Benefit:	160,730
Fringe Benefit %:	30.00%
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: 696,497	

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Rent & Utilities	office space and meeting room.	\$268,400 x 10%	26,840
Clinical space- Rent	facility rental for HAP activities.	\$5000x12	60,000
Clinical space- Utilities	electric, gas, water and scavenger.	\$4,000x12	48,000
Clinical space- Telephone	landline and cell.	(\$1,200 + 450)6	9,900
Clinical space - Repairs & Maintenance	janitorial, security, and repairs.	\$2500 x 6	15,000
Total Occupancy:			159,740

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office supplies	copier paper, writing materials, software.	~ \$67,081 x 4%	2,686
Clinical space- Office supplies	copier paper, writing materials, software.	\$2083.34x12	25,000
Program supplies	clinical supplies, reference materials.	~ \$8466x12	101,600
Total Materials & Supplies:			129,286

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	\$2000/month x 12	24,000.00
Clinical space- Insurance	general & liability insurance.	\$1800/month x 12	21,600.00
Clinical space- Information Technology	internet service provider, website maintenance, social medial platforms.	\$2083/month x 12	24,996.00
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	\$500/month x 12 months	6,000.00
Advertising/Outreach	Social Media, newspaper, community outreach ambassadors (2).	3,333.34/Month x 12 months	40,000.00
Meeting and conferences	staff/client meeting refreshments.	\$325/month x 12 months	3,900.00
Total General Operating:			120,496

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate	Cost
Staff mileage	local travel by automobile, rideshare.		4,857 miles @ \$0.56	2,720.00
Total Staff Travel:				2,720

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Integrated HIV, HCV, and STD testing, Linkage and navigation, Harm reduction services, Syringe access and disposal, Overdose prevention, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage, Substance use treatment.	260,000	260,000

3rd Street Youth Center and Clinic	Integrated HIV, HCV, and STD testing, Linkage and navigation, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage.	200,000	200,000
UCSF Alliance Health Project	Integrated HIV, HCV, and STD testing, Linkage and navigation, Harm reduction services, Overdose prevention, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage.	200,000	200,000
PRC	Condom distribution, HIV, HCV, STD health education and prevention counseling, Workforce Development, Capacity Building: ■ Participate in planning and development meetings as part of Umoja HAP team. This includes participation in Biweekly Umoja HAP Meetings, subcommittee meetings as scheduled, and monthly CHEP HAP meetings. o Total meetings: 12 Umoja HAP meetings, subcommittee meetings as necessary, and 12 monthly CHEP meeting = minimum of 24 meetings ■ HAP and Rafiki staff training: Average one to two training sessions per quarter, not to exceed eight training sessions.	100,000	100,000
Glide Foundation	Integrated HIV, HCV, and STD testing, Linkage and navigation, Condom distribution, HIV, HCV, STD health ed and prevention counseling, Services of basic needs services, Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage.	200,000	200,000
Total Consultants/Subcontractors:			960,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (2), POP UP events (6), Mobile Clinic Locations (6).	28 events - \$4,179/per event	117,000.00
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	Various workshops TBD	30,000.00
Barrier Removal	Client Stipends/Gift Cards provided to clinic clients, events participants as detailed in Appendix A serving 500 clients.	\$25/card x 100 cards \$50/card x 350 cards \$100/card x 50 cards	25,000.00
Total Other:			172,000

TOTAL OPERATING EXPENSES: 1,544,242

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

Capital Expenditure Item	Brief Description	Cost

TOTAL CAPITAL EXPENDITURES: -

TOTAL DIRECT COSTS: 2,240,739

4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	336,111
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Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)

	Amount
Shared cost of Accounting, Payroll, Contracts, Human Resources, Facilities, IT, and Agency Executive Staff Salaries, Benefits and Operating Expenses @ 15% of Direct Expense.	336,111

Indirect Rate: 15.00%

TOTAL INDIRECT COSTS: 336,111

TOTAL EXPENSES: 2,576,850

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

- A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

3. Termination.

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

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

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

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

APPENDIX E



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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

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

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

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

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

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

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

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

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

I. All Contractors.

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

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

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature	Date	
--	---------------	--	-----------	------	--

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

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

Protected Information Destruction Order

Purge Certification - Contract ID # 1000024732

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

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

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

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

So Certified

Signature

Title:

Date:

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

APPENDIX F-1b
7/1/24-6/30/25
PAGE A

Contractor: **Rafiki Coalition for Health & Wellness** Contract ID # **1000024732**
Address: **601 Cesar Chavez Street**
San Francisco, CA 94124

Invoice Number
JUL24

Telephone: **415-660-2913**
Fax:



Contract Purchase Order No: _____

Funding Source: _____

Department ID-Authority ID: _____

Program Name: **Health Access Point: B/AA Capacity Building**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/24 - 07/31/24**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Operations	12								12	
Integrated HIV, HCV, and STD testing	2,611	800							2,611	800
Linkage and Navigation	60	650							60	650
Harm reduction services for substance use	36	360							36	360
Overdose prevention	36	280							36	280
Syringe access and disposal	24	300							24	300
Condom Distribution	16,166	10,000							16,166	10,000
Community Engagement and Mobilization	12	5,000							12	5,000
HIV, HCV, STD health education and preve	60	935							60	935
Basic needs services	72	2,930							72	2,930
Prevention and treatment medication	24	250							24	250
Mental Health Services	342	710							342	710
Primary care	12	200							12	200
Substance use treatment	36	380							36	380

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		22,795			22,795

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$308,081				\$308,081.00
Fringe Benefits	\$92,424				\$92,424.00
Total Personnel Expenses	\$400,505				\$400,505.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$359,740				\$359,740.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$128,006				\$128,006.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$102,748				\$102,748.00
Staff Travel - (e.g., Local & Out of Town)	\$2,740				\$2,740.00
Consultant/Subcontractor	\$960,000				\$960,000.00
Other - Community Engagement, Peer Workforce & Professional Development Professional Development & Training, Barrier Removal	\$287,000				\$287,000.00
Total Operating Expenses	\$1,840,234				\$1,840,234.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,240,739				\$2,240,739.00
Indirect Expenses	\$336,111				\$336,111.00
TOTAL EXPENSES	\$2,576,850				\$2,576,850.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

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

**UBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1c
7/1/25-6/30/26
PAGE A

Contractor: **Rafiki Coalition for Health & Wellness** Contract ID # **1000024732**
Address: **601 Cesar Chavez Street**
San Francisco, CA 94124

Invoice Number
JUL25

Telephone: **415-660-2913**
Fax:



Contract Purchase Order No: _____

Funding Source: _____

Department ID-Authority ID: _____

Program Name: **Health Access Point: B/AA Capacity Building**

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: **07/1/25 - 07/31/25**

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Capacity Building Operations	12								12	
Integrated HIV, HCV, and STD testing	2,611	800							2,611	800
Linkage and Navigation	60	650							60	650
Harm reduction services for substance use	36	360							36	360
Overdose prevention	36	280							36	280
Syringe access and disposal	24	300							24	300
Condom Distribution	16,166	10,000							16,166	10,000
Community Engagement and Mobilization	12	5,000							12	5,000
HIV, HCV, STD health education and preve	60	935							60	935
Basic needs services	72	2,930							72	2,930
Prevention and treatment medication	24	250							24	250
Mental Health Services	342	710							342	710
Primary care	12	200							12	200
Substance use treatment	36	380							36	380

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix		22,795			22,795

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$535,767				\$535,767.00
Fringe Benefits	\$160,730				\$160,730.00
Total Personnel Expenses	\$696,497				\$696,497.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$159,740				\$159,740.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$129,286				\$129,286.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$120,496				\$120,496.00
Staff Travel - (e.g., Local & Out of Town)	\$2,720				\$2,720.00
Consultant/Subcontractor	\$960,000				\$960,000.00
Other - Community Engagement Professional Development & Trainings Barrier Removal	\$172,000				\$172,000.00
Total Operating Expenses	\$1,544,242				\$1,544,242.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,240,739				\$2,240,739.00
Indirect Expenses	\$336,111				\$336,111.00
TOTAL EXPENSES	\$2,576,850				\$2,576,850.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

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

Signature: _____ Date: _____

Title: _____

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

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

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Attachment 1 to SAA - System Specific Requirements

TERMS AND CONDITIONS

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

SECTION 1 - “THIRD PARTY” CATEGORIES

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

SECTION 2 - DEFINITIONS

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

SECTION 3 – GENERAL REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

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

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

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

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

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

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

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

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

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

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

SECTION 7 - DEPARTMENT’S RIGHTS

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

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

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

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

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

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

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

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

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

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

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

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

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

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

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

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

A. Department Care Link Requirements:

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

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

B. Department Epic Hyperspace:

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

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

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

A. Department myAvatar

1. Connectivity.

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

2. Information Technology (IT) Support.

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

3. Access Control.

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

I. For Access to Department Epic through OutReach

A. Department OutReach Requirements:

1. Connectivity.

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

2. Compliance with Epic Terms and Conditions

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

3. Epic-Provided Terms and Conditions

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

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