

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

Second Amendment

THIS **SECOND AMENDMENT** (“Amendment”) is made as of **December 1, 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 extend the performance period, increase the contract amount, and update standard contractual clauses; and to modify the Agreement as follows:

- a. Replace Appendix A-1 with the attached A-1 to align program operations with current CHEP requirements, including revisions to services, outreach, overdose prevention, reporting, and administrative details dated 12/01/2025.
- b. Replace Appendix B with the attached Appendix B dated 12/01/2025.
- c. Replace Appendix B-1c with the attached Appendix B-1c, dated July 1, 2025 through June 30, 2026, to incorporate additional funding for FY 2025-26;
- d. Add Appendix B-1d, dated July 1, 2026 through June 30, 2027, to reflect funding for FY 2026-27;
- e. Add Appendix B-1e, dated July 1, 2027 through June 30, 2028, to reflect funding amounts for FY 2027-28;
- f. Add Appendix B-1f, dated July 1, 2028 through June 30, 2029, to reflect funding amounts for FY 2028-29;
- g. Add Appendix B-1g, dated July 1, 2029, through June 30, 2030, to reflect funding amounts for FY 2029-30;
- h. Replace Appendix K, “Data Access and Sharing Terms,” with the “Third Party Computer System Access Agreement (SAA)” dated January 8, 2025;

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

WHEREAS, this Amendment is consistent with an approval obtained from the City’s Board of Supervisors under _____ approved on _____ in the amount of \$20,083,870 for the period commencing January 1, 2023 and ending June 30, 2030; 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 Original Agreement dated January 1, 2023 between Contractor and City, as amended by the:

First Amendment, dated April 1, 2025.

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 Term of the Agreement. Article 2 Term of the Agreement of the Original Agreement currently reads as follows:

2.1 Term. The term of this Agreement shall commence on January 1st, 2023 and expire on June 30th, 2027, unless earlier terminated as otherwise provided herein.

2.2 Options to Extend. The City has **6 (six)** options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

Option 1: 07/01/2027-06/30/2028

Option 2: 07/01/2028-06/30/2029

Option 3: 07/01/2029-06/30/2030

Option 4: 07/01/2030-06/30/2031

Option 5: 07/01/2031-06/30/2032

Option 6: 07/01/2032-12/31/2032

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

2.1 Term. The term of this Agreement shall commence on January 1, 2023, and expire on June 30, 2030, unless earlier terminated as otherwise provided herein.

2.2 Options to Extend. The City has **3 (three)** options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

Option 1: 07/01/2027-06/30/2028 Exercised

Option 2: 07/01/2028-06/30/2029 Exercised

Option 3: 07/01/2029-06/30/2030 Exercised

Option 4: 07/01/2030-06/30/2031

Option 5: 07/01/2031-06/30/2032

Option 6: 07/01/2032-12/31/2032

2.2 Financial Matters. Section 3.3.1 Calculation of Charges of the Original Agreement currently reads as follows:

3.3.1 Calculation of Charges. Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges."

Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed Nine Million Four Hundred Thirteen Thousand Six Hundred DOLLARS (\$9,413,600) . The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment

may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

3.3.1 Calculation of Charges and Contract Not to Exceed Amount. The amount of this Agreement shall not exceed Twenty Million Eighty-Three Thousand Eight Hundred Seventy DOLLARS (\$20,083,870), the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

2.3 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.

2.4 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.

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

2.6 Appendix B-1d. Appendix B-1d is hereby added to this Amendment and fully incorporated within the Agreement.

2.7 Appendix B-1e. Appendix B-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.8 Appendix B-1f. Appendix B-1f is hereby added to this Amendment and fully incorporated within the Agreement.

2.9 Appendix B-1g. Appendix B-1g is hereby added to this Amendment and fully incorporated within the Agreement.

2.10 Appendix F-1c. Appendix B-1c is hereby replaced in its entirety by Appendix F-1c, attached to this Amendment and fully incorporated within the Agreement. To the extent the

Agreement refers to Appendix F-1c in any place, the true meaning shall be Appendix F-1c, which is a correct and updated version.

2.11 Appendix F-1d. Appendix F-1d is hereby added to this Amendment and fully incorporated within the Agreement.

2.12 Appendix F-1e. Appendix F-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.13 Appendix F-1f. Appendix F-1f is hereby added to this Amendment and fully incorporated within the Agreement.

2.14 Appendix F-1g. Appendix F-1g is hereby added to this Amendment and fully incorporated within the Agreement.

2.15 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 Article 1 Definitions. *Article 1 is hereby replaced in its entirety to read as follows:*

1.1 “Agreement” means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements specifically incorporated into this Agreement by reference as provided herein.

1.2 “Business Associate” or “BAA” has the meaning given to such term under HIPAA and its implementing regulations, including 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103, as may be amended from time to time.

1.3 “City” means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing” and the Department of Public Health.

1.4 “City Data” means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.5 “CMD” means the Contract Monitoring Division of the City.

1.6 “Confidential Information” means confidential City information including, but not limited to, personal identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15

U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (“Chapter 12M”). Confidential Information includes, without limitation, City Data.

1.7 “Contractor” means RAFIKI COALITION FOR HEALTH AND WELLNESS, 601 Cesar Chavez, San Francisco, CA 94124.

1.8 “Deliverables” means Contractor’s or its subcontractors’ work product, including any partially-completed work product and related materials, resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.9 “Health Care Component” has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.10 “Hybrid Entity” has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.11 “Mandatory City Requirements” means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws that impose specific duties and obligations upon Contractor.

1.12 “Party” and “Parties” means City and Contractor either individually or collectively.

1.13 “Services” means the work performed by Contractor under this Agreement as specifically described in the “Scope of Services” attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

3.2 Section 3.7 Contract Amendments; Budgeting Revisions. *Section 3.7 of the Agreement is replaced in its entirety to read as follows:*

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to (1) purchase additional Services within the Statement of Work or (2) reallocate funding among the Services within the Statement of Work. Any change made under this Subsection 3.7.2 must not involve an increase in the Maximum Cost or Amount Not to Exceed or a change to the Term of this Agreement, and must be approved in writing by both Parties, by a person with legal authority to bind their respective Party to its terms. Contractor shall not proceed with any work contemplated in any revision to program budget until

Contractor receives written notification from City to commence such work. All revisions to program budget will become part of this Agreement, after written execution by the Parties, which will then form the new baseline upon which future changes will be measured. ➔

3.3 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 Payment Card Industry (“PCI”) Requirements (Reserved)

13.3 Business Associate Agreement. The Parties acknowledge that City is designated as a Hybrid Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and all Health Care Components of the City, including a City department involved in this Agreement, are required to comply with the HIPAA rules governing the access, use, disclosure, transmission, storage, and security of protected health information (PHI).

For purposes of this Agreement, Parties agree that if Contractor is performing a service or function for or on behalf of a City department that is a Health Care Component, where such service or function makes Contractor a Business Associate of City, Contractor must comply with the obligations and conditions contained in the Business Associate Agreement (“BAA”) that shall be attached to this Agreement as Appendix E, and incorporated as though fully set forth herein. Parties agree that if Contractor is not performing a service or function that makes Contractor a Business Associate of City, a BAA is not required and will not be attached to this Agreement. Appendix E will be reserved if a BAA is not required. Contractor, however, must still comply with any data privacy and security laws that apply to Contractor, including, but not limited to, HIPAA, CMIA (Cal. Civ. Code Sec. 56 et.seq.), Cal. Welf. & Inst. Code Sec. 5328, and 42 CFR Part 2.

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 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 and/or machine learning from the data, stored or transmitted by the service, for unrelated commercial purposes, advertising or advertising-related purposes, or for any purpose that is not explicitly authorized other than security or service delivery analysis.

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:

Daniel Tsai
Director of Health
San Francisco Department of Public Health

Approved as to Form:

David Chiu
City Attorney

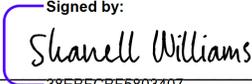
By: _____
Deputy City Attorney

Approved:

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

By: _____

CONTRACTOR
RAFIKI COALITION FOR HEALTH AND
WELLNESS

Signed by:


38E8FCBF5803407... 2/17/2026 | 3:54 PM PST
Shanell Williams
Executive Director
601 Cesar Chavez
San Francisco, CA 94124

City Supplier number: 0000012545

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. **OUTREACH POPULATION**

The Contractor has experience and expertise providing services designed to meet the unique cultural and linguistic needs of Black/African American residents of San Francisco who require services in overall wells in sexual and drug user health services as part of the overall work that Community Health Equity and Promotion (CHEP) provides. The Contractor will continue to outreach to and serve these communities, but no one who otherwise qualifies for services under this Agreement, will be prioritized nor turned away due to their race, ethnicity, or national origin.

5. **MODALITIES and INTERVENTIONS** Units of Service (UOS) and Unduplicated Clients (UDC)-
See Appendix B.

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 all clients.

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 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.

(Capacity Building Implementation Phase I has been completed as of June 30, 2024.)

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 San Francisco Community, including 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, Year 4, Year 5, Year 6, and Year 7: Service Descriptions; July 1, 2024 – June 30, 2030

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

Service Description:

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 communities who disproportionately live with, or at risk for, HIV, HCV, and/or STDs, including Black/African American populations. Peer- delivered services must be an integral part of the network. Services must honor the cultural diversity within San Francisco, including the Black/African American community, in part by respecting and working 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 neighborhoods in San Francisco that are disproportionately impacted by HIV, HCV, and/or STDs. Services, printed materials, and other media/communications must be culturally relevant, including for example by resonating with the Black/African American community and by including community members 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 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 (also known as 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 (also known as 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, Four, Five, Six, and Seven: July 1, 2024-June 30, 2030

Integrated HIV, HCV, and STD testing*

Services begin July 2024. AHP and Glide 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, Glide, AHP and SFAF will serve as a referral source for the HAP using in-kind resources. Glide, 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 and Glide 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, Glide, 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, including but not limited to 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 communities of the targeted populations, including Black/African American to develop a network of services that serve the community and can refer to each other. The goal is for the network to work together across health and social services to link comprehensive services to serve the community. Rafiki partners with The Drop-In Center, Sunnydale HUB, Plaza East, and HuntersView.

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, Glide, 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 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.

Incentive Management

All Contractor staff responsible for handling or overseeing gift cards purchase, storage, or distribution shall be familiar with and must comply with “DPH Policy for Procurement and Use of Gift Cards” and S.F. Controller’s “Accounting Policies and Procedures,” and specifically Sections 3.9.1-3.9.9, for Gift Card Purchases, including but not limited to the following:

- I. Documentation of inventory receipt and distribution must include the name and signature of the receiving
- II. staff and corresponding date;
- III. Staff handling gift cards cannot use them;
- IV. Maintain complete and accurate inventory by gift card, gift card type, and in total, including the gift card vendor and serial number, the beginning balance, gift cards received and distributed and corresponding dates, and the ending balance;
- V. Report to management any discrepancies in the quantities and amounts between the physical inventory counts and inventory records and investigate any significant discrepancies, document the reasons for the discrepancy;
- VI. Assist in any external audit or audit by the City Services Division of the S.F. Controller’s Office requested by City related to gift card purchases, storage, distribution, and any other related transactions;
- VII. Notify City staff if the aggregate disbursed amount necessitate a 1099 filing, refer to IRS Publication

- VIII. 525(2021), Taxable and Nontaxable Income for guidance on whether this gift card distribution program requires a 1099 filing; and
- IX. Retain all documentation related to gift card purchases, storage, and distribution for no less than 2 years for audit purposes by an external entity or the S.F. Controller.

For the entire City's Gift Card Policy please refer to the policy contained in <https://www.sf.gov/resource--2022--buying-gift-cards>

7. OBJECTIVES and MEASUREMENTS

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

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office's BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program's declaration of compliance.

The Contractor is required to complete and maintain an up-to-date Administrative Binder for review by the DPH Business office Contract Compliance (BOCC) staff during the monitoring visits. This may include an electronic binder and/or virtual monitoring.

Contractor will complete an Annual Completion of Client Satisfaction Survey.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.

8. CONTINUOUS QUALITY IMPROVEMENT

Rafiki agrees to adhere to the following:

- a. Any relevant guidelines in the San Francisco HIV Prevention Plan.
- b. Client Satisfaction Surveys (CSS) will be administered near the end of the FY to evaluate the quality of the services received as well as to listen to any clients' suggestions and make the necessary adjustments to better serve the community.
- b. c. Current Community Health Equity & Promotion–HIV Prevention Section (CHEP) Testing Policies and Procedures, which include CDC and State Guidelines; 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 client level data which may include 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 Testing date: October 15th, January 15th, April 15th, July 15th

- Agencies that use Primary do not have to submit any additional testing data reports
- Agencies that **do not use primary** will continue to submit quarterly testing data to SFDPH via the HAP Lead Agencies external upload process.
 - HAP Leads will send testing data to SFDPH via MOVEit Cloud platform.
- Bi-Annual Aggregate & Narrative Report (Due every six months) 07/01/2025 New process
 - Due Dates: JAN 31st (Mid-year progress report) and July 31st (End of year report)
- Quarterly narrative report for Year 1 only.
- Other systems/processes as requested.
- Data TA Support/Guidance: Please email Oscar Macias, CHEP Data, QI, and Equity Manager: Oscar.macias@sfdph.org and cc: your assigned Program Liaison.
- Required & Preferred Service Elements – See Attachment 1.
- Data Requirements/ Program Performance Measures – See Attachment 1.

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

10. REQUIRED LANGUAGE: N/A

REQUIRED TRAINING

- a. Staff/Volunteer who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification training.
 - i. HIV, HCV, and STI Skills Certification training listed here: <https://learnsfdph.org/programs/hiv-counselor-training/>
- b. Harm Reduction.
 - i. Listed in Declaration of Compliance
 - ii. All funded staff are required to complete annual training with SFDPH Harm Reduction Training Institute (HRTI)
 - iii. To be added to the HRTI training announcements, please email HRTI@sfdph.org
 - iv. Trainings listed here: <https://learnsfdph.org/programs/harm-reduction-training-institute/>
 - v. Staff can complete self-paced training
- c. Overdose Response/Naloxone Administration
 - i. How to use Fentanyl Test Strips.
 1. Fentanyl test strips: (<https://www.youtube.com/watch?v=j9-wuUpdWHw>)
 - ii. Annual Trainings listed in Declaration of Compliance
 - iii. The “Opioid Overdose Recognition and Response ” training can be found here: <https://learnsfdph.org/programs/sfdph-overdose-prevention/>
 - iv. There is a refresher for those who took the full-length training last year.
- 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.

- i. This is a one-time training: for programs that receive Harm Reduction supplies for the first time from CHEP., then as needed depending on program needs.
- ii. For support and questions, please email Emily.valadao@sfdph.org
- h. Effective 6/30/25 for SFDPH Staff only: Trauma Informed Systems
- i. 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). Additional Ad Hoc meetings may be scheduled per CHEP System of Care.
- d. Implementation of SFDPH Harm Reduction/Substance use policy. For support and questions, please email Emily.valadao@sfdph.org
- e. Effective 7/1/24, Develop/Implement and update onsite overdose response policy. For support and questions, please email Emily.valadao@sfdph.org
- 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.

**Appendix B
Calculation of Charges**

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1.1, B-1, B-1a, B-1b, B-1c B-1d, B-1e, B-1f, B-1g	Health Access Point: B/AA Capacity Building Umoja Program

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,561,571** 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	\$2,576,850
Amendment #2	01/01/23-06/30/23	GF	(\$506,842)
Amendment #2	07/01/23-06/30/24	GF	(\$114,727)
Amendment #2	07/01/24-06/30/25	GF	(\$165,077)

Amendment #2	07/01/25-06/30/26	GF	\$25,769
Amendment #2	07/01/26-06/30/27	GF	\$2,602,619
Amendment #2	07/01/27-06/30/28	GF	\$2,602,619
Amendment #2	07/01/28-06/30/29	GF	\$2,602,619
Amendment #2	07/01/29-06/30/30	GF	<u>\$2,602,619</u>
		Total Award Amount	\$18,522,299
		12% Contingency for FY25/26 thru FY29/30	\$1,561,571
		(This equals the total NTE)Total	\$20,083,870

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

Appendix B

7/1/23-6/30/30

Contract Term :

CID#: 1000024732

DPH Section: **Community Health Equity and Promotion (CHEP)**

Check one: New/Original Agreement Amendment Revision to Program Budgets

CONTRACT NOTIFICATION # and DATE:

Agency Name: **Rafiki Coalition for Health & Wellness**

FN Date

11/24/2025

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	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	A-1 / B-1d	A-1 / B-1e	A-1 / B-1f	A-1 / B-1g		
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	07/1/25-06/30/26	7/1/26-6/30/27	7/1/27-6/30/28	7/1/28-6/30/29	7/1/29-6/30/30		
EXPENSES											
Salaries	\$ 282,313	\$ -	\$ 164,493	\$ 308,081	\$ 376,005	\$ 400,619	\$ 400,619	\$ 400,619	\$ 400,619	\$ 400,619	\$ 2,733,368
Employee Benefits	\$ 93,135	\$ 0	\$ 49,348	\$ 92,424	\$ 112,802	\$ 120,186	\$ 120,186	\$ 120,186	\$ 120,186	\$ 120,186	\$ 828,452
Total Personnel Expenses	\$ 375,448	\$ 0	\$ 213,841	\$ 400,505	\$ 488,807	\$ 520,805	\$ 520,805	\$ 520,805	\$ 520,805	\$ 520,805	\$ 3,561,820
Employee Fringe Benefit Rate	32.99%		30.00%	30%	30%	30%	30%	30%	30%	30%	
Operating Expense	\$ 668,030	\$ 4,348	\$ 1,972,247	\$ 1,840,234	\$ 1,774,343	\$ 1,742,343	\$ 1,742,343	\$ 1,742,343	\$ 1,742,343	\$ 1,742,343	\$ 13,228,574
Subtotal Direct Costs	\$ 1,043,478	\$ 4,348	\$ 2,186,088	\$ 2,240,739	\$ 2,263,150	\$ 2,263,148	\$ 2,263,148	\$ 2,263,148	\$ 2,263,148	\$ 2,263,148	\$ 16,790,394
Indirect Cost Amount	\$ 156,522	\$ 652	\$ 327,912	\$ 336,111	\$ 339,469	\$ 339,471	\$ 339,471	\$ 339,471	\$ 339,471	\$ 339,471	\$ 2,518,551
Indirect Cost Rate (%)	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
Total Expenses	\$ 1,200,000	\$ 5,000	\$ 2,514,000	\$ 2,576,850	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 19,308,945
REVENUES & FUNDING SOURCES											
DPH Funding Sources											
CHEP General Fund	\$ 1,200,000		\$ 2,514,000	\$ 2,576,850	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 19,303,945
CDC PS20-2010		5,000									\$ 5,000
Total DPH Revenues	\$ 1,200,000	\$ 5,000	\$ 2,514,000	\$ 2,576,850	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 19,308,945
Unspent Revenue	\$ (506,842)		\$ (114,727)	\$ (165,077)							\$ (786,646)
Total Revenues (DPH and Non-DPH)	\$ 693,158	\$ 5,000	\$ 2,399,273	\$ 2,411,773	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 2,602,619	\$ 18,522,299
Reimbursement Method	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	CR
Prepared By	Jenny Hsieh, Sr Director of Finance (Contract) Phone # 415-980-0299										

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 Clients (NOC)	Unduplicated Client (UDC)
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 month	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. Youth				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Client (UDC)
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 Clients (NOC)	Unduplicated Client (UDC)
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)*
Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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 inkind)	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
Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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 inkind staff	NA
	AHP: Overdose/Naloxine Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	80	
	Glide: Overdose/Naloxine Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	200	
Total Services Delivered		36	280	

5. Syringe access and disposal*
Subcontractor: SFAF, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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*
Rafiki Coalition for Health and Wellness
Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
------	------------------------------------	------------------------	-------------------------	-----------------------------

Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	SFAF:Condom distribution 1 UOS = 1 month of Condom Distribution x12 months	12	4,000	NA
	AHP:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	8,000	
	3rd St Youth:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	2,000	
	Glide:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	500	
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	1,666	
Total Services Delivered		60	16,166	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 Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	Rafiki: 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
Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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 Educaiton 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
 Subcontractor: SFAF, AHP, 3rd Street Youth, PRC for Workforce Development

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	80	
	Total Services Delivered	72	2,930	NA

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

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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
 Rafiki Coalition for Health & Wellness
 Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
	AHP: Mental health services 1 UOS = 1 hour of service	122	160	

Term: 07/01/25-06/30/26 General Fund Appendix A-1, B-1c	Rafiki: Mental health services 1 UOS = 1 hour of service	120	150	NA
	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
Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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
Subcontractor: SFAF, AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
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: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	200	
Total Services Delivered		36	380	0

Total Services Delivered				
		3,397	28,961	

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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 12 month	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. Youth				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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)*

Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	SFAF:Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	0 (staff are inkind)	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

Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	SFAF: Overdose/Naloxone Distribution 1 UOS = 1 month Overdose Prevention Services x 12 months	12	0 inkind 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*

Subcontractor: SFAF, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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*
 Rafiki Coalition for Health and Wellness
 Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	SFAF:Condom distribution 1 UOS = 1 month of Condom Distribution x12 months	12	4,000	NA
	AHP:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	8,000	
	3rd St Youth:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	2,000	
	Glide:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	500	
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	1,666	
Total Services Delivered		60	16,166	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 Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	Rafiki: 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
 Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	SFAF:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Educaiton 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

Subcontractor: SFAF, AHP, 3rd Street Youth, PRC for Workforce Development

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	80	
	Total Services Delivered	72	2,930	NA

10. Linkage to Prevention and treatment medication*
 Rafiki Coalition for Health & Wellness

Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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
 Rafiki Coalition for Health & Wellness

Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
	AHP: Mental health services 1 UOS = 1 hour of service	122	160	

Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	Rafiki: Mental health services 1 UOS = 1 hour of service	120	150	NA
	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
Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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
Subcontractor: SFAF, AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/26-06/30/27 General Fund Appendix A-1, B-1d	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: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	200	
Total Services Delivered		36	380	0

Total Services Delivered		3,397	28,961	

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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 12 month	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. Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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)*
 Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	SFAF:Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	0 (staff are inkind)	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
 Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	SFAF: Overdose/Naloxone Distribution 1 UOS = 1 month Overdose Prevention Services x 12 months	12	0 inkind 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*
 Subcontractor: SFAF, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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*
 Rafiki Coalition for Health and Wellness
 Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	SFAF:Condom distribution 1 UOS = 1 month of Condom Distribution x12 months	12	4,000	NA
	AHP:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	8,000	
	3rd St Youth:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	2,000	
	Glide:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	500	
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	1,666	
Total Services Delivered		60	16,166	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 Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	Rafiki: 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**

Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	SFAF:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Educaiton 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

Subcontractor: SFAF, AHP, 3rd Street Youth, PRC for Workforce Development

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	80	
	Total Services Delivered	72	2,930	NA

10. Linkage to Prevention and treatment medication*
 Rafiki Coalition for Health & Wellness

Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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
 Rafiki Coalition for Health & Wellness

Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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
 Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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
 Subcontractor: SFAF, AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1e	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: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	200	
	Total Services Delivered	36	380	0

	Total Services Delivered	3,397	28,961	

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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 12 month	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. Youth				
Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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)*
 Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	SFAF:Harm reduction services 1 UOS = 1 month of Harm Reduction services x 12 months	12	0 (staff are inkind)	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
 Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	SFAF: Overdose/Naloxone Distribution 1 UOS = 1 month Overdose Prevention Services x 12 months	12	0 inkind staff	NA
	AHP: Overdose/Naloxine Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	80	
	Glide: Overdose/Naloxine Distribution 1 UOS = 1 month of Overdose Prevention Services x 12 months	12	200	
Total Services Delivered		36	280	

5. Syringe access and disposal*
 Subcontractor: SFAF, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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*
 Rafiki Coalition for Health and Wellness
 Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
------	------------------------------------	------------------------	-------------------------	-----------------------------

Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	SFAF:Condom distribution 1 UOS = 1 month of Condom Distribution x12 months	12	4,000	NA
	AHP:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	8,000	
	3rd St Youth:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	2,000	
	Glide:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	500	
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	1,666	
Total Services Delivered		60	16,166	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 Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	Rafiki: 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
Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	SFAF:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Educaiton 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
 Subcontractor: SFAF, AHP, 3rd Street Youth, PRC for Workforce Development

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	80	
	Total Services Delivered	72	2,930	NA

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

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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
 Rafiki Coalition for Health & Wellness
 Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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
 Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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
 Subcontractor: SFAF, AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/28-06/30/29 General Fund Appendix A-1, B-1f	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: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	200	
	Total Services Delivered	36	380	0

	Total Services Delivered	3,397	28,961	

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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	Capacity Building : 1 UOS = 1 month of Capacity Building Implementation Activities and Integrated HAP Services and program planning with sub-contractors x 12 month	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. Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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 Clients (NOC)	Unduplicated Client (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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)*

Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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

Subcontractor: SFAF, AHP, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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*

Subcontractor: SFAF, Glide

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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*

Rafiki Coalition for Health and Wellness

Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
	SFAF:Condom distribution 1 UOS = 1 month of Condom Distribution x12 months	12	4,000	

Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	AHP:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	8,000	NA
	3rd St Youth:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	2,000	
	Glide:Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	500	
	Rafiki: Condom distribution 1 UOS = 1 month of Condom Distribution x 12 months	12	1,666	
Total Services Delivered		60	16,166	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 Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	Rafiki: 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
Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	SFAF:HIV, HCV, STD health education and prevention counseling 1 UOS = 1 Month of Health Educaiton 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

Subcontractor: SFAF, AHP, 3rd Street Youth, PRC for Workforce Development

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	1800	
	PRC: Basic needs services 1 UOS = 1 month of Basic Needs Services	12	80	
Total Services Delivered		72	2,930	NA

10. Linkage to Prevention and treatment medication*

Rafiki Coalition for Health & Wellness

Subcontractor: SFAF, AHP, 3rd Street Youth

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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

Rafiki Coalition for Health & Wellness

Subcontractor: AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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

Subcontractor: AHP

--	--	--	--	--

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/27-06/30/28 General Fund Appendix A-1, B-1g	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
Subcontractor: SFAF, AHP

Term	Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Contacts (UDC)
Term: 07/01/29-06/30/30 General Fund Appendix A-1, B-1g	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: Linkage to Substance use Treatment 1 UOS = 1 month of Substance use and Treatment Services	12	200	
Total Services Delivered		36	380	0

Total Services Delivered		3,397	28,961	
---------------------------------	--	--------------	---------------	--

Outreach Efforts	The Contractor is committed to providing culturally relevant services to San Francisco residents regardless of race, ethnicity, or national origin. The Contractor has experience and expertise providing services designed to meet the unique cultural and linguistic needs of Black/African American residents of San Francisco who require services in overall well-being in sexual and drug user health services as part of the overall work that Community Health Equity and Promotion (CHEP) provides. The Contractor will continue to outreach to and serve these communities, but no one who otherwise qualifies for services under this Agreement, will be turned away due to their race, ethnicity, or national origin.
Service Description	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.

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 Manager (TBD)					
Brief description of job duties:	The Hap Clinical Manager is responsible for the clinical 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 Program Director, 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:	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
	\$120,000.00	1.00	4	0.33	\$ 40,000

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
	\$101,274.00	1.00	12	1.00	\$ 101,274

Staff Position 3: HAP Program Coordinator					
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	9	0.75	\$ 56,250

Staff Position 4: 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 as needed.				
Minimum qualifications:	BA/BS or more advanced.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$147,305.00	0.40	12	1.00	\$ 58,922

Staff Position 4: Data Analyst					
Brief description of job duties:	The UMOJA HAP Data Analyst 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.				

Total Materials & Supplies:			70,500

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	1000 per month	12,000
Clinical space- Insurance	general & liability insurance.	1800 per month	21,600
Clinical space- Information Tecvhnology	internet service provider, website maintenance, social medial platforms.	1100 per month	13,200
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	500 per month	6,000
Advertising/Outreach	Social Media, newspaper, community outreach.	3333.33 per month	40,000
Meeting and conferences	staff/client meeting refreshments.	500 per month	6,000
Total General Operating:			98,800

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Provide services such as Integrated HIV, HCV, and STD testing; Linkage and navigation of prevention and treatment medication (such as PrEP, HIV care, and HCV Treatment); linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	260,000	260,000
3rd Street Youth Center and Clinic	Provide services such as linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, and others; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000	200,000
UCSF Alliance Health Project	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000	200,000
PRC	Provide services such as HIV, HCV, STD health education and prevention counseling and Basic needs services.	233,000	233,000
Glide Foundation	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000	200,000
Total Consultants/Subcontractors:			1,093,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (4), POP UP events (12), Mobile Clinic Locations (12).	~30 events - \$7,000/per event x 0.94285	198,000
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	2500 per month	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:			253,000

TOTAL OPERATING EXPENSES: 1,774,343

TOTAL DIRECT COSTS: 2,263,150

4) INDIRECT COSTS Indirect Rate: 15.00% **TOTAL INDIRECT COSTS: 339,469**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Indirect costs is collected at 15% of total allowable direct costs. This will support organization's essential administrative expenses such as operation staff costs (Finance, HR, Facilities, Executive leadership, IT).	339,469

Indirect Rate: 15%

TOTAL INDIRECT COSTS: 339,469

TOTAL EXPENSES: 2,602,619

BUDGET JUSTIFICATION

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

Appendix #: B-1d
 Fiscal Year: FY26-27

1a) SALARIES

Staff Position 1: HAP Clinical Manager (TBD)					
Brief description of job duties:	The Hap Clinical Manager is responsible for the clinical 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 Program Director, 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:	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
	\$120,000.00	0.90	12	1.00	\$ 108,000

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
	\$101,274.00	1.00	12	1	\$ 101,274

Staff Position 3: HAP Program Coordinator					
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	\$ 75,000

Staff Position 4: 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 as needed.				
Minimum qualifications:	BA/BS or more advanced.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$147,305.00	0.10	12	1	\$ 14,731

Staff Position 4: Data Analyst					
Brief description of job duties:	The UMOJA HAP Data Analyst will provide program data entry, collection, reporting and subcontractor support concerning collecting, reporting, and entry of client level data and numbers of clients seen.				

Office supplies	copier paper, writing materials, software.	\$45,000 x 10%	4,500
Clinical space- Office supplies	copier paper, writing materials, software.	1000 per month	12,000
Program supplies	clinical supplies, reference materials.	4333.33 per month	52,000
Total Materials & Supplies:			68,500

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	1000 per month	12,000
Clinical space- Insurance	general & liability insurance.	1800 per month	21,600
Clinical space- Information Technology	internet service provider, website maintenance, social medial platforms.	1100 per month	13,200
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	500 per month	6,000
Advertising/Outreach	Social Media, newspaper, community outreach.	3333.33 per month	40,000
Meeting and conferences	staff/client meeting refreshments.	500 per month	6,000
Total General Operating:			98,800

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Provide services such as Integrated HIV, HCV, and STD testing; Linkage and navigation of prevention and treatment medication (such as PrEP, HIV care, and HCV Treatment); linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	260,000.00	260,000
3rd Street Youth Center and Clinic	Provide services such as linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, and others; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000.00	200,000
UCSF Alliance Health Project	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000.00	200,000
PRC	Provide services such as HIV, HCV, STD health education and prevention counseling and Basic needs services.	233,000.00	233,000
Glide Foundation	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	170,000.00	170,000
Total Consultants/Subcontractors:			1,063,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (4), POP UP events (12), Mobile Clinic Locations (12).	~30 events - \$7,000/per event x 0.94285	198,000.00
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	2500 per month	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:			253,000

TOTAL OPERATING EXPENSES:	1,742,343
----------------------------------	------------------

TOTAL DIRECT COSTS:	2,263,148
----------------------------	------------------

4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	339,471
--------------------------	-----------------------	---------------	------------------------------	----------------

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Indirect costs is collected at 15% of total allowable direct costs. This will support organization's essential administrative expenses such as operation staff costs (Finance, HR, Facilities, Executive leadership, IT).	339,471

Indirect Rate: 15%

TOTAL INDIRECT COSTS:	339,471
------------------------------	----------------

TOTAL EXPENSES:	2,602,619
------------------------	------------------

Contractor Name **Rafiki Coalition for Health & Wellness**
 Contract Term (mm/dd/yyyy) **7/1/27-6/30/28**
 Funding Source **General Funds**

Appendix # **B-1e**
 Page # **1**
 Fiscal Year(s) **FY27-28**
 Funding Notification Date **11/24/2025**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES																												Contract Totals		
Personnel Expenses		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				
Position Titles	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	Salaries	% FTE	
HAP Clinical Manager (TBD)	0.90	17,280	16%	21,600	20%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	17,280	16%	108,000
HAP Program Manager (KC)	1.00	14,178	14%	14,178	14%	15,191	15%	14,178	14%	14,178	14%	14,178	14%	15,191	15%	14,178	14%	14,178	14%	14,178	14%	14,178	14%	14,178	14%	14,178	14%	14,178	14%	14,178	14%	101,274
HAP Program Coordinator	1.00	0	0%	12,000	16%	12,750	17%	12,000	16%	12,000	16%	12,750	17%	12,750	17%	12,000	16%	12,000	16%	12,000	16%	12,750	17%	12,750	17%	12,000	16%	12,000	16%	12,000	16%	75,000
Director of Program (AA)	0.10	1,178	8%	1,178	8%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	1,031	7%	14,731
Data Analyst	0.10	711	8%	711	8%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	622	7%	8,892
Data Analyst and Communications Specialist	0.10	0	0%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	541	7%	7,722
HAP Clinical Test Counselor	1.00	0	0%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	17,000	20%	85,000
		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%	-
Total FTE & Total Salaries	4.20	33,348	8%	67,209	17%	64,415	16%	2,194	1%	62,653	16%	2,271	1%	46,480	12%	47,212	12%	19,271	5%	46,480	12%	2,271	1%	2,271	1%	2,271	1%	2,271	1%	2,271	1%	400,619
Fringe Benefits	30%	10,004	8%	20,163	17%	19,325	16%	668	1%	18,796	16%	681	1%	13,944	12%	14,164	12%	5,781	5%	13,944	12%	681	1%	681	1%	681	1%	681	1%	681	1%	120,186
Total Personnel Expenses		43,353	8%	87,371	17%	83,740	16%	2,852	1%	81,448	16%	2,953	1%	60,424	12%	61,376	12%	25,053	5%	60,424	12%	2,953	1%	2,953	1%	2,953	1%	2,953	1%	2,953	1%	520,805
Operating Expenses		Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Expenditure	%	Contract Total
Total Occupancy		20,723	8%	20,723	8%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	18,133	7%	299,043
Total Materials and Supplies		5,480	8%	5,480	8%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	4,795	7%	68,500
Total General Operating		7,904	8%	7,904	8%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	6,916	7%	98,800
Total Staff Travel		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%	-
Consultants/Subcontractor		60,000	6%	39,000	4%	89,000	8%	59,000	6%	59,000	6%	39,000	4%	109,000	10%	228,500	21%	228,500	21%	35,000	3%	37,000	3%	20,000	2%	60,000	6%	60,000	6%	1,063,000		
Other (Community Engagement, Staff Training, Barrier Removal)		0	0%	0	0%	17,500	7%	0	0%	0	0%	0	0%	0	0%	235,500	93%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	253,000
		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%	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		94,107	5%	73,107	4%	136,344	8%	88,844	5%	88,844	5%	68,844	4%	138,844	8%	265,344	15%	258,344	15%	258,344	15%	64,844	4%	66,844	4%	49,844	3%	89,844	5%	89,844	5%	1,742,343
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	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	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	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%	0
Total Direct Expenses		137,460	6%	160,479	7%	220,084	10%	91,696	4%	170,292	8%	71,797	3%	199,268	9%	326,720	14%	283,397	13%	318,768	14%	67,797	3%	69,797	3%	52,797	2%	92,797	4%	92,797	4%	2,263,148
Indirect Expenses	15%	20,619	6%	24,075	7%	33,012	10%	13,754	4%	25,544	8%	10,769	3%	29,890	9%	49,008	14%	42,509	13%	47,815	14%	10,169	3%	10,469	3%	7,919	2%	13,919	4%	339,471		
TOTAL EXPENSES		158,079	6%	184,554	7%	253,096	10%	105,450	4%	195,836	8%	82,566	3%	229,158	9%	375,728	14%	325,906	13%	366,583	14%	77,966	3%	80,266	3%	60,716	2%	106,716	4%	2,602,619		
UOS Type Description	Monthly Serv.	Test	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.	Monthly Serv.		
Units of Service (UOS) per Service Mode	12	2,611	60	36	36	24	60	12	60	12	60	72	24	342	12	342	12	342	12	342	12	342	12	342	12	342	12	342	12	342	3,397	
Cost Per Unit of Service by Service Mode	13,173.25	70.69	4,218.28	2,929.18	5,439.90	3,440.26	3,819.31	31,310.66	5,431.78	5,091.44	3,248.99	234.71	5,059.68	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	2,964.31	28,961		
Number of Clients (NOC) per Service Mode	NA	800	650	360	280	300	16,166	5,000	935	2,930	250	710	200	380	380	380	380	380	380	380	380	380	380	380	380	380	380	380	380	380		

BUDGET JUSTIFICATION

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

Appendix #: B-1e
 Fiscal Year: FY27-28

1a) SALARIES

Staff Position 1: HAP Clinical Manager (TBD)					
Brief description of job duties:	The Hap Clinical Manager is responsible for the clinical 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 Program Director, 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:	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
	\$120,000.00	0.90	12	1.00	\$ 108,000

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
	\$101,274.00	1.00	12	1	\$ 101,274

Staff Position 3: HAP Program Coordinator					
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	\$ 75,000

Staff Position 4: 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 as needed.				
Minimum qualifications:	BA/BS or more advanced.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
	\$147,305.00	0.10	12	1	\$ 14,731

Staff Position 4: Data Analyst					
Brief description of job duties:	The UMOJA HAP Data Analyst will provide program data entry, collection, reporting and subcontractor support concerning collecting, reporting, and entry of client level data and numbers of clients seen.				

Office supplies	copier paper, writing materials, software.	\$45,000 x 10%	4,500.00
Clinical space- Office supplies	copier paper, writing materials, software.	1000 per month	12,000.00
Program supplies	clinical supplies, reference materials.	4333.33 per month	52,000.00
Total Materials & Supplies:			68,500

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	1000 per month	12,000.00
Clinical space- Insurance	general & liability insurance.	1800 per month	21,600.00
Clinical space- Information Technology	internet service provider, website maintenance, social medial platforms.	1100 per month	13,200.00
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	500 per month	6,000.00
Advertising/Outreach	Social Media, newspaper, community outreach.	3333.33 per month	40,000.00
Meeting and conferences	staff/client meeting refreshments.	500 per month	6,000.00
Total General Operating:			98,800

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Provide services such as Integrated HIV, HCV, and STD testing; Linkage and navigation of prevention and treatment medication (such as PrEP, HIV care, and HCV Treatment); linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	260,000.00	260,000
3rd Street Youth Center and Clinic	Provide services such as linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, and others; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000.00	200,000
UCSF Alliance Health Project	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000.00	200,000
PRC	Provide services such as HIV, HCV, STD health education and prevention counseling and Basic needs services.	233,000.00	233,000
Glide Foundation	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	170,000.00	170,000
Total Consultants/Subcontractors:			1,063,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (4), POP UP events (12), Mobile Clinic Locations (12).	~30 events - \$7,000/per event x 0.94285	198,000.00
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	2500 per month	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: 253,000

TOTAL OPERATING EXPENSES: 1,742,343

TOTAL DIRECT COSTS: 2,263,148

4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS:	339,471
--------------------------	-----------------------	---------------	------------------------------	----------------

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Indirect costs is collected at 15% of total allowable direct costs. This will support organization's essential administrative expenses such as operation staff costs (Finance, HR, Facilities, Executive leadership, IT).	339,471

Indirect Rate: 15%

TOTAL INDIRECT COSTS: 339,471

TOTAL EXPENSES: 2,602,619

BUDGET JUSTIFICATION

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

Appendix #: B-1f
 Fiscal Year: FY28-29

1a) SALARIES

Staff Position 1: HAP Clinical Manager (TBD)					
Brief description of job duties:	The Hap Clinical Manager is responsible for the clinical 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 Program Director, 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:	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	
\$120,000.00	0.90	12	1.00	\$ 108,000	

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	
\$101,274.00	1.00	12	1	\$ 101,274	

Staff Position 3: HAP Program Coordinator					
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	\$ 75,000	

Staff Position 4: 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 as needed.				
Minimum qualifications:	BA/BS or more advanced.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$147,305.00	0.10	12	1	\$ 14,731	

Staff Position 4: Data Analyst					
Brief description of job duties:	The UMOJA HAP Data Analyst 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.				

Total Materials & Supplies:			68,500

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	1000 per month	12,000
Clinical space- Insurance	general & liability insurance.	1800 per month	21,600
Clinical space- Information Tecvhnology	internet service provider, website maintenance, social medial platforms.	1100 per month	13,200
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	500 per month	6,000
Advertising/Outreach	Social Media, newspaper, community outreach.	3333.33 per month	40,000
Meeting and conferences	staff/client meeting refreshments.	500 per month	6,000
Total General Operating:			98,800

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Provide services such as Integrated HIV, HCV, and STD testing; Linkage and navigation of prevention and treatment medication (such as PrEP, HIV care, and HCV Treatment); linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	260,000.00	260,000
3rd Street Youth Center and Clinic	Provide services such as linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, and others; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000.00	200,000
UCSF Alliance Health Project	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000.00	200,000
PRC	Provide services such as HIV, HCV, STD health education and prevention counseling and Basic needs services.	233,000.00	233,000
Glide Foundation	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	170,000.00	170,000
Total Consultants/Subcontractors:			1,063,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (4), POP UP events (12), Mobile Clinic Locations (12).	~30 events - \$7,000/per event x 0.94285	198,000
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	2500 per month	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:			253,000

TOTAL OPERATING EXPENSES:	1,742,343
----------------------------------	------------------

TOTAL DIRECT COSTS: 2,263,148

4) INDIRECT COSTS	Indirect Rate:	15.00%	TOTAL INDIRECT COSTS: 339,471
--------------------------	----------------	--------	--------------------------------------

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Indirect costs is collected at 15% of total allowable direct costs. This will support organization's essential administrative expenses such as operation staff costs (Finance, HR, Facilities, Executive leadership, IT).	339,471

Indirect Rate: 15%

TOTAL INDIRECT COSTS: 339,471

TOTAL EXPENSES: 2,602,619

BUDGET JUSTIFICATION

Contractor Name **Rafiki Coalition for Health & Wellness**

Appendix #: B-1g

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

Fiscal Year: **FY29-30**

1a) SALARIES

Staff Position 1: HAP Clinical Manager (TBD)					
Brief description of job duties:	The Hap Clinical Manager is responsible for the clinical 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 Program Director, 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:	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	
\$120,000.00	0.90	12	1.00	\$ 108,000	

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	
\$101,274.00	1.00	12	1	\$ 101,274	

Staff Position 3: HAP Program Coordinator					
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	\$ 75,000	

Staff Position 4: 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 as needed.				
Minimum qualifications:	BA/BS or more advanced.				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$147,305.00	0.10	12	1	\$ 14,731	

Staff Position 4: Data Analyst					
---------------------------------------	--	--	--	--	--

Total Occupancy: 259,043

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Office supplies	copier paper, writing materials, software.	\$45,000 x 10%	4,500
Clinical space- Office supplies	copier paper, writing materials, software.	1000 per month	12,000
Program supplies	clinical supplies, reference materials.	4333.33 per month	52,000
Total Materials & Supplies:			68,500

General Operating:

Expense Item	Brief Description	Rate	Cost
Clinical space- Equipment rental	copiers machines.	1000 per month	12,000
Clinical space- Insurance	general & liability insurance.	1800 per month	21,600
Clinical space- Information Tecvhnology	internet service provider, website maintenance, social medial platforms.	1100 per month	13,200
Clinical space- Dues and subscriptions	licenses, dues, Professional membership.	500 per month	6,000
Advertising/Outreach	Social Media, newspaper, community outreach.	3333.33 per month	40,000
Meeting and conferences	staff/client meeting refreshments.	500 per month	6,000
Total General Operating:			98,800

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description	Rate	Cost
San Francisco AIDS Foundation	Provide services such as Integrated HIV, HCV, and STD testing; Linkage and navigation of prevention and treatment medication (such as PrEP, HIV care, and HCV Treatment); linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	260,000	260,000
3rd Street Youth Center and Clinic	Provide services such as linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, and others; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000	200,000
UCSF Alliance Health Project	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	200,000	200,000
PRC	Provide services such as HIV, HCV, STD health education and prevention counseling and Basic needs services.	233,000	233,000
Glide Foundation	Provide services such as integrated HIV, HCV, and STD testing; Mental Health Services; linkage and navigation to PrEP, PEP/Doxy PEP, HIV Care, HCV Treatment, STD treatment, primary care, and others; linkage to substance use treatment; Syringe access and disposal; Overdose prevention; Condom distribution; HIV, HCV, STD health education and prevention counseling; and Basic needs services.	170,000	170,000
Total Consultants/Subcontractors:			1,063,000

Other:

Expense Item	Brief Description	Rate	Cost
Community Engagement	Community workshops (4), POP UP events (12), Mobile Clinic Locations (12).	~30 events - \$7,000/per event x 0.94285	198,000
Professional Development & Trainings	Ongoing Professional Staff Development workshops designed to train staff to work with the people the program is servicing.	2500 per month	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: 253,000

TOTAL OPERATING EXPENSES: 1,742,343

TOTAL DIRECT COSTS: 2,263,148

4) INDIRECT COSTS	Indirect Rate:	15.00%		TOTAL INDIRECT COSTS:	339,471
--------------------------	----------------	--------	--	------------------------------	----------------

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Indirect costs is collected at 15% of total allowable direct costs. This will support organization's essential administrative expenses such as operation staff costs (Finance, HR, Facilities, Executive leadership, IT).	339,471

Indirect Rate: 15%

TOTAL INDIRECT COSTS: 339,471

TOTAL EXPENSES: 2,602,619

**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	60	16,166							60	16,166
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		28,961			28,961

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$376,005				\$376,005.00
Fringe Benefits	\$112,802				\$112,802.00
Total Personnel Expenses	\$488,807				\$488,807.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$259,043				\$259,043.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$70,500				\$70,500.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$98,800				\$98,800.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$1,093,000				\$1,093,000.00
Other - Community Engagement Professional Development & Trainings Barrier Removal	\$253,000				\$253,000.00
Total Operating Expenses	\$1,774,343				\$1,774,343.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,263,150				\$2,263,150.00
Indirect Expenses	\$339,469				\$339,469.00
TOTAL EXPENSES	\$2,602,619				\$2,602,619.00
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**

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

Invoice Number
JUL26

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: **07/1/26 - 07/31/26**

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	60	16,166							60	16,166
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		28,961			28,961

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$400,619				\$400,619.00
Fringe Benefits	\$120,186				\$120,186.00
Total Personnel Expenses	\$520,805				\$520,805.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$259,043				\$259,043.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$68,500				\$68,500.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$98,800				\$98,800.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$1,063,000				\$1,063,000.00
Other - Community Engagement Professional Development & Trainings Barrier Removal	\$253,000				\$253,000.00
Total Operating Expenses	\$1,742,343				\$1,742,343.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,263,148				\$2,263,148.00
Indirect Expenses	\$339,471				\$339,471.00
TOTAL EXPENSES	\$2,602,619				\$2,602,619.00
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**

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

Invoice Number
JUL27

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: **07/1/27 - 07/31/27**

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	60	16,166							60	16,166
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		28,961			28,961

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$400,619				\$400,619.00
Fringe Benefits	\$120,186				\$120,186.00
Total Personnel Expenses	\$520,805				\$520,805.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$259,043				\$259,043.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$68,500				\$68,500.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$98,800				\$98,800.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$1,063,000				\$1,063,000.00
Other - Community Engagement Professional Development & Trainings Barrier Removal	\$253,000				\$253,000.00
Total Operating Expenses	\$1,742,343				\$1,742,343.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,263,148				\$2,263,148.00
Indirect Expenses	\$339,471				\$339,471.00
TOTAL EXPENSES	\$2,602,619				\$2,602,619.00
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-1f
7/1/28-6/30/29
PAGE A

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

Invoice Number
JUL28

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: **07/1/28 - 07/31/28**

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	60	16,166							60	16,166
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		28,961			28,961

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$400,619				\$400,619.00
Fringe Benefits	\$120,186				\$120,186.00
Total Personnel Expenses	\$520,805				\$520,805.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$259,043				\$259,043.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$68,500				\$68,500.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$98,800				\$98,800.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$1,063,000				\$1,063,000.00
Other - Community Engagement Professional Development & Trainings Barrier Removal	\$253,000				\$253,000.00
Total Operating Expenses	\$1,742,343				\$1,742,343.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,263,148				\$2,263,148.00
Indirect Expenses	\$339,471				\$339,471.00
TOTAL EXPENSES	\$2,602,619				\$2,602,619.00
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-1g
7/1/29-6/30/30
PAGE A

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

Invoice Number
JUL29

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: **07/1/29 - 07/31/29**

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	60	16,166							60	16,166
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		28,961			28,961

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$400,619				\$400,619.00
Fringe Benefits	\$120,186				\$120,186.00
Total Personnel Expenses	\$520,805				\$520,805.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$259,043				\$259,043.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$68,500				\$68,500.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$98,800				\$98,800.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$1,063,000				\$1,063,000.00
Other - Community Engagement Professional Development & Trainings Barrier Removal	\$253,000				\$253,000.00
Total Operating Expenses	\$1,742,343				\$1,742,343.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,263,148				\$2,263,148.00
Indirect Expenses	\$339,471				\$339,471.00
TOTAL EXPENSES	\$2,602,619				\$2,602,619.00
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)**

TABLE OF CONTENTS

SECTION 1 - “THIRD PARTY” CATEGORIES..... 1
SECTION 2 - DEFINITIONS..... 1
SECTION 3 – GENERAL REQUIREMENTS 1
SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS 3
SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS 4
SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS 4
SECTION 7 - DEPARTMENT’S RIGHTS..... 4
SECTION 8 - DATA BREACH; LOSS OF CITY DATA..... 5

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.