

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

Third Amendment

THIS AMENDMENT (this “Amendment”) is made as of **March 1, 2023**, in San Francisco, California, by and between **SAN FRANCISCO PUBLIC HEALTH FOUNDATION** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **update scope of work and budget**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFQ 36-2017** issued on October 3, 2019 and this modification is consistent therewith; and

WHEREAS, approval for the Original Agreement was obtained on December 3, 2018 from the Civil Service Commission under **PSC number 46237 - 14/15** in the amount of \$70,352,000 for the period of 11 years 2 days; and

WHEREAS, approval for this Amendment was obtained on December 1, 2018 from the Civil Service Commission under **PSC number 46237 - 14/15** in the amount of \$70,352,000 for the period of 11 years 2 days; and

WHEREAS, the City’s Board of Supervisors approved this Agreement by **Resolution Number 4-22** on January 21st, 2022.

NOW, THEREFORE, Contractor and the City agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **January 1, 2020**, (**Contract ID# 1000016941**) between Contractor and City, as amended by the:

First Amendment, dated **November 1, 2020 (Contract ID# 1000016941)**, and
Second Amendment, dated **September 1, 2021 (Contract ID# 1000016941)**.

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

The Appendices listed below are Amended as follows:

- 2.1 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and fully incorporated within the Agreement.
- 2.2 **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.
- 2.3 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and fully incorporated within the Agreement.
- 2.4 **Appendix A-4.** Appendix A-4 is hereby replaced in its entirety by Appendix A-4, attached to this Amendment and fully incorporated within the Agreement.
- 2.5 **Appendix A-5.** Appendix A-5 is hereby replaced in its entirety by Appendix A-5, attached to this Amendment and fully incorporated within the Agreement.
- 2.6 **Appendix A-8.** Appendix A-8 is hereby replaced in its entirety by Appendix A-8, attached to this Amendment and fully incorporated within the Agreement.
- 2.7 **Appendix A-10.** Appendix A-10 is hereby replaced in its entirety by Appendix A-10, attached to this Amendment and fully incorporated within the Agreement.
- 2.8 **Appendix A-11.** Appendix A-11 is hereby replaced in its entirety by Appendix A-11, attached to this Amendment and fully incorporated within the Agreement.
- 2.9 **Appendix A-12.** Appendix A-12 is hereby replaced in its entirety by Appendix A-12, attached to this Amendment and fully incorporated within the Agreement.
- 2.10 **Appendix A-13.** Appendix A-13 is hereby replaced in its entirety by Appendix A-13, attached to this Amendment and fully incorporated within the Agreement.
- 2.11 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement.
- 2.12 **Appendix B-4c.** Appendix B-4c is hereby replaced in its entirety by Appendix B-4c, attached to this Amendment and fully incorporated within the Agreement.
- 2.13 **Appendix B-4d.** Appendix B-4d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.14 **Appendix B-10a.** Appendix B-10a is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.15 **Appendix B-10b.** Appendix B-10b is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.16 **Appendix B-13.** Appendix B-13 is hereby replaced in its entirety by Appendix B-13, attached to this Amendment and fully incorporated within the Agreement.

- 2.17 **Appendix B-13a.** Appendix B-13a is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.18 **Appendix B-13b.** Appendix B-13b is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.19 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E, attached to this Amendment and fully incorporated within the Agreement.
- 2.20 **Appendix F-4c.** Appendix F-4c is hereby replaced in its entirety by Appendix F-4c, attached to this Amendment and fully incorporated within the Agreement.
- 2.21 **Appendix F-4d.** Appendix F-4d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.22 **Appendix F-10a.** Appendix F-10a is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.23 **Appendix F-10b.** Appendix F-10b is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.24 **Appendix F-13.** Appendix F-13 is hereby replaced in its entirety by Appendix F-13, attached to this Amendment and fully incorporated within the Agreement.
- 2.25 **Appendix F-13a.** Appendix F-13a is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.26 **Appendix F-13b.** Appendix F-13b is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.27 **Appendix K.** Appendix K is hereby replaced in its entirety by Appendix K, attached to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY
Recommended by:

CONTRACTOR
SAN FRANCISCO PUBLIC HEALTH
FOUNDATION

DocuSigned by:
Greg Wagner 4/3/2023 | 10:01:28 PDT
28527524752949F...
Grant Colfax, MD
Director of Health
Department of Public Health

DocuSigned by:
Penny Eardley 3/28/2023 | 3:43:29 MDT
EDA38B8FA18249F...
Penny Eardley
Executive Director
1 Hallidie Plaza, Suite 808
San Francisco, CA 94102

Approved as to Form:

City Supplier number: 0000011526

David Chiu
City Attorney

DocuSigned by:
By: Louise Simpson 3/28/2023 | 6:12:50 PDT
BD54168A4C3B452
Deputy City Attorney

Approved:

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

DocuSigned by:
By: Taraneh Moayed 4/11/2023 | 12:59:00 PDT
9AEA44694D514E7...

Taraneh Moayed

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

G. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

H. Acknowledgment of Funding:

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

I. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services is listed below and are attached hereto

- Appendix A-1 Program Administration for Community Health Engagement
- Appendix A-2 Program Administration for Community Health Engagement
- Appendix A-4 Program Administration for Community Health Engagement - COVID-19
- Appendix A-5 Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab
- Appendix A-6 Program Administration for Community Health Engagement – COVID – 19 OPS Testing
- Appendix A-7 Program Administration for Community Health Engagement – Dream Keeper Initiative

Appendix A-8	Program Administration for Community Health Engagement – End Hep C SF Community Navigation
Appendix A-9	Program Administration for Community Health Engagement – District 5 Community Resource HUB
Appendix A-10	Program Administration for Community Health Engagement – Rebuilding Together SF
Appendix A-11	Program Administration for Community Health Engagement – Safe Route to Schools
Appendix A-12	Program Administration for Community Health Engagement – Food as Medicine
Appendix A-13	Program Administration for Community Health Engagement – End Hep C SF Planning

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

CONTRACT SUMMARY

Contractor/Vendor: San Francisco Public Health Foundation
Service Provider:
Total Funding Amount: \$19,336,340
Funding Source: Grant CDC, GF HIV Prevention, GF Health Education, State/CDPH, GF BOS Addback, GF-FEMA, ECN Work Order, MTA Work Order, HSA Work Order, Dream Keeper's Initiative, Hellman Grant - Food as Medicine Grant, and General Fund
Program Name: Community Health Engagement, Community Health Engagement - COVID-19, Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab, Program Administration for Community Health Engagement – COVID-19 OPS Testing, Program Administration for Community Health Engagement – Dream Keeper's Initiative, Program Administration for Community Health Engagement – End Hep C SF Community Navigation, Program Administration for Community Health Engagement – District 5 Community Resource HUB, Program Administration for Community Health Engagement – Rebuilding Together SF, Program Administration for Community Health Engagement – Safe Route to Schools, Program Administration for Community Health Engagement – Food as Medicine, Program Administration for Community Health Engagement – End Hep C SF & Hep C Planning.
System of Care: CHEP
Program Code: N/A

Provider Address: 1 Hallidie Plaza, Suite 808
Provider Phone: 415-504-6738 ext.101
Contact Person: Penny Eardley
RFP# and Term: RFQ 36-2017 issued on 10/03/2019 [1/1/2020 to 12/31/2024]

Appendix A#:

Funding Source

Appendix B:

Year:

Funding Amount:

Unspent Funding:

Funding Term:

Number of UOS:

Number of UDC/NOC:

Definition of UOS:

A-1 General Fund-Health Education				
A-1/B-1	B-1a	B-1b	B-1c	B-1d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$39,000	\$554,413	\$620,050	\$644,852	\$644,852
		-\$61,972		
01/01/2020-06/30/2020	7/1/2020-6/30/21	7/1/2021-6/30/22	7/1/2022-6/30/23	7/1/2023-6/30/24
6	132	156	96	108
1	10	10	8	9
Number of Subcontractors x months in fiscal year				

Target Population: This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by the health disparities and adverse effects, including: Black, African American, Asian, including Chinese, Pacific Islander, Latinx, Youth and transitional-age youth, Seniors, Low-income populations, Individuals experiencing health disparities, and others as identified.

Description of Services: The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors: Community Health Engagement, Violence Prevention, Vision Zero and Community and Home Injury Prevention Program for Seniors (CHIPPS).

Appendix A#:

Funding Source

Appendix B:

Year:

Funding Amount:

Unspent Funding:

Funding Term:

Number of UOS:

Number of UDC/NOC:

Definition of UOS:

A-2 General Fund - HIV Prevention				
B-2	B-2a	B-2b	B-2c	B-2d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$10,417	\$22,916	\$25,000	\$31,765	\$31,765
2/1/2020-6/30/2020	7/1/2020-6/30/2021	7/1/2021-6/30/2022	7/1/2022-6/30/2023	7/1/2023-6/30/2024
234	536	454	520	520
N/A	N/A	N/A	N/A	N/A
Staff Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours

Target Population: This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by HIV and Hep C, including: Black, African American, Asian, including Chinese, Pacific Islander, Latinx, Youth and transitional-age youth, Seniors, Low-income populations, Individuals experiencing health disparities, and others as identified.

Description of Services: End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

Appendix A# :

Funding Source

Appendix B:

Year:

Funding Amount:

Unspent Funding:

Funding Term:

Number of UOS:

Number of UDC/NOC:

Definition of UOS:

A-2 Grant CDC				
B-3	B-3a	B-3b	B-3c	B-3d
FY19-20	FY20-21	FY21-22	FY22-23	FY23-24
\$21,875	\$25,000	\$25,000	\$25,000	\$25,000
2/1/2020-12/31/2020	1/1/2021-12/31/2021	1/1/2022-12/31/2022	1/1/2023-12/31/2023	1/1/2024-12/31/2024
520	567	454	416	520
N/A	N/A	N/A	N/A	N/A
Staff Hours	Staff Hours	Staff Hours	Staff Hours	Staff Hours

Target Population: This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by HIV and Hep C, including: Black, African American, Asian, including Chinese, Pacific Islander, Latinx, Youth and transitional-age youth, Seniors, Low-income populations, Individuals experiencing health disparities, and others as identified.

Description of Services: End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:

A-4 General Fund - FEMA - State HUB & CI						
B-4a	B-4a.1	B-4b	B-4b.1	B-4b.2	B-4c	B-4d
FY20-21	FY20-21	FY21-22	FY21-22	FY21-22	FY22-23	FY22-23
\$3,573,564	\$1,000,000	\$6,735,235	\$2,145,000	\$549,815	\$ 492,250	\$783,750
		-\$404,168	-\$220,942			
8/1/2020 - 6/30/2021	9/1/2020 - 06/30/2021	07/01/2021- 06/30/2022	07/01/2021- 06/30/2022	07/01/2021- 06/30/2022	01/01/2022- 05/30/2023	07/01/22- 06/30/23
59	14	96	36	12	33	12
8	2	8	3	1	3	1

Definition of UOS:

Number of Subcontractors x months in fiscal year

Target Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects, including: Black, African American, Asian, Native Hawaiian/Pacific Islander, Latino/a/x, Native American/Indigenous, and others as identified.

Description of Services:

The San Francisco Public Health Foundation will provide Program Management, Capacity Building and Subcontractor Management Services to subcontractors who will respond to an application seeking COVID-19 community prevention, mitigation, and wellness programs that include focused outreach and mobile test site support, case investigation and contact tracing (CI/CT), community care for COVID-19 positive individuals, and a community partner CI/CT training center for vulnerable populations and the neighborhoods they live in.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-5 State CDPH - CDC Grant				
B-5	B-5a	B-5a.1	B-5b	B-5c
FY20-21	FY21-22	FY21-22	FY22-23	FY23-24
\$130,406	\$80,000	\$115,000	\$138,101	\$115,000
7/17/2020- 6/30/2021	07/01/2021- 04/30/2022	07/01/2021- 04/30/2022	5/01/2022- 04/30/2023	05/01/2023- 04/30/2024
2080	12	1726	2080	1726
N/A	N/A	N/A	N/A	N/A

1 Unit = 1 Hour

Target Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by HIV and Hep C, including: Black, African American, Asian, including Chinese, Pacific Islander, Latinx, Youth and transitional-age youth, Seniors, Low-income populations, Individuals experiencing health disparities, and others as identified.

Description of Services:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Human Resources Management/Support in support of the End Hep C SF project.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-6 GF BOS Addback	
B-6	
FY20-21	
\$125,000	
12/1/2020- 6/30/2021	
4	
1	

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Target Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects.

Description of Services:

San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of COVID OPS Testing serviced by subcontractor FACES SF Bayview Health.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-7 Dream Keeper's Initiative Grant		
B-7	B-7a	
FY20-21	FY21-22	
\$111,069	\$188,931	
	-\$38,592	
12/1/2020- 6/30/2021	07/01/2021- 06/30/2022	
9	24	
3	2	

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Target Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects.

Description of Services:

San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the Dream Keeper's Initiative serviced by subcontractor: Rafiki Coalition, YMCA Urban Services, and Southwest Community Corp.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-8			
General Fund - HIV Prevention			
B-8	B-8a	B-8b	
FY21-22	FY22-23	FY21-24	
\$100,000	\$104,000	\$104,000	
-\$4,421			
07/01/2021-06/30/2022	07/01/2022-06/30/2023	07/01/2023-06/30/2024	
24	24	24	
4	4	4	

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Target Population: This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by the health disparities and adverse effects, including: Black, African American, Asian, including Chinese, Pacific Islander, Latinx, Youth and transitional-age youth, Seniors, Low-income populations, Individuals experiencing health disparities, and others as identified.

Description of Services: End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-9	
ECN Work Order	
B-9	
FY20-21	
\$175,000	
-\$113	
07/01/2021-06/30/2022	
12	
1	

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Target Population: This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations such as Black, African American, Asian, Native Hawaiian/Pacific Islander, Latino/a/x, Native American/Indigenous community Pacific Islander, and others as identified

Description of Services: the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of a D5 Community Resource Hub serviced by subcontractors listed below: Collective Impact

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-10			
HSA Work Order			
B-10	B-10a	B-10b	
FY21-22	FY22-23	FY22-24	
\$10,500	\$140,700	\$47,522	
12/15/2021-03/31/2022	11/1/2022-6/30/23	07/01/23-11/30/23	
3	8	5	
1	1	1	

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Target Population: This program serves all ethnicities and populations, with a special focus on the needs of Seniors living in San Francisco

Description of Services: Provide Program Admin. Support through Subcontract Management Services for senior living with fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home.

Appendix A# :
Funding Source
Appendix B:
Year:
Funding Amount:
Unspent Funding:
Funding Term:
Number of UOS:
Number of UDC/NOC:
Definition of UOS:

A-11		
MTA Work Order		
B-11	B-11a	
FY22-22	FY22-23	
\$20,000	\$55,000	
-\$200		
02/01/2022-06/30/2022	07/01/2022-06/30/2023	
3	12	
1	1	

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Target Population: This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following Black/African American, Asian, Native Hawaiian/Pacific Islander, Latino/a/x, Native American/Indigenous community.

Description of Services: Provide an evaluation of the Safe Streets program.

Appendix A# :

Funding Source

Appendix B:

Year:

Funding Amount:

Unspent Funding:

Funding Term:

Number of UOS:

Number of UDC/NOC:

Definition of UOS:

A-12							
Hellman Grant - Food as Medicine							
	<table border="1"> <tr> <td>B-12</td> </tr> <tr> <td>FY22-23</td> </tr> <tr> <td>\$100,000</td> </tr> <tr> <td>07/01/22-06/30/23</td> </tr> <tr> <td>1872</td> </tr> <tr> <td>N/A</td> </tr> </table>	B-12	FY22-23	\$100,000	07/01/22-06/30/23	1872	N/A
B-12							
FY22-23							
\$100,000							
07/01/22-06/30/23							
1872							
N/A							
1 Unit = 1 Staff Hour							
Target Population:	This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by Food Insecurity, including: Chinese, Pacific Islander, Latinx, Youth and transitional-age youth, Seniors, Low-income populations, Individuals experiencing health disparities, others as identified.						
Description of Services:	Program Administration through Human Resources Management/Support in support of the Food as Medicine project and as part of the Community Health Engagement goals. Food as Medicine supports the prescription and provision of fresh fruits and vegetables to community health center patients.						

Appendix A# :

Funding Source

Appendix B:

Year:

Funding Amount:

Unspent Funding:

Funding Term:

Number of UOS:

Number of UDC/NOC:

Definition of UOS:

A-13			
General Fund			
	B-13	B-13a	B-13b
	FY22-23	FY22-23	FY23-24
	\$30,000	\$50,000	\$100,000
	07/01/22-06/30/23	01/01/23 - 06/30/2023	07/01/23 - 06/30/24
	12	6	12
	1	1	1
1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year			
Target Population:	This program serves all ethnicities and populations in San Francisco, with a special focus on those who have been disproportionately impacted by unsafe streets and adverse effects, including: Black/African American, Asian, Native Hawaiian/Pacific Islander, Latino/a/x, Native American/Indigenous community, others as identified.		
Description of Services:	SPPHF will provide a strategic plan for the End Hep C SF coalition		

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
415-504-6738 Fax: 415-520-0471
www.sfphf.org

Executive Director/Program Director: Penny Eardley
Telephone: 415-504-6738 ext. 101
Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Program Management, Capacity Building and Subcontractor Management Services in support of the programs listed below serviced by the following contractors:

Community Health Engagement: The goal of the SFDPH Community Health Engagement Project is to support and promote community-wide health and well-being as well as community capacity building efforts. Subcontractor: TBD

Community and Home Injury Prevention Program for Seniors (CHIPPS): The goal of the Community & Home Injury Prevention Program for Seniors (CHIPPS) is to prevent falls and injuries to seniors living in San Francisco by providing fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home. Subcontractor: Rebuilding Together SF

Violence Prevention: The goal of this contract is to support comprehensive services offered by CARECEN’s Second Chance Youth Program. The peer support groups create safe environments at local high schools and community spaces to actively engage in critical thinking, life-skills development, and fun, culturally affirming group activities. Subcontractor: CARECEN

Vision Zero: The goal of the Vision Zero – Community Engagement Program is to reduce traffic-related fatalities and severe injuries, especially to children, seniors, and people with disabilities. Subcontractors: 18 Reasons, Walk SF Foundation, Senior and Disability Action, Chinatown Community Development Center, Lighthouse for the Blind and Visually Impaired, Curry Senior Center

No use of technological services.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

4. Priority Population: Community Health Engagement:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by the health disparities and adverse effects, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

Community and Home Injury Prevention Program for Seniors (CHIPPS):

- Priority populations are all seniors over 65 years old who live in San Francisco.
 - Subcontractor: Rebuilding Together SF

Violence Prevention:

- “at/in risk” Latino youth between the ages of 14-18 years in the San Francisco Bay Area
 - Subcontractor: CARECEN

Vision Zero:

- Children
- Seniors
- People with disabilities
- Low-income populations
 - Subcontractors: Walk SF Foundation, Senior and Disability Action, Chinatown Community Development Center, Curry Senior Center, Lighthouse for the Blind and Visually Impaired

5. Modality(s)/Intervention(s):

1 Unit = 1 subcontractor x number of months in the current fiscal year

Units of Service (UOS) Description 1/01/2020 to 6/30/2020	Units of Service (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration Subcontractor: 18 Reasons	6	1
Total UOS Delivered	6	
Total UDC Served		1

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

Units of Service (UOS) Description 7/01/2020 to 6/30/2021	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration - Subcontractors TBD (1)	12	1
Community & Home Injury Prevention Program for Seniors Program Administration - Subcontractor: Rebuilding Together San Francisco	12	1
Violence Prevention Program Administration - Subcontractor: CARECEN	12	1
Vision Zero Program Administration Subcontractors: (8) Raimi and Associates Walk SF Foundation – 2 programs Senior and Disability Action Chinatown Community Development Center Lighthouse for the Blind and Visually Impaired Portola Family Center Tenderloin Community Benefit District	12 24 12 12 12 12 12 (96)	7
Total UOS Delivered	132 UOS	
Total UDC Served		10

Units of Service (UOS) Description 7/01/2021 to 6/30/2022	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration - 4 Subcontractors	48	4
Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors	12	1
Violence Prevention Program Administration -1 Subcontractors	12	1
Vision Zero Program Administration - 7 Subcontractors	84	7
Total UOS Delivered	156 UOS	
Total UDC Served		10

Units of Service (UOS) Description 7/01/2022 to 6/30/2023	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Administration - 18 Reasons	12	1
Community & Home Injury Prevention Program for Seniors Program Administration – Rebuilding Together SF	12	1
Violence Prevention Program Administration – CARECEN		1

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

	12	
Vision Zero Program Administration – Walk SF Foundation Senior and Disability Action Chinatown Community Development Center Curry Senior Center Lighthouse for the Blind and Visually Impaired	60	5
Total UOS Delivered	96 UOS	
Total UDC Served		8

Units of Service (UOS) Description 7/01/2023 to 6/30/2024	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration-Subcontractors TBD	24	2
Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors	12	1
Violence Prevention Program Administration – 1 Subcontractors	12	1
Vision Zero Program Administration - 5 Subcontractors	60	5
Total UOS Delivered	108 UOS	
Total UDC Served		9

6. Methodology:

Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the Community Health Engagement Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

Objectives and Measurements:

**Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program
Administration**

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY19-20.”

FY 2019-2020 (six (6) months)

By June 30, 2020, SFPHF program staff will complete subcontractor’s agreements as requested by CHEP program staff.

FY 2020-2021 (twelve (12) months)

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2021-2022 (twelve (12) months)

By August 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2022-2023 (twelve (12) months)

By August 1, 2022, SFPHF program staff will implement subcontract management and program administration support of subcontractors.

FY 2023-2024 (twelve (12) months)

By August 1, 2023, SFPHF program staff will implement subcontract management and program administration support of subcontractors.

7. Continuous Quality Improvement:

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

8. Required Language:

NA

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-1

Appendix Term: 01/01/2020-06/30/2024

Funding Source: General Fund-Health Education

9. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-2

Appendix Term: 02/01/2020-12/31/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

No use of technological services.

4. Priority Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by HIV and Hep C, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

5. Modality(s)/Intervention(s):

Units of Service (UOS) Description 2/01/2020 to 6/30/2020 B-2 2/01/2020 to 12/31/2020 B-3 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention – B-2	234	
Grant CDC – B-3	520	NA
Total UOS Delivered	754	

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-2

Appendix Term: 02/01/2020-12/31/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

Total UDC Served		
Units of Service (UOS) Description 7/01/2020 to 6/30/2021 B-2a 1/01/2021 to 12/31/2021 B-3a 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention – B-2a	536	
Grant CDC – B-3a	567	NA
Total UOS Delivered	1103	
Total UDC Served		

Units of Service (UOS) Description 7/01/2021 to 6/30/2022 B-2b 01/01/2022to 12/31/2022 B-3b 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention – B-2b	454	
Grant CDC – B-3b	454	NA
Total UOS Delivered	908	
Total UDC Served		

Units of Service (UOS) Description 7/01/2022 to 6/30/2023 B-2c 01/01/2023 to 12/31/2023 B-3c 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention – B-2c	520	
Grant CDC – B-3c	416	NA
Total UOS Delivered	936	
Total UDC Served		

Units of Service (UOS) Description 7/01/2023 to 6/30/2024 B-2d 01/01/2024 to 12/31/2024 B-3d 1 UOS = 1 Hour	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours		
General Fund HIV Prevention – B-2d	520	
Grant CDC – B-3d	520	NA
Total UOS Delivered	1,040	
Total UDC Served		

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Program Administration

Appendix A-2

Appendix Term: 02/01/2020-12/31/2024

Funding Source: General Fund-HIV Prevention/Grant CDC

6. Methodology:

Program Administration

1. Manage and disburse funds as directed by the Department as it applies to this project.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contract; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

Human Resources management

Employ, supervise and evaluate performance of the End Hep C SF Program Coordinator. This position works from a remote office and supplies coordination to the End Hep C SF Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Coordinator works 40 hours per week and is supervised by the Executive Director of SFPHF.

7. Objectives and Measurements:

A. Standardized Objectives:

Not applicable.

8. Continuous Quality Improvement:

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language: NA

10. Subcontractors & Consultants: NA

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-06/30/2023

Funding Source:
GF, CDC, State HUB & CI, and GF FEMA

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
415-504-6738 Fax: 415-520-0471
www.sfphf.org

Executive Director/Program Director: Penny Eardley
Telephone: 415-504-6738 ext. 101
Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of the programs listed below serviced by subcontractors by scored application. Subcontractors will implement programs that contribute to integration of key COVID-19 prevention and mitigation into core services of the agencies or DPH.

No use of technological services.

4. Priority Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are disproportionately impacted by COVID 19 and adverse effects, including:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community
- Others as identified

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-06/30/2023

Funding Source:
GF, CDC, State HUB & CI, and GF FEMA

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Units of Service (UOS) Description 8/01/2020 to 6/30/2021	Units of Service (UOS)	Unduplicated Clients (UDC)
COVID 19 Community Outreach Services Program Administration - Start-up Months which include the RFP Process 08/01/2020 – 06/30/2021 – B-4a	3	n/a
COVID 19 Community Outreach Services Program Administration - 7 Subcontractors will provide services to a selected neighborhood. (7x7 months = 49) 08/01/2020 – 06/30/2021 – B-4a	49	7
COVID 19 Community Outreach Services Program Administration - 1 subcontractor will provide training services for CT/CI candidates. (1x7months=7) 08/01/2020 – 06/30/2021 – B-4a	7	1
COVID 19 Community Outreach Services Program Administration - 2 Subcontractors will provide services to a selected neighborhood. (2x7 months = 14) 09/01/2020 – 06/30/2021 – B-4a.1	14	2
Total UOS Delivered	73	
Total UDC Served		10

Units of Service (UOS) Description 7/01/2021 to 6/30/2022	Units of Service (UOS)	Unduplicated Clients (UDC)
COVID 19 Community Outreach Services Program Administration - 8 Subcontractors will provide services to a selected neighborhood. (8x12 months = 96) 07/01/2021 – 06/30/2022 – B-4b	96	8
COVID 19 Community Outreach Services Program Administration - 3 subcontractors will provide to a selected neighborhood. (3x12months=36) – B-4b.1 07/01/2021 – 06/30/2022	36	3
COVID 19 Community Outreach Services Program Administration - 1 subcontractors will provide to a selected neighborhood. (1x12months=12) – B-4b.2 07/01/2021 – 06/30/2022	12	1
Total UOS Delivered	144	
Total UDC Served		12

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-06/30/2023

Funding Source:
GF, CDC, State HUB & CI, and GF FEMA

Units of Service (UOS) Description 1/01/2022 to 5/30/2023 B-4c	Units of Service (UOS)	Unduplicated Clients (UDC)
COVID 19 Community Outreach Services Program Administration - B-4c TBD	11	1
COVID 19 Community Outreach Services Subcontractor Management - B-4c Social Media Outreach subcontractors Lake Farm Learning/Max 415 MEDA SF	11 11	2
Total UOS Delivered	33	
Total UDC Served		3

Units of Service (UOS) Description B-4d (7/1/22 – 6/30/23)	Units of Service (UOS)	Unduplicated Clients (UDC)
Instituto Familiar de la Raza (IFR)	12	1
Total UOS Delivered	12	
Total UDC Served		1

5. Methodology:

Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the COVID 19 Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-06/30/2023

Funding Source:
GF, CDC, State HUB & CI, and GF FEMA

6. Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY22-23.”

FY 2020-2021

By August 1, 2020, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2021-2022

By July 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2022-2023

By January 1, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

7. Continuous Quality Improvement:

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

8. Required Language: NA

9. Subcontractors & Consultants:

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

Contractor Name: San Francisco Public Health Foundation
Program Name: COVID 19 Community Outreach Services –
Program Administration

Appendix A-4

Appendix Term: 08/01/2020-06/30/2023

Funding Source:
GF, CDC, State HUB & CI, and GF FEMA

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

- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – End Hep
C SF– Program Administration

Appendix A-5

Appendix Term: 7/17/2020-04/30/2024

Funding Source: State CDPH & CDC Grant
93.270

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

4. Priority Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by HIV and Hep C, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

5. Modality(s)/Intervention(s):

Units of Service (UOS) Description 7/17/2020 to 6/30/2021 B-5	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration 1 UOS = 1 hour of Program Administration	2,080	NA
Total UOS Delivered	2,080	
Total UDC Served		

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – End Hep
C SF– Program Administration

Appendix A-5

Appendix Term: 7/17/2020-04/30/2024

Funding Source: State CDPH & CDC Grant
93.270

Units of Service (UOS) Description 7/01/2021 to 4/30/2022 B-5a	Units of Service (UOS)	Unduplicated Clients (UDC)
Community Engagement - Hepatitis Lab 1 UOS = 1 Subcontractor TBD X 1 month	12	NA
Total UOS Delivered	12	
Total UDC Served		

Units of Service (UOS) Description 7/01/2021 to 4/30/2022 B-5a.1	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours CDC Grant 1 UOS = 1 Hour of Program Administration	1726	NA
Total UOS Delivered	1726	
Total UDC Served		

Units of Service (UOS) Description 5/01/2022 to 4/30/2023 B-5b	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours CDC Grant 1 UOS = 1 Hour of Program Administration	2080	NA
Total UOS Delivered	2080	
Total UDC Served		

Units of Service (UOS) Description 5/01/2023 to 4/30/2024 B-5c	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration – hours CDC Grant 1 UOS = 1 Hour of Program Administration	1726	NA
Total UOS Delivered	1726	
Total UDC Served		

6. Methodology:

Program Administration

1. Manage and disburse funds as directed by the Department as it applies to this project.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – End Hep
C SF– Program Administration

Appendix A-5

Appendix Term: 7/17/2020-04/30/2024

Funding Source: State CDPH & CDC Grant
93.270

3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contract; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

Human Resources management

Employ, supervise and evaluate performance of the End Hep C SF Program Director. This position works from a remote office and supplies coordination to the End Hep C SF Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Director works 40 hours per week and is supervised by the Executive Director of SFPHF.

7. Objectives and Measurements:

A. Standardized Objectives:

Not applicable.

8. Continuous Quality Improvement:

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language:

NA

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF must demonstrate appropriate policies and procedures for reporting such

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – End Hep
C SF– Program Administration

Appendix A-5

Appendix Term: 7/17/2020-04/30/2024

Funding Source: State CDPH & CDC Grant
93.270

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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement - End Hep
C SF Community Navigation– Program Administration

Appendix A-8

Appendix Term: 7/01/2021-06/30/2024

Funding Source: GF-HIV Prevention

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the End Hep C SF project and as part of the Community Health Engagement goals. End Hep C SF supports all San Franciscans living with or at risk of contracting Hep C through prevention, education, and connections to testing and treatment.

4. Priority Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by HIV and Hep C, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

5. Modality(s)/Intervention(s):

Units of Service (UOS) Description 7/1/2021 to 6/30/2022 Program Administration 1 UOS = 1 Subcontractor X 6 month B-8	Units of Service (UOS)	Unduplicated Clients (UDC)
St. James Infirmary	6	1
Glide Foundation	6	1
SF Aids Foundation	6	1
SF Community Health Center	6	1
Total UOS Delivered	24	4
Total UDC Served		

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement - End Hep
C SF Community Navigation– Program Administration

Appendix A-8

Appendix Term: 7/01/2021-06/30/2024

Funding Source: GF-HIV Prevention

Units of Service (UOS) Description 7/1/2022 to 6/30/2023 Program Administration 1 UOS = 1 Subcontractor X 6 month B-8a	Units of Service (UOS)	Unduplicated Clients (UDC)
St. James Infirmary	6	1
Glide Foundation	6	1
SF Aids Foundation	6	1
SF Community Health Center	6	1
Total UOS Delivered	24	4
Total UDC Served		

Units of Service (UOS) Description 7/1/2023 to 6/30/2024 Program Administration 1 UOS = 1 Subcontractor X 6 month B-8b	Units of Service (UOS)	Unduplicated Clients (UDC)
St. James Infirmary	6	1
Glide Foundation	6	1
SF Aids Foundation	6	1
SF Community Health Center	6	1
Total UOS Delivered	24	4
Total UDC Served		

6. Methodology:

Program Administration

1. Manage and disburse funds as directed by the Department as it applies to this project.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contract; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

7. Objectives and Measurements:

A. Standardized Objectives:

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement - End Hep
C SF Community Navigation– Program Administration

Appendix A-8

Appendix Term: 7/01/2021-06/30/2024

Funding Source: GF-HIV Prevention

FY 2021-2022 (twelve (12) months)

By August 1, 2021, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

FY 2022-2023 (twelve (12) months)

By August 1, 2022, SFPHF program staff will initiate subcontract management and program administration support of subcontractors.

8. Continuous Quality Improvement:

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language:

NA

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, with a copy sent the Department of Public Health's Program Director associated with this engagement.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement - End Hep
C SF Community Navigation– Program Administration

Appendix A-8

Appendix Term: 7/01/2021-06/30/2024

Funding Source: GF-HIV Prevention

- G. This list of requirements is provided to highlight for SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-10
Appendix Term: 12/15/2021- 11/30/2023
Funding Source: HSA Work Order

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
415-504-6738 Fax: 415-520-0471
www.sfphf.org

Executive Director/Program Director: Penny Eardley
Telephone: 415-504-6738 ext. 101
Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Subcontractor Management Services in support of seniors living in San Francisco by providing fall prevention education, home safety devices, minor home repairs, and minor home modifications so seniors can live safely at home. Services provided by subcontractors listed below:

- Rebuilding Together SF

No use of technological services.

4. Priority Population:

SFPHF will provide Program Administration support for Community Health Engagement services that will benefit all ethnicities and populations, with a focused expertise to address the unique needs of seniors in San Francisco living in unsafe home environments and its adverse effects. These priority populations include:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community

Services will be delineated by zip code targeting these neighborhoods:

- 94115 (Western Addition)
- Other areas as needs are identified

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-10
Appendix Term: 12/15/2021- 11/30/2023
Funding Source: HSA Work Order

5. Modality(s)/Intervention(s):

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Units of Service (UOS) Description B-10 (12/15/21 – 3/31/22)	Units of Service (UOS)	Unduplicated Clients (UDC)
Rebuilding Together SF	3	1
Total UOS Delivered	3	
Total UDC Served		1

Units of Service (UOS) Description B-10a (11/1/22 – 6/30/23)	Units of Service (UOS)	Unduplicated Clients (UDC)
Rebuilding Together SF	8	1
Total UOS Delivered	8	
Total UDC Served		1

Units of Service (UOS) Description B-10b (7/1/23 – 11/30/23)	Units of Service (UOS)	Unduplicated Clients (UDC)
TBD	5	1
Total UOS Delivered	5	
Total UDC Served		1

6. Methodology:

Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-10
Appendix Term: 12/15/2021- 11/30/2023
Funding Source: HSA Work Order

7. Objectives and Measurements:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY 22/23.”

FY2021-2022

By December 15, 2021, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

FY 2022-2023

By November 1, 2022, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

FY 2023-2024

By July 1, 2023, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

8. Continuous Quality Improvement:

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language: NA

10. Subcontractors & Consultants:

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-10
Appendix Term: 12/15/2021- 11/30/2023
Funding Source: HSA Work Order

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

- D. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-11
Appendix Term: 02/01/2022-06/30/2023
Funding Source: MTA Work Order

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide an evaluation of the Safe Streets program.

- Raimi and Associates

No use of technological services.

4. Priority Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are disproportionately impacted by unsafe streets and adverse effects, including:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community
- Others as identified

5. Modality(s)/Intervention(s):

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
B-11 (2/1/22 – 6/30/22)		
Raimi and Associates	3	1
Total UOS Delivered	3	
Total UDC Served		1

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-11
Appendix Term: 02/01/2022-06/30/2023
Funding Source: MTA Work Order

Units of Service (UOS) Description B-11a (7/1/22 – 6/30/23)	Units of Service (UOS)	Unduplicated Clients (UDC)
Raimi and Associates	12	1
Total UOS Delivered	12	
Total UDC Served		1

6. Methodology:

Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

7. Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY20-21.”

FY 2021-2022

By March 20, 2022, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

FY 2022-2023

By June 30, 2023, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-11
Appendix Term: 02/01/2022-06/30/2023
Funding Source: MTA Work Order

8. Continuous Quality Improvement:

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language:

NA

10. Subcontractors & Consultants:

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Food as
Medicine – Program Administration

Appendix A-12

Appendix Term: 7/01/2022-06/30/2023

Funding Source: Hellman Grant

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide Program Administration through Human Resources Management/Support in support of the Food as Medicine project and as part of the Community Health Engagement goals. Food as Medicine supports the prescription and provision of fresh fruits and vegetables to community health center patients.

4. Priority Population:

This program serves all ethnicities and populations, with a special focus on the unique cultural and linguistic needs of the following priority populations in San Francisco that are impacted by Food Insecurity, including:

- Black, African American
- Asian, including Chinese
- Pacific Islander
- Latinx
- Youth and transitional-age youth
- Seniors
- Low-income populations
- Individuals experiencing health disparities
- Others as identified

5. Modality(s)/Intervention(s):

Units of Service (UOS) Description 7/01/2022 to 6/30/2023 B-12	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration 1 UOS = 1 hour of Program Administration	1,872	NA
Total UOS Delivered	1,872	
Total UDC Served		

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Food as Medicine – Program Administration

Appendix A-12
Appendix Term: 7/01/2022-06/30/2023
Funding Source: Hellman Grant

6. Methodology:

Program Administration

1. Manage and disburse funds as directed by the Department as it applies to this project.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contract; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements.

Human Resources management

Employ, supervise and evaluate performance of the Food as Medicine Program Manager. This position works from a remote office and supplies coordination to the Food as Medicine Coalition, including communication between partners, organizing meetings, creating communications on HIV and Hep C information to share with the public. The Program Manager works 40 hours per week and is supervised by the Executive Director of SFPHF.

7. Objectives and Measurements:

A. Standardized Objectives:

Not applicable.

8. Continuous Quality Improvement:

The SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements. To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language:

NA

10. Subcontractors & Consultants (for Fiscal Intermediary/Program Management ONLY):

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement – Food as
Medicine – Program Administration

Appendix A-12

Appendix Term: 7/01/2022-06/30/2023

Funding Source: Hellman Grant

- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-13
Appendix Term: 07/01/2022-06/30/2024
Funding Source: GF HIV Prevention

1. Identifiers:

San Francisco Public Health Foundation (SFPHF)
 1 Hallidie Plaza, Suite 808, San Francisco, CA 94102
 415-504-6738 Fax: 415-520-0471
 www.sfphf.org

Executive Director/Program Director: Penny Eardley
 Telephone: 415-504-6738 ext. 101
 Email Address: peardley@sfphf.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

In collaboration with the San Francisco Department of Public Health, and following General Accepted Accounting Principles, the San Francisco Public Health Foundation will provide a strategic plan for the End Hep C SF coalition and subcontractor management for Springboard Health.

No use of technological services.

4. Priority Population:

This program serves all ethnicities and populations in San Francisco, with a special focus on those who have been disproportionately impacted by unsafe streets and adverse effects, including:

- Black/African American
- Asian
- Native Hawaiian/Pacific Islander
- Latino/a/x
- Native American/Indigenous community
- Others as identified

5. Modality(s)/Intervention(s):

1 Unit = 1 subcontractor x number of months of service provision in the current fiscal year

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
B-13 (7/1/22 – 6/30/23)		
Let's Dash LLC	12	1
Total UOS Delivered	12	
Total UDC Served		1

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-13
Appendix Term: 07/01/2022-06/30/2024
Funding Source: GF HIV Prevention

Units of Service (UOS) Description B-13a (1/01/23 – 6/30/23)	Units of Service (UOS)	Unduplicated Clients (UDC)
Springboard Health	6	1
Total UOS Delivered	6	
Total UDC Served		1

Units of Service (UOS) Description B-13b (7/1/23 – 6/30/24)	Units of Service (UOS)	Unduplicated Clients (UDC)
Springboard Health	12	1
Total UOS Delivered	12	
Total UDC Served		1

6. Methodology:

Program Administration of Subcontractors

1. Manage and disburse funds as directed by the Department as it applies to the Community Outreach Services Program.
2. Ensure that agency be fiscally responsible and have “Generally Accepted Accounting Principles (GAAP)” in place.
3. Use Generally Accepted Accounting Principles (GAAP) and SFPHF’s own Accounting Policies and Procedures to:
 - a. Protect the assets of the organization and of the contractor; and
 - b. Ensure the maintenance of accurate records of SFPHF’s financial activities; and
 - c. Provide a framework for SFPHF’s financial decision making; and
 - d. Establish and enforce operating standards and behavioral expectations; and
 - e. Serve as a training resource for financial staff; and
 - f. Ensure compliance with federal, state, local, and DPH legal, contractual, and reporting requirements

7. Objectives and Measurements:

SFPHF must submit an Annual Summary Report documenting achievement of all Objectives to System of Care Program Manager and the Business Office Contract Compliance (BOCC) within two months from the end of the contract year.

A. Standardized Objectives:

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-13
Appendix Term: 07/01/2022-06/30/2024
Funding Source: GF HIV Prevention

“All objectives and descriptions of how objectives will be measured, are contained in the Fiscal Intermediary/Program Management document entitled: Fiscal Intermediary Performance Objectives FY22-23.”

FY 2022-2023

By July 1, 2022, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

FY 2023-2024

By July 1, 2023, SFPHF staff will initiate subcontract management and program administration support of subcontractor.

8. Continuous Quality Improvement:

CHEP staff will work with the SFPHF Executive Director to monitor contract compliance through the Business Office of Contract Compliance (BOCC), ensuring compliance with Health Commission policies, and all contractor requirements including, but not limited to, Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), non-discrimination and cultural competency requirements.

To ensure the highest quality possible, the CHEP staff will collectively monitor the quality, timeliness, and accuracy of the SFPHF contract deliverables and the methodology of this contract through regularly scheduled meetings, the review of submission of deliverables and quarterly summary reports.

9. Required Language: NA

10. Subcontractors & Consultants:

- A. SFPHF is responsible for the performance of its subcontractors and consultants in this Agreement.
- B. SFPHF acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All SFPHF staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. SFPHF assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Blood-borne Pathogen and Aerosol Transmissible Diseases. SFPHF 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. SFPHF 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

Contractor Name: San Francisco Public Health Foundation
Program Name: Community Health Engagement Resource

Appendix A-13
Appendix Term: 07/01/2022-06/30/2024
Funding Source: GF HIV Prevention

to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.

- E. SFPHF 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 SFPHF, 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 SFPHF, and SFPHF acknowledges that it must comply with all requirements of the Agreements, regardless of whether they 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, B-1a, B-1b , B-1c, B-1d	Program Administration for Community Health Engagement
Appendix B-2, B-2a, B-2b, B-2c, B-2d	Program Administration for Community Health Engagement
Appendix B-3, B-3a, B-3b, B-3c, B-3d	Program Administration for Community Health Engagement
Appendix B-4a, B-4a.1, B-4b , B-4b.1 , B-4b.2, B-4c , B-4d	Program Administration for Community Health Engagement - COVID-19
Appendix B-5, B-5a, B-5a.1, B-5b, B-5c	Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab
Appendix B-6	Program Administration for Community Health Engagement – COVID-19 OPS Testing
Appendix B-7, B-7a	Program Administration for Community Health Engagement – Dream Keeper’s Initiative
Appendix B-8 , B-8a, B-8b	Program Administration for Community Health Engagement – End Hep C SF Community Navigation
Appendix B-9	Program Administration for Community Health Engagement – District 5 Community Resource HUB

Appendix B-10, **B-10a, B-10b****Program Administration for Community Health Engagement – Rebuilding Together SF**Appendix **B-11**, B-11a**Program Administration for Community Health Engagement – Safe Route to Schools**

Appendix B-12

Program Administration for Community Health Engagement – Food as MedicineAppendix **B-13**, **B-13a, B-13b****Program Administration for Community Health Engagement – End Hep C SF & Hep C Planning**

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$615,777** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
Original Agreement	01/01/2020 – 06/30/2020	General Fund	\$39,000
Original Agreement	02/01/2020 – 06/30/2020	General Fund	\$10,417
Original Agreement	02/01/2020 – 12/31/2020	CDC	\$22,917
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$615,383
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$25,000
Original Agreement	01/01/2021 – 12/31/2021	CDC	\$25,000
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$615,383
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$25,000
Original Agreement	01/01/2022 – 12/31/2022	CDC	\$25,000
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$615,383
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$25,000
Original Agreement	01/01/2023 – 12/31/2023	CDC	\$25,000
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$615,383
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$25,000
Original Agreement	01/01/2024 – 12/31/2024	CDC	\$25,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$2,250,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$2,000,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$250,000
Amendment #1	09/01/2020 – 06/30/2021	State	\$1,000,000
Amendment #1	07/01/2020 – 12/31/2024	TBD	\$130,406
Revision to Program Budgets #1	07/01/2020 – 12/31/2024	TBD	-\$130,406

Revision to Program Budgets #1	07/17/2020 – 06/30/2021	CDPH	\$130,406
Revision to Program Budgets #1	12/01/2020 – 06/30/2021	GF	\$125,000
Revision to Program Budgets #1	12/01/2020 – 06/30/2021	Grant	\$300,000
Revision to Program Budgets #2	02/01/2020 – 12/31/2020	CDC	-\$1,042
Revision to Program Budgets #2	07/01/2020 – 06/30/2021	GF	-\$60,970
Revision to Program Budgets #2	07/01/2020 – 06/30/2021	GF	-\$2,084
Revision to Program Budgets #2	08/01/2020 – 06/30/2021	GF – FEMA	-\$926,436
Revision to Program Budgets #2	12/01/2020 – 06/30/2021	Grant	-\$188,931
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF	\$4,667
Revision to Program Budgets #2	07/01/2021 – 04/30/2022	CDC	\$80,000
Revision to Program Budgets #2	07/01/2021 – 04/30/2022	CDC	\$115,000
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF	\$100,000
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	Grant	\$188,931
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF – FEMA	\$2,616,664
Revision to Program Budgets #2	01/01/2022 – 12/31/2022	CDC	-\$25,000
Revision to Program Budgets #2	07/01/2022 – 06/30/2023	GF	-\$615,383
Revision to Program Budgets #2	07/01/2022 – 06/30/2023	GF	-\$25,000
Revision to Program Budgets #2	01/01/2023 – 12/31/2023	CDC	-\$25,000
Revision to Program Budgets #2	07/01/2023 – 06/30/2024	GF	-\$615,383
Revision to Program Budgets #2	07/01/2023 – 06/30/2024	GF	-\$25,000
Revision to Program Budgets #2	01/01/2024 – 12/31/2024	CDC	-\$25,000
Amendment #2	07/01/2021 – 06/30/2022	GF – FEMA	\$6,813,386
Amendment #2	07/01/2021 – 06/30/2022	WO	\$175,000
Amendment #2	01/01/2022 – 05/30/2023	CDC	\$779,763
Amendment #2	01/01/2022 – 12/31/2022	CDC	\$25,000
Amendment #2	07/01/2022 – 06/30/2023	GF	\$615,383
Amendment #2	07/01/2022 – 06/30/2023	GF	\$25,000
Amendment #2	01/01/2023 – 12/31/2023	CDC	\$25,000
Amendment #2	07/01/2023 – 06/30/2024	GF	\$615,383
Amendment #2	07/01/2023 – 06/30/2024	GF	\$25,000
Amendment #2	01/01/2024 – 12/31/2024	CDC	\$25,000
Revision to Program Budgets #3	07/01/2021 – 06/30/2022	GF – FEMA	-\$2,694,815
Revision to Program Budgets #3	07/01/2021 – 06/30/2022	CDPH	\$2,145,000
Revision to Program Budgets #3	07/01/2021 – 06/30/2022	CDPH	\$549,815
Revision to Program Budgets #3	12/15/2021 – 03/31/2022	WO	\$10,500
Revision to Program Budgets #3	01/01/2022 - 05/30/2023	CDC	\$179,501
Revision to Program Budgets #3	02/01/2022 - 06/30/2022	WO	\$20,000
Revision to Program Budgets #3	05/01/2022 - 04/30/2023	CDC	\$138,101
Revision to Program Budgets #3	07/01/2022 - 06/30/2023	WO	\$55,000
Revision to Program Budgets #3	05/01/2023 - 04/30/2024	CDC	\$115,000
Revision to Program Budgets #4	01/01/2022 - 05/30/2023	GF	\$ 179,501
Revision to Program Budgets #4	01/01/2022 - 05/30/2023	GF	- \$ 179,501
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 29,469
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 103,000

Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 1,000
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 6,765
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	Grant	\$ 100,000
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 30,000
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 29,469
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 103,000
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 1,000
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 6,765
Amendment #3	07/01/2021 – 06/30/2022	GF	-\$61,972
Amendment #3	07/01/2021 – 06/30/2022	GF	-\$4,421
Amendment #3	07/01/2021 – 06/30/2022	Grant	-\$38,592
Amendment #3	07/01/2021 – 06/30/2022	GF – FEMA	-\$404,168
Amendment #3	07/01/2021 – 06/30/2022	Grant	-\$220,942
Amendment #3	07/01/2021 – 06/30/2022	WO	-\$113
Amendment #3	01/01/2022 - 05/30/2023	CDC	-\$ 467,014
Amendment #3	02/01/2022 - 06/30/2022	WO	-\$200
Amendment #3	07/01/2022 - 06/30/2023	GF	\$ 783,750
Amendment #3	11/01/2022 - 06/30/2023	WO	\$ 140,700
Amendment #3	01/01/2023 - 06/30/2023	GF	\$ 50,000
Amendment #3	07/01/2023 - 11/30/2023	WO	\$ 47,522
Amendment #3	07/01/2023 - 06/30/2024	GF	\$ 100,000
Amendment #3	01/01/2022 – 12/31/2022	CDC	-\$12,500
Amendment #3	01/01/2022 – 12/31/2022	CDC	\$12,500
		Total Award Amount:	\$19,336,340
		TBD:	\$75,450
		Contingency:	\$615,777
		(This equals the total NTE) Total:	\$20,027,567

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.

CID #: <u>1000016941</u>											
DPH Section: <u>CHEP - Community Health Equity and Promotion</u>											
Check one: <input type="checkbox"/> Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets											
Agency/Contractor Name: <u>San Francisco Public Health Foundation</u>											
Program/Provider Name:	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	COVID 19 Community Outreach	COVID 19 Community Outreach	Community Health Engagment-End Hep C SF	Community Health Engagement COVID 19 - OPS Testing	Community Health Engagement - Dream Keeper's Initiative
Appendix Number:	A-1/B-1	A-2/B-2	A-2/B-3	A-1/B-1a	A-2/B-2a	A-2/B-3a	A-4/B4a	A-4/B-4a.1	A-5/B-5	A-6/B-6	A-7/B-7
Appendix Term:	01/01/2020-06/30/2020	02/01/2020-06/30/2020	02/01/2020-12/31/2020	07/01/2020-06/30/2021	07/01/2020-06/30/2021	01/01/2021-12/31/2021	08/01/2020-06/30/2021	09/01/2020-06/30/2021	7/17/2020-06/30/2021	12/01/2020-06/30/2021	12/01/2020 -6/30/2021
EXPENSES											
Salaries	\$ -	\$ 8,033	\$ 17,850	\$ -	\$ 18,227	\$ 18,227			\$ 88,000		
Employee Benefits	\$ -	\$ 1,437	\$ 2,983	\$ -	\$ 4,500	\$ 4,500			\$ 21,940		
Total Personnel Expenses	\$ -	\$ 9,470	\$ 20,833	\$ -	\$ 22,727	\$ 22,727			\$ 109,940		
Employee Fringe Benefit Rate	0.0%	17.9%	16.7%	0.0%	24.7%	24.7%	0.0%		24.9%		
Operating Expense	\$ 35,455	\$ -		\$ 559,441			\$ 4,250,000	\$ 1,000,000	\$ 8,610	\$ 120,000	\$ 285,600
Capital Expense (\$5,000 and over)	\$ -	\$ -		\$ -	\$ -						
Subtotal Direct Costs	\$ 35,455	\$ 9,470	\$ 20,833	\$ 559,441	\$ 22,727	\$ 22,727	\$ 4,250,000	\$ 1,000,000	\$ 118,550	\$ 120,000	\$ 285,600
Indirect Cost Amount	\$ 3,545	\$ 947	\$ 2,084	\$ 55,942	\$ 2,273	\$ 2,273	\$ 250,000		\$ 11,856	\$ 5,000	\$ 14,400
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	5.9%	0.0%	10.0%	4.2%	5.0%
Unspent Funding			\$ (1,042)	\$ (60,970)	\$ (2,084)		\$ (926,436)				\$ (188,931)
Total Expenses	\$ 39,000	\$ 10,417	\$ 21,875	\$ 554,413	\$ 22,916	\$ 25,000	\$ 3,573,564	\$ 1,000,000	\$ 130,406	\$ 125,000	\$ 111,069
REVENUES & FUNDING SOURCES											
DPH Funding Sources											
General Fund - Health Educator	39,000			615,383							
General Fund - HIV Prevention		10,417			25,000						
General Fund - FEMA							4,500,000				
General Fund (GF)											
State-HUB&CI								1,000,000			
General Fund - FEMA											
Grant - CDC					25,000						
State/CDPH									130,406		
GR BOS Adback										125,000	
Dream Keeper's Initiative Grant											300,000
CDC Grant 93.270											
ECN Work Order											
HSA Work Order											
ELC3 Grant PD 157											
ELC2 Grant PD 137											
MTA Work Order											
CDC Grant 93.940			22,917								
Hellman Grant											
Unspent Funding			(\$1,042)	(\$60,970)	(\$2,084)		(926,436)				(188,931)
Total DPH Revenues	\$ 39,000	\$ 10,417	\$ 21,875	\$ 554,413	\$ 22,916	\$ 25,000	\$ 3,573,564	\$ 1,000,000	\$ 130,406	\$ 125,000	\$ 111,069
Revenues (DPH and Non-DPH)	\$ 39,000	\$ 10,417	\$ 21,875	\$ 554,413	\$ 22,916	\$ 25,000	\$ 3,573,564	\$ 1,000,000	\$ 130,406	\$ 125,000	\$ 111,069
Cost Reimbursement (CR) or Fee-For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)
Prepared By Penny Eardley Phone # 415-504-6738 ext.101											

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CHEP

Community Health Engagement	Community Health Engagement	Community Health Engagement	COVID 19 Community Outreach	COVID 19 Community Outreach	COVID 19 Community Outreach	Community Health Engagement-End Hep C SF	Community Health Engagement-End Hep C SF	Community Health Engagement - Dream Keeper's Initiative	Community Health Engagement-End Hep C SF	Community Health Engagement-D5 Resource Center	Community Health Engagement-Rebuilding Together SF	Safe Routes to School
A-1/B-1b	A-2/B-2b	A-2/B-3b	A-4/B-4b	A-4/B-4b.1	A-4/B-4b.2	A-5/B-5a	A-5/B-5a.1	A-7/B-7a	A-8/B-8	A-9/B-9	A-10/B-10	A-11/B-11
07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	01/01/2022-12/31/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 04/30/2022	07/01/2021 - 04/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	12/15/2021 - 03/31/2022	02/01/2022 - 06/30/2022
\$ -	\$ 18,227	\$ 18,227					\$ 75,000					
\$ -	\$ 4,500	\$ 4,500					\$ 16,917					
\$ -	\$ 22,727	\$ 22,727	\$ -			\$ -	\$ 91,917					
0.0%	24.7%	24.7%					22.6%					
\$ 563,684	\$ -	\$ -	\$ 6,414,510	\$ 2,042,857	\$ 523,633	\$ 72,727	\$ 12,629	\$ 179,941	\$ 90,909	\$ 159,100	\$ 9,545	\$ 18,182
\$ -	\$ -	\$ -										
\$ 563,684	\$ 22,727	\$ 22,727	\$ 6,414,510	\$ 2,042,857	\$ 523,633	\$ 72,727	\$ 104,546	\$ 179,941	\$ 90,909	\$ 159,100	\$ 9,545	\$ 18,182
\$ 56,366	\$ 2,273	\$ 2,273	\$ 320,725	\$ 102,143	\$ 26,182	\$ 7,273	\$ 10,454	\$ 8,990	\$ 9,091	\$ 15,900	\$ 955	\$ 1,818
10.0%	10.0%	10.0%	5.0%	5.0%	5.0%	10.0%	10.0%	5.0%	10.0%	10.0%	10.0%	10.0%
\$ (61,972)			\$ (404,168)	\$ (220,942)				\$ (38,592)	\$ (4,421)	\$ (113)		\$ (200)
\$ 558,078	\$ 25,000	\$ 25,000	\$ 6,331,067	\$ 1,924,058	\$ 549,815	\$ 80,000	\$ 115,000	\$ 150,339	\$ 95,579	\$ 174,887	\$ 10,500	\$ 19,800
620,050	25,000		6,735,235						100,000			
		25,000										
								188,931				
						80,000	115,000					
										175,000		
											10,500	
				2,145,000								
					549,815							20,000
(61,972)			(404,168)	(220,942)				(38,592)	(4,421)	(113)		(200)
\$ 558,078	\$ 25,000	\$ 25,000	\$ 6,331,067	\$ 1,924,058	\$ 549,815	\$ 80,000	\$ 115,000	\$ 150,339	\$ 95,579	\$ 174,887	\$ 10,500	\$ 19,800
\$ 558,078	\$ 25,000	\$ 25,000	\$ 6,331,067	\$ 1,924,058	\$ 549,815	\$ 80,000	\$ 115,000	\$ 150,339	\$ 95,579	\$ 174,887	\$ 10,500	\$ 19,800
(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)

San Francisco Public Health Foundation

Community Health Engagement	Community Health Engagement-End Hep C SF	Community Health Engagement-End Hep C SF	Community Health Engagement-COVID 19	Community Health Engagement-End Hep C SF	Community Health Engagement-End Hep C SF Community Navigator	Safe Routes to School	Food As Medicine	Community Health Engagement-End Hep C SF Planning	COVID Wellness	Community Health Engagement-Rebuilding Together	Community Health Engagement - Street Intercept Survey-Springboard Health
A-1/B-1c	A-2/B-2c	A-2/B-3c	A-4/B-4c	A-5/B-5b	A-8/B-8a	A-11/B-11a	A-12/B-12	A-13/B-13	A-4/B-4d	A-10/B-10a	A-13/B-13a
07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	01/01/2023-12/31/2023	01/01/2022-5/30/2023	05/01/2022 -04/30/2023	07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	11/01/2022-06/30/2023	01/01/2023-06/30/2023
\$ -	\$ 23,000	\$ 18,124		\$ 101,370			\$ 73,944				
	\$ 5,878	\$ 4,603		\$ 24,181			\$ 16,966				
\$ -	\$ 28,878	\$ 22,727		\$ 125,551			\$ 90,910				
0.0%	25.6%	25.4%		23.9%			22.9%				
\$ 586,232	\$ -	\$ -	\$ 447,500	\$ -	\$ 94,550	\$ 50,000		\$ 27,273	\$ 712,500	\$ 127,910	\$ 45,455
\$ -	\$ -	\$ -									
\$ 586,232	\$ 28,878	\$ 22,727	\$ 447,500	\$ 125,551	\$ 94,550	\$ 50,000	\$ 90,910	\$ 27,273	\$ 712,500	\$ 127,910	\$ 45,455
\$ 58,620	\$ 2,887	\$ 2,273	\$ 44,750	\$ 12,550	\$ 9,450	\$ 5,000	\$ 9,090	\$ 2,727	\$ 71,250	\$ 12,790	\$ 4,545
10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
\$ 644,852	\$ 31,765	\$ 25,000	\$ 492,250	\$ 138,101	\$ 104,000	\$ 55,000	\$ 100,000	\$ 30,000	\$ 783,750	\$ 140,700	\$ 50,000

644,852											
	31,765				104,000			30,000			50,000
									783,750		
		25,000									
				138,101							
										140,700	
						55,000					
			492,250								
							100,000				
\$ 644,852	\$ 31,765	\$ 25,000	\$ 492,250	\$ 138,101	\$ 104,000	\$ 55,000	\$ 100,000	\$ 30,000	\$ 783,750	\$ 140,700	\$ 50,000
\$ 644,852	\$ 31,765	\$ 25,000	\$ 492,250	\$ 138,101	\$ 104,000	\$ 55,000	\$ 100,000	\$ 30,000	\$ 783,750	\$ 140,700	\$ 50,000
(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)

Appendix: <u> </u> B
Contract Term : 01/01/2020 - 12/31/2024
Current Funding Notification Date: 01/17/23

Community Health Engagement	Community Health Engagment-End Hep C SF	Community Health Engagement-End Hep C SF	Community Health Engagement-End Hep C SF	Community Health Engagment-End Hep C SF Community Navigator	Community Health Engagement-Rebuilding Together	Community Health Engagement - Street Intercept Survey-Springboard Health	TOTALS
A-1/B-1d	A-2/B-2d	A-2/B-3d	A-5/B-5c	A-8/B-8b	A-10/B-10b	A-13/B-13b	
07/01/2023 - 06/30/2024	07/01/2023 - 06/30/2024	01/01/2024-12/31/2024	05/01/2023 -04/30/2024	07/01/2023-06/30/2024	07/01/2023-11/30/2023	07/01/2023-06/30/2024	
\$ -	\$ 23,000	\$ 18,227	\$ 85,250				\$ 604,706
\$ -	\$ 5,878	\$ 4,500	\$ 19,300				\$ 142,583
\$ -	\$ 28,878	\$ 22,727	\$ 104,550				\$ 747,289
0.0%	25.6%	24.7%					
\$ 586,232	\$ -	\$ -		\$ 94,550	\$ 43,202	\$ 90,910	\$ 19,253,137
\$ 586,232	\$ 28,878	\$ 22,727	\$ 104,550	\$ 94,550	\$ 43,202	\$ 90,910	\$ 20,000,426
\$ 58,620	\$ 2,887	\$ 2,273	\$ 10,450	\$ 9,450	\$ 4,320	\$ 9,090	\$ 1,245,785
10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	6.2%
\$ 644,852	\$ 31,765	\$ 25,000	\$ 115,000	\$ 104,000	\$ 47,522	\$ 100,000	\$ 19,336,340
644,852							2,564,137
	31,765			104,000		100,000	611,947
							12,018,985
							-
							1,000,000
							-
		25,000					100,000
							130,406
							125,000
							488,931
			115,000				448,101
							175,000
					47,522		198,722
							2,145,000
							549,815
							75,000
							515,167
							100,000
							(1,909,871)
\$ 644,852	\$ 31,765	\$ 25,000	\$ 115,000	\$ 104,000	\$ 47,522	\$ 100,000	19,336,340
\$ 644,852	\$ 31,765	\$ 25,000	\$ 115,000	\$ 104,000	\$ 47,522	\$ 100,000	\$ 19,336,340
(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	

Contractor: San Francisco Public Health Foundation				Appendix: B-4c			
Program: COVID 19 Community Outreach Services				Appendix Term: 01/01/2022-05/30/2023			
Full Contract Term: 01/01/2020 to 12/31/2024				Funding Source: CDC CVD19 HD Grant - 93.940			
UOS COST ALLOCATION BY SERVICE MODE							
Service Modes:	COVID 19 Community Outreach Services- Program Administration		COVID 19 Community Outreach Services- Subcontractor Management				
Personnel Expenses	-	0%					-
Operating Expenses	Expense	%					Totals
Total Materials and Supplies	18,500	100%					18,500
Total General Operating	229,000	100%					229,000
Consultants/Subcontractor:							
MEDA SF			100,000	100%			100,000
Lake Farm Learning/Max 415			100,000	100%			100,000
Total Operating Expenses	247,500	55%	200,000	45%			447,500
Total Direct Expenses	247,500	55%	200,000	45%			447,500
Indirect Expenses 10.00%	24,750	55%	20,000	45%			44,750
TOTAL EXPENSES	272,250	55%	220,000	45%			492,250
Unit of Service Type	Subcontractor						
Number of UOS per Service Mode	11		22				33
Cost Per UOS by Service Mode	\$24,750		\$10,000				N/A
Number of UDC/NOC per Service Mode	1		2				3

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BUDGET JUSTIFICATIONContractor Name San Francisco Public Health FoundationProgram Name: COVID 19 Community Outreach ServicesAppendix: B-4cAppendix Term: 01/1/22-5/30/2023Funding Source: CVD19 CDC Grant**2) OPERATING EXPENSES:****Materials & Supplies:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Laptops for outreach staff	9 Dell laptops	9 each X \$2,055	\$ 18,500
Total Materials & Supplies:			\$ 18,500

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Focus group participation incentives	CBOs to be paid a stipend for participating in the planning process for the DPH Community Referral Network.	30 X \$6,000	\$ 180,000
TBD to support COVID emerging community needs		TBD	\$ 49,000
Total General Operating:			\$ 229,000

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
MEDA SF	Subcontractors will develop and implement a social media plan to access resources provided by DPH and other CBOs, encouraging priority populations to get vaccinated against COVID-19. Subcontractors will also support workforce development by engaging community members to participate in the public health workforce.	\$9,090 x 11	\$ 100,000
Lake Farm Learning/Max 415	Subcontractors will develop and implement a social media plan to access resources provided by DPH and other CBOs, encouraging priority populations to get vaccinated against COVID-19. Subcontractors will also support workforce development by engaging community members to participate in the public health workforce.	\$9,090 x 11	\$ 100,000
Total Consultants/Subcontractors:			\$ 200,000

TOTAL OPERATING EXPENSES: \$ 447,500**TOTAL DIRECT COSTS: \$ 447,500****4) INDIRECT COSTS**

	Amount
Executive Director, Program Coordinator, Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 44,750

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 44,750**TOTAL EXPENSES: \$ 492,250**

Contractor: San Francisco Public Health Foundation			Appendix: B-4d			
Program: COVID Wellness			Appendix Term: 07/01/2022-06/30/2023			
Full Contract Term: 01/01/2020 to 12/31/2024			Funding Source: GF			
UOS COST ALLOCATION BY SERVICE MODE						
Service Modes:	Program Administration					
Personnel Expenses	-	0%				-
Operating Expenses	Expense	%				Totals
Consultants/Subcontractor:						
IFR	712,500	100%				712,500
						-
		0%				-
Total Operating Expenses	712,500	100%				712,500
Total Direct Expenses	712,500	100%				712,500
Indirect Expenses 10.00%	71,250	100%				71,250
TOTAL EXPENSES	783,750	100%				783,750
Unit of Service Type	Subcontractor					
Number of UOS per Service Mode	12					12
Cost Per UOS by Service Mode	\$65,313					N/A
Number of UDC/NOC per Service Mode	1					1

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
 Program Name: COVID Wellness

Appendix: B-4d
 Appendix Term: 07/01/2022-06/30/2023
 Funding Source: General Fund

2) OPERATING EXPENSES:**Consultants/Subcontractors:**

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Instituto Familiar de la Raza (IFR)	Subcontractor to conduct community outreach and education on a variety of public health concerns including COVID-19 and Monkey pox. Includes providing case management and other resources for community.	\$59,375 X 12 months	712,500
Total Consultants/Subcontractors:			\$ 712,500

TOTAL OPERATING EXPENSES: \$ 712,500

TOTAL DIRECT COSTS: \$ 712,500

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 71,250

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 71,250

TOTAL EXPENSES: \$ 783,750

Contractor: San Francisco Public Health Foundation			Appendix: B-10a			
Program: Community Health Engagement - Rebuilding Together			Appendix Term: 11/01/2022-06/30/2023			
Full Contract Term: 01/01/2020 to 12/31/2024			Funding Source: HSA Work Order			
UOS COST ALLOCATION BY SERVICE MODE						
Service Modes:	Program Administration					
Personnel Expenses	-	0%				-
Operating Expenses	Expense	%				Totals
Consultants/Subcontractor:						
Rebuilding Together	127,910	100%				127,910
						-
		0%				-
Total Operating Expenses	127,910	100%				127,910
Total Direct Expenses	127,910	100%				127,910
Indirect Expenses 10.00%	12,790	100%				12,790
TOTAL EXPENSES	140,700	100%				140,700
Unit of Service Type	Subcontractor					
Number of UOS per Service Mode	8					8
Cost Per UOS by Service Mode	\$17,588					N/A
Number of UDC/NOC per Service Mode	1					1

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
 Program Name: Community Health Engagement - Rebuilding Together

Appendix: B-10a
 Appendix Term: 11/01/2022-06/30/2023
 Funding Source: HSA Work Order

2) OPERATING EXPENSES:

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Rebuilding Together SF	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.	\$15,988.75 X 8 months	127,910
Total Consultants/Subcontractors: \$			127,910

TOTAL OPERATING EXPENSES: \$ 127,910

TOTAL DIRECT COSTS: \$ 127,910

4) INDIRECT COSTS

	Amount
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 12,790

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 12,790

TOTAL EXPENSES: \$ 140,700

Contractor: San Francisco Public Health Foundation			Appendix: B-10b		
Program: Community Health Engagement - TBD			Appendix Term: 7/1/2023 - 11/30/2023		
Full Contract Term: 01/01/2020 to 12/31/2024			Funding Source: HSA Work Order		
UOS COST ALLOCATION BY SERVICE MODE					
Service Modes:	Program Administration				
Personnel Expenses	-	0%			-
Operating Expenses	Expense	%			Totals
Consultants/Subcontractor:					
TBD	43,202	100%			43,202
					-
		0%			-
Total Operating Expenses	43,202	100%			43,202
Total Direct Expenses	43,202	100%			43,202
Indirect Expenses 10.00%	4,320	100%			4,320
TOTAL EXPENSES	47,522	100%			47,522
Unit of Service Type	Subcontractor				
Number of UOS per Service Mode	5				5
Cost Per UOS by Service Mode	\$9,505				N/A
Number of UDC/NOC per Service Mode	1				1

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
Program Name: Community Health Engagement - TBD

Appendix: B-10b
 Appendix Term: 7/01/2023-11/30/2023
 Funding Source: HSA Work Order

2) OPERATING EXPENSES:

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
TBD	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.		43,202

Total Consultants/Subcontractors: \$ 43,202

TOTAL OPERATING EXPENSES: \$ 43,202

TOTAL DIRECT COSTS: \$ 43,202

4) INDIRECT COSTS

	Amount
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 4,320

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$ 4,320

TOTAL EXPENSES: \$ 47,522

Contractor: San Francisco Public Health Foundation	Appendix: B-13
Program: Community Health Engagement - EHCSF planning	Appendix Term: 07/01/2022-06/30/2023
Full Contract Term: 01/01/2020 to 12/31/2024	Funding Source: GF HIV Prevention

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:	Program Administration					
Personnel Expenses	-	0%				-
Operating Expenses	Expense	%				Totals
Total General Operating	9,773	100%				9,773
Consultants/Subcontractor:						
Let's Dash LLC	17,500	100%				17,500
	-					-
		0%				-
Total Operating Expenses	27,273	100%				27,273
Total Direct Expenses	27,273	100%				27,273
Indirect Expenses 10.00%	2,727	100%				2,727
TOTAL EXPENSES	30,000	100%				30,000
Unit of Service Type	Subcontractor					
Number of UOS per Service Mode	12					12
Cost Per UOS by Service Mode	\$2,500.00					N/A
Number of UDC/NOC per Service Mode	1					1

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
Program Name: Community Health Engagement - EHCSF Planning

Appendix: B-13
 Appendix Term: 07/01/2022-06/30/2023
 Funding Source: GF HIV Prevention

2) OPERATING EXPENSES:

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Community input into the strategic plan	Facility/space rental, supplies, facilitator and associated costs of End Hep C SF's Community Meeting, printing of 2023-2025 strategic plan.		\$ 9,773
Total General Operating:			\$ 9,773

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Let's Dash LLC	Strategic Planning for EHC SF	\$250/hour X 70 hours	17,500
Total Consultants/Subcontractors:			\$ 17,500

TOTAL OPERATING EXPENSES: \$ 27,273

TOTAL DIRECT COSTS: \$ 27,273

4) INDIRECT COSTS

	Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,727

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: \$ 2,727

TOTAL EXPENSES: \$ 30,000

Contractor: San Francisco Public Health Foundation				Appendix: B-13a			
Program: Community Health Engagement - Street Intercept Survey-Springboard				Appendix Term: 1/01/2023-06/30/2023			
Full Contract Term: 01/01/2020 to 12/31/2024				Funding Source: GF-HIV Prevention			
UOS COST ALLOCATION BY SERVICE MODE							
Service Modes:		Program Administration					
Operating Expenses		Expense	%				Totals
Consultants/Subcontractor:							
Springboard Health		45,455	100%				45,455
							-
			0%				-
Total Operating Expenses		45,455	100%				45,455
Total Direct Expenses			0%				45,455
Indirect Expenses 10.00%		4,545	100%				4,545
TOTAL EXPENSES		50,000	100%				50,000
Unit of Service Type		Subcontractor					
Number of UOS per Service Mode		6					6
Cost Per UOS by Service Mode		\$8,334					N/A
Number of UDC/NOC per Service Mode		1					1
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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
 Program Name: Community Health Engagement - Street Intercept Survey (Springboard)

Appendix: B-13a
 Appendix Term: 1/01/2023-06/30/2023
 Funding Source: GF-HIV Prevention

2) OPERATING EXPENSES:**Consultants/Subcontractors:**

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Springboard Health	Subcontractor to provide Street Intercept Data Collection services.	\$7,576 X 6 months	45,455
Total Consultants/Subcontractors: \$			45,455

TOTAL OPERATING EXPENSES: \$	45,455
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TOTAL DIRECT COSTS: \$	45,455
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4) INDIRECT COSTS

	Amount
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 4,545

Indirect Rate: 10.00%

TOTAL INDIRECT COSTS: \$	4,545
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TOTAL EXPENSES: \$	50,000
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Contractor: San Francisco Public Health Foundation			Appendix: B-13b			
Program: Community Health Engagement - Street Intercept Survey (Springboard)			Appendix Term: 7/1/2023 - 6/30/2024			
Full Contract Term: 01/01/2020 to 12/31/2024			Funding Source: GF-HIV Prevention			
UOS COST ALLOCATION BY SERVICE MODE						
Service Modes:	Program Administration					
Personnel Expenses	-	0%				-
Operating Expenses	Expense	%				Totals
Consultants/Subcontractor:						
Springboard Health	90,910	100%				90,910
						-
		0%				-
Total Operating Expenses	90,910	100%				90,910
Total Direct Expenses		0%				-
Indirect Expenses 10.00%	9,090	100%				9,090
TOTAL EXPENSES	100,000	100%				100,000
Unit of Service Type	Subcontractor					
Number of UOS per Service Mode	12					12
Cost Per UOS by Service Mode	\$8,334					N/A
Number of UDC/NOC per Service Mode	1					1

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BUDGET JUSTIFICATION

Contractor Name San Francisco Public Health Foundation
 Program Name: Community Health Engagement - Street Intercept Survey -Springboard

Appendix: B-13b
 Appendix Term: 7/01/2023-06/30/2024
 Funding Source: GF-HIV Prevention

2) OPERATING EXPENSES:

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Springboard Health	Subcontractor to provide Street Intercept Data Collection services and report.	\$7,576 X 12 months	90,910
Total Consultants/Subcontractors: \$			90,910

TOTAL OPERATING EXPENSES: \$ 90,910

TOTAL DIRECT COSTS: \$ 90,910

4) INDIRECT COSTS

	Amount
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 9,090

Indirect Rate: 10.00%
TOTAL INDIRECT COSTS: \$ 9,090

TOTAL EXPENSES: \$ 100,000

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

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

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

1. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

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

3. Termination.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

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

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

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

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

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

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

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

I. All Contractors.

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13a
01/01/2023 - 06/30/2023
PAGE A

Contract ID #: 1000016941 Invoice Number: A-13JAN23
Contractor: San Francisco Public Health Foundation
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102
Telephone: 415-504-6738 Fax: _____
Funding Source: GF - HIV Prevention
Department ID-Authority ID: 251929-10000
Project ID-Activity ID: 10001677-0002
Invoice Period: 01/1/23 - 01/31/23
FINAL Invoice (check if Yes)

DELIVERABLES table with columns: UOS, NOC, DELIVERED THIS PERIOD, DELIVERED TO DATE, % OF TOTAL, REMAINING DELIVERABLES

Number of Clients for Appendix table with columns: NOC

EXPENDITURES table with columns: BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE

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.

Signature: _____ Date: _____
Title: _____

Send to: SFDPH Fiscal / Invoice Processing
AidsOffice@sfdph.org
Attn: Contract Payments By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13a
01/01/2023 - 06/30/2023
PAGE B

Contract ID #: 1000016941 Invoice Number: A-13JAN23
Contractor: San Francisco Public Health Foundation
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102
Telephone: 415-504-6738 Fax: _____
Funding Source: GF - HIV Prevention
Department ID-Authority ID: 251929-10000
Project ID-Activity ID: 10001677-0002
Invoice Period: 01/1/23 - 01/31/23
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL table with columns: FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE

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.

Certified By: _____ Date: _____
Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13b 07/01/2023 - 06/30/2024 PAGE A

Contract ID # 1000016941 Invoice Number A-13JUL23
Contractor: San Francisco Public Health Foundation
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102
Telephone: 415-504-6738
Fax: [Redacted]
Contract Purchase Order No: [Redacted]
Funding Source: GF - HIV Prevention
Department ID-Authority ID: 251929-10000
Program Name: Community Health Engagement - Street Intercept Survey (Springboard)
Project ID-Activity ID: 10001677-0002
ACE Control #: [Redacted]
Invoice Period: 07/1/23 - 07/31/23
FINAL Invoice [] (check if Yes)



Table with columns: DELIVERABLES, TOTAL CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Row 1: Program Administration, 12, N/A, [blank], [blank], [blank], [blank], [blank], [blank], 12, [blank].

Number of Clients for Appendix table with columns: NOC, NOC, NOC, NOC, NOC. Row 1: [blank], [blank], [blank], [blank], 12, [blank].

EXPENDITURES table with columns: BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include: Total Salaries (See Page B), Fringe Benefits, Total Personnel Expenses, Operating Expenses (Occupancy, Materials and Supplies, General Operating, Staff Travel, Consultant/Subcontractor), Other (Meals, Audit, Transportation Reimb, Stipends, Facilitators), Total Operating Expenses, Capital Expenditures, TOTAL DIRECT EXPENSES, Indirect Expenses, TOTAL EXPENSES, LESS: Initial Payment Recovery, Other Adjustments, REIMBURSEMENT.

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

Send to: SFDPH Fiscal / Invoice Processing AidsOffice@sfdph.org
Attn: Contract Payments
By: _____ Date: _____ (DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13b 07/01/2023 - 06/30/2024 PAGE B

Contract ID # 1000016941 Invoice Number A-13JUL23
Contractor: San Francisco Public Health Foundation
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102
Telephone: 415-504-6738
Fax: [Redacted]
Contract Purchase Order No: [Redacted]
Funding Source: GF - HIV Prevention
Department ID-Authority ID: 251929-10000
Program Name: Community Health Engagement - Street Intercept Survey (Springboard)
Project ID-Activity ID: 10001677-0002
ACE Control #: [Redacted]
Invoice Period: 07/1/23 - 07/31/23
FINAL Invoice [] (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Multiple rows for personnel entries.

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

Certified By: _____ Date: _____
Title: _____

APPENDIX K

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law,

the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor

to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data breach in the same manner in which Agency would be so obligated, (2) provide cyber insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

Attachment 1 to Appendix K System Specific Requirements

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

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency 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 SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH 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 SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency 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 must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency 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. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix K

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000016941**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated January 1, 2020 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

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

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

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

So Certified

Penny Eardley

Title: Executive Director

Date: