HIV Care Program SUPPLEMENTAL Document Checklist

Office of AIDS CFDA # 93.917 DUNS# Contractor and Contract Number RW SUP Year 103717336 San Francisco Dept of Public Health

Check Off	Documents Required for All Contractors	Office of AIDS Use Only
	Document Checklist	
	Contractor Agency Locations List	
	Subcontracted Service Provider Locations List	
	Contractor Contact Information	
	Five Line Item Budget	
	Budget Overview	
	FORM A - Contractor Administrative Budget Summary	
	FORM B - Contractor Administrative Personnel Detail	
	In alphabetical order, attach the following for each Service Provider:	
	FORM D - Client Service Provider Budget Summary	
	FORM E - Client Service Provider Personnel Detail	
	FORM F - Service Provider Subcontractor (Sub's Sub)	
	Non-Personnel Justification	
	Outpatient Ambulatory Medical Care: Description and Availability in Service Area	
	Justification for Early Intervention Services	

HIV Care Program SUPPLEMENTAL Contractor Agency Locations List

RW SUP Year

San Francisco Dept of Public He	2016-2017	
Contractor Agency Name(s)	Office of AIDS Use Only	
If HCP-funded client services are row for each site.	e provided at sites other than the one listed in the Service Provider Informa	ation box, please complete a
SFDPH/ COPC - HIV Dental Services	101 Grove St, SF, CA 94102	
DPH - SEHC	401 Keith St, SF, CA 94124	

Contractor and Contract Number:

HIV Care Program SUPPLEMENTAL Subcontracted Service Provider Locations List

Contractor and Contract Number:	RW SUP Year
San Francisco Dept of Public Health	2016-2017

Subcontracted Agency Name(s)	Address Location (Street, City, Zip)	Office of AIDS Use Only	
List all Subcontracted Service Provider Agency Locations. This information is required for completing the annual HRSA RSR.			
Rafiki Coalition for Health & Wellness	601 Cesar Chavez Street, SF, CA 94124		
San Francisco AIDS Foundation	1035 Market St, SF, CA 94102		
Maitri AIDS Hospice	401 Duboce Avenue, SF, CA 94117		
University of the Pacific, School of Dentistry	155 Fifth St, SF, CA 94103		
UCSF Alliance Health Project	400 Parnassus Avenue, SF, CA		
Instituto Familiar de la Raza	2919 Mission Street, SF, CA 94110		
Project Open Hand	730 Polk St, SF, CA 94109		
HR360	1735 Mission St, SF, CA		

HIV Care Program SUPPLEMENTAL Contractor Contact Information

Contractor and Contract Number:	RW SUP Year
San Francisco Dept of Public Health	2016-2017
Agency	Information
Website Address (if any)	
www.sfdph.org	
Program	m Contact
The Program Contract is the primary staff member responsible for progetc.	ram planning, policy matters, progress reports, and contract monitoring,
First and Last Name	Title
Dean Goodwin	HIV Adminstrator
Mailing Address	Telephone Number
25 Van Ness Ave, 8th Floor, SF, CA 94102	628-206-7675
E-Mail Address	Fax Number
Dean.Goodwin@sfdph.org	
Fig. 1	Outlant
	Contact
The Fiscal Contact is the primary staff member responsible for invoicing Contact enter "Same as above" in the First and Last Name box below.	, budgets revisions, etc. If this person is the same as the Program
First and Last Name	Title
Sajid Shaikh	Sr Admin Analyst
Mailing Address	Telephone Number
1380 Howard St, suite 423A, SF, CA 94103	415-255-351
E-Mail Address	Fax Number
sajid.shaikh@sfdph.org	
Load Clim	ind Contact
	ical Contact linical activities. If this person is the same as the Program Contact enter
"Same as above" in the First and Last Name box below.	innoan addivided. In this personne the dame as the riogram contact enter
First and Last Name	Title
same as above	
Mailing Address	Telephone Number
F N-1 A J	Fay Number
E-Mail Address	Fax Number
Lead Case Man	agement Contact
The Lead Case Manager Contact is the primary staff member responsil Program Contact enter "Same as above" in the First and Last Name by	
First and Last Name	Title
same as above	
Mailing Address	Telephone Number
E-Mail Address	Fax Number

HIV Care Program SUPPLEMENTAL Five Line Item Budget

Contractor and Contract Number:	RW SUP Year
San Francisco Dept of	2016-2017
Public Health	

RW SUP Year 2016-2017 (September 30, 2016 - September 29, 2017)

	Form A Contractor Administrative Costs	Form C Needs Assessment Other Costs only	Form D Contractor's Client Service Provider Budget Summary (if applicable)	Form D Subcontractor's Client Service Provider Budget Summary (if applicable and if so, Other Costs only)	Total
1. Personnel					\$ -
2. Operating Expenses					\$ -
3. Capital Expenditures					
4. Other Costs		\$ 47,000		\$ 1,289,000	\$ 1,336,000
5. Indirect Costs					\$ -
Total Budget	\$ -	\$ 47,000	\$ -	\$ 1,289,000	\$ 1,336,000

HIV Care Program SUPPLEMENTAL Budget Overview

Contractor and Contract Number:

San Francisco Dept of Public Health

2016-2017

Contractor Administrative Costs	Amount
Contractor Administrative Costs	0%
Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of	of total allocation
Needs Assessment Costs	Amount
Needs Assessment Costs (not to exceed 5% of total budget)	\$47,000 4%
Client Service Provider Costs (Enter individual Service Providers on separate lines below, whether provided by contractor or subcontracted agency. A FORM D and a FORM E must be cmpleted for each service provider listed.)	
SFDPH/ COPC - HIV Dental Services	\$105,664
DPH - SEHC	\$10,000
Rafiki Coalition for Health & Wellness	\$89,000
San Francisco AIDS Foundation	\$350,000
Maitri AIDS Hospice	\$95,000
University of the Pacific, School of Dentistry	\$200,000
UCSF Alliance Health Project	\$178,000
Instituto Familiar de la Raza	\$59,336
Project Open Hand	\$120,000
HR360	\$82,000
Total Allocation	\$1,336,000

HIV Care Program SUPPLEMENTAL FORM A - Contractor Admin Budget Summary

Contractor and Contract N	lumber:			RW SUP	Year
San Francisco Dept of Publ	ic Health			2016-2	2017
	Contracto	r Information			
Contact Person		Title			
Dean Goodwin		HIV Adminstrator			
Mailing Address		Telephone Number			
1380 Howard St, suite 423		628-206-7675			
Email:		Fax Number			
dean.goodwin@sfdph.org					
	acial/ethnic groups constitute a majority a majority of staff (volunteer or paid)	Ownership Status (place x in o	ne)		
providing care? (place x i		Private/Non Profit		x Public/Local	
х	Yes	Private/For Profit		Public/State	
	No			Public/Federal	
Expenses Category	Desc	ription		Budgeted Amount	
Admin Personnel		Total Administrative	Personnel		\$0
Operating Expenses					
(Please list in detail)					
		Total Operating	Expenses		\$0
Capital Expenditures					\$0
Indirect Costs					
(Please list in detail)					
		Total Indi	rect Costs		\$0
		Cannot exceed 15% of Total Administrati	ve Personnel	#D	IV/0
		Total Contractor Administration (cannot exceed 10% of total Contract	_		\$0
		,			0%

HIV Care Program SUPPLEMENTAL FORM B - Contractor Administrative Personnel Detail

Contractor and Contract Number: RW SUP Year

San Francisco Dept of Public Health 2016-2017

Position Title	Staff Member's First and Last Name		If vacant, what is the	estimated hire date?
Describe Duties (include purpose and destination of any job-related travel)		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits
				\$0
			Subtotal	\$0
Position Title	Staff Member's First and Last Na		If vacant, what is the	estimated hire date?
Describe Duties (include purpose and destination of	any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
		i 	#DIV/0!	Contract
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits
				\$0
			Subtotal	\$0
Position Title	Staff Member's F	irst and Last Name	If vacant, what is the	estimated hire date?
Describe Duties (include purpose and destination of	any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits
				\$0
			Subtotal	\$0
Position Title	Staff Member's F	irst and Last Name	If vacant, what is the	estimated hire date?
Describe Duties (include purpose and destination of	any job-related travel)	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits
				\$0
			Subtotal	\$0
		Total Pers	sonnel Expenses (this page)	\$0

Contractor and Contract Number:

RW SUP Year

2016-2017

San Francisco Dept of Public Health

2016-201

NOTE: As inciated in Management Memo 15-2, in June of 2014, OA informed contractors via email that because of this pending change in guidance by HRSA, OA was not requiring HCP contractors to complete a Needs Assessment and Service Delivery Plan. OA has decided to continue that policy through RW contract year

2015/16.			
	Provider Inform	nation	
Provider's Name and DUNS#		Ownership Status (place x	in one)
		x Private/Non Profit	Public/Local
HR360, DUNS#060142130		Private/For Profit	Public/State
		☐ Incorporated	Public/Federal
Contact Person		Title	
Vitka Eisen		Executive Director	
Mailing Address		Telephone Number	
1735 Mission St, SF, CA		415-468-2605	
E-Mail Address		Fax Number	
Expenses Category	Des	cription	Budgeted Amount
Personnel	Tota	al of Salary and Fringe Ben	efits \$0
Operating Expenses Subcontractor	ACRIA (see below)		\$47,000
	(**************************************		
Indirect Expenses		Total Opera	sting \$47,000
manos: Exponess			
		Total Ind	irect \$0
	T	otal Needs Assessment Bu	daat
		ed 5% of the Contractor total alloc	
			2%
	Needs Assessment		
Position Title		Staff Member's	First and Last Name
Describe Duties (include pur	oose and destination of any	job-related travel)	Contract Start Date
			Salary
			Salary Paid by this Contract
			FTE (please don't remove the formula)
			#DIV/0!
			Fringe Benefits
	Needs Assessment	Personnel	<u>-</u> !
Position Title			First and Last Name
Describe Duties (include pur	oose and destination of any	job-related travel)	Contract Start Date
			Salary
			Salary
			Salary Paid by this Contract
			FTE
			(please don't remove the formula)
			#DIV/0!
			Fringe Benefits
	Needs Assessment	Dorsonnol	
Position Title	Neeus Assessment		First and Last Name
rosition ritie		Stall Mellibers	Trist and Last Name
Describe Duties (include pur	oose and destination of any	job-related travel)	Contract Start Date
			Salary
			Salary Paid by this Contract
			FTE
			(please don't remove the formula) #DIV/0!
			Fringe Benefits
			i illige Dellellts

Contractor and Contract Number:					RW SUP Year	
San Francisco Dept of Public Health					2016-2017	
		Service Provi	der Informat	tion		
Service Provider's Name and DUNS#			Bid Status	(place x in one)	_	
SFDPH/ COPC - HIV Dental Services - DUNS#103717336		Not applicable	Sole Source (Attach Justification) for OA Contractors.	Competitive Bid		
Contact Person			Title			
Beth Neary			Sr Admin Analyst			
Mailing Address			Telephone Number			
25 Van Ness Ave, 8th FI, SF, CA			628-206-7679			
E-Mail Address			Fax Numbe	PF		
beth.neary@sfdph.org						
Website Address (if any)			Federal Tax	xpayer Identification Number		
			94-6000417			
Do members of minority racial/ethnic gro members and/or a majority of staff (volur	oups constitute a	majority of Board	Ownership			
(place x in one)	noor or para, pro	vialing care.		Private/Non Profit	Public/Local	
		Yes		Private/For Profit	Public/State	
	x]No		Incorporated	Public/Federal	
				Funding Sources/Resources Available	<u> </u>	
Client Service	e Costs]	NOTE: Please include all funding sources (Part A, B, C		
Services	_	Non-Personnel	Estimated Clients	etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated	Budgeted	
NOTE: The exact HCP category name(s) for allowable core and support services must be	Personnel Costs	Costs (Also use Non-Personnel	Served	percentages. If there are any issues or concerns	d Amount	
used here. Use drop down list		Justification Form)		regarding funding, please make an appropriate comment.		
Oral Health Care	\$105,664		25	RWPA 241,872 & 85,290 GF	\$105,664	
					\$0	
					\$0	
	 				\$0	
					\$0	
					\$0	
					\$0	
Totals	\$105,664	\$0		Total Services	s \$105,664	
	_	_		Total Administrative Personne	el \$0	
Operating Expenses				_		
(Please list in detail)					<u> </u>	
		_			1	
				Total Operating	g \$0	
Capital Expenditures						
Indirect Costs						
(Please list in detail)						
				Total Indirec	et \$0	
		(ca	annot exceed 1	15% of Client Service Provider Total Personnel Expenses)	
				Total Administrative Cost		
	Total	of Contractor and Sub	bcontractor(s)	Administrative Costs can't exceed 10% of total allocation	 	
				Total Service Provider Budge	et \$105,664	

Contractor and Contract Number (and Subcontractor): San Francisco Dept of Public Health

Name Last Number	act 25 enefits nd Benefits) 28 53 hire date?
travel). Please expand box if needed. Coordinate dental referrals, follow up by phone with patients who miss dental appointments, walk patients to the dental clinic for appointments when needed, conduct outreach visits to nearby CBO's to inform eligible clients about available services and appointment availability, and draft a CI plan for Tom Waddell's Quality Improvement Committee to consider that might use HIV panel management to augment dental referrals. Minimum Qualifications are two years of experience providing health information, education, intervention and/or referral services. HCP Service Category Oral Health Care Subtotal \$34,3 Position Title Staff Member's First and Last Name Name Line every Staff Member the Position separately Total Annual Salary Total FTE (please don renove the formulal). Control of the stimated of travel in the position of any job-related Travel is Required, set to the dental clinic for appointments when needed, conduct outreach visits to nearby CBO's to inform eligible clients about available services and appointment availability, and draft a QI plan for Tom Waddell's Quality Improvement Committee to consider that might use HIV panel management to augment dental referrals. Minimum Qualifications are two years of experience providing health information superinsed provided in the provided of the provided in the provided of the provided in the provid	act 25 enefits nd Benefits) 28 53 hire date?
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Describe Duties (include purpose and destination of any job-related Total Appendix Science Total FTE (please don't Salary Paid	
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If Travel is Required, Estimated Travel Expense Benefits (Total Travel as	nd Benefits)
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Position Title Staff Member's First and Last Name If vacant, what is the estimated	
Note: List every Staff Memember / Position separtately	
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Total Annual Salary Total FTE (please don't remove the formula) Contr	
#DIV/0!	-
If Travel is Required, Estimated Travel Expense Benefits (Total Travel at	-
\$0	act enefits
HCP Service Category Subtotal \$0	enefits nd Benefits)
Total Personnel Expenses (this page) \$105,0	enefits nd Benefits)

Contractor and Contract Number:					RW SUP Year
San Francisco Dept of Public Health					
		Service Provi	der Informat	tion	
Service Provider's Name and DUNS#			Bid Status ((place x in one)	_
SFDPH - SEHC 103717336	SFDPH - SEHC 103717336			Sole Source (Attach Justification) for OA Contractors.	Competitive Bid
Contact Person			Title		
Gwen Smith		7	Program Cod	ordinator	
Mailing Address			Telephone I	Number	
2401 Keith St, SF, CA 94124		1	415-671-705	57	
E-Mail Address		,	Fax Number	:r	
Gwen.Smith@sfdph.org		·	415-822-362	20	
Website Address (if any)		·	Federal Tax	xpayer Identification Number	
WWW.SFDPH.ORG			94-6000417		
Do members of minority racial/ethnic gro	oups constitute a	majority of Board	Ownership :	Status (place x in one)	
members and/or a majority of staff (volur (place x in one)	iteer or paid) pro	viding care?		Private/Non Profit	Public/Local
		Yes		Private/For Profit	Public/State
	х]No		Incorporated	Public/Federal
					
Client Service	e Costs			Funding Sources/Resources Available NOTE: Please include all funding sources (Part A, B, C,	
Services		Non-Personnel	Estimated Clients	etc.) that are used to fund each service category. For	Budgeted
NOTE: The exact HCP category name(s) for allowable core and support services must be	Personnel Costs	Costs (Also use	Served	Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns	Amount
used here. Use drop down list	Cusis	Non-Personnel Justification Form)		regarding funding, please make an appropriate comment.	
Outreach Services		\$10,000	130	420,651 GF &78,659 SAM-MAI	\$10,000
		1	<u> </u>		\$0
		 			\$0
					\$0
		<u> </u>		1	\$0
					\$0
		†	1		\$0
Totals	\$0	\$10,000		Total Services	\$10,000
		<u></u>	i	Total Administrative Personnel	\$0
Operating Expenses					
(Please list in detail)					
(i icase not in detan)	,				
			_	Total Operating	\$0
Capital Expenditures					***
Indirect Costs					
(Please list in detail)					
(1111 11 1111)					
	,				
				Total Indirect	
		(cs	annot exceed 1	15% of Client Service Provider Total Personnel Expenses)	i 30
				Total Administrative Costs	\$0
	Total	of Contractor and Sul	bcontractor(s)	Administrative Costs can't exceed 10% of total allocation	0%
				Total Service Provider Budget	\$10,000

Contractor and Contract Number (and Subcontractor):

RW SUP Year 2016-2017

San Francisco Dept of Public Health

Position Title	st and Last Name mber / Position separtately	If vacant, what is the estimated hire date?			
Describe Duties (include purpose and destination of any job- related travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
		If Travel is Required, Estimated Travel Expense	#DIV/0! Benefits	Fringe Benefits (Total Travel and Benefits)	
HCP Service Category		İ	Subtotal	\$0 \$0	
Position Title	Staff Member's Fir			the estimated hire date?	
Describe Duties (include purpose	and destination of any job-	Tetal Annual Calany	Total FTE (please	Salary Paid by this	
related travel). Please exp	and box if needed.	Total Annual Salary	don't remove the formula) #DIV/0!	Contract	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category	Staff Member's Fire	et and Last Name	Subtotal	·	
Position Title	Note: List every Staff Memer		If vacant, what is	the estimated hire date?	
Describe Duties (include purpose and destination of any jobrelated travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
			#DIV/0!	F: 5 %	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
UCD Samiles Category			Cubtotal	\$0	
HCP Service Category	Staff Member's Fir	Subtotal stand Last Name		·	
Position Title	Note: List every Staff Memer		If vacant, what is	the estimated hire date?	
Describe Duties (include purpose		Total Annual Salary	Total FTE (please	Salary Paid by this	
related travel). Please exp	and box if needed.		don't remove the formula) #DIV/0!	Contract	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category			Subtotal	Subtotal \$0	
Position Title	Staff Member's Fir. Note: List every Staff Memer		If vacant, what is	the estimated hire date?	
Describe Duties (include purpose related travel). Please exp		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
, -			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category		<u>i</u>	Subtotal	\$0	
<u> </u>		8		·	

Contractor and Contract Number:					RW SUP Year
San Francisco Dept of Public Health					2016-2017
		Service Provi	der Informat	tion	
Service Provider's Name and DUNS#			Bid Status ((place x in one)	
Rafiki Coalition for Health & Wellness, DU			Not applicable	Sole Source (Attach Justification) for OA Contractors.	x Competitive Bid
Contact Person			Title		
Perry Lang		Executive Di	irector		
Mailing Address			Telephone I	Number	
601 Cesar Chavez Street			415-615-994	15, ext 103	
E-Mail Address			Fax Numbe	r	
plang@rafikicoalition.org			<u> </u>		
Website Address (if any)			Federal Tax	payer Identification Number	
			68-0480736		
Do members of minority racial/ethnic gro members and/or a majority of staff (volun			Ownership	Status (place x in one)	
(place x in one)	iteer or para, pro	viding care:		x Private/Non Profit	Public/Local
		Yes		Private/For Profit	Public/State
]No		Incorporated	Public/Federal
				Fdia a Carraca (Basarraca Arribaba	
Client Service	Costs			Funding Sources/Resources Available NOTE: Please include all funding sources (Part A, I	
Services NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)	Estimated Clients Served	D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFre etc.) that are used to fund each service category. Part A, B, and in-kind funding, please provide estim percentages. If there are any issues or concern regarding funding, please make an appropriate comment.	For Budgeted ated Amount s
Housing	\$65,664	\$17,936	28	354,826 RWPA & 50,940 GF	\$83,600
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$65,664	\$17,936		Total Servi	ces \$83,600
				Total Administrative Person	nnel \$0
Operating Expenses					
(Please list in detail)					
				Total Opera	ting \$0
Capital Expenditures					
Indirect Costs		10% of direct cost			\$5,400
(Please list in detail)					
		(ca	annot exceed 1	Total Indi 5% of Client Service Provider Total Personnel Exper	\$5,400
				Total Administrative Co	osts \$5,400
	Total	of Contractor and Sul	ocontractor(s)	Administrative Costs can't exceed 10% of total allocations	ation 6%
				Total Service Provider Bud	lget \$89,000

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title	Staff Member's Firs		If vacant, what is the estimated hire date?		
Case Manager	Francis Broome				
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Provide case management services to 11 tr		\$30,000	0.80	\$24,000	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$6,410	\$6,410	
HCP Service Category Housing			Subtotal \$30,410		
Position Title	Staff Member's Firs Note: List every Staff Memem		If vacant, what is	the estimated hire date?	
Resident Managers	Michael Lewis				
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Provide 24 hours management of transistion	nal house operations and	\$18,720	1.00	\$18,720	
activities of 11 resident clients		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$4,834	\$4,834	
HCP Service Category Housing			Subtotal	\$23,554	
Position Title	Staff Member's Firs Note: List every Staff Memem		ii vacant, what is the estin		
Relief Resident Managers	Hugo Calderon				
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Provide 24 hours management of transistion	nal house operations and	\$18,720	0.50	\$9,360	
activities of 11 resident clients on a as-need	led basis	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$2,340	\$2,340	
HCP Service Category Housing			Subtotal	\$11,700	
Position Title	Staff Member's Firs Note: List every Staff Memem		If vacant, what is the estimated hire date?		
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
		If Travel is Required, Estimated Travel Expense	#DIV/0! Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category		<u> </u>	Subtotal	'	
Position Title	Staff Member's Firs	t and Last Name		the estimated hire date?	
rosition ritle	Note: List every Staff Memem.	ber / Posiition separtately	ii vacaiii, Wiiat IS	uie esumateu mie uate?	
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
l			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category			Subtotal	\$0	
		Total Personnel Exp	penses (this page)	\$65,664	
			(uno pago)	ΨΟΟ,ΟΟ-Τ	

Contractor and Contract Number:						RW SUP Year
San Francisco Dept of Public Health						2016-2017
		Service Provi	der Informat	tion		
Service Provider's Name and DUNS#			Bid Status ((place x in one)		
San Francisco AIDS Foundation - DUNS#			Not applicable	Sole Source (Attach Justification) for OA Contractors.	х	Competitive Bid
Contact Person			Title	TOP OA Contractors.		
Richard Hill			Director of G	Government Contracts		
Mailing Address						
1035 Market St, SF, CA 94103			415-487-804			
E-Mail Address			Fax Numbe			
rhill@sfaf.org			1			
Website Address (if any)			Federal Tax	xpayer Identification Number		
,						
Do members of minority racial/ethnic gro	ouns constitute a	maiority of Board	<u> </u>			
members and/or a majority of staff (volur	nteer or paid) pro	viding care?	1	x Private/Non Profit		Public/Local
(place x in one)	_	Yes		Private/For Profit		Public/State
	_]No		Incorporated		Public/Federal
				Incorporated		Public/i eucrai
Client Service	- Costs			Funding Sources/Resources Availab		
	7 000.0	<u> </u>	Estimated	NOTE: Please include all funding sources (Part D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, Ca	ılFresh,	
Services NOTE: The exact HCP category name(s) for	Personnel	Non-Personnel Costs (Also use	Clients	etc.) that are used to fund each service catego Part A, B, and in-kind funding, please provide e		Budgeted Amount
allowable core and support services must be	Costs	Non-Personnel	Served	percentages. If there are any issues or conc regarding funding, please make an appropri	cerns	
used here. Use drop down list		Justification Form)		comment.	- Indiana	
Housing	\$72,708	\$248,655	39	254,074 GF		\$321,363
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
Totals	\$72,708	\$248,655		Total S	ervices	\$321,363
				Total Administrative Per	rsonnel	\$0
Operating Expenses						
(Please list in detail)					- 	
		_				-
				Total Op	erating	\$0
Capital Expenditures					-	
Indirect Costs		9% of direct cost le	ess audit fees	3		\$28,637
(Please list in detail)						Ψ20,037
· ·						
				Total i	Indirect	
		(ca	annot exceed 1	15% of Client Service Provider Total Personnel Ex	1	\$28,637
				Total Administrative	e Costs	\$28,637
	Total	of Contractor and Su	bcontractor(s)	Administrative Costs can't exceed 10% of total a	llocation	8%

\$350,000

Total Service Provider Budget

Contractor and Contract Number (and Subcontractor): San Francisco Dept of Public Health

Position Title	Staff Member's First Note: List every Staff Mememb		If vacant, what is	s the estimated hire date?			
Service Lobby Manager	Ashley Fargeon			Colomi Bolid bur dhio			
Describe Duties (include purpose and d travel). Please expand bo		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract			
Provides support to clients in checking then		\$63,000	0.75	\$47,250			
rescheduling of future appointments; provid onsite assistance with technology equipme Manage the scheduling of client rooms and	ent in services lobby area.	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)			
Manage the scheduling of client rooms and flows of all clients in the lobby area. also provides supervision of all Triage Associates. Provides or supervises Triage Associates with the processing of rental subsidies for new clients, follow up with clients as needed for housing related documentation, assist clients with applications and questions, confirming eligibility at annual and six month verification points, providing follow-up detail of continued involvement to referring programs (mostly Primary Care and Center of Excellence programs) and other tasks and responsibilities related to the details of Housing Subsidies program Provide de-escalation efforts as needed for individual clients			\$12,758	\$12,758			
HCP Service Category Housing			Subtotal	\$60,008			
Position Title	Staff Member's First		If vacant, what is	s the estimated hire date?			
Triage Associates	Note: List every Staff Mememb	er / Posiition separtately	-				
Describe Duties (include purpose and d	1	Total Annual Colo	Total FTE (please	Salary Paid by this			
travel). Please expand bo	x if needed.	Total Annual Salary	don't remove the formula)	Contract			
Provides support to clients in checking then rescheduling of future appointments; provid		\$40,000	0.25	\$10,000			
onsite assistance with technology equipmed Manage the scheduling of client rooms and	ent in services lobby area.	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)			
area. Provide de-escalation efforts as needed for individual clients with housing situation. Responsible for the processing of rental subsidies for new clients, follow up with clients as needed for housing related documentation, assist clients with applications and questions, confirming eligibility at annual and six month verification points, providing follow-up detail of continued involvement to referring programs (mostly Primary Care and Center of Excellence programs) and other tasks and responsibilities related to the details of Housing Subsidies program. Acts as liason between client and agency and housing provider. Perform data entry duties as needed.			\$2,700	\$2,700			
HCP Service Category Housing			Subtotal	\$12,700			
HCP Service Category Housing Position Title	Staff Member's First Note: List every Staff Mememb			\$12,700 s the estimated hire date?			
Position Title Describe Duties (include purpose and d	Note: List every Staff Mememb	er / Posiition separtately	If vacant, what is	s the estimated hire date? Salary Paid by this			
Position Title	Note: List every Staff Mememb	er / Posiition separtately	If vacant, what is Total FTE (please don't remove the formula)	s the estimated hire date?			
Position Title Describe Duties (include purpose and d	Note: List every Staff Mememb	er / Posiition separtately	If vacant, what is	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits)			
Position Title Describe Duties (include purpose and d travel). Please expand bo	Note: List every Staff Mememb	Total Annual Salary If Travel is Required,	Total FTE (please don't remove the formula) #DIV/0! Benefits	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits)			
Position Title Describe Duties (include purpose and d travel). Please expand both	Note: List every Staff Mememb	Total Annual Salary If Travel is Required, Estimated Travel Expense	Total FTE (please don't remove the formula) #DIV/0! Benefits	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0			
Position Title Describe Duties (include purpose and d travel). Please expand bo	Note: List every Staff Mememb	Total Annual Salary If Travel is Required, Estimated Travel Expense	Total FTE (please don't remove the formula) #DIV/0! Benefits	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits)			
Position Title Describe Duties (include purpose and d travel). Please expand both	Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related	Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately	Total FTE (please don't remove the formula) #DIV/0! Benefits	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d	Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related	Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately	Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits)			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d	Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related	Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary If Travel is Required,	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0!	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by	Staff Member's First Note: List every Staff Memerab Staff Member's First Note: List every Staff Memerab estination of any job-related ox if needed. Staff Member's First	If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary Total Annual Salary If Travel is Required, Estimated Travel Expense	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by	Staff Member's First Note: List every Staff Mememb Staff Member's First Note: List every Staff Mememb estination of any job-related ox if needed.	If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary Total Annual Salary If Travel is Required, Estimated Travel Expense	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 \$0 \$0			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by	Staff Member's First Note: List every Staff Mememb Staff Member's First Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related	Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 \$0 \$0 \$0			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel).	Staff Member's First Note: List every Staff Mememb Staff Member's First Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related	Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Posiition separtately Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Posiition separtately	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 s the estimated hire date? Fringe Benefits (Total Travel and Benefits) \$0 \$0 s the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits)			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by	Staff Member's First Note: List every Staff Mememb Staff Member's First Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related	If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary If Travel is Required,	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$ the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 \$ the estimated hire date? Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$ the estimated hire date? Fringe Benefits (Total Travel and Benefits) \$0 \$ the estimated hire date?			
Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel). Please expand by HCP Service Category Position Title Describe Duties (include purpose and d travel).	Staff Member's First Note: List every Staff Mememb Staff Member's First Note: List every Staff Mememb estination of any job-related ox if needed. Staff Member's First Note: List every Staff Mememb estination of any job-related ox if needed.	If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately If Travel is Required, Estimated Travel Expense and Last Name er / Position separtately Total Annual Salary If Travel is Required,	If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal If vacant, what is Total FTE (please don't remove the formula) #DIV/0! Benefits Subtotal	Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$ the estimated hire date? Salary Paid by this Contract Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$0 \$ the estimated hire date? Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$ the estimated hire date? Fringe Benefits (Total Travel and Benefits) \$0 \$0 \$1 \$1 \$2 \$3 \$4 \$5 \$5 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6 \$6			

Contractor and Contract Number:					RW SUP Year
San Francisco Dept of Public Health					2016-2017
		Service Provid	der Informat	tion	
Service Provider's Name and DUNS#			Bid Status ((place x in one)	
University of Pacifc - DUNS#625948831			Not applicable	Sole Source (Attach Justification) for OA Contractors.	Competitive Bid
Contact Person		<u>i</u>	Title		
Cheryl Flores			Budget		
Mailing Address			Telephone I	Number	
155 5th Street, Room 312D, SF, CA 94103			415-351-718		
E-Mail Address			Fax Numbe	r	
cflores1@pacific.edu					
Website Address (if any)			Federal Tax	payer Identification Number	
			94-1156266		
Do members of minority racial/ethnic gro	oups constitute a	majority of Board	Ownership	Status (place x in one)	
members and/or a majority of staff (volur (place x in one)	iteer or paid) pro	Viding care?	 	Private/Non Profit	Public/Local
		Yes		x Private/For Profit	Public/State
]No	! ! ! ! ! ! !	☐ Incorporated ☐	Public/Federal
				T 7 11 6 10 10 11 11 11	
Client Service	e Costs			Funding Sources/Resources Available NOTE: Please include all funding sources (Part A, B,	
Services		Non-Personnel	Estimated Clients	D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh etc.) that are used to fund each service category. Fo	r Budgeted
NOTE: The exact HCP category name(s) for allowable core and support services must be	Personnel Costs	Costs (Also use Non-Personnel	Served	Part A, B, and in-kind funding, please provide estimat percentages. If there are any issues or concerns	ed Amount
used here. Use drop down list	Cusis	Justification Form)		regarding funding, please make an appropriate comment.	1
Oral Health Care	\$140,272	\$43,214	200	424,415 RWPA	\$183,486
					\$0
					\$0
					\$0
					\$0
					\$0
	<u> </u>				\$0
Totals	\$140,272	\$43,214		Total Service	s \$183,486
		<u>;</u>		Total Administrative Personn	el \$0
Operating Expenses					
(Please list in detail)					<u> </u>
,					
				Total Operatir	ng \$0
Capital Expenditures				-	
Indirect Costs		9% of direct cost			\$16,514
(Please list in detail)				ted for overhead costs as follows: building rent,	ψ10,517
,		utilities, maintenand	ce and repair	e, janitorial, payroll and tax services, auditor	<u> </u>
				Total Indire	
		(ca	innot exceed 1	I Otal Indire 5% of Client Service Provider Total Personnel Expense	
				Total Administrative Cos	ts \$16,514
	Total	of Contractor and Sub	ocontractor(s)	Administrative Costs can't exceed 10% of total allocation	on 8%
		•		Total Service Provider Budg	et \$200,000

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title	Staff Member's Firs	Í	If vacant, what is the estimated hire date?		
Group Practice Leader 2A	oup Practice Leader 2A Dr. Lynn Edwards				
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervises students in	the clinic and oversees	\$141,643	0.0625	\$8,853	
patient care.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$2,762	\$2,762	
HCP Service Category Oral Health C			Subtotal	\$11,615	
Position Title	Staff Member's Firs Note: List every Staff Memem		If vacant, what is	the estimated hire date?	
Group Practice Leader 2B	Dr. Michelle Brady				
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervises students in	the clinic and oversees	\$143,698	0.065	\$9,340	
patient care.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
		=	\$2,914	\$2,914	
HCP Service Category Oral Health C			Subtotal	\$12,255	
Position Title	Staff Member's Firs Note: List every Staff Memem		If vacant, what is	the estimated hire date?	
Group Practice Leader 2C	Dr. Mark Booth				
Describe Duties (include purpose an related travel). Please expan	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract		
This faculty person supervises students in	the clinic and oversees	\$152,003	0.065	\$9,880	
patient care.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
ı		=	\$3,083	\$3,083	
HCP Service Category Oral Health C	are		Subtotal	\$12,963	
Position Title	Staff Member's Firs Note: List every Staff Memem		If vacant, what is the estimated hire da		
Group Practice Leader 2D	Dr. Mark Abzug				
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervises students in	the clinic and oversees	\$144,304	0.065	\$9,380	
patient care.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
ī			\$2,926	\$2,926	
HCP Service Category Oral Health C			Subtotal	\$12,306	
Position Title	Staff Member's Firs Note: List every Staff Memem	•	If vacant, what is the estimated hire date		
Group Practice Leader 3A	Dr. Kalid Aziz			-	
Describe Duties (include purpose an related travel). Please expan	d box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervises students in	the clinic and oversees	\$141,326	0.065	\$9,186	
patient care.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$2,866	\$2,866	
HCP Service Category Oral Health C	Care	<u>.</u>	Subtotal	\$12,052	
		Total Personnel Exp	penses (this page)	\$61,191	

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title)	Staff Member's Firs Note: List every Staff Mememi	1	If vacant, what is the estimated hire date?		
Group Practice Leader 3B		Brian Kenyon				
•	• •	destination of any job-	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervis			\$160,236	0.0650	\$10,415	
patient care.			If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
	т.			\$3,250		
HCP Service Category	Oral Health Ca	are		Subtotal	\$13,665	
Position Title)	Staff Member's Firs Note: List every Staff Mement		If vacant, what is	the estimated hire date?	
Group Practice Leader 3C		Dr. Lisa Itaya	, ,			
		destination of any job-	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervis			\$164,008	0.065	\$10,661	
patient care.			If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$3,326	\$3,326	
HCP Service Category	Oral Health Ca	are		Subtotal	\$13,987	
Position Title)	Staff Member's Firs Note: List every Staff Mement		If vacant, what is	the estimated hire date?	
Group Practice Leader 3D		Dr. Desmond Gallagher				
Describe Duties (include purpose and destination of any jobrelated travel). Please expand box if needed.			Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
This faculty person supervis			\$140,681	0.065	\$9,144	
patient care.			If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$2,853	\$2,853	
HCP Service Category	Oral Health Ca	are		Subtotal	\$11,997	
Position Title	•	Staff Member's Firs Note: List every Staff Mement	1	If vacant, what is the estimated hire da		
Oral Surgeon		Dr. Anders Nattestad				
	• •	destination of any job-	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Provides consultation and p	atient services in	n the specialty of oral and	\$289,078	0.011	\$3,295	
maxillofacial surgery.			If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$1,028	\$1,028	
HCP Service Category	Oral Health Ca	are		Subtotal	\$4,324	
Position Title	•	Staff Member's Firs Note: List every Staff Mement	i	If vacant, what is	the estimated hire date?	
Prosthodontics		Dr. Eugene Labarre				
=		destination of any job- box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Provides consultation and properties. This			\$172,822	0.011	\$1,815	
тетночавне prosureucs. This	position tunus t	the Chair of the Department.	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$566	\$566	
HCP Service Category	Oral Health Ca	are		Subtotal	\$2,381	
	ı		Total Personnel Exp	penses (this page)		
				(- 1 - 3 - 7	, -,	

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title	Staff Member's Firs Note: List every Staff Memem.	Í	If vacant, what is	the estimated hire date?
Director of Radiology	Dr. Miriam Robins	, ,		
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
Provides consultation and patient services		\$117,588	0.0300	\$3,528
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$1,099	\$1,099
HCP Service Category Oral Health C			Subtotal	\$4,626
Position Title	Staff Member's Firs Note: List every Staff Mememi		If vacant, what is	the estimated hire date?
Special Care Faculty	Dr. Paul Subar			
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
Supervises students and provides patient s	ervices in the Special Care	\$164,802	0.0090	\$1,483
Clinic Dentistry Clinic.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		:	\$463	\$463
HCP Service Category Oral Health C	1		Subtotal	\$1,946
Position Title	Staff Member's Firs Note: List every Staff Mememi		If vacant, what is	the estimated hire date?
CARE Coordinator - Yian Saechao	Yian Saechao			
Describe Duties (include purpose and related travel). Please expand	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Performs duties related to CARE billing and		\$68,211	0.2000	\$13,642
facilitates client intakes; acquires and collates pertinent lab values required for treatment.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		<u> </u>	\$4,256	\$4,256
HCP Service Category Oral Health C	are		Subtotal	\$17,899
Position Title	Staff Member's Firs Note: List every Staff Mememi		If vacant, what is the estimated hire date	
Financial Coordinator - Cheryl Flores	Cheryl Flores			
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
Enters Units of Service into the Departmen	t of Public Health's ARIES	\$71,760	0.0877	\$6,293
system.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
,			\$1,964	\$1,964
HCP Service Category Oral Health C	are		Subtotal	\$8,257
Position Title	Staff Member's Firs Note: List every Staff Mement	i	If vacant, what is	the estimated hire date?
Departing Destination of the second	d destination of a !-!-	<u> </u>		Colomi Batala dat
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
				\$0
HCP Service Category		<u>. </u>	Subtotal	\$0
		Total Personnel Exp	penses (this page)	\$32,728

Contractor and Contract Number:					RW SUP Year
San Francisco Dept of Public Health				_	2016-2017
		Service Provi	der Informat	tion	
Service Provider's Name and DUNS#			Bid Status ((place x in one)	
Maitri AIDS Hospice DUNS# 7868514	1444			Competitive Bid	
Contact Person			Title		
Michael Smithwickh, Executive Director			ED		
Mailing Address			Telephone I	Number	
401 Duboce Avenue, San Francisco, CA 94	l117		415-558-300		
E-Mail Address			Fax Number	·r	
msmithwick@maitrisf.org			ļ		
Website Address (if any)				kpayer Identification Number	
www.maitrisf.org			94-3189198		
Do members of minority racial/ethnic gro members and/or a majority of staff (volur	oups constitute a	majority of Board	1		
(place x in one)	ileer or para, p	Viding out o .		x Private/Non Profit	Public/Local
		Yes		Private/For Profit	Public/State
]No		Incorporated	Public/Federal
				Funding Sources/Resources Available	<u> </u>
Client Service	e Costs		<u> </u>	NOTE: Please include all funding sources (Part A, B, C,	
Services		Non-Personnel	Estimated Clients	etc.) that are used to fund each service category. For	Budgeted
NOTE: The exact HCP category name(s) for allowable core and support services must be	Personnel Costs	Costs (Also use Non-Personnel	Served	Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns	i Amount
used here. Use drop down list		Justification Form)	l	regarding funding, please make an appropriate comment.	
Hospice Services	\$54,190	\$35,810	13	784,687 RWPA & 568,691 SAM	\$90,000
					\$0
		ļ ,			\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$54,190	\$35,810		Total Services	\$90,000
				Total Administrative Personne	I \$0
Operating Expenses					
(Please list in detail)					<u> </u>
·					<u> </u>
					<u> </u>
					
				Total Operating	\$0
Capital Expenditures					
Indirect Costs		Insurance, telepho	ne, admin an	nd accounting personnel	\$5,000
(Please list in detail)	1				1
				Total Indirect	\$5,000
		(ca	innot exceed 1	5% of Client Service Provider Total Personnel Expenses	\$5,000
				Total Administrative Costs	\$5,000
	Total	of Contractor and Sub	bcontractor(s)	Administrative Costs can't exceed 10% of total allocation	5%
				Total Service Provider Budge	t \$95,000

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title	Staff Member's Firs	1	If vacant, what is the estimated hire date?		
Nurse Care Coordinator	Tammi Redding				
Describe Duties (include purpose and related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
The Nurse Care Coordinator will review me		\$103,827	0.08	\$8,306	
health status as part of the admissions pro- need for and request evaluation for diagnos laboratory testing. Tami through her medica	stic testing, including	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
adharanca and has a significant role in ov	aluating and reviewing care		\$2,326 \$2,326		
HCP Service Category Hospice Serv			Subtotal	\$10,632	
Position Title	Staff Member's Firs Note: List every Staff Mement		If vacant, what is	the estimated hire date?	
Nursing Manager	Tess Gurrey				
Describe Duties (include purpose and related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Primary supervisor to the CNA and LVN nu	rsing care team, Tess works	\$93,289	0.05	\$4,664	
directly with patients when the team require managing challenging behavior. Tess colla	borates with all team	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
members daily in service to harm reduction	based care.		\$1,306	\$1,306	
HCP Service Category Hospice Serv	ices		Subtotal	\$5,970	
Position Title	Staff Member's Firs Note: List every Staff Mement		If vacant, what is the estimated hire date		
LVN. Team Leader	LVN. Team Leader Kat Rae				
Describe Duties (include purpose and related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Primary supervisor to the CNA and LVN nu		\$61,900	0.15	\$9,285	
directly with patients when the team requires guidance and assistance managing challenging behavior. Tess collaborates with all team		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
members daily in service to harm reduction	based care.	-	\$2,600	\$2,600	
HCP Service Category Hospice Serv	ices		Subtotal	\$11,885	
Position Title	Staff Member's Firs	1	If vacant, what is the estimated hire date?		
Program Director	Susan Canavan				
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
as Program Director Susan is responsible f		\$80,000	0.25	\$20,000	
interviews and non-medical assessments for program. Applicants with serious drug use reduction practices at Maitri. Susan continu	are informed about harm	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
narticularly if hehavior impacts treatment or			\$5,703	\$5,703	
HCP Service Category Hospice Serv	ices		Subtotal	\$25,703	
Position Title	Staff Member's Firs		If vacant, what is	the estimated hire date?	
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category		<u> </u>	Subtotal	\$0	
, I		Total Personnel Exp	/d ! \	\$54,190	

Contractor and Contract Number:

San Francisco Dept of Public Health

2016-2017

		Service Provi	der Informat	ion	
Service Provider's Name and DUNS#			Bid Status ((place x in one)	
UCSF DUNS# 094878337			Not applicable	Sole Source (Attach Justification) for OA Contractors.	Competitive Bid
Contact Person			Title		
Paul Dertien			Division Adn	ninistrator	
Mailing Address			Telephone l		
400 Parnassus Avenue, SF, CA			415-502-587	70	
E-Mail Address			Fax Numbe	r	
Website Address (if any)			Federal Tax	payer Identification Number	
			94-2899914		
Do members of minority racial/ethnic gro Board members and/or a majority of staf	•		Ownership	Status (place x in one)	
care? (place x in one)	i (volunteer or p	aid) providing		Private/Non Profit	Public/Local
		Yes		Private/For Profit	x Public/State
		No		Incorporated	Public/Federal
				Funding Sources/Resources Available	
Services NOTE: The exact HCP category name(s) for allowable core and support services must be	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel	Estimated Clients Served	NOTE: Please include all funding sources (Part. C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind CalFresh, etc.) that are used to fund each serv category. For Part A, B, and in-kind funding, ple provide estimated percentages. If there are any is or concerns regarding funding, please make a	A, B, d, vice Budgeted ease Amount
used here. Use drop down list		Justification Form)	!	appropriate comment.	
Mental Health Services	\$157,856	\$6,508	35	RWPA 1,437,110, GF 711,612	\$164,364
		<u> </u>			\$0
					\$0
		<u> </u>			\$0
		-			\$0
		<u> </u>			\$0
		 			\$0
Totals	\$157,856	\$6,508		Total Serv	vices \$164,364
				Total Administrative Perso	onnel \$0
Operating Expenses					
(Please list in detail)					
				Total Opera	ating \$0
Capital Expenditures					
UCSF mandatory indirect charges on all CCSF contracts is 12%, unless funder further limits indirect rates. Given this RFP limits indirect rate to 10%, this proposal calculates indirect at 10%.			der \$13,636		
(Please list in detail)					
		(car	nnot exceed 15	Total Ind % of Client Service Provider Total Personnel Expe	
				Total Administrative C	Costs \$13,636
	Total o	of Contractor and Subc	contractor(s) A	dministrative Costs can't exceed 10% of total alloc	cation 8%
				Total Service Provider Bu	ıdget \$178.000

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title	Staff Member's Firs		If vacant, what is	the estimated hire date?	
TBH, Clinical Social Worker II	Note: List every Staff Mememi	per / Position separtately			
Describe Duties (include purpose an related travel). Please expan	d destination of any job- d box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Will provide clinical services including clier intervention, triage services case manager services, and coordination of care.		\$79,553 If Travel is Required, Estimated Travel Expense	0.50 Benefits	\$39,776 Fringe Benefits (Tatal Travel and Benefits)	
			\$8.045	(Total Travel and Benefits) \$8,045	
HCP Service Category Mental Healt	n Services	<u> </u>	Subtotal \$47,822		
Position Title	Staff Member's Firs		If vacant, what is	the estimated hire date?	
TBH, Clinical Social Worker II	Note: List every Staff Mememb	per / Posiition separtately	,		
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Will provide clinical services including clier		\$79,553	0.50	\$39,776	
intervention, triage services case manager services, and coordination of care.	nent, brief psychotherapy	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
<u> </u>		<u> </u>	\$8,353	\$8,353	
HCP Service Category Mental Health			Subtotal	\$48,129	
Position Title	Staff Member's Firs Note: List every Staff Mement		ii vacant, what is the estimated hire of		
Clinical Social Worker I	Barton Shulman				
Describe Duties (include purpose and destination of any jobrelated travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Will provide clinical services including clier		\$68,298	0.45	\$30,734	
intervention, triage services case manager services, and coordination of care. Will fac		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$6,454	\$6,454	
HCP Service Category Mental Health			Subtotal	\$37,189	
Position Title	Staff Member's Firs Note: List every Staff Mement	1	If vacant, what is	the estimated hire date?	
Program Assistant	Nikalet Brownson				
Describe Duties (include purpose an related travel). Please expan		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Will provide program support services to the	e program. Duties will	\$40,853	0.50	\$20,427	
include: client interaction, client check-in, databases, participant satisfaction surveys will include typing coorespondences, main	, and record keeping. Tasks	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
settingun group space arrangements and o	lata entry		\$4,290	\$4,290	
HCP Service Category Mental Health			Subtotal	\$24,716	
Position Title	Staff Member's Firs Note: List every Staff Mememb	į	If vacant, what is	the estimated hire date?	
Describe Duties (include purpose an		Total Annual Salami	Total FTE (please	Salary Paid by this	
related travel). Please expand box if needed.		Total Annual Salary	don't remove the formula)	Contract	
			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category			Subtotal	\$0	

Contractor and Contract Number:					RW SUP Year
San Francisco Dept of Public Health					2016-2017
		Service Provi	I		
Service Provider's Name and DUNS#			Bid Status	(place x in one)	To pid
INSTITUTO FAMILIAR DE LA RAZA INC -			Not applicable	Sole Source (Attach Justification) for OA Contractors.	Competitive Bid
Contact Person			Title		
Dr. Estela Garcia, DMH			Executive D	Pirector	
Mailing Address			Telephone	Number	
2919 Mission Street, SF, CA 94110			(415) 229-0	523 	·
E-Mail Address			Fax Numbe	PT	
Estela.Garcia@ifrsf.org					
Website Address (if any)			 	xpayer Identification Number	
		······································	94-2523608		
Do members of minority racial/ethnic gro members and/or a majority of staff (volur	oups constitute a nteer or paid) pro	majority of Boards oviding care?	Ownership		
(place x in one)	_	_			Public/Local
	<u> </u>	Yes		Private/For Profit	Public/State
		No		Incorporated	Public/Federal
Client Semin			T	Funding Sources/Resources Available	T
Client Service	e Costs	<u></u>	Ectimated	NOTE: Please include all funding sources (Part A, B, C	,
Services	Personnel	Non-Personnel	Estimated Clients	etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimate	
NOTE: The exact HCP category name(s) for allowable core and support services must be	Costs	Costs (Also use Non-Personnel	Served	percentages. If there are any issues or concerns regarding funding, please make an appropriate	Amount
used here. Use drop down list		Justification Form)		regarding funding, please make an appropriate comment.	
Mental Health Services	\$54,679	\$1,354	11	231,778 RWPA	\$56,033
					\$0
					\$0
					\$0
		<u> </u>			\$0
					\$0
	<u> </u>		<u> </u>		\$0
Totals	\$54,679	\$1,354		Total Services	s \$56,033
				Total Administrative Personne	ş0
Operating Expenses					
(Please list in detail)					İ
				Total Operating	g \$0
Capital Expenditures					
Indirect Costs	<u> </u>	Indirect expenses -	- Salaries		\$3,303
(Please list in detail)		Fringe Benefit - 25	i%		
				Total Indirec	3.3 .30.3
		(ca	annot exceed 1	15% of Client Service Provider Total Personnel Expenses	9)
		· · - · ·		Total Administrative Cost	***
	lotai	of Contractor and Sur	bcontractor(s)	Administrative Costs can't exceed 10% of total allocation	•
				Total Service Provider Budge	t \$59,336

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

Position Title	Staff Member's First Note: List every Staff Mement		If vacant, what is	the estimated hire date?	
Mental Health Counselor	To be hired				
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Provides individual assessment, short and I		\$43,000	0.50	\$21,500	
referrals to address behavioral health needs Support Groups to address psychosocial fa being.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$9,356	\$9,356	
HCP Service Category Mental Health			Subtotal \$30,856		
Position Title	Staff Member's First Note: List every Staff Mememb	1	If vacant, what is	the estimated hire date?	
Program Manager	Rafael Velazquez				
Describe Duties (include purpose and related travel). Please expand	box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Responsible for operation of integrated HIV	\$63,820	0.15	\$9,573		
implementation of policies and procedures; supervision of staff and performance evaluations; responsible for contract monitoring and reporting, data management, program evaluation and program reports.		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
			\$4,212	\$4,212	
HCP Service Category Mental Health			Subtotal	\$13,785	
Position Title	Staff Member's First Note: List every Staff Mememb		If vacant, what is the estimated hire date		
HIV Prevention Coordinator	Alex Marin				
Describe Duties (include purpose and destination of any job- related travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
Oversees and coordinates day to a day ser		\$45,320	0.15	\$6,798	
Health Counselor; monitors productivity; prepares reports; participates in data analysis and program design. As needed, assists in facilitating		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
groups.			\$3,240	\$3,240	
HCP Service Category Mental Health	1		Subtotal	\$10,038	
Position Title	Staff Member's First Note: List every Staff Mememb		If vacant, what is	the estimated hire date?	
Describe Duties (include purpose and related travel). Please expand		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
			#DIV/0!	-	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
UCD Samiles Categorie			0	\$0 ©0	
HCP Service Category	Staff Member's First	t and Last Name	Subtotal		
Position Title	Note: List every Staff Mememb		If vacant, what is	the estimated hire date?	
Describe Duties (include purpose and	destination of any job	<u> </u> 	T-4-1 FTF	Salary Paid by this	
related travel). Please expand	• •	Total Annual Salary	Total FTE (please don't remove the formula)	Contract	
			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category		'	Subtotal	\$0	
		Total Personnel Exp	penses (this page)	\$54,679	

Contractor and Contra	act Number:					RW SUP Year	
San Francisco Dept of F	oublic Health					2016-2017	
			Service Provi	der Informat	tion		
Service Provider's Nar	me and DUNS#			Bid Status (place x in one)			
Project Open Hand	DUNS# 36191769			Sole Source (Attach Justification) Competitive Not applicable for OA Contractors.			
Contact Person				Title			
Mark Ryle				Chief Exectiv	ve Officer		
Mailing Address				Telephone N	Number		
730 Polk Street, San Fra	ancisco, CA 94109			415-447-232	21		
E-Mail Address				Fax Number	r .		
mryle@openhand.org			<u> </u>	415-447-249	30		
Website Address (if ar	ny)			Federal Tax	kpayer Identification Number		
www.openhand.org				94-3023551			
Do members of minori members and/or a maj	ity racial/ethnic gro	oups constitute a	majority of Board	Ownership (Status (place x in one)		
(place x in one)	Officy of Staff (voice)	ileer or paid, p. c	Viuling care:		x Private/Non Profit	Public/Local	
			Yes		Private/For Profit	Public/State	
]No		Incorporated	Public/Federal	
					Fdime Courses/Pessurees Available		
	Client Service	e Costs		<u>'</u>	Funding Sources/Resources Available NOTE: Please include all funding sources (Part A, B, C,	,	
Servic	es		Non-Personnel	Estimated Clients	etc.) that are used to fund each service category. For	Budgeted	
NOTE: The exact HCP ca allowable core and suppo		Personnel Costs	Costs (Also use Non-Personnel	Served	Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns	d Amount	
used here. Use dr			Justification Form)	 	regarding funding, please make an appropriate comment.		
Food Bank/Home Delive	ered Meals	\$29,724	\$90,276	170	1,398,279 SAM	\$120,000	
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
						\$0	
	Totals	\$29,724	\$90,276		Total Services	\$120,000	
					Total Administrative Personne		
Oŗ	perating Expenses				_		
(P	Please list in detail)	•					
		•					
		•					
					_		
		•					
		•					
		•			Total Operating	\$0	
Са	pital Expenditures						
Indi	lirect Costs						
(P	Please list in detail)	•					
		•					
		•					
		•			Total Indirect		
			(ca	innot exceed 1	5% of Client Service Provider Total Personnel Expenses))	
					Total Administrative Costs		
		Total	of Contractor and Sub	ocontractor(s)	Administrative Costs can't exceed 10% of total allocation		
					Total Service Provider Budget	t \$120,000	

Contractor and Contract Number (and Subcontractor):

San Francisco Dept of Public Health

	Note: List every Staff Meme			
related travel). Plea		· ·		
	urpose and destination of any job-	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	nd Quality Mnagement oversight of	\$105,000	0.21	\$22,050
program of food distribution effor	ts.	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$7,674	\$7,674
HCP Service Category Foo	od Bank/Home Delivered Meals		Subtotal	\$29,724
Position Title	Staff Member's Fil Note: List every Staff Meme	rst and Last Name ember / Posiition separtately	i ir vacant, what is the estimated hire	
	urpose and destination of any job- ase expand box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
				\$0
HCP Service Category			Subtotal	\$0
Position Title	Staff Member's Fir	rst and Last Name ember / Posiition separtately	If vacant, what is	s the estimated hire date?
Describe Duties (include purpose and destination of any jobrelated travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
				\$0
HCP Service Category			Subtotal	\$0
Position Title	Staff Member's Fil Note: List every Staff Meme	1	If vacant, what is	s the estimated hire date?
	urpose and destination of any job- ase expand box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
· · · · · · · · · · · · · · · · · · ·				\$0
HCP Service Category			Subtotal	\$0
Position Title	Staff Member's Fit Note: List every Staff Meme	rst and Last Name ember / Posiition separtately	If vacant, what is	s the estimated hire date?
Describe Duties (include purpose and destination of any jobrelated travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
			#DIV/0!	
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
				\$0
<u> </u>		<u>, </u>	Subtotal	\$0
HCP Service Category		_		Ψ

Contractor and Contract Number:					RW SUP Year
San Francisco Dept of Public Health					2016-2017
		Service Provi	der Informat	tion	
Service Provider's Name and DUNS#			Bid Status (-	
HealthRight360 DUNS# 060142130)	·	Not applicable	Sole Source (Attach Justification) for OA Contractors.	Competitive Bid
Contact Person			Title		
Vitka Eisen			Executive Di	virector	
Mailing Address			Telephone I	Number	
1735 Mission St			415-468-260	05	
E-Mail Address			Fax Numbe	۶۲ 	
veisen@healthright.org			<u> </u>		
Website Address (if any)			 	xpayer Identification Number	
			94-6129071		
Do members of minority racial/ethnic gro members and/or a majority of staff (volur	oups constitute a nteer or paid) pro	majority of Board	l		_
(place x in one)		_			Public/Local
	<u> </u>	Yes		Private/For Profit	Public/State
		No		Incorporated	Public/Federal
Client Service	. 0		T	Funding Sources/Resources Available	T
Client Service	3 Costs		Estimated	NOTE: Please include all funding sources (Part A, B, C	
Services	Personnel	Non-Personnel	Clients	etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimate	Budgeted
NOTE: The exact HCP category name(s) for allowable core and support services must be	Costs	Costs (Also use Non-Personnel	Served	percentages. If there are any issues or concerns regarding funding, please make an appropriate	, Filliou
used here. Use drop down list		Justification Form)		comment.	
Food Bank/Home Delivered Meals		\$47,000	75	350,000 RWPA	\$47,000
Medical Transportation	<u> </u>	\$35,000	75	n/a	\$35,000
			ļ		\$0
	<u> </u>	ļ'	<u> </u>		\$0
	<u> </u>				\$0
	<u> </u>	<u> </u>	<u> </u>		\$0
	<u> </u>	ļ!	<u> </u>		\$0
Totals	\$0	\$82,000		Total Service	s \$82,000
				Total Administrative Personne	el \$0
Operating Expenses					
(Please list in detail)					
				Total Operatin	g \$0
Capital Expenditures					
Indirect Costs					
(Please list in detail)					
		(cr	annot exceed 1	Total Indirec 15% of Client Service Provider Total Personnel Expenses	i 30
		<u> </u>		Total Administrative Cost	
	Total	of Contractor and Sul	bcontractor(s)	Administrative Costs can't exceed 10% of total allocation	**
				Total Service Provider Budge	et \$82,000

Contractor and Contract Number (and Subcontractor):

RW SUP Year 2016-2017

San Francisco Dept of Public Health

Position Title	Staff Member's First Note: List every Staff Memer	ı	If vacant, what is the estimated hire date?		
	ose and destination of any job- expand box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
		If Travel is Required, Estimated Travel Expense	#DIV/0! Benefits	Fringe Benefits (Total Travel and Benefits)	
HCP Service Category			Subtotal	\$0 \$0	
Position Title	Staff Member's Fire	1		the estimated hire date?	
	Note: List every Staff Memer	nber / Position separtately			
	ose and destination of any job- expand box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category	Otati Manakaria Fin	-t d Lt N	Subtotal	\$0	
Position Title	Staff Member's First Note: List every Staff Memer		If vacant, what is	the estimated hire date?	
	ose and destination of any job- expand box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
·			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category			Subtotal	\$0	
Position Title	Staff Member's Fire	I	If vacant, what is	the estimated hire date?	
	ose and destination of any job- expand box if needed.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
		If Travel is Required, Estimated Travel Expense	#DIV/0! Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
HCP Service Category			Subtotal	\$0	
Position Title	Staff Member's First Note: List every Staff Memer		If vacant, what is	the estimated hire date?	
Describe Duties (in steels	and destination of over the			Onlaw D. 111 d.1	
Describe Duties (include purpose and destination of any job- related travel). Please expand box if needed.		Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract	
			#DIV/0!		
		If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)	
				\$0	
				ΨΟ	
HCP Service Category			Subtotal		

HIV Care Program SUPPLEMENTAL Non - Personnel Justification

Food &Packing 56,332; Bulk Food 18,804; Open Hand Data Adminsitratrator/ARIES liason

Program supplies 1,500; staff training 1,894; Consultants (program coordination & clincial

Contractor and Contract Number: RW SUP Year

San Francisco Dept of Public Health

POH

HR360

Maitri

\$90.276

\$82,000

\$35,810

2016-2017

Description of Non-Personnel Expenses

If non-personnel costs are being funded for Client Services, describe in detail how the non-personnel expenses will be utilized. If using Form F, please provide additional detailed description. Services/Provider **Budgeted Amount Detail Description** Incentives to encourage clients to show for scheduled appointments, suppressed viral load SFDPH SEHC \$10,000 and educational workshops: Grocery gift cards, taxi vouchers and bus tokens. \$10 each X Resident activities (exercise mats, sticks, hand weights) - 1,796: Training/Staff Rafiki Coalition for Health & Wellness \$17,936 development 2,000; client wellness activities 600; conference 3,540; 10,000(2 speaker forums for client wellness). SFAF \$248,655 6,403 rent; 239,760 Rental subsidies (54/mosx370 clientsx12mos); 2,492 audit fees UOP \$43,214 Office Supplies 474, Printing/reproduction 540, program/medical supplies 42,200 Rent 4,463; Client Related Expenses (food and snack for clients attending groups) 1,344; **UCSF** \$6,508 equipment rental 172; communications 365; postage 164 client related expenses (funds will be used to purchase food and snacks for clients INSTITUTO FAMILIAR DE LA RAZA \$1,354 participating in Psychosocial Support Groups)

15,140

47,000 Food Vouchers; 35,000Taxi Voucher

supervision) 15,400; intern stipends 12,000; occupancy 5,016

HIV Care Program SUPPLEMENTAL - Outpatient/Ambulatory Medical Care: Description and Availability in Your Jurisdiction

Contractor and Contract Number:	RW SUP Year
	2016-17
Please describe the Outpatient/Ambulatory Medical Care Services available in your jurisc	diction Include an explanation
regarding your decision to provide or not provide these services.	diction. Include an explanation

HIV Care Program SUPPLEMENTAL - Justification for Early Intervention Services

Contractor and Contract Number:	RW SUP Year 2016-17
Early Intervention Services (EIS) Description	
EIS is a combination of four activities that work together to identify individuals who are HIV-positive and linkages to HIV Care and treatment the four components of EIS are: 1) HIV testing (identifying unaward services; 3) health literacy/education; and 4) linkage to care. All four components must be present and the community to use the EIS service category; however, the HIV Care Program (HCP) is not required activities. For details on EIS, see the Ryan White (RW) National Monitoring Standards. http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf	e); 2) referral active within
If you are proposing to use EIS as a service category in your HCP budget, please respond to the follow	ving questions:
1. Describe EIS services in your community. Include a list of community partners who are collaborating and non-RW providers). For each, describe their services and indicate which of the required four compaddressed through their services (HIV testing, referral services, health literacy/education, linkage.) If no HCP, please indicate the funding source. Indicate what role you, as the HCP contractor, will take.	onents are
2. Describe the referral process used by the agencies to link clients to care.	
3. If HCP funds are to be used for HIV testing, explain how existing federal, state or local funds are not how using HCP funds will supplement and not supplant existing funding for HIV testing. Describe how being proposed for funding under EIS is in alignment with the overall prevention strategy for the county	the HIV testing
Note – contractors are required to track and report the total number of HIV tests paid for by Part B - El referrals and linkage to care is required for any client that tests positive using Part B EIS funds. Furthe assistance regarding EIS reporting requirements will be made available.	-

HIV Care Program SUPPLEMENTAL FORM F - Service Provider Subcontractor

Contractor and Contract Number (and Subcontractor):

RW SUP Year

2016-2017

Note: Subcontracted Service Providers who utilize subcontracts this form for each entity (Sub's Sub).	to fund other entities to provide H	ICP services Must Complete			
Service Provid	der Information				
Service Provider Name and DUNS#					
Contact Person	Title				
Mailing Address	Telephone Number				
E-Mail Address	Fax Number				
Website Address (if any)	Federal Taxpayer Identification Number				
Client Service Costs					
Services NOTE: The exact HCP category name(s) for allowable Tier One and Tier Two services must be used here. Use the drop down list	Estimated Clients Served	Budgeted Amount			
		\$0			
		\$0			
		\$0			
		\$0			
		\$0			
		\$0			
		\$0			
	Total Services	\$0			