

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	2016-2017

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

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Contractor Agency Name(s)	Address Location (Street, City, Zip)	Office of AIDS Use Only
<i>If HCP-funded client services are provided at sites other than the one listed in the Service Provider Information box, please complete a row for each site.</i>		
SFDPH/ COPC - HIV Dental Services	101 Grove St, SF, CA 94102	
DPH - SEHC	401 Keith St, SF, CA 94124	

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
<i>List all Subcontracted Service Provider Agency Locations. This information is required for completing the annual HRSA RSR.</i>		
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:

San Francisco Dept of Public Health

RW SUP Year

2016-2017

Agency Information

Website Address (if any)

www.sfdph.org

Program Contact

The Program Contract is the primary staff member responsible for program planning, policy matters, progress reports, and contract monitoring, etc.

First and Last Name

Dean Goodwin

Title

HIV Administrator

Mailing Address

25 Van Ness Ave, 8th Floor, SF, CA 94102

Telephone Number

628-206-7675

E-Mail Address

Dean.Goodwin@sfdph.org

Fax Number

Fiscal Contact

The Fiscal Contact is the primary staff member responsible for invoicing, budgets revisions, etc. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.

First and Last Name

Sajid Shaikh

Title

Sr Admin Analyst

Mailing Address

1380 Howard St, suite 423A, SF, CA 94103

Telephone Number

415-255-351

E-Mail Address

sajid.shaikh@sfdph.org

Fax Number

Lead Clinical Contact

The Lead Clinical Contact is the primary staff member responsible for clinical activities. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.

First and Last Name

same as above

Title

Mailing Address

Telephone Number

E-Mail Address

Fax Number

Lead Case Management Contact

The Lead Case Manager Contact is the primary staff member responsible for case management activities. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.

First and Last Name

same as above

Title

Mailing Address

Telephone Number

E-Mail Address

Fax Number

HIV Care Program SUPPLEMENTAL *Five Line Item Budget*

Contractor and Contract Number:
 San Francisco Dept of
 Public Health _____

RW SUP Year
 2016-2017

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

	Form A <i>Contractor Administrative Costs</i>	Form C <i>Needs Assessment Other Costs only</i>	Form D <i>Contractor's Client Service Provider Budget Summary (if applicable)</i>	Form D <i>Subcontractor's Client Service Provider Budget Summary (if applicable and if so, Other Costs only)</i>	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:

RW SUP Year

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 total allocation		
Needs Assessment Costs	Amount	
Needs Assessment Costs (not to exceed 5% of total budget)	\$47,000	4%
Client Service Provider Costs <i>(Enter individual Service Providers on separate lines below, whether provided by contractor or subcontracted agency. A FORM D and a FORM E must be completed for each service provider listed.)</i>		
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 Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Contractor Information	
Contact Person	Title
Dean Goodwin	HIV Administrator
Mailing Address	Telephone Number
1380 Howard St, suite 423A, SF, CA 94103	628-206-7675
Email:	Fax Number
dean.goodwin@sfdph.org	
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Status (place x in one) <input type="checkbox"/> Private/Non Profit <input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Expenses Category	Description	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 Indirect Costs
<i>Cannot exceed 15% of Total Administrative Personnel</i>		<i>#DIV/0!</i>
Total Contractor Administrative Budget		\$0
<i>(cannot exceed 10% of total Contractor allocation)</i>		0%

HIV Care Program SUPPLEMENTAL FORM B - Contractor Administrative Personnel Detail

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
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
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)
		#DIV/0!	\$0
	Subtotal		\$0
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)
		#DIV/0!	\$0
	Subtotal		\$0
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)
		#DIV/0!	\$0
	Subtotal		\$0
Total Personnel Expenses (this page)			\$0

HIV Care Program FORM C - Needs Assessments Detail

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
 2016-2017

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 Information		
Provider's Name and DUNS# HR360, DUNS#060142130	Ownership Status (place x in one) <input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal	
Contact Person Vitka Eisen	Title Executive Director	
Mailing Address 1735 Mission St, SF, CA	Telephone Number 415-468-2605	
E-Mail Address	Fax Number	
Expenses Category	Description	Budgeted Amount
Personnel	Total of Salary and Fringe Benefits:	\$0
Operating Expenses		
	Subcontractor ACRIA (see below)	\$47,000
	Total Operating:	\$47,000
Indirect Expenses		
	Total Indirect:	\$0
	Total Needs Assessment Budget: <small>(cannot exceed 5% of the Contractor total allocation)</small>	\$47,000 2%
Needs Assessment Personnel		
Position Title	Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date	
	Salary	
	Salary Paid by this Contract	
	FTE <small>(please don't remove the formula)</small>	
	#DIV/0!	
	Fringe Benefits	
Needs Assessment Personnel		
Position Title	Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date	
	Salary	
	Salary Paid by this Contract	
	FTE <small>(please don't remove the formula)</small>	
	#DIV/0!	
	Fringe Benefits	
Needs Assessment Personnel		
Position Title	Staff Member's First and Last Name	
Describe Duties (include purpose and destination of any job-related travel)	Contract Start Date	
	Salary	
	Salary Paid by this Contract	
	FTE <small>(please don't remove the formula)</small>	
	#DIV/0!	
	Fringe Benefits	

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
SFDPH/ COPC - HIV Dental Services - DUNS#103717336	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Beth Neary	Sr Admin Analyst
Mailing Address	Telephone Number
25 Van Ness Ave, 8th Fl, SF, CA	628-206-7679
E-Mail Address	Fax Number
beth.neary@sfdph.org	
Website Address (if any)	Federal Taxpayer Identification Number
	94-6000417
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ownership Status (place x in one) <input type="checkbox"/> Private/Non Profit <input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Oral Health Care	\$105,664		25	RWPA 241,872 & 85,290 GF	\$105,664
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$105,664	\$0		Total Services	\$105,664
Total Administrative Personnel					\$0
Operating Expenses (Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs (Please list in detail)					
Total Indirect <small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					\$0
Total Administrative Costs					\$0
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					0%
Total Service Provider Budget					\$105,664

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Health Worker II	Ludwig Leota		
Describe Duties (include purpose and destination of any job-related 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 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, education, intervention and/or referral services.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$65,062	0.40	\$26,025
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$8,328	\$8,328
HCP Service Category	Oral Health Care	Subtotal	\$34,353
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Health Worker II	Vacant		
Describe Duties (include purpose and destination of any job-related 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 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, education, intervention and/or referral services.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$53,508	1.00	\$53,508
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$17,804	\$17,804
HCP Service Category	Oral Health Care	Subtotal	\$71,312
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	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
		#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 First and Last Name <small>Note: List every Staff Member / Position separately</small>	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
		#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 First and Last Name <small>Note: List every Staff Member / Position separately</small>	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
		#DIV/0!	
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
HCP Service Category		Subtotal	\$0
Total Personnel Expenses (this page)			\$105,664

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
SFDPH - SEHC 103717336	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Gwen Smith	Program Coordinator
Mailing Address	Telephone Number
2401 Keith St. SF, CA 94124	415-671-7057
E-Mail Address	Fax Number
Gwen_Smith@sfdph.org	415-822-3620
Website Address (if any)	Federal Taxpayer Identification Number
WWW.SFDPH.ORG	94-6000417
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Ownership Status (place x in one) <input type="checkbox"/> Private/Non Profit <input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount	
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)				
Outreach Services		\$10,000	130	420,651 GF & 78,659 SAM-MAI	\$10,000	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
Totals	\$0	\$10,000		Total Services	\$10,000	
Total Administrative Personnel					\$0	
Operating Expenses						
<small>(Please list in detail)</small>						
Total Operating						\$0
Capital Expenditures						
Indirect Costs						
<small>(Please list in detail)</small>						
Total Indirect						\$0
<small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>						
Total Administrative Costs					\$0	
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>						0%
Total Service Provider Budget					\$10,000	

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Total Personnel Expenses (this page)			\$0

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
Rafiki Coalition for Health & Wellness, DUNS#608100186	<input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Perry Lang	Executive Director
Mailing Address	Telephone Number
601 Cesar Chavez Street	415-615-9945, ext 103
E-Mail Address	Fax Number
plang@rafikicoalition.org	
Website Address (if any)	Federal Taxpayer Identification Number
	68-0480736
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Status (place x in one) <input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Housing	\$65,664	\$17,936	28	354,826 RWPA & 50,940 GF	\$83,600
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$65,664	\$17,936		Total Services	\$83,600
Total Administrative Personnel					\$0
Operating Expenses					
(Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs					
(Please list in detail)					
10% of direct cost					\$5,400
Total Indirect					\$5,400
<small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					
Total Administrative Costs					\$5,400
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					<small>6%</small>
Total Service Provider Budget					\$89,000

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Case Manager	Francis Broome		
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
Provide case management services to 11 transitional house residents	\$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
Resident Managers	Michael Lewis		
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
Provide 24 hours management of transitional house operations and activities of 11 resident clients	\$18,720	1.00	\$18,720
	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
Relief Resident Managers	Hugo Calderon		
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
Provide 24 hours management of transitional house operations and activities of 11 resident clients on a as-needed basis	\$18,720	0.50	\$9,360
	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
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
HCP Service Category		Subtotal:	\$0
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
HCP Service Category		Subtotal:	\$0
Total Personnel Expenses (this page)			\$65,664

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
San Francisco AIDS Foundation - DUNS#109280990	<input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Richard Hill	Director of Government Contracts
Mailing Address	Telephone Number
1035 Market St. SF, CA 94103	415-487-8042
E-Mail Address	Fax Number
rhill@sfaf.org	
Website Address (if any)	Federal Taxpayer Identification Number
	94-2927405
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one)	Ownership Status (place x in one)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Housing	\$72,708	\$248,655	39	254,074 GF	\$321,363
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$72,708	\$248,655		Total Services	\$321,363
Total Administrative Personnel					\$0
Operating Expenses					
(Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs					
(Please list in detail)					
9% of direct cost less audit fees					\$28,637
Total Indirect					\$28,637
<small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					
Total Administrative Costs					\$28,637
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					<small>8%</small>
Total Service Provider Budget					\$350,000

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Service Lobby Manager	Ashley Fargeon		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Provides support to clients in checking them in for appointments and rescheduling of future appointments; providing referral information and onsite assistance with technology equipment in services lobby area. 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	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$63,000	0.75	\$47,250
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$12,758	\$12,758
HCP Service Category	Housing	Subtotal:	\$60,008
Triage Associates	Gregg Starr		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Provides support to clients in checking them in for appointments and rescheduling of future appointments; providing referral information and onsite assistance with technology equipment in services lobby area. Manage the scheduling of client rooms and flows of all clients in the lobby 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.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$40,000	0.25	\$10,000
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,700	\$2,700
HCP Service Category	Housing	Subtotal:	\$12,700
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!	\$0
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
HCP Service Category		Subtotal:	\$0
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!	\$0
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
HCP Service Category		Subtotal:	\$0
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!	\$0
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
			\$0
HCP Service Category		Subtotal:	\$0

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
University of Pacific - DUNS#625948831	<input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Cheryl Flores	Budget
Mailing Address	Telephone Number
155 5th Street, Room 312D, SF, CA 94103	415-351-7189
E-Mail Address	Fax Number
cflores1@pacific.edu	
Website Address (if any)	Federal Taxpayer Identification Number
	94-1156266
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Status (place x in one) <input type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input checked="" type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Oral Health Care	\$140,272	\$43,214	200	424,415 RWPA	\$183,486
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$140,272	\$43,214		Total Services	\$183,486
Total Administrative Personnel					\$0
Operating Expenses					
(Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs	9% of direct cost				\$16,514
(Please list in detail)	Administrative Costs and allocated for overhead costs as follows: building rent, utilities, maintenance and repair, janitorial, payroll and tax services, auditor				
Total Indirect <small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					\$16,514
Total Administrative Costs					\$16,514
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					<small>8%</small>
Total Service Provider Budget					\$200,000

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

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

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Group Practice Leader 3B	Brian Kenyon		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. This faculty person supervises students in the clinic and oversees patient care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$160,236	0.0650	\$10,415
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$3,250	\$3,250
HCP Service Category	Oral Health Care	Subtotal:	\$13,665
Group Practice Leader 3C	Dr. Lisa Itaya		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. This faculty person supervises students in the clinic and oversees patient care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$164,008	0.065	\$10,661
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$3,326	\$3,326
HCP Service Category	Oral Health Care	Subtotal:	\$13,987
Group Practice Leader 3D	Dr. Desmond Gallagher		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. This faculty person supervises students in the clinic and oversees patient care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$140,681	0.065	\$9,144
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,853	\$2,853
HCP Service Category	Oral Health Care	Subtotal:	\$11,997
Oral Surgeon	Dr. Anders Nattestad		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Provides consultation and patient services in the specialty of oral and maxillofacial surgery.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$289,078	0.011	\$3,295
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$1,028	\$1,028
HCP Service Category	Oral Health Care	Subtotal:	\$4,324
Prosthodontics	Dr. Eugene Labarre		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Provides consultation and patient services in the specialty of fixed and removable prosthetics. This position funds the Chair of the Department.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$172,822	0.011	\$1,815
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$566	\$566
HCP Service Category	Oral Health Care	Subtotal:	\$2,381
Total Personnel Expenses (this page)			\$46,353

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Director of Radiology	Dr. Miriam Robins		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Provides consultation and patient services in the specialty of radiology.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$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 Care	Subtotal:	\$4,626
Special Care Faculty	Dr. Paul Subar		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Supervises students and provides patient services in the Special Care Clinic Dentistry Clinic.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$164,802	0.0090	\$1,483
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$463	\$463
HCP Service Category	Oral Health Care	Subtotal:	\$1,946
CARE Coordinator - Yian Saechao	Yian Saechao		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Performs duties related to CARE billing and ARIES data input; facilitates client intakes; acquires and collates pertinent lab values required for treatment.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$68,211	0.2000	\$13,642
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$4,256	\$4,256
HCP Service Category	Oral Health Care	Subtotal:	\$17,899
Financial Coordinator - Cheryl Flores	Cheryl Flores		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Enters Units of Service into the Department of Public Health's ARIES system.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$71,760	0.0877	\$6,293
	If Travel is Required, Estimated Travel Expense	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$1,964	\$1,964
HCP Service Category	Oral Health Care	Subtotal:	\$8,257
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
HCP Service Category		Subtotal:	\$0
Total Personnel Expenses (this page)			\$32,728

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:

San Francisco Dept of Public Health

RW SUP Year

2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
Maitri AIDS Hospice DUNS# 786851444	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Michael Smithwickh, Executive Director	ED
Mailing Address	Telephone Number
401 Duboce Avenue, San Francisco, CA 94117	415-558-3006
E-Mail Address	Fax Number
msmithwick@maitrisf.org	
Website Address (if any)	Federal Taxpayer Identification Number
www.maitrisf.org	94-3189198
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one)	Ownership Status (place x in one)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Hospice Services	\$54,190	\$35,810	13	784,687 RWPA & 568,691 SAM	\$90,000
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$54,190	\$35,810		Total Services	\$90,000
Total Administrative Personnel					\$0
Operating Expenses (Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs (Please list in detail)					
Insurance, telephone, admin and accounting personnel					\$5,000
Total Indirect <small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					\$5,000
Total Administrative Costs					\$5,000
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					<small>5%</small>
Total Service Provider Budget					\$95,000

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
Nurse Care Coordinator	Tammi Redding		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. The Nurse Care Coordinator will review medical history and current health status as part of the admissions process. She will identifies the need for and request evaluation for diagnostic testing, including laboratory testing. Tami through her medical care evaluates treatment adherence and has a significant role in evaluating and reviewing care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$103,827	0.08	\$8,306
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,326	\$2,326
HCP Service Category	Hospice Services	Subtotal:	\$10,632
Nursing Manager	Tess Gurrey		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Primary supervisor to the CNA and LVN nursing care team, Tess works directly with patients when the team requires guidance and assistance managing challenging behavior. Tess collaborates with all team members daily in service to harm reduction based care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$93,289	0.05	\$4,664
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$1,306	\$1,306
HCP Service Category	Hospice Services	Subtotal:	\$5,970
LVN. Team Leader	Kat Rae		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Primary supervisor to the CNA and LVN nursing care team, Tess works directly with patients when the team requires guidance and assistance managing challenging behavior. Tess collaborates with all team members daily in service to harm reduction based care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$61,900	0.15	\$9,285
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$2,600	\$2,600
HCP Service Category	Hospice Services	Subtotal:	\$11,885
Program Director	Susan Canavan		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. as Program Director Susan is responsible for all referrals and intake interviews and non-medical assessments for admission into the Maitri program. Applicants with serious drug use are informed about harm reduction practices at Maitri. Susan continues to meet with residents particularly if behavior impacts treatment goals or community stability.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$80,000	0.25	\$20,000
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$5,703	\$5,703
HCP Service Category	Hospice Services	Subtotal:	\$25,703
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
HCP Service Category		Subtotal:	\$0
Total Personnel Expenses (this page)			\$54,190

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:

RW SUP Year

San Francisco Dept of Public Health

2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
UCSF DUNS# 094878337	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Paul Dertien	Division Administrator
Mailing Address	Telephone Number
400 Parnassus Avenue, SF, CA	415-502-5870
E-Mail Address	Fax Number
Website Address (if any)	Federal Taxpayer Identification Number
	94-2899914
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one)	Ownership Status (place x in one)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input checked="" type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Mental Health Services	\$157,856	\$6,508	35	RWPA 1,437,110, GF 711,612	\$164,364
					\$0
					\$0
					\$0
					\$0
					\$0
Totals:	\$157,856	\$6,508		Total Services:	\$164,364
Total Administrative Personnel:					\$0
Operating Expenses					
<small>(Please list in detail)</small>					
Total Operating:					\$0
Capital Expenditures					
Indirect Costs					
<small>(Please list in detail)</small>					
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%.					\$13,636
Total Indirect: <small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					\$13,636
Total Administrative Costs:					\$13,636
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					<small>8%</small>
Total Service Provider Budget:					\$178,000

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
TBH, Clinical Social Worker II	To be hired		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Will provide clinical services including client assessments, crisis intervention, triage services case management, brief psychotherapy services, and coordination of care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$79,553	0.50	\$39,776
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$8,045	\$8,045
HCP Service Category	Mental Health Services	Subtotal:	\$47,822
TBH, Clinical Social Worker II	To be hired		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Will provide clinical services including client assessments, crisis intervention, triage services case management, brief psychotherapy services, and coordination of care.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$79,553	0.50	\$39,776
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$8,353	\$8,353
HCP Service Category	Mental Health Services	Subtotal:	\$48,129
Clinical Social Worker I	Barton Shulman		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Will provide clinical services including client assessments, crisis intervention, triage services case management, brief psychotherapy services, and coordination of care. Will facilitate client groups.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$68,298	0.45	\$30,734
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$6,454	\$6,454
HCP Service Category	Mental Health Services	Subtotal:	\$37,189
Program Assistant	Nikalet Brownson		
Describe Duties (include purpose and destination of any job-related travel). Please expand box if needed. Will provide program support services to the program. Duties will include: client interaction, client check-in, maintaining evaluation databases, participant satisfaction surveys, and record keeping. Tasks will include typing coorespondences, maintaining files, coordinating and settingup group space arrangements and data entry.	Total Annual Salary	Total FTE (please don't remove the formula)	Salary Paid by this Contract
	\$40,853	0.50	\$20,427
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits)
		\$4,290	\$4,290
HCP Service Category	Mental Health Services	Subtotal:	\$24,716
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
HCP Service Category		Subtotal:	\$0
Total Personnel Expenses (this page)			\$157,856

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
INSTITUTO FAMILIAR DE LA RAZA INC - DUNS 787782754	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Dr. Estela Garcia, DMH	Executive Director
Mailing Address	Telephone Number
2919 Mission Street, SF, CA 94110	(415) 229-0523
E-Mail Address	Fax Number
Estela.Garcia@ifrsf.org	
Website Address (if any)	Federal Taxpayer Identification Number
	94-2523608
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one)	Ownership Status (place x in one)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Mental Health Services	\$54,679	\$1,354	11	231,778 RWPA	\$56,033
					\$0
					\$0
					\$0
					\$0
					\$0
Totals	\$54,679	\$1,354		Total Services	\$56,033
Total Administrative Personnel					\$0
Operating Expenses					
(Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs					
(Please list in detail)					
Indirect expenses - Salaries					\$3,303
Fringe Benefit - 25%					
Total Indirect					\$3,303
<small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					
Total Administrative Costs					\$3,303
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					<small>6%</small>
Total Service Provider Budget					\$59,336

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

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

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
Project Open Hand DUNS# 361917693	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Mark Ryle	Chief Executive Officer
Mailing Address	Telephone Number
730 Polk Street, San Francisco, CA 94109	415-447-2321
E-Mail Address	Fax Number
mryle@openhand.org	415-447-2490
Website Address (if any)	Federal Taxpayer Identification Number
www.openhand.org	94-3023551
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one) <input type="checkbox"/> Yes <input type="checkbox"/> No	Ownership Status (place x in one) <input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)			
Food Bank/Home Delivered 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 Personnel					
Operating Expenses					
(Please list in detail)					
Total Operating					\$0
Capital Expenditures					
Indirect Costs					
(Please list in detail)					
Total Indirect					\$0
<small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>					
Total Administrative Costs					\$0
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>					0%
Total Service Provider Budget					\$120,000

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
VP, Programs	Noah Lopez		
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)
Development, implementation and Quality Mngement oversight of program of food distribution efforts.		\$105,000	0.21
		Total FTE (please don't remove the formula)	Salary Paid by this Contract
		If Travel is Required, Estimated Travel Expense	Benefits
			\$7,674
			Fringe Benefits (Total Travel and Benefits)
			\$7,674
HCP Service Category	Food Bank/Home Delivered Meals	Subtotal:	\$29,724
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	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)
			#DIV/0!
		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
HCP Service Category		Subtotal:	\$0
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	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)
			#DIV/0!
		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
HCP Service Category		Subtotal:	\$0
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	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)
			#DIV/0!
		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
HCP Service Category		Subtotal:	\$0
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	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)
			#DIV/0!
		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
HCP Service Category		Subtotal:	\$0
Total Personnel Expenses (this page)			\$29,724

HIV Care Program SUPPLEMENTAL FORM D - Client Service Provider Budget Summary

Contractor and Contract Number:
San Francisco Dept of Public Health

RW SUP Year
2016-2017

Service Provider Information	
Service Provider's Name and DUNS#	Bid Status (place x in one)
HealthRight360 DUNS# 060142130	<input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid <small>Not applicable for OA Contractors.</small>
Contact Person	Title
Vitka Eisen	Executive Director
Mailing Address	Telephone Number
1735 Mission St	415-468-2605
E-Mail Address	Fax Number
veisen@healthright.org	
Website Address (if any)	Federal Taxpayer Identification Number
	94-6129071
Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (place x in one)	Ownership Status (place x in one)
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Private/Non Profit <input type="checkbox"/> Public/Local <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Public/State <input type="checkbox"/> Incorporated <input type="checkbox"/> Public/Federal

Client Service Costs			Estimated Clients Served	Funding Sources/Resources Available <small>NOTE: Please include all funding sources (Part A, B, C, D, ADAP, HOPWA, Medi-Cal, CDC, in-kind, CalFresh, etc.) that are used to fund each service category. For Part A, B, and in-kind funding, please provide estimated percentages. If there are any issues or concerns regarding funding, please make an appropriate comment.</small>	Budgeted Amount	
Services <small>NOTE: The exact HCP category name(s) for allowable core and support services must be used here. Use drop down list</small>	Personnel Costs	Non-Personnel Costs (Also use Non-Personnel Justification Form)				
Food Bank/Home Delivered Meals		\$47,000	75	350,000 RWPA	\$47,000	
Medical Transportation		\$35,000	75	n/a	\$35,000	
					\$0	
					\$0	
					\$0	
					\$0	
					\$0	
Totals	\$0	\$82,000		Total Services	\$82,000	
Total Administrative Personnel					\$0	
Operating Expenses						
<small>(Please list in detail)</small>						
Total Operating						\$0
Capital Expenditures						
Indirect Costs						
<small>(Please list in detail)</small>						
Total Indirect						\$0
<small>(cannot exceed 15% of Client Service Provider Total Personnel Expenses)</small>						
Total Administrative Costs					\$0	
<small>Total of Contractor and Subcontractor(s) Administrative Costs can't exceed 10% of total allocation</small>						0%
Total Service Provider Budget					\$82,000	

HIV Care Program SUPPLEMENTAL FORM E - Client Service Provider Personnel Detail

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

RW SUP Year
2016-2017

Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Position Title	Staff Member's First and Last Name <small>Note: List every Staff Member / Position separately</small>	If vacant, what is the estimated hire date?	
<hr/>			
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) #DIV/0!	Salary Paid by this Contract
	If Travel is Required, Estimated Travel Expense:	Benefits	Fringe Benefits (Total Travel and Benefits) \$0
	Subtotal:		\$0
HCP Service Category			
Total Personnel Expenses (this page)			\$0

HIV Care Program SUPPLEMENTAL Non - Personnel Justification

Contractor and Contract Number:

RW SUP Year

San Francisco Dept of Public Health

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
SFDPH SEHC	\$10,000	Incentives to encourage clients to show for scheduled appointments, suppressed viral load and educational workshops: Grocery gift cards, taxi vouchers and bus tokens. \$10 each X 1000
Rafiki Coalition for Health & Wellness	\$17,936	Resident activities (exercise mats, sticks, hand weights) - 1,796; Training/Staff 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
UCSF	\$6,508	Rent 4,463; Client Related Expenses (food and snack for clients attending groups) 1,344; equipment rental 172; communications 365; postage 164
INSTITUTO FAMILIAR DE LA RAZA	\$1,354	client related expenses (funds will be used to purchase food and snacks for clients participating in Psychosocial Support Groups)
POH	\$90,276	Food &Packing 56,332; Bulk Food 18,804; Open Hand Data Adminsitratator/ARIES liason 15,140
HR360	\$82,000	47,000 Food Vouchers; 35,000Taxi Voucher
Maitri	\$35,810	Program supplies 1,500; staff training 1,894; Consultants (program coordination & clincial 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 jurisdiction. Include an explanation regarding your decision to provide or not provide these services.

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 create linkages to HIV Care and treatment the four components of EIS are: 1) HIV testing (identifying unaware); 2) referral services; 3) health literacy/education; and 4) linkage to care. All four components must be present and active within the community to use the EIS service category; however, the HIV Care Program (HCP) is not required to fund all four activities. For details on EIS, see the Ryan White (RW) National Monitoring Standards.

<http://hab.hrsa.gov/manageyourgrant/files/programmonitoringpartb.pdf>

If you are proposing to use EIS as a service category in your HCP budget, please respond to the following questions:

1. Describe EIS services in your community. Include a list of community partners who are collaborating on EIS (RW and non-RW providers). For each, describe their services and indicate which of the required four components are addressed through their services (HIV testing, referral services, health literacy/education, linkage.) If not funded by HCP, please indicate the funding source. Indicate what role you, as the HCP contractor, will take.
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 adequate and how using HCP funds will supplement and not supplant existing funding for HIV testing. Describe how the HIV testing being proposed for funding under EIS is in alignment with the overall prevention strategy for the county.

Note – contractors are required to track and report the total number of HIV tests paid for by Part B - EIS. Tracking of referrals and linkage to care is required for any client that tests positive using Part B EIS funds. Further technical 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 to fund other entities to provide HCP services Must Complete this form for each entity (Sub's Sub).

Service Provider 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