CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

FIRST AMENDMENT TO GRANT AGREEMENT

BETWEEN

CITY AND COUNTY OF SAN FRANCISCO

AND

MISSION NEIGHBORHOOD HEALTH CENTER

FIRST AMENDMENT

This AMENDMENT of the, March 1, 2020 Grant Agreement (the "Agreement") is dated as of August 1st, 2023 and is made in the City and County of San Francisco, State of California, by and between MISSION NEIGHBORHOOD HEALTH CENTER ("Grantee") and the CITY AND COUNTY OF SAN FRANCISCO, a municipal corporation ("City") acting by and through the DEPARTMENT OF PUBLIC HEALTH ("Department").

RECITALS

WHEREAS, the Agreement was competitively procured as required through RFP 5-2019 issue	d
on December 12 th , 2019 and this modification is consistent therewith; and	
WHEREAS, the City's Board of Supervisors approved this Agreement by Resolution#	
- on ;	
WHEREAS, Grantee has submitted to the Agency the Application Documents (as	

hereinafter defined) seeking a grant for the purpose of funding the matters set forth in the Grant Plan (as defined in the Agreement); and

WHEREAS, the original grant agreement is being modified to increase the contract amount, extend the contract term, and update standard contractual clauses; and

WHEREAS, City and Grantee desire to execute this amendment to update the prior Agreement;

NOW, THEREFORE, City and Grantee agree to amend said Grant Agreement as follows:

- 1. **Definitions**. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Grant Agreement.
- **2. Modifications to the Agreement**. The Grant Agreement is hereby modified as follows:
 - (a) Article 3 Term.

Article 3 Term of the Grant Agreement currently reads as follows:

ARTICLE 3 TERM

- 3.1 Effective Date. This Agreement shall become effective when the Controller has certified to the availability of funds as set forth in Section 2.2 and the Department has notified Grantee thereof in writing.
- 3.2 Duration of Term. The term of this Agreement shall commence on MARCH 1st, 2020 and expire on FEBRUARY 29, 2024, unless earlier terminated as otherwise provided herein. Grantee shall not begin performance of its obligations under this Agreement until it receives written notice from City to proceed.
- **3.3** The City has **6** (**six**) options to renew the Agreement for a period of time span listed below each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 03/01/2024 - 02/28/2025 Option 2: 03/01/2025 - 02/28/2026 Option 3: 03/01/2026 - 02/28/2027 Option 4: 03/01/2027 - 02/29/2028 Option 5: 03/01/2028 - 02/28/2029 Option 6: 03/01/2029 - 02/28/2030

Such section is hereby amended to read as follows:

ARTICLE 3 TERM

- 3.1 Effective Date. This Agreement shall become effective when the Controller has certified to the availability of funds as set forth in Section 2.2 and the Department has notified Grantee thereof in writing.
- 3.2 Duration of Term. The term of this Agreement shall commence on MARCH 1st, 2020 and expire on FEBRUARY 28, 2030, unless earlier terminated as otherwise provided herein. Grantee shall not begin performance of its obligations under this Agreement until it receives written notice from City to proceed.
- 3.4 The City has 6 (six) options to renew the Agreement for a period of time span listed below each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

	xercised
Option 2: 03/01/2025 – 02/28/2026 Ex	xercised
Option 3: 03/01/2026 – 02/28/2027 Ex	xercised
Option 4: 03/01/2027 – 02/29/2028 Ex	xercised
Option 5: 03/01/2028 – 02/28/2029 Ex	xercised
Option 6: 03/01/2029 – 02/28/2030 Ex	xercised

(b) Section 5.1 Maximum Amount of Grant Funds.

Section 5.1 Maximum Amount of Grant Funds of the Grant Agreement currently reads as follows:

5.1 Maximum Amount of Grant Funds. In no event shall the amount of Grant Funds disbursed hereunder exceed FOUR MILLION, SIX HUNDRED SEVENTY-FIVE THOUSAND, FOUR HUNDRED FIFTY-EIGHT Dollars (\$4,675,458).

Such section is hereby amended to read as follows:

- 5.1 **Maximum Amount of Grant Funds**. In no event shall the amount of Grant Funds disbursed hereunder exceed **ELEVENT MILLION**, **THREE HUNDRED THOUSAND**, **THREE HUNDRED TEN** Dollars (\$11,300,310).
 - (c) Section 8.8 California Attorney General's Registry of Charitable Trusts.

Section 8.8 California Attorney General's Registry of Charitable Trusts is hereby added in its entirety to read as follows in Article 8:

- 8.8 California Attorney General's Registry of Charitable Trusts. If a Grantee is a non-profit entity, the Grantee represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Grantee shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Grantee shall provide documentation demonstrating its compliance with applicable legal requirements. If Grantee will use any subgrantees/subrecipients to perform the Agreement, Grantee is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts at the time of grant execution and for the duration of the agreement. Any failure by Grantee or any subgrantees/subrecipients to remain in good standing with applicable requirements shall be a material breach of this Agreement.
 - (d) Section 9.3 Infringement Indemnity.

Section 9.3 Infringement and Indemnity is hereby added in its entirety to read as follows in Article 9:

- **9.3** Infringement Indemnity. Grantee shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Grantee's Services.
 - (e) Section 17.15 Applicable Law.

Section 17.5 Applicable Law is hereby added in its entirety to read as follows in Article 17:

G-150 (1-22; DPH 8-22) 3 of 9 1000017218 Amendment: 08/01/2023 17.5 **Applicable Law.** This Agreement will be governed by, construed, and enforced in accordance with the laws of the State of California and City's Charter. Any legal suit, action, or proceeding arising out of or relating to this Agreement shall be instituted in the Superior Court for the City and County of San Francisco, and each party agrees to the exclusive jurisdiction of such court in any such suit, action, or proceeding (excluding bankruptcy matters). The parties irrevocably and unconditionally waive any objection to the laying of venue of any suit, action, or proceeding in such court and irrevocably waive and agree not to plead or claim that any suit, action, or proceeding brought in San Francisco Superior Court relating to this Agreement has been brought in an inconvenient forum. The Parties also unconditionally and irrevocably waive any right to remove any such suit, action, or proceeding to Federal Court.

(f) Article 18 Department Data and Security

Article 18 Department Data and Security is hereby amended in its entirety to reads as follows as Article 18:

Article 18 Department Data and Security

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

The parties acknowledge that CONTRACTOR will:

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

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

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- 1. **Appendix E** SFDPH Business Associate Agreement (BAA) (08-03-2022)
- 2. SFDPH Attestation 1 PRIVACY (06-07-2017)
- 3. SFDPH Attestation 2 DATA SECURITY (06-07-2017)
- 2. NOT do any of the activities listed above in subsection 1;

Grantee is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

18.2 Management of City Data and Confidential Information.

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

- 18.2.2 **Disposition of Confidential Information**. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Grantee shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Grantee on City's behalf, which includes all original media. Once Grantee has received written confirmation from City that City's Data has been successfully transferred to City, Grantee shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Grantee has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Grantee in whatever medium. Grantee shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.
- 18.3 **Ownership of City Data**. The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.
- 18.4 **Protected Health Information**. Grantee, all subcontractors, all agents and employees of Grantee and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Grantee by City in the performance of this Agreement. Grantee agrees that any failure of Grantee to comply with the requirements of federal and/or state and/or

G-150 (1-22; DPH 8-22) 5 of 9 1000017218 Amendment: 08/01/2023 local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Grantee or its subcontractors or agents by City, Grantee shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

The Appendices listed below are Amended as follows:

- (g) Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: Amendment 08/01/2023.
 - (h) Delete Appendix A-1 from Agreement as amended. Dated: Amendment 08/01/2023.
- (i) Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: Amendment 08/01/2023.
- (j) Attachment 1 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (k) Attachment 1.1 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (l) Attachment 2 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (m) Attachment 2.4 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (n) Attachment 2.4a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (o) Attachment 2.4b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (p) Attachment 2.5 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (q) Attachment 2.5a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (r) Attachment 2.5b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (s) Attachment 2.6 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (t) Attachment 2.6a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (u) Attachment 2.6b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (v) Attachment 2.7 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.

- (w) Attachment 2.7a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (x) Attachment 2.7b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (y) Attachment 2.8 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (z) Attachment 2.8a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (aa) Attachment 2.8b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (ab) Attachment 2.9 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (ac) Attachment 2.9a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (ad) Attachment 2.9b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (ae) Attachment 2.10 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (af) Attachment 2.10a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (ag) Attachment 2.10b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- (ah) Delete Appendix C, and replace in its entirety with Appendix C to Agreement as amended. Dated: Amendment 08/01/2023.
- (ai) Appendix C.4 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (aj) Appendix C.4a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (ak) Appendix C.4b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (al) Appendix C.5 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (am) Appendix C.5a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (an) Appendix C.5b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (ao) Appendix C.6 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (ap) Appendix C.6a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (aq) Appendix C.6b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.

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- (ar) Appendix C.7 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (as) Appendix C.7a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (at) Appendix C.7b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
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- (ba) Appendix C.10 is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (bb) Appendix C.10a is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (bc) Appendix C.10b is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Date: Amendment 08/01/2023.
- (bd) Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: Amendment 08/01/2023.
- (be) Delete Appendix E, and replace in its entirety with Appendix E to Agreements as amended. Dated: OCPA & CAT v8/3/2022 and Attestation Forms 06-07-2017.
- (bf) Appendix K is hereby added in its entirety this Amendment and fully incorporated within the Agreement. Dated: Amendment 08/01/2023.
- **3. Effective Date**. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.
- **4. Legal Effect**. Except as expressly modified by this Amendment, all of the terms and conditions of the Grant Agreement shall remain unchanged and in full force and effect.

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IN WITNESS WHEREOF, the parties hereto have caused this Amendment to the Grant Agreement to be duly executed as of the date first specified herein.

CITY	GRANTEE:
CITY AND COUNTY OF SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH	MISSION NEIGHBORHOOD HEALTH CENTER
By: Grant Colfax, MD Director of Health Approved as to Form: David Chiu City Attorney	By:
By: Deputy City Attorney	

Appendix A--Definition of Eligible Expenses

The term "Eligible Expenses" shall mean expenses incurred and paid by Grantee during the term of this Agreement in implementing the terms of the Grant Plan.

I. All Eligible Expenses must:

- (1) Be listed in the Grant Budget of Appendix B of this Agreement.
 - i. Formal modification to this Agreement or a revision to Grant Budget as specified in Appendix B of this Agreement.

II. Eligible Expenses shall specifically exclude:

(1) any item submitted for funding not listed in the applicable Grant Budget listed in Appendix B of this Agreement.

Appendix B--Definition of Grant Plan

1. General Grant Plan Terms

A. Grant Administrator:

In performing the Services hereunder, Grantee shall report to **Bill Blum**, Grant Administrator for the City, or his / her designee.

B. Reports:

Grantee shall comply and submit reports as required in Article 6 of the Agreement. Including required reports outlined in the delivery of the scope of services.

C. Evaluation:

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

Grantee agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to fulfill the terms of the Grant Plan required under this Agreement.

F. Infection Control, Health and Safety:

- (1) Grantee must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and Sub-Grantees as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Grantee must demonstrate personnel policies/procedures for protection of its employees, agents, Sub-Grantees and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Grantee must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Grantee is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

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- (5) Grantee shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Grantee shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Grantee assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and Sub-Grantees, including safe needle devices, and provides and documents all appropriate training.
- (8) Grantee shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

G. Aerosol Transmissible Disease Program, Health and Safety:

- (1) Grantee must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.
- (2) Grantee shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Grantee shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Grantee assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

H. Acknowledgment of Funding:

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

I. Admission Policy:

Admission policies for the Grant Plan shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the Grant Plan listed in Attachment 1 of Appendix B, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

J. Grievance Procedure:

Grantee agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the

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aggrieved service. Grantee shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

K. Client Fees and Third Party Revenue:

- (1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Grantee agrees that revenues or fees received by Grantee related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Grantee from its billing to the City.

L. Patients Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

M. <u>Under-Utilization Reports:</u>

For any quarter that Grantee maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Grantee shall immediately notify the Grant Administrator in writing and shall specify the number of underutilized units of service.

N. Quality Assurance:

Grantee agrees to develop and implement a Quality Assurance Plan based on internal standards established by Grantee applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

2. Detailed Grant Plan

A. Attachment 1 Grant Plans

Grant Plan Attachment	Grant Plan Term	Funding Source
Attachment 1 Grant Plan Summary /	03/01/2020 - 02/28/2030	RWPA, RWPA/MAI
Appendix A		
Attachment 1.1 Mission Center of Excellence	03/01/2020 - 02/28/2030	RWPA, RWPA/MAI
/ Appendix A-1		

B. Attachment 2 Grant Budget

C. Attachment 2.1 Grant Budget Detail

Grant Budget Detail Attachment	Grant Budget Detail Term	Funding Source

Attachment 2 Grant Budget Summary / Appendix B	03/01/2020 - 02/28/2030	RWPA, RWPA/MAI
Attachment 2.1 Mission Center of Excellence / Appendix B-1	03/01/2020 - 02/28/2021	RWPA
Attachment 2.1a Mission Center of Excellence / Appendix B-1a	03/01/2020 - 02/28/2021	RWPA/MAI
Attachment 2.1b Mission Center of Excellence / Appendix B-1b	03/01/2020 - 02/28/2021	RWPA/MAI
Attachment 2.2 Mission Center of Excellence / Appendix B-2	03/01/2021 - 02/28/2022	RWPA
Attachment 2.2a Mission Center of Excellence / Appendix B-2a	03/01/2021 - 02/28/2022	RWPA/MAI
Attachment 2.2b Mission Center of Excellence / Appendix B-2b	03/01/2021 - 02/28/2022	RWPA/MAI
Attachment 2.3 Mission Center of Excellence / Appendix B-3	03/01/2022 - 02/28/2023	RWPA
Attachment 2.3a Mission Center of Excellence / Appendix B-3a	03/01/2022 - 02/28/2023	RWPA/MAI
Attachment 2.3b Mission Center of Excellence / Appendix B-3b	03/01/2022 - 02/28/2023	RWPA/MAI
Attachment 2.4 Mission Center of Excellence / Appendix B-4	03/01/2023 - 02/29/2024	RWPA
Attachment 2.4a Mission Center of Excellence / Appendix B-4a	03/01/2023 - 02/29/2024	RWPA/MAI
Attachment 2.4b Mission Center of Excellence / Appendix B-4b	03/01/2023 - 02/29/2024	RWPA/MAI
Attachment 2.5 Mission Center of Excellence / Appendix B-5	03/01/2024 - 02/28/2025	RWPA
Attachment 2.5a Mission Center of Excellence / Appendix B-5a	03/01/2024 - 02/28/2025	RWPA/MAI
Attachment 2.5b Mission Center of Excellence / Appendix B-5b	03/01/2024 - 02/28/2025	RWPA/MAI
Attachment 2.6 Mission Center of Excellence / Appendix B-6	03/01/2025 - 02/28/2026	RWPA
Attachment 2.6a Mission Center of Excellence / Appendix B-6a	03/01/2025 - 02/28/2026	RWPA/MAI
Attachment 2.6b Mission Center of Excellence / Appendix B-6b	03/01/2025 - 02/28/2026	RWPA/MAI
Attachment 2.7 Mission Center of Excellence / Appendix B-7	03/01/2026 - 02/28/2027	RWPA
Excellence / Appendix B-/		

Attachment 2.7a Mission Center of Excellence / Appendix B-7a	03/01/2026 - 02/28/2027	RWPA/MAI
Attachment 2.7b Mission Center of Excellence / Appendix B-7b	03/01/2026 - 02/28/2027	RWPA/MAI
Attachment 2.8 Mission Center of Excellence / Appendix B-8	03/01/2027 - 02/29/2028	RWPA
Attachment 2.8a Mission Center of Excellence / Appendix B-8a	03/01/2027 - 02/29/2028	RWPA/MAI
Attachment 2.8b Mission Center of Excellence / Appendix B-8b	03/01/2027 - 02/29/2028	RWPA/MAI
Attachment 2.9 Mission Center of Excellence / Appendix B-9	03/01/2028 - 02/28/2029	RWPA
Attachment 2.9a Mission Center of Excellence / Appendix B-9a	03/01/2028 - 02/28/2029	RWPA/MAI
Attachment 2.9b Mission Center of Excellence / Appendix B-9b	03/01/2028 - 02/28/2029	RWPA/MAI
Attachment 2.10 Mission Center of Excellence / Appendix B-10	03/01/2029 - 02/28/2030	RWPA
Attachment 2.10a Mission Center of Excellence / Appendix B-10a	03/01/2029 - 02/28/2030	RWPA/MAI
Attachment 2.10b Mission Center of Excellence / Appendix B-10b	03/01/2029 - 02/28/2030	RWPA/MAI

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

GRANT PLAN (CONTRACT) SUMMARY

	_		GRANI	ı EAN (.,	., ., .					
Contractor	Missio	n Neigh	borhoo	d Healt	h Center							
Total \$\$ / Term / CID #	\$ 10	,373,152		0	3/01/20 -	02/28/3	0	CID # 10	00017218			
Funding Source	Ryan W	/hite Pa	rt A (RW	/PA) , R	yan White	Part A:	Minority	/ AIDS In	itiative (RW	'PA:MA	1)	
Address / Phone	240 Sh	otwell S	treet, Sa	an Fran	cisco, CA S	4110						
	Brenda	Storey	Executi	ive Dire	ctor, 552-	1013 x22	201, brei	ndastore	y@mnhc.oı	rg		
Contacts	F. Gom	ez-Bene	etiz, Dep	uty Dir	ector, 552	-1013 x2	2208, fer	nandogo	mez-benet	iz@mn	hc.org	
	Jose E I	Lopez, F	IIV Serv	ices Dir	ector, 552	-1013 x2	203, jos	elopez@	mnhc.org			
System of Care / RFP		alth Ser			RFP # 5 - 2	2019						
Program Name	Missio	n Cente	r of Exc	ellence								
Funding Source	RW	/PA	RWPA	A:MAI	RWPA:M	AI (IFR)	RW	/PA	RWPA:	MAI	RWPA:M	AI (IFR)
Appendix	A-1	/ B-1	A-1 /	B-1a	A-1 / E	3-1b	A-1 / B-2		A-1 / B-	-2a	A-1 /	B-2b
Funding Amount	\$510),554	\$222	,079	\$185,	703	\$521	,609			\$208	062
Funding Term	3/01/20 -	- 2/28/21	3/01/20 -	2/28/21	3/01/20 - 2	2/28/21	3/01/21	- 2/28/22	3/01/21 - 2/2	28/22	3/01/21 -	2/28/22
Type and No. of UOS / UDC	UOS		UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
7,1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-												
Outpt Amb Hith Encounters	1,103	325					1,090	325				
Nursing Tx Adherence Hours	670	325					673	325				
Medical Case Mngt Hours	878	80	2,750	325			1,170	80	1,750	325		
Indiv Tx Adherence Hours	0.0		597	100			.,		650	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hith Hours					1,411	70					1,074	70
Indiv Outpt Subs Abuse Hrs					1,100	45					1,100	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	2,651	325	3,437	325	2,592	115	2,933	325	2,490	325	2,255	115
Funding Source	RW		RWP/		RWPA:M			/PA	RWPA:I		RWPA:M	
Appendix	A-1		A-1 /		A-1 / E	<u> </u>		/ B-4	A-1 / B-		A-1 /	<u> </u>
Funding Amount		,489	\$170		\$186,		\$632		\$245,7		\$225	
Funding Term	3/01/22	•	3/01/22 -		3/01/22 - 2		3/01/23		3/01/23 - 2/2		3/01/23 -	
Type and No. of UOS / UDC	UOS		UOS	UDC	uos	UDC	UOS		uos			
Outpt Amb Hith Encounters	1,195	325					1,195	325				
Nursing Tx Adherence Hours	670	325					1,000	325				
Medical Case Mngt Hours	-						,					
	1,170	80	2,070	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours	1,170	80	2,070 515	325 100			1,170	80	1,660 515	325 100		
_	1,170	80					1,170	80				
Indiv Tx Adherence Hours	1,170	80	515	100	1,074	70	1,170	80	515	100		70
Indiv Tx Adherence Hours Group Tx Adherence Hours	1,170	80	515	100	1,074 1,100	70 45	1,170	80	515	100		70 45
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental Hlth Hours	1,170	80	515	100			1,170	80	515	100	966	
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental HIth Hours Indiv Outpt Subs Abuse Hrs	3,035		515	100	1,100	45	1,170 3,365	325	515	100	966 975	45
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental Hith Hours Indiv Outpt Subs Abuse Hrs Group Outpt Subs Abuse Hrs		325	515 90	100 40 325	1,100 81	45 10 115	3,365		515 90	100 40 325	966 975 81	45 10 115
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental HIth Hours Indiv Outpt Subs Abuse Hrs Group Outpt Subs Abuse Hrs TOTALS Funding Source Appendix	3,035 RW A-1	325 /PA / B-5	515 90 2,675 RWPA A-1 /	325 3:MAI B-5a	1,100 81 2,255 RWPA:MA	45 10 115 Al (IFR) 3-5b	3,365 RW A-1	325 /PA / B-6	2,265 RWPA:I	325 MAI	966 975 81 2,022 RWPA:M	45 10 115 Al (IFR) B-6b
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental HIth Hours Indiv Outpt Subs Abuse Hrs Group Outpt Subs Abuse Hrs TOTALS Funding Source Appendix Funding Amount	3,035 RW A-1,	325 /PA / B-5	515 90 2,675 RWPA A-1 / \$245	325 3:MAI B-5a ,726	1,100 81 2,255 RWPA:M. A-1 / E \$225,	45 10 115 Al (IFR) 3-5b	3,365 RW A-1, \$632	325 /PA / B-6	2,265 RWPA:I A-1 / B- \$245,7	325 MAI -6a 26	966 975 81 2,022 RWPA:M A-1 / (\$225	45 10 115 AI (IFR) B-6b ,777
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental HIth Hours Indiv Outpt Subs Abuse Hrs Group Outpt Subs Abuse Hrs TOTALS Funding Source Appendix Funding Amount Funding Term	3,035 RW A-1 / \$632 3/01/24 -	325 /PA / B-5 2,257 - 2/28/25	515 90 2,675 RWPA A-1 / \$245 3/01/24 -	325 3:MAI B-5a ,726 2/28/25	1,100 81 2,255 RWPA:M. A-1 / E \$225, 3/01/24 - 2	45 10 115 AI (IFR) 3-5b 777	3,365 RW A-1 \$632 3/01/25	325 /PA / B-6 2,257 - 2/29/26	2,265 RWPA:I A-1 / B- \$245,7. 3/01/25 - 2/3	325 MAI -6a 26 29/26	966 975 81 2,022 RWPA:M A-1 / \$225 3/01/25 -	45 10 115 AI (IFR) B-6b 777 2/29/26
Indiv Tx Adherence Hours Group Tx Adherence Hours Outpt Mental HIth Hours Indiv Outpt Subs Abuse Hrs Group Outpt Subs Abuse Hrs TOTALS Funding Source Appendix Funding Amount	3,035 RW A-1,	325 /PA / B-5 2,257 -2/28/25 UDC	515 90 2,675 RWPA A-1 / \$245	325 3:MAI B-5a ,726	1,100 81 2,255 RWPA:M. A-1 / E \$225,	45 10 115 AI (IFR) 3-5b 777	3,365 RW A-1, \$632	325 /PA / B-6	2,265 RWPA:I A-1 / B- \$245,7	325 MAI -6a 26	966 975 81 2,022 RWPA:M A-1 / \$225 3/01/25 -	45 10 115 AI (IFR) B-6b ,777

Nursing Tx Adherence Hours	1,000	325					1,000	325				
Medical Case Mngt Hours	1,170	80	1,660	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hith Hours					966	70					966	70
Indiv Outpt Subs Abuse Hrs					975	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,365	325	2,265	325	2,022	115	3,365	325	2,265	325	2,022	115

Funding Source	RW	PA	RWPA	\:MAI	RWPA:M	AI (IFR)	RW	/PA	RWPA:	ΙΑΙ	RWPA:M	AI (IFR)
Appendix	A-1 /	B-7	A-1 /	B-7a	A-1 / E	3-7b	A-1	/ B-8	A-1 / B-	-8a	A-1 / I	B-8b
Funding Amount	\$632	,257	\$245	,726	\$225,	777	\$632	2,257	\$245,7	26	\$225,	,777
Funding Term	3/01/26 -	2/28/27	3/01/26 -	2/28/27	3/01/26 - 2	2/28/27	3/01/27	- 2/29/28	3/01/27 - 2/2	29/28	3/01/27 - 3	2/29/28
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hith Encounters	1,195	325					1,195	325				
Nursing Tx Adherence Hours	1,000	325					1,000	325				
Medical Case Mngt Hours	1,170	80	1,660	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hith Hours					966	70					966	70
Indiv Outpt Subs Abuse Hrs					975	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,365	325	2,265	325	2,022	115	3,365	325	2,265	325	2,022	115

Funding Source	RW	PA	RWPA	\:MAI	RWPA:M	AI (IFR)	RW	/PA	RWPA:N	ΛAI	RWPA:M	AI (IFR)
Appendix	A-1 /	B-9	A-1 /	B-9a	A-1 / E	3-9b	A-1 /	B-10	A-1 / B-	10a	A-1 / E	3-10b
Funding Amount	\$632	,257	\$245	,726	\$225,	777	\$632	2,257	\$245,72	26	\$225,	,777
Funding Term	3/01/28 -	2/28/29	3/01/28 -	2/28/29	3/01/28 - 2	2/28/29	3/01/29	- 2/29/30	3/01/29 - 2/2	29/30	3/01/29 -	2/29/30
Type and No. of UOS / UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Outpt Amb Hith Encounters	1,195	325					1,195	325				
Nursing Tx Adherence Hours	1,000	325					1,000	325				
Medical Case Mngt Hours	1,170	80	1,660	325			1,170	80	1,660	325		
Indiv Tx Adherence Hours			515	100					515	100		
Group Tx Adherence Hours			90	40					90	40		
Outpt Mental Hith Hours					966	70					966	70
Indiv Outpt Subs Abuse Hrs					975	45					975	45
Group Outpt Subs Abuse Hrs					81	10					81	10
TOTALS	3,365	325	2,265	325	2,022	115	3,365	325	2,265	325	2,022	115

Total UDC per Year 325 Total UDC is not the sum of UDC from each mode of service.

Priority Population

MNHC-MCoE will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of Low income, HIV-positive Latinx community of San Francisco with focus experise to meet the unique needs of immigrants who are monolingual Spanish-speaking or have limited English proficiency.

Ambulatory Health Service Encounters: medical services provided by a health care practitioner who acts as the central provider and coordinator of patient care and includes medical evaluation, immune system monitoring, minor preventive and therapeutic medical services, medical referrals, tests, and follow-up.

Nursing Treatment Adherence Hours: education and support provided by an LVN or RN to facilitate medication adherence, including a review of medications prescribed, instructions for use, tips on organizing medications and using Medi-sets, translating prescriptions labels into Spanish, explaining side effects and drug interactions, and monitoring refills.

Medical Case Management Hours: comprehensive psychosocial assessment, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers as needed.

Individual Treatment Adherence Hours: one-on-one strength-based HIV/health counselling and education. Works with multidisciplinary team to provide culturally appropriate care addressing client barriers to adherence, advocating for realistic and appropriate treatment. Providing HIV/AIDS education and treatment options.

Description of Services

Group Treatment Adherence Hours: groups provide clients with various types of education and support around maintaining medication adherence. Clients come together to share coping strategies, feel more empowered to take medication and gain a sense of community. The Learning Immune Function Enhancement (LIFE) in Spanish Program is taught twice a year.

Mental Health Counseling Hours: psychological evaluation and counseling for clients with a diagnosed mental illness including crisis intervention, brief and long-term individual therapy, and family/collateral services to support treatment goals.

Individual Substance Abuse Counseling Hours: assessment and evaluation of substance use history, current use, range of symptoms, strengths, coping methods, previous experience in recovery (if any); short-term counseling and support to reduce substance use-related behavioral risk factors and referrals as needed. Includes service coordination including access to HIV treatment, case management, medication adherence, housing, and food.

Group Substance Abuse Counseling Hours: group psychoeducation provides clients the opportunity to improve their health, abilities, relationships and functioning. This is attained by providing substance abuse clients with information regarding HIV treatment, substance use issues, harm reduction, treatment adherence, mental health, housing and access to food.

1. IDENTIFIERS

Program Name/Address Mission Center of Excellence (MCoE)

240 Shotwell Street, SF 94110, www.mnhc.org

415-552-1013 / Fax: 415-552-0529

Executive Director Brenda Storey, MSW, LCSW

Program Director Jose E Lopez, MSW 415-552-1013 x 2203, joselopez@mnhc.org

2. NATURE OF DOCUMENT Amendment

3. GOAL STATEMENT

The MCoE is collaboration between Mission Neighborhood Health Center (MNHC), the lead agency, and Instituto Familiar de la Raza (IFR) with a goal to provide high quality integrated comprehensive medical and behavioral health services to PLWH/A through Outpatient/Ambulatory HIV Health Services – Centers of Excellence Program.

4. PRIORITY POPULATION

MNHC-MCoE will serve all ethnicities and populations within San Francisco, with a focused expertise to meet the unique needs of the HIV-positive Latinx community of San Francisco and the unique needs of immigrants who are monolingual Spanish-speaking or have limited English proficiency. MNHC assures that all HIV Health Services (HHS) funds are only used to pay for services that are not reimbursed by any other funding source.

Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for SF residents who have low-income and are underinsured. Low Income status is equal to 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month interim eligibility confirmation may be obtained by client self-attestation, but must be documented in the client file or in ARIES.

5. MODALITIES and INTERVENTIONS: Units of Service (UOS) and Unduplicated Clients (UDC)

Ambulatory Health Service Encounters: medical services provided by a health care practitioner who acts as the central provider and coordinator of patient care and includes medical evaluation, immune system monitoring, minor preventive and therapeutic medical services, medical referrals, tests, and follow up.

Nursing Treatment Adherence Hours: education and support provided by an LVN or RN to facilitate medication adherence, including a review of medications prescribed, instructions for use, tips on organizing medications and using Medi-sets, translating prescription labels into Spanish, explaining side effects and drug interactions, and monitoring refills.

Medical Case Management Hours: comprehensive psychosocial assessments, development, implementation, and follow-up of individual client care plans and clinical consultation with other service providers as needed.

Individual Treatment Adherence Hours: one-on-one strength-based HIV / Health counselling and education working with the multidisciplinary team to provide culturally appropriate care addressing client barriers to adherence, advocating for realistic and appropriate treatment, and providing HIV/AIDS education and treatment options.

Group Treatment Adherence Hours: groups provide clients with various types of education and support on maintaining medication adherence, such as sharing coping strategies, empowerment taking medications and gaining a sense of community; and client attendance in the Learning Immune Function Enhancement (LIFE) program in Spanish.

Mental Health Counseling Hours: psychological evaluation and counseling for clients with a diagnosed mental illness including crisis intervention, brief and long-term individual therapy, and family/collateral services to support treatment goals.

Individual Substance Abuse Counseling Hours: assessment and evaluation of substance use history, current use, range of symptoms, strengths, coping methods, previous experience in recovery (if any); short-term counseling and support to reduce substance use-related behavioral risk factors and referrals as needed; includes service coordination such as access to HIV treatment, case management, medication adherence, housing, and food.

Attachment 1.1 1 of 18 Contract ID# 1000017218

Group Substance Abuse Counseling Hours: group psychoeducation provides clients the opportunity to improve their health, abilities, relationships, and functioning. This is attained by providing substance abuse clients with information regarding HIV treatment, harm reduction, treatment adherence, mental health, housing, and access to food.

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Outpatient Ambulatory Health Service Encounters		
	0.35 FTE x 70 encounters / wk. x 45 wks.	1,103	325
RWPA	Nursing Treatment Adherence Hours		
03/01/20 – 02/28/21	0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
A-1 / B-1	Medical Case Management Hours		
A-17 D-1	0.75 FTE x 40 hrs./wk. x 45 wks. x 65% effort		
	<u>Mobile Engagement MCM Hours</u> (part of total MCM Hours) 1 mobile visit x 1.5 hrs. x 20 wks. = 30	878	80
Total UOS Provided and UD		2,651	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Medical Case Management Hours		
	2.05 FTE x 40 hrs. / wk. x 45 wks. x ~ 74.5% effort		
MAI	Mobile Engagement MCM Hours (part of total MCM Hours)	0.750	205
03/01/20 - 02/28/21	3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,750	325
A-1 / B-1a	Treatment Adherence Individual Hours 0.51 FTE x 40 hrs./wk. x 45 wks. x 65% effort	597	100
A-17 D-10	Treatment Adherence Group Hours	597	100
	1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Tatal HOO Basside describe	· · · ·		
Total UOS Provided and UD		3,437	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
	Mental Health Outpatient Hours		
	4.0 ETE 05.1 40 1 07.00/ (6.1		70
	1.0 FTE x 35 hours x 46 weeks x 87.6% effort	1,411	70
MAI	Outpatient Substance Abuse Individual Hours	1,411	70
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort	1,411	70
03/01/20 - 02/28/21	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours)		
	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96	1,411	70 45
03/01/20 - 02/28/21	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours	1,100	45
03/01/20 - 02/28/21 A-1 / B-1b	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	1,100	45 10
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served	1,100 81 2,592	45 10 115
03/01/20 - 02/28/21 A-1 / B-1b	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC	1,100	45
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters	1,100 81 2,592 UOS	45 10 115 UDC
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks.	1,100 81 2,592	45 10 115
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks. Nursing Treatment Adherence Hours	1,100 81 2,592 UOS	45 10 115 UDC 325
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD Funds / Period / Appendix	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks. Nursing Treatment Adherence Hours 0.57 FTE x 40 hrs./ wk. x 45 wks. x 65.6% effort	1,100 81 2,592 UOS	45 10 115 UDC
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD Funds / Period / Appendix RWPA 03/01/21 - 02/28/22	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks. Nursing Treatment Adherence Hours 0.57 FTE x 40 hrs./ wk. x 45 wks. x 65.6% effort Medical Case Management Hours	1,100 81 2,592 UOS	45 10 115 UDC 325
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UE Funds / Period / Appendix RWPA	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks. Nursing Treatment Adherence Hours 0.57 FTE x 40 hrs./ wk. x 45 wks. x 65.6% effort Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,100 81 2,592 UOS	45 10 115 UDC 325
03/01/20 - 02/28/21 A-1 / B-1b Total UOS Provided and UD Funds / Period / Appendix RWPA 03/01/21 - 02/28/22	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort Mobile Engagement SA Hours (part of total SA Ind. Hours) 2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96 Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks C Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.41 FTE x 59 encounters / wk. x ~45 wks. Nursing Treatment Adherence Hours 0.57 FTE x 40 hrs./ wk. x 45 wks. x 65.6% effort Medical Case Management Hours	1,100 81 2,592 UOS	45 10 115 UDC 325

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI	Medical Case Management Hours		
	1.50 FTE x 40 hrs. / wk. x 45 wks. x 65% effort		
	Mobile Engagement MCM Hours (part of total MCM Hours)		
	3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	1,750	325
03/01/21 - 02/28/22	Treatment Adherence Individual Hours		
A-1 / B-2a	0.51 FTE x 40 hrs. / wk. x 45 wks. x 71% effort	650	100
	Treatment Adherence Group Hours		
	1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,490	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
•	Mental Health Outpatient Hours		
	1.0 FTE x 35 hours x 46 weeks x 66.7% effort	1074	70
A4A4	Outpatient Substance Abuse Individual Hours		
MAI	0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort		
03/01/21 - 02/28/22	Mobile Engagement SA Hours (part of total SA Ind. Hours)		
A-1 / B-2b	2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours		
	1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UI		2,255	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Outpatient Ambulatory Health Service Encounters		
	0.35 FTE x 76 encounters / wk. x 45 wks.	1,195	325
RWPA	Nursing Treatment Adherence Hours	,	
	0.567 FTE x 40 hrs. / wk. x 45 wks. x 65.6% effort	670	325
03/01/22 - 02/28/23	Medical Case Management Hours		
A-1 / B-3	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort		
	Mobile Engagement MCM Hours (part of total MCM Hours)		
	1 mobile visit x 1.5 hrs. x 20 wks. = 30	1,170	80
Total UOS Provided and UDC Served		3,035	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
••	Medical Case Management Hours		
	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort		
ΜΔΙ	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort <u>Mobile Engagement MCM Hours</u> (part of total MCM Hours)		
MAI	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort <u>Mobile Engagement MCM Hours</u> (part of total MCM Hours) 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202	2,070	325
03/01/22 - 02/28/23	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort <u>Mobile Engagement MCM Hours</u> (part of total MCM Hours) 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202 Treatment Adherence Individual Hours		
	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort <u>Mobile Engagement MCM Hours</u> (part of total MCM Hours) 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202 Treatment Adherence Individual Hours .51 FTE x 40 hrs. / wk. x 45 wks. x 56% effort	2,070 515	
03/01/22 - 02/28/23	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort Mobile Engagement MCM Hours (part of total MCM Hours) 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202 Treatment Adherence Individual Hours .51 FTE x 40 hrs. / wk. x 45 wks. x 56% effort Treatment Adherence Group Hours	515	100
03/01/22 - 02/28/23	1.80 FTE x 40 hrs. / wk. x 45 wks. x 63.88% effort <u>Mobile Engagement MCM Hours</u> (part of total MCM Hours) 3 mobile visits x 1.5 hrs. / visit x 45 wks. = 202 Treatment Adherence Individual Hours .51 FTE x 40 hrs. / wk. x 45 wks. x 56% effort		325 100 40

^{*}NOTE: Total UDC is not a sum of UDC from each mode of service; some clients receive multiple types of service.

Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
	Mental Health Outpatient Hours	4.074	70
	1.0 FTE x 35 hours x 46 weeks x 66.7% effort Outpatient Substance Abuse Individual Hours	1,074	70
MAI	0.91 FTE x 35 hours x 46 weeks x ~ 75.08% effort		
03/01/22 - 02/28/23	Mobile Engagement SA Hours (part of total SA Ind. Hours)		
A-1 / B-3b	2 mobile visits x 1.5 hrs. / visit x 32 wks.= 96	1,100	45
	Outpatient Substance Abuse Group Counseling Hours		
	1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and U	DC Served	2,255	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Outpatient Ambulatory Health Service Encounters		
RWPA	0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
03/01/23 - 02/28/24	Nursing Treatment Adherence Hours	4 000	001
A-1/B-4	0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
7-1/D-4	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and U	DC Served	3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDO
	Medical Case Management Hours	4.000	00
MAI	1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours	1,660	32
03/01/23 - 02/28/24	.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
A-1 / B-4a	Treatment Adherence Group Hours	313	100
	1 group / wk. x 2 hrs. / group x 45 weeks	90	4(
Total UOS Provided and U		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
- unuo (i ono u) i ipponum	Mental Health Outpatient Hours		
MAI	1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours		
03/01/23 - 02/28/24	0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
A-1 / B-4b	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	1(
Total UOS Provided and UDC Served		2,022	11:
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDO
r unus / r criou / Appendix	Outpatient Ambulatory Health Service Encounters	000	OD
RWPA	0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	32
03/01/24 - 02/28/25	Nursing Treatment Adherence Hours		_
	0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
A-1/B-5	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and U		3,365	32
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Medical Case Management Hours	1660	325

	1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort		
MAI	Treatment Adherence Individual Hours		
03/01/24 - 02/28/25	0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
A-1 / B-5a	Treatment Adherence Group Hours		
	1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
	Mental Health Outpatient Hours		
MAI	1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
03/01/24 - 02/28/25	Outpatient Substance Abuse Individual Hours		
A-1 / B-5b	0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
A-1 / D-00	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UD		2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk, x 46 wks.	1,195	325
RWPA	Nursing Treatment Adherence Hours	1,195	323
03/01/25 - 02/28/26	0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
A-1/B-6	Medical Case Management Hours	1,000	020
	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix Mode of Service/Intervention Description - MNHC		UOS	UDC
- шин түн үй	Medical Case Management Hours	+	
	1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	205
1.441	1.1011E X 101110.7 WK. X 10 WKO. X 01.111 70 011010	1,000	320
MAI	Treatment Adherence Individual Hours	1,000	320
MAI 03/01/25 - 02/28/26		515	
	Treatment Adherence Individual Hours		
03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort		100
03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	515	325 100 40 325
03/01/25 - 02/28/26 A-1 / B-6a	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served	515	100
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UD	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	515 90 2,265	100 40 325
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR	515 90 2,265	100 40 325
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours	90 2,265 UOS 966	100 40 32 5 UDC
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	90 2,265 UOS	100 40 325 UDC
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours	90 2,265 UOS 966 975	100 40 325 UDC 70 45
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	90 2,265 UOS 966	100 40 325 UDC 70
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	90 2,265 UOS 966 975	100 40 325 UDC 70 45
03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks OC Served Mode of Service/Intervention Description - MNHC	90 2,265 UOS 966 975	100 40 325 UDO 70 45
03/01/25 - 02/28/26	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks OC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters	90 2,265 UOS 966 975 81 2,022 UOS	100 40 325 UDC 70 45 10
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26 A-1 / B-6b	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks OC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	90 2,265 UOS 966 975 81 2,022	100 40 325 UDC 70 45 10
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26 A-1 / B-6b Total UOS Provided and UE Funds / Period / Appendix	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks OC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks. Nursing Treatment Adherence Hours	90 2,265 UOS 966 975 81 2,022 UOS 1,195	100 40 325 UDO 45 10 115 UDO
03/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26 A-1 / B-6b Total UOS Provided and UE Funds / Period / Appendix RWPA 03/01/26 - 02/28/27	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks OC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks. Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	90 2,265 UOS 966 975 81 2,022 UOS	100 40 325 UDC 70 45 10 115 UDC
O3/01/25 - 02/28/26 A-1 / B-6a Total UOS Provided and UE Funds / Period / Appendix MAI 03/01/25 - 02/28/26 A-1 / B-6b Total UOS Provided and UE Funds / Period / Appendix	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks OC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks OC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks. Nursing Treatment Adherence Hours	90 2,265 UOS 966 975 81 2,022 UOS 1,195	100 40 32 5 UDC

Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Medical Case Management Hours		
MAI	1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
03/01/26 - 02/28/27	Treatment Adherence Individual Hours		
	0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
A-1 / B-7a	Treatment Adherence Group Hours		
	1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
	Mental Health Outpatient Hours		
MAI	1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
	Outpatient Substance Abuse Individual Hours		
03/01/26 - 02/28/27	0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
A-1 / B-7b	Outpatient Substance Abuse Group Counseling Hours	81	10
1 group x 3 hours x 27 weeks Total UOS Provided and UDC Served		2,022	115
	T		
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk, x 46 wks.	1 405	205
RWPA		1,195	325
03/01/27 - 02/29/28	Nursing Treatment Adherence Hours	1 000	225
A-1/B-8	0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort Medical Case Management Hours	1,000	325
71 110 0	I Wedical Case Walladellielli nours	1	
	_	1 170	80
Total LIOS Provided and II	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80 325
Total UOS Provided and U	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served	3,365	325
Total UOS Provided and U Funds / Period / Appendix	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC		325 UDC
	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours	3,365 UOS	325 UDC
	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	3,365	325
Funds / Period / Appendix	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours	3,365 UOS 1,660	325 UDC 325
Funds / Period / Appendix MAI 03/01/27 - 02/29/28	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	3,365 UOS	325 UDC 325
Funds / Period / Appendix MAI	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours	3,365 UOS 1,660 515	325 UDC 325 100
Funds / Period / Appendix MAI 03/01/27 - 02/29/28	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	3,365 UOS 1,660	325 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	3,365 UOS 1,660 515	325 UDC 325 100
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR	3,365 UOS 1,660 515	325 UDC 325 100 40 325
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours	3,365 UOS 1,660 515 90 2,265 UOS	325 UDC 325 100 40 325 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	3,365 UOS 1,660 515 90 2,265	325 UDC 325 100 40 325 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours	3,365 UOS 1,660 515 90 2,265 UOS 966	325 UDC 325 100 40 325 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	3,365 UOS 1,660 515 90 2,265 UOS	325 UDC 325 100 40 325 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours	3,365 UOS 1,660 515 90 2,265 UOS 966	325 UDC 325 100 40 325 UDC 70 45
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	3,365 UOS 1,660 515 90 2,265 UOS 966	325 UDC 325 100 40 325 UDC 70 45
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	3,365 UOS 1,660 515 90 2,265 UOS 966	325 UDC 325 100 40 325 UDC 70 45
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8b	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	3,365 UOS 1,660 515 90 2,265 UOS 966 975	325 UDC 325 100 40 325 UDC 70 45 10
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8b Total UOS Provided and U	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks DC Served	3,365 UOS 1,660 515 90 2,265 UOS 966 975 81 2,022	325 UDC 325 100 40 325 UDC 70 45 10
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8b Total UOS Provided and U	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort DC Served Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks DC Served Mode of Service/Intervention Description - MNHC	3,365 UOS 1,660 515 90 2,265 UOS 966 975 81 2,022	325 UDC 325 100 40 325 UDC 70 45 10 115 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8b Total UOS Provided and U Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks DC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters	3,365 UOS 1,660 515 90 2,265 UOS 966 975 81 2,022 UOS	325 UDC 325 100 40 325 UDC 70 45 100 115 UDC
Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8a Total UOS Provided and U Funds / Period / Appendix MAI 03/01/27 - 02/29/28 A-1 / B-8b Total UOS Provided and U Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks DC Served Mode of Service/Intervention Description - IFR Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks DC Served Mode of Service/Intervention Description - MNHC Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	3,365 UOS 1,660 515 90 2,265 UOS 966 975 81 2,022 UOS	325 UDC 325 100

	1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort		
Total UOS Provided and U	DC Served	3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI 03/01/28 - 02/29/29 A-1 / B-9a	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1,660	325
	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and U	DC Served	2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
MAI	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
03/01/28 - 02/29/29	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
A-1 / B-9b	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and U	DC Served	2,022	115
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
RWPA	Outpatient Ambulatory Health Service Encounters 0.30 FTE x 86.59 encounters / wk. x 46 wks.	1,195	325
03/01/29 - 02/29/30	Nursing Treatment Adherence Hours 0.90 FTE x 40 hrs. / wk. x 46 wks. x 60.38% effort	1,000	325
A-1/B-10	Medical Case Management Hours 1.0 FTE x 40 hrs./wk. x 45 wks. x 65% effort	1,170	80
Total UOS Provided and UDC Served		3,365	325
Funds / Period / Appendix	Mode of Service/Intervention Description - MNHC	UOS	UDC
MAI	Medical Case Management Hours 1.40 FTE x 40 hrs. / wk. x 46 wks. x 64.441 % effort	1660	325
03/01/29 - 02/29/30	Treatment Adherence Individual Hours 0.59 FTE x 40 hrs. / wk. x 46 wks. x 47.44% effort	515	100
A-1 / B-10a	Treatment Adherence Group Hours 1 group / wk. x 2 hrs. / group x 45 weeks	90	40
Total UOS Provided and UDC Served		2,265	325
Funds / Period / Appendix	Mode of Service/Intervention Description - IFR	UOS	UDC
	Mental Health Outpatient Hours 1.0 FTE x 35 hours x 46 weeks x 60% effort	966	70
MAI 03/01/29 - 02/29/30	Outpatient Substance Abuse Individual Hours 0.91 FTE x 35 hours x 46 weeks x 66.55% effort	975	45
A-1 / B-10b	Outpatient Substance Abuse Group Counseling Hours 1 group x 3 hours x 27 weeks	81	10
Total UOS Provided and UDC Served		2,022	115

^{*}NOTE: Total UDC is not a sum of UDC from each mode of service; some clients receive multiple types of service.

A Primary Care UOS is a face-to-face encounter between a patient and a physician or mid-level practitioner lasting a minimum of ten (10) minutes and occurring during a visit to the clinic for a health assessment or re-assessment and may include time spent with other providers on behalf of a client. Only encounters with the Physician, Physician Assistant and Nurse Practitioner are counted in the UOS total. UOS for Case Management, Treatment Adherence, Mental Health Counseling and Substance Abuse Counseling are defined as hours with, or on behalf of, a client. Treatment Adherence Group UOS are defined as hours spent in groups held weekly with approximately 6-10 participants.

Routine staff duties requiring time that are not counted as UOS include hours spent in weekly individual and group supervision, team meetings, training, quality assurance activities and staying abreast of the latest treatments and interventions, alternative treatments, and new scientific and anecdotal information related to HIV/AIDS. Additional staff duties that require time not included in the UOS tally are documenting client assessments, treatment plans and progress notes in patient files; tracking and tallying UOS. All staff receive educational leave days to remain current in their knowledge and skill level with respect to HIV services. This calculation is reflected through the number of productive weeks in the UOS formulas.

6. METHODOLOGY

Direct Client Services

Outreach, Recruitment and Promotion

MNHC and IFR are well-established health care institutions in the Mission District and well regarded in the greater San Francisco health care system. As such, we receive referrals for HIV medical services on a regular basis from various agencies and community organizations (San Francisco AIDS Foundation/STRUT, City Clinic, Alliance Health Project, and Mission Wellness Pharmacy). MNHC maintains appropriate referral relationships with key points of access outside of the HIV care system to ensure referral into care of newly diagnosed and PLWHA not in care through the Recruitment and Retention Coordinator. Key points of access include emergency rooms, community-based HIV Counseling Testing and Linkage (CTL) programs, non-HIV specific mental health programs, homeless shelters, social media, and street outreach. MNHC also provides community-based HIV CTL targeting Latino men who have sex with men (MSM), regardless of risk factors. In early 2011, MNHC began providing routine HIV testing for all patients regardless of risk factors. Internal protocols are in place to link newly identified HIV+ individuals from these two testing programs into the MCoE.

MCoE recruitment would also take place through weekly outreach activities conducted by the HIV Treatment Outreach Worker (not funded by this proposal) in places where the target population lives and/or socializes such as Cesar Chavez Street, the Mission Neighborhood Resource Center, the 16th Street corridor, and at social gathering spaces such as club venues and community events. Oral tradition (word of mouth) serves as a major conduit to referrals, particularly among the immigrant, Spanish-speaking population and the Latino/a/x Gay, Bisexual and Transgender communities. Finally, MNHC and IFR provide referrals through their HIV prevention and education services (such as Promesa and Hermanos de Luna y Sol). These programs target Latino/a/x MSM and Latina Transgender women who are at high risk for HIV infection. In-house referral procedures are in place at both sites.

Admission, Eligibility and Enrollment

Medical services are available at no cost to HIV-positive clients, 18 years or older, living in San Francisco at or below the Federal Poverty Level (FPL). A policy and procedure is in place to determine fee caps for patients with an income above 500% FPL. As an FQHC, medical services at MNHC are eligible for reimbursement by Medi-Cal, Medicare, and some private insurance carriers. IFR has been a Medi-Cal certified provider since 1982 and maintains contracts with DPH-CBHS for mental health services to Medi-Cal recipients. The Receptionist/Eligibility Worker is responsible for screening new clients for eligibility to receive services and alternate sources of payment and for registering clients in accordance with MNHC protocols.

Comprehensive eligibility screening includes usage of the One E-app process to screen and determine eligibility for Healthy San Francisco (HSF) and a range of federal or state health coverage programs. Screening includes enrollment or re-enrollment in ADAP and re-enrollment into MNHC services. Abbreviated eligibility screening includes the gathering of proof of income, proof of address, picture identification and medical insurance, if any. Clients must submit any one of the following documents as verification for income: current paystubs; Federal or California tax return; bank statement; income support affidavit; disability or unemployment award letter; social security or pension award letter; or self-employment affidavit form. To provide proof of residency, the following documents are accepted: rent or mortgage receipt with address, vehicle registration, utility bill, social security or pension award letter, voter registration, rental/lease agreement, or self-residency affidavit form.

Clients attending a face-to-face visit who meet the eligibility criteria are provided with an immediate intake interview with the RRC or the TLS (not covered by this proposal). Clients screened over the phone are scheduled for an appointment within 48 hours for an in-person intake interview. Clients that do not meet eligibility requirements are referred to other appropriate services.

In the intake interview, the TLS and/or RRC confirms HIV diagnosis, obtains the clients' informed consent, and determines eligibility. Clients follow the MNHC registration procedure that includes ARIES registration, and documentation of eligibility. The TLS explains confidentiality procedures, payment caps and clients' rights and responsibilities regarding participation in the program. Clients receive a written copy of their rights and the agency grievance procedure. Clients are also informed about and receive the appropriate HIPAA Notice of Privacy Practices. Clients at risk of dropping out of care due to potential barriers (e.g., client's level of trust in medical providers and institutions) are identified and according to the client's readiness to engage, will be recruited to remain in care by the RRC.

After the intake interview, the TLS, in coordination with the Social Services Supervisor, assigns clients who agree to join Clìnica Esperanza to an MCM for a psychosocial assessment. The appointment with the MCM takes place within seven days from the intake interview.

Service Delivery Model

The HIV services provided at MNHC's Clínica Esperanza include Primary Medical Care, Medical Case Management, Treatment Adherence Services, Psychiatric Referrals, Outpatient Mental Health, and Substance Abuse services in a one-stop model of care. The MCoE will follow all the Centers of Excellence Best Practices established by SFDPH HIV Health Services.

Other client services provided which are not covered through this funding opportunity include Patient Navigation, Treatment Linkage and Nutritional Counseling. All services are to be provided at MNHC's main clinic, which is located at 240 Shotwell Street, two blocks from the 16th Street BART station, where five MUNI lines run. MNHC is Americans with Disabilities Act accessible and provides a night clinic which expands patient services beyond traditional business hours. Medical Case Management, Treatment Linkage, Medication Adherence and Outpatient Mental Health services are available on Monday and Friday from 9:00 a.m. – 5:00 p.m., and Tuesday through Thursday from 11:00 a.m. – 7:00 p.m. Medical Services are available from 9:00 a.m. to 1:00 p.m. on Mondays, 4:00 p.m. to 8:00 p.m. on Tuesdays, 12:00 p.m. – 8:00 p.m. on Wednesdays, 6:00 p.m. – 8:00 p.m. on Thursdays, and on Fridays urgent medical needs are provided by drop-in between 9:00 a.m. and 4:30 p.m.

All services are provided by appointment; however, drop-in slots are made available for clients requiring urgent care (medical or psychosocial). From Monday through Friday a Medical Case Manager is assigned Officer-of-the Day and is available to see clients that drop-in for urgent psychosocial issues/concerns. During non-medical weekday clinic hours, the Nurse is available to assess the urgent care needs of clients that drop-in. A telephone answering service offered by MNHC is made available during after-hours and on weekends for patients in need of medical consultation. This answering service immediately contacts an on-call MNHC physician, who provides consultation over the phone. On the next business day, an on-duty physician provides appropriate follow-up.

The MCM conducts a comprehensive Psychosocial Assessment which includes the following information:

- · current mental and emotional status
- coping skills
- social support
- · previous HIV medical care
- · health and behavioral health history and current situation including any history of substance use
- · clients' religious/spiritual and health beliefs
- immigrant clients leaving home, adaptation to the host culture and language skills

Using a client-centered approach, the MCM assesses clients' social, occupational, emotional, and practical needs to develop priorities for the service plan and make appropriate in-house and external referrals to address specific issues identified (e.g., financial benefits, housing, and legal/immigration).

Following intake and registration, new patients are scheduled as soon as possible for a clinic visit with an HIV provider and a phlebotomy appointment. For newly diagnosed patients, preference is for scheduling these visits within five days of diagnosis. For all other patients the first available appointment the patient can attend is scheduled with the goal of linkage to care within 30 days of intake. Clients presenting with urgent medical problems at their initial intake will be assessed by the nurse and seen by a medical provider as appropriate.

Blood is drawn to confirm the HIV diagnosis and the following laboratory tests are performed:

- 4th generation HIV antibody/antigen test
- CD4 panel
- · HIV viral load
- Urinalysis
- Comprehensive metabolic panel
- Lipid Panel
- G6PD
- CBC (with diff and platelet count)
- HLA B5701 test
- Quantiferon gold

- Genotype with integrase panel (for select pts with detectable viral loads)
- RPR
- Gonorrhea and Chlamydia Assay (throat, rectum, and urine)
- Hepatitis B serology (core antibody, surface antibody, surface antigen)
- · Hepatitis C antibodies
- Hepatitis A antibodies
- Testosterone level (for males)
- · Toxoplasmosis IgG
- Thyroid Stimulating Hormone
- Phosphorus

Immune system monitoring is done by the provider ordering lab tests according to protocols that include CD4 count, HIV viral load suppression and the general health status of the patient.

Patients are assessed for HIV disease progression and counseled on ways to protect their immune system, to treat comorbid conditions and to support their general health. Diagnostic and therapeutic services are updated and revised in keeping with standards of care. Clinica Esperanza health care practitioners adhere to the US Department of Health and Human Services guidelines from the National Institutes of Health "Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV" in the provision of HIV medical services. Health care maintenance includes age appropriate cancer screening for cervical, anal, colon and breast cancer as well as the provision of immunizations and screening for depression, metabolic syndrome, diabetes mellitus and hypercholesterolemia. The medical provider develops a treatment plan with the patient, considering other clinical team members' assessments. Patients are involved in decisions regarding their personal health care regimens through education regarding available treatment options and the risks and benefits of treatment with their providers. If warranted the medical provider makes in-house referrals to the mental health provider or any other appropriate service provider. The clinician also provides any necessary outside referrals to appropriate specialty, ancillary, and tertiary services.

Clients are encouraged to meet with the Registered Dietitian (not funded by this contract) and the Treatment Adherence Health Educator, who conducts an individual initial health education assessment of clients' needs, HIV knowledge, and lifestyle including nutrition, sleep, exercise, risk behaviors, treatment, drugs and alcohol, and dental care.

The Mental Health Specialist and/or Substance Abuse Counselor (MHS/SAC) conducts an Individual Risk Assessment and psychological evaluation of clients referred by Medical Case Managers or Medical Providers. Mental Health services include crisis intervention, brief and long-term individual therapy, and family/collateral services to support clients' treatment goals. The clinician facilitates appropriate use of higher levels of care (residential or in-patient) and conducts follow-up and consultation on behalf of clients in treatment. This evaluation also consists of substance use/abuse history, current use, range of symptoms, strengths and coping methods, behavioral risk factors, familial and social norms related to substance abuse and previous experience in recovery (if any). The SAC will provide individual short-term counseling and encourage clients to self-evaluate and identify the impact of their substance use on themselves, their family, and the community, and will support clients' intention and motivation to reduce substance abuse-related behavioral risk factors. The SAC will also coordinate treatment goals with the MHS to address dual diagnosis issues and /or makes referrals to appropriate residential or outpatient treatment agencies for clients who agree to enter treatment.

Clìnica Esperanza has found that our clients' quickest access to see a psychiatrist is through referrals to Alliance Health Project (AHP), IFR and South Van Ness Behavioral Health Services (SVNBHS). All three agencies have bilingual Spanish/English therapists and psychiatrists. When it is determined that an MCoE client needs to be evaluated by a psychiatrist, the referrals will be given to the MHS to process. The MHS reviews the referral and ensures there is a detailed mental health assessment of the client to be forwarded on to the referral agency. Once proper documentation of the client's mental health history and assessment is complete the Medical Case Manager calls either IFR, AHP or SVNBHS to see which agency is more available and prepared to handle the client.

The Nurse conducts treatment adherence support to clients to facilitate medication adherence. This service may include asking patients to bring in all their medications to the clinic to review instructions. It is common for our staff to encounter patients who forget to take their medications, switch pills into different bottles or put all their prescriptions into one bottle. The Nurse teaches patients to organize their medications, utilizing pill boxes (medi-sets) when appropriate, translate label prescriptions from English to Spanish when appropriate, explain side effects and drug interactions, monitor prescription refills, and help patients understand the use of each medication.

Culturally competent low-literacy materials and visual aid aids will be used to assist patients to better understand how to take their medications and the purpose of each medication. The Nurse will also monitor and follow-up with patients through both face-to-face and telephone contacts.

Medication lockers are being installed at Mission Neighborhood Health Center's Shotwell clinic and at Mission Neighborhood Resource Center (MNRC) to provide homeless clients with a secure space to store their prescriptions. Clients will then be able to pick up their medicine from their individual medication locker located at either MNHC or MNRC.

Treatment/Care Plan

Results of the Psychosocial, Mental Health/Substance Abuse, Treatment Health Education and Medical assessments and evaluations, including the information gathered by the TLS and any other assessments made during the initial assessment cycle are presented at the Multidisciplinary Team Meeting within six weeks of enrollment. The team reviews and discusses the evaluations and formulates a comprehensive care plan. The care plan lists problems in order of priority and identifies recommendations and referrals. The assigned MCM has a follow-up meeting with the client within a month of completing the initial evaluation cycle. At this meeting the MCM reviews the comprehensive care plan with the client, as its development relies on the client's approval. Referrals are only made with the client's consent. Once the treatment/care plan is approved, the appropriate providers and the client determine the steps necessary to its implementation, and the frequency of follow-up visits. The MCM is responsible for periodically monitoring the implementation of the care plan with clients. Treatment plans are updated at a minimum of every six months or more often as the needs of clients are met and new needs are identified.

Reassessments

Clients will be reassessed every four to six months at a minimum. Providers are involved in care document changes and set new treatment goals when appropriate. Medical reassessments include physical examination and laboratory tests. Medical Case Managers regularly monitor the implementation of the reassessment plan with clients.

Documentation

Clìnica Esperanza providers involved in the care plan document all initial assessments and follow-up visits in the client's medical record which will contain a section for each MCoE discipline. MNHC medical services are documented using a "SOAP" (subjective, objective, assessment, plan) note format. A Multidisciplinary Care/Treatment Plan Form is used to ensure communication among disciplines, where each discipline identifies and document its treatment goals.

Clìnica Esperanza safeguards the confidentiality of client records through program and agency policies and procedures. Current MNHC policies and procedures comply with local, state, and federal laws governing confidentiality of medical information, especially the Health Insurance Portability and Accountability Act of 1996, (HIPPA), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (the HITECH Act), CA Civil Code, Section 56 et seq., and CA Health and Safety Code, Section 199.21(g). These policies require, among other procedures, the safeguard of client records, confidentiality oaths of staff with access to records, and client written consent to divulge medical and/or psychosocial information. It has been a standard historical practice of MNHC and IFR to follow these procedures, especially those regarding the sharing of health information.

In-House Referrals and Coordination of Care

At any time during initial assessments, reassessment or follow-up visits, providers may refer clients to appropriate in-house providers. However, only medical, and licensed mental health providers refer clients to a psychiatrist. Providers document their referrals in progress notes and referrals are tracked by MNHC's referrals department.

Coordination of Hospitalizations, Specialty, and Emergency Care

Primary Care Services use Clinica Esperanza's well-established relationships for coordination of specialty care, consultations, and diagnostic and treatment services. Most specialty referrals are made to San Francisco General Hospital (SFGH). Medical providers follow the "Referring Physician Guide to Obtaining Consultations from Internal Medicine Specialty Clinics at San Francisco General Hospital" developed by San Francisco Community Clinic Consortium (MNHC is a member of this consortium). MNHC medical providers have access to specialty and emergency care clinical notes through SFGH EPIC Care Link portal. Nursing staff log all medical referrals, Emergency Room visits and Hospitalizations in a master log that is reviewed monthly to monitor which follow-up reports are still outstanding and to assure that referred clients received appropriate medical services. Clients in need of transportation assistance receive bus tokens or taxi vouchers. The TLS accompanies clients that need assistance getting to their appointments, navigating the hospital system or require translation services. Inpatient care is provided primarily at SFGH, as MNHC medical staff has admitting arrangements with the Family Practice Inpatient Service. A patient may also choose other inpatient care options such as Sutter-California Pacific Medical Center or UCSF, and will receive appropriate information about admitting policies, such as insurance requirements from the medical provider.

Mental Health Services utilizes the long-standing relationship that both MNHC and IFR have with SFDPH-BHS for the coordination of consultations, crisis intervention and hospitalization. Clients gravely disabled or at imminent risk of harm to self or others are triaged by the Mental Health Specialist and referred to the Psychiatric Emergency Services at SFGH, other hospitals or residential settings. When necessary, staff involve the SFDPH Mobile Crisis Unit to facilitate the transfer of clients in crisis. The assigned mental health staff informs the Medical Assistant about the hospitalization. The Medical Assistant records the admitting information into the hospitalization-tracking log. The hospitalization case is then presented at the Multidisciplinary Team Meeting. The Nurse Case Manager follow up with clients being discharged from the hospital to arrange for follow-up visits and arrange for any necessary home services.

Mobile Engagement

MCoE staff engage with clients outside of the clinic in a variety of ways to increase patient access and retention. The main purpose of escorting MCoE patients is to provide translation and advocacy support when needed. The TLS, Medical Case Mangers, SAC and the RRC make home and hospital visits to enroll clients in Ryan White Services, monitor vital signs and blood glucose for medical providers, and do status checks. MNHC staff accompany clients to the emergency room, specialty care appointments, immigration appointments, social service agencies and other community programs. When patients fall out of care, the SAC and RRC may need to meet patients where they are at by locating them on the street, shelters, or other remote locations.

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Client Retention and Engagement

To foster engagement and retention in care, program staff work collectively as a team to support clients who are at risk of falling out of care, dropping out of care, or are lost to follow up. Clients are considered dropping out of care if they have not had a medical appointment or an evaluation blood draw in a period of six months. Clients are considered lost to follow up when all attempts to reach them have failed, and the client has not been seen in a year. Utilizing EPIC, the MNHC Electronic Health Record, the RRC produces monthly reports to identify clients who are dropping out of care and clients who may be lost to follow up. The RRC shares this report with the entire team for feedback and strategy development. The purpose of this monthly review of clients is to identify the main barriers to engagement, tailor interventions to engage and assign a staff person to follow up. By identifying clients who are falling out of care this process allows the clinic to reach out and engage clients before they are lost to follow up. The role of the team is to facilitate re-engagement via phone calls, certified letters, home visits, and looking for clients at their usual hang out spots, if they are homeless.

Clients are considered lost to follow up when all these efforts have yielded no result and clients have not been identified as having engaged in care elsewhere. At this point these client cases are referred to the Department of Public Health Linkage, Integration, Navigation, and Comprehensive Services (LINCS) program for further follow up. In addition to a discharge note indicating the above is placed in the client file and the client is removed from the active caseload of the program.

Discharge Planning and Exit Criteria

Clients are provided Ryan White CARE-funded services for as long as they are interested in receiving them and they continue to meet the eligibility criteria; those who qualify for Medi-Cal or obtain private insurance will receive services through those funding streams. Clients whose income is above 100% of the Federal Poverty Level (FPL) are placed on a sliding scale to pay for a share of their medical care. Cases are closed when clients discontinue care at Clinica Esperanza; move out of county or state; or in the event of a client's death. Clients that choose to obtain services elsewhere are assisted by the RRC or TLS in the transition to another provider. Medical records are transferred, and consultation is given to the new provider. After a period of 12 months, clients lost to follow-up are considered closed cases. During this 12-month period prior to closing the case, the TLS or RRC will make efforts to engage these clients in care. The RRC writes a discharge note that details the reasons for the discharge and any other relevant information. The RRC or TLS may re-open closed cases if clients choose to return to the program.

The HIV Services Director will, through Quality Assurance activities and reports from ARIES and/or HHS, help identify clients who are receiving duplicate services with another CoE. When duplication of services is discovered, the Medical Case Manager is notified, and s/he will work with the client to make appropriate decisions around services.

Program Staffing: See Appendix B for all funded positions. Team Members Covered by Other Funding Sources are:

Registered Dietitian: coordination and implementation of nutrition related activities (assessments, access to food programs).

Patient Navigator: Tracks AIDS Drug Assistance Program (ADAP) eligibility/enrollment, and health insurance navigation.

<u>Treatment Link Specialist (TLS):</u> connects new and returning clients to HIV Care; provides HIV information, education, counseling, and assessment to newly identified HIV+ individuals and those out of care; follows-up on clients' treatment adherence decisions; referral and linkage to services.

<u>HIV Treatment Outreach Worker:</u> street, community, and virtual outreach to target population; provides info, education, and peer counseling outside clinic to at-risk individuals and PLWHA out of care; escorts clients to clinic for tests, referral and linkage to services; risk assessment/risk reduction counseling; risk assessment/disclosure to clients seeking HIV testing.

Vouchers

<u>Purpose:</u> To provide temporary financial assistance to clients in need of food or transportation to meet their nutritional or health care needs. Clients are to be referred to Dietitian, Project Open Hand/Food Bank, Free Eats Program, discount food sources and food pantries prior to receiving food vouchers.

Eligibility: Clients who are eligible for the food vouchers must be HIV positive, enrolled and actively engaged in Clinica Esperanza (blood draw as well as provider visit at least every 6 months), have a San Francisco address, and show a demonstrated need as assessed by the Case Manager, Dietitian, Clinic Manager or Health Educator. New clients who have not completed the assessment process at Clinica Esperanza are eligible for only \$10.00 in vouchers until assessments are completed. When vouchers are available, clients are eligible for \$20.00 per month of fast food vouchers (Burger King, McDonald's, or Subway). Safeway and farmers market vouchers will not be given out to clients; rather, clients are eligible to go shopping at Safeway with dietitian or at the Civic Center farmers market with the Treatment Health Educator.

<u>Procedure:</u> When vouchers are received from SFDPH all vouchers are signed into the accounting office, upstairs in the administration suite. Vouchers are kept in a locked file cabinet. The Program Assistant may check out up to \$250 of each voucher type at a time from accounting. A logbook entry must be completed before the Program Assistant is given vouchers. A voucher logbook is maintained for each voucher type in the Program Assistant's office, locked in the grey file cabinet. A logbook entry must be completed before staff members are given vouchers. Case Managers are each in possession of a logbook and a small number of vouchers. A logbook entry must be completed before a staff member gives a voucher to a client.

Documentation in the logbook includes:

- Date voucher was given
- Name of the distributing staff member
- Serial number of voucher card (not applicable for Muni, Taxi, Farmer's Market)
- Name of the client
- Signature of the client
- Number of vouchers given to client (NOTE: one bag of Muni tokens counts as 10 vouchers)

ALL log fields must be completed for voucher distribution to continue. Failure to complete all forms legibly or completely will result in the loss of voucher privileges.

<u>Confidentiality:</u> To maintain client confidentiality, a cover sheet will be used. The cover sheet will block all other entries aside from the one for which the client is signing. Staff members always use cover sheets when soliciting client signatures.

<u>Quality Assurance:</u> Monthly copies of voucher logs will no longer be made; instead, new log sheets will be used every month and supplied by the Program Assistant.

<u>Voucher Inventory Logs:</u> Voucher Inventory logs will continue to be housed in the HIV Service Director's office and will be audited against actual amounts of vouchers on hand monthly. Vouchers are only to be signed out from accounting by the Program Assistant. If a staff member notices that voucher quantities are low, he/she is expected to alert the Program Assistant.

ARIES Database

MNHC collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data is safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows.

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MNHC participates in the planning and implementation of its programs into ARIES. MNHC complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data is collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

7. OBJECTIVES and MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the SFDPH document entitled: *HIV Health Services Performance Objectives*" for the applicable fiscal years.

8. CONTINUOUS QUALITY IMPROVEMENT

MNHC abides by the standards of care for the services specified in the appendix as described in the document entitled *Making* the Connection: Standards of Care for Client-Centered Services.

The MNHC HIV Clinical Coordinator (MD) is responsible for the coordination of the HIV section of the Quality Assurance Plan for MNHC, which develops a yearly quality management and performance improvement plan and an audit calendar and includes MCoE quality assurance activities. The inclusion of MCoE activities into the overall MNHC QA plan ensures that MCoE services maintain their quality and structure and continue to adhere to contractual requirements. Weekly MCoE team meetings are held to discuss referrals among disciplines, make case presentations and to develop treatment plans.

MNHC also participates annually, along with other SFCCC clinics in "In+Care" and other Quality Improvement initiatives coordinated. This program, run by the National Quality Center, is a HRSA-sponsored national project to build capacity and capability among Ryan White HIV/AIDS Program Part C and Part D grantees to sustain quality improvement and impact health outcomes. After data are collected, they are analyzed and compared to other SFCCC clinics and national benchmarks. The SFCCC QI committee creates action plans based on the results and MNHC participates in those action plans.

The MCoE Management Team meets monthly to plan and update the implementation of the plan. Each quarter, the management team reviews quality assurance activities results such as audits, surveys, and client complaints and discuss recommendations and corrective actions if necessary. Annually, the MCoE Management Team meets and reviews the following: the MCoE agreement and subcontract; the MCoE quality assurance calendar and plan; training activities; the client satisfaction survey; and the MCoE policy and procedures, including the way services are delivered and the ways in which clinical and administrative supervision takes place, to ensure that MCoE services are of the highest quality.

During a calendar year chart reviews are conducted to identify gaps in services, completion and legibility of progress notes, and adherence to treatment plans identified for each client chart reviewed. Documentation of an assessment within the last six months (or when indicated) and completion of a treatment plan are also among the items reviewed. The following MCoE supervisors are responsible for the chart review process:

- · The Nurse coordinates medical chart audits
- The Supervisor reviews the Case Management and Treatment Link Specialist notes
- IFR Supervisor Psychologist reviews the Mental Health, Substance Abuse and Psychiatric Consultation notes.

Each supervisor is also responsible of maintaining a record of findings from the chart reviews and ensuring that appropriate follow-up is completed. These supervisors report the audit results to the MCoE Management Team who will submit a report of these activities to the MNHC agency-wide Quality Management Committee (QMC). The committee is composed of the MNHC Medical Director, Clinical Chiefs, Nursing Coordinators, Medical Records Director, Patient Services Director, and Deputy Director.

The QMC meets monthly and oversees the MNHC Quality Assurance Plan. The QMC reviews the report, makes appropriate recommendations to the MCoE team, and forwards it to the MNHC Board of Directors' QMC, which meets guarterly.

Mission Neighborhood Health Center is a non-profit corporation governed by a Board of Directors that is representative of the community served. Annual independent financial audits are conducted in accordance with OMB Circular A133 and are reviewed by the MNHC Executive Director and the Board of Directors. A copy is also submitted to the SFDPH. MNHC and IFR Board of Directors are committed to consumer representation and make every effort to recruit at least one MCoE client each in their respective boards. As non-profit corporations governed by a Board of Directors, they must maintain a 51% consumer representation including consumers of HIV services.

Client Satisfaction

The MCoE will continue to conduct a yearly bilingual Client Satisfaction Survey to measure access, appropriateness, and efficiency of services. The MCoE Management Team will be responsible for developing the survey themes and the questionnaire. The survey will evaluate direct service categories such as Primary Care or Medical Case Management. It also includes questions on the patient experience such as waiting time to see medical and non-medical providers, reception and telephone coverage, and voicemail service. To assure an adequate client sample, the MCoE mails the survey to all active clients with a stamped return envelope and makes it available during clinic hours. The Receptionist or the Administrative Assistant are often available to assist clients with low literacy in filling out the questionnaire if his/her services are not being evaluated.

The Administrative Assistant collects and enters the survey results in a database and the HIV Services Director prepares a written report with the survey results. The report and results are presented to MCoE staff for discussion of client feedback and actions to improve services. The written survey summary is submitted to the MNHC CQI Committee. Finally, the survey results and recommended actions are implemented and reported back to HHS via the annual monitoring report process.

Staff Supervision and Training

The HIV Clinical Coordinator provides clinical supervision to the medical providers and is responsible for the medical component of the program. The Nurse is charged with supervising the Medical Assistant, Phlebotomist and Clinic Assistant/Receptionist and oversees clinical operations. The Supervisor is responsible for the supervision of the Case Managers and for the management of the psychosocial component. The Mental Health Supervisor provides clinical supervision to the Mental Health and Substance Abuse Specialists and is responsible for those two program components. These supervisors report to the HIV Services Director. Staff also participates in individual supervision on a weekly or biweekly basis. The Supervisor conducts biweekly group supervision with all the Case Managers. The HIV Clinical Chief clinically supervises the mid-level practitioners, the HIV Clinic Manager, and the Treatment Health Educator. All staff receives an annual performance appraisal.

The staff training plan includes scheduled monthly training conducted during staff meetings, quarterly round tables for the clinicians, and additional educational leave for staff to attend conferences and workshops. In accordance with rules and regulations which govern MNHC, certain training such as Cal OSHA requirements and yearly training on Infection Control and Tuberculosis are mandatory for all health center staff.

Documenting Referrals, Follow-up, and Linkages External to the CoE

The MCoE has Memoranda of Understanding (MOU), Letters of Cooperation (LOC) and long standing working relationships with the following agencies and programs: Assisted Housing & Health Programs at Catholic Charities, Jail Health Services HIV-IS Program for coordination of services to incarcerated/mutual clients; Maitri for end of life or respite care; In-Home Support Services for home-bound higher acuity clients; Lutheran Social Services for Money Management; AIDS Legal Referral Panel for legal issues (predominately issues of immigration and political asylum); Positive Resource Center for Employment Services and Benefits Counseling such as disability insurance or work re-entry issues; AIDS Emergency Fund for emergency financial assistance and eviction support, and the SF Food Bank and Project Open Hand for nutrition and meals.

The MCoE has found that these agencies have a commitment to providing culturally appropriate services, including services provided in Spanish. In instances where culturally or language appropriate services are not provided, the MCoE makes every effort to have the MCM or another staff person accompany the individual to his/her appointment and provide translation. MNHC ensures coordination and efficient utilization of resources by working closely with other agencies, and in the case where there is more than one case manager, a lead case manager is appointed whose focus is to ensure that services are not duplicated.

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MNHC providers have admitting privileges at SFGH. Whenever possible, the HIV Nurse Clinic Manager oversees all referrals to the Emergency Room. This includes calling ahead and providing the attending physician with symptoms and background information, follow up and documentation as appropriate. As stated earlier, CE also operates a Confidential HIV CTL Program that serves the target population (see Question 5-Client Recruitment). The process for tracking client referrals and linkages is the following: MCM maintains a referral log and submits it monthly to the Administrative Assistant, who enters the information in a database. The Assistant provides the SSC with monthly updates on referral outcomes reported by the MCM.

Eligibility and Third-Party Billing

To be eligible for MCoE Services, clients must be HIV positive, 18 years of age or older, have a San Francisco address, and live at or below the Federal Poverty Level (FPL) determined by the Federal Government to receive medical services at no cost. Clients whose income is between 101% and 200% of the FPL will pay for medical services based on the Sliding Fee Scale determined by the MNHC Board of Directors. MCoE funds are used as funds of last resort to pay for services that are not reimbursed by any other revenue source.

As a FQHC, medical services at MNHC are eligible for reimbursement by Medi-Cal, Medicare, and some private insurance carriers. IFR has been a Medi-Cal certified provider since 1982 and maintains contracts with DPH-CBHS for mental health services to Medi-Cal recipients. The Receptionist/Eligibility Workers are responsible for screening new clients for eligibility to receive services and alternate sources of payment and for registering MCoE clients in accordance with MNHC protocols. The MCM are responsible for documenting eligibility in the ARIES database system.

Comprehensive eligibility screenings are conducted at intake and annually; abbreviated eligibility screening happens every six months. Comprehensive eligibility screening includes usage of the One E-app process to screen and determine eligibility for Healthy San Francisco (HSF) and a range of federal or state health coverage programs, preserving limited local resources and ensuring that Ryan White resources are used as payer of last resort. Finally, it includes enrollment or re-enrollment in ADAP and re-enrollment into MNHC services. Abbreviated eligibility screening includes the gathering of proof of income, proof of address and medical insurance, if any. Clients must submit any of the following documents to provide proof of income: current employment pay stub; public assistance award letter (local, state, or federal); copy of most recent federal or state tax return; current bank statement; or signed MNHC Income Statement Form. To provide proof of address, any of the following documents are valid: rent receipt; rental agreement; California driver's license; utility bill; public assistance award letter; recently postmarked US mail; or signed MNHC Residency Statement Form.

HIPAA Compliance

- a) DPH Privacy Policy is integrated in MNHC's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director ensures that the policies and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b) All Clínica Esperanza staff that handle patient health information are trained (including new hires) and annually updated in the MNHC's privacy/confidentiality policies and procedures. The HIV Services Director ensures that documentation shows that all staff has been trained.
- c) MNHC's Privacy Notice is written and provided to all clients served by MNHC in their native language. If document is not available in the client's relevant language, verbal translation is provided. The HIV Services Director ensures that documentation is in the patient's chart, at the time of the chart review, that patient was "notified".
- d) A Summary of the above Privacy Notice is posted and visible in registration and common areas of MNHC. The HIV Services Director ensures the presence and visibility of posting in said areas.
- e) Each disclosure of a client's health information for purposes other than treatment, payment, or operations is documented. The HIV Services Director ensures that documentation is in the client's chart, at the time of the chart review.
- f) Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The HIV Services Director ensures that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

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9. REQUIRED LANGUAGE

a. Third Party Reimbursement
b. Income Eligibility
c. Client Eligibility
See Priority Population, Page 1
See Priority Population, Page 1

d. Client Retention See Client Retention process, Page 10

e. Vouchers See Vouchers, Page 11

f. ARIES Database
 g. Objectives
 See ARIES Database, Pages 11 - 12
 See Objectives and Measurement, Page 12

h. Standards of Care See CQI, Page 12

10. SUBCONTRACTS & CONSULTANTS

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

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ATTACHMENT 2 of Appendix B Grant Budget Summary

1. Estimated Funding Allocations by Funding Source

Grant Plan	Grant Plan Term	Funding Source	Estimated Funding	
		Source	Allocation	
Attachment 2.1 Appendix B-1	03/01/2020 - 02/28/2021	RWPA	\$529,720	Original
Attachment 2.1 Appendix B-1	03/01/2020 - 02/28/2021	RWPA	-\$19,166	Amendment #1
Attachment 2.1a Appendix B-1a	03/01/2020 - 02/28/2021	RWPA/MAI	\$294,708	Original
Attachment 2.1a Appendix B-1a	03/01/2020 - 02/28/2021	RWPA/MAI	-\$72,629	Amendment #1
Attachment 2.1b Appendix B-1b	03/01/2020 - 02/28/2021	RWPA/MAI	\$219,201	Original
Attachment 2.1b Appendix B-1b	03/01/2020 - 02/28/2021	RWPA/MAI	-\$33,498	Amendment #1
Attachment 2.2 Appendix B-2	03/01/2021 - 02/28/2022	RWPA	\$552,112	Original
Attachment 2.2 Appendix B-2	03/01/2021 - 02/28/2022	RWPA	\$13,036	Revision to Program Budget #2
Attachment 2.2 Appendix B-2	03/01/2021 - 02/28/2022	RWPA	\$33,210	Revision to Program Budget #3
Attachment 2.2 Appendix B-2	03/01/2021 - 02/28/2022	RWPA	-\$76,749	Amendment #1
Attachment 2.2a Appendix B-2a	03/01/2021 - 02/28/2022	RWPA/MAI	\$252,309	Original
Attachment 2.2a Appendix B-2a	03/01/2021 - 02/28/2022	RWPA/MAI	-\$15,008	Amendment #1
Attachment 2.2b Appendix B-2b	03/01/2021 - 02/28/2022	RWPA/MAI	\$226,172	Original
Attachment 2.2b Appendix B-2b	03/01/2021 - 02/28/2022	RWPA/MAI	-\$18,110	Amendment #1
Attachment 2.3 Appendix B-3	03/01/2022 - 02/28/2023	RWPA	\$552,112	Original
Attachment 2.3 Appendix B-3	03/01/2022 - 02/28/2023	RWPA	\$38,209	Revision to Program Budget #4
Attachment 2.3 Appendix B-3	03/01/2022 - 02/28/2023	RWPA	-\$185,832	Amendment #1
Attachment 2.3a Appendix B-3a	03/01/2022 - 02/28/2023	RWPA/MAI	\$272,316	Original
Attachment 2.3a Appendix B-3a	03/01/2022 - 02/28/2023	RWPA/MAI	\$15,346	Revision to Program Budget #4
Attachment 2.3a Appendix B-3a	03/01/2022 - 02/28/2023	RWPA/MAI	-\$117,116	Amendment #1
Attachment 2.3b Appendix B-3b	03/01/2022 - 02/28/2023	RWPA/MAI	\$219,201	Original
Attachment 2.3b Appendix B-3b	03/01/2022 - 02/28/2023	RWPA/MAI	\$6,576	Revision to Program Budget #4
Attachment 2.3b Appendix B-3b	03/01/2022 - 02/28/2023	RWPA/MAI	-\$39,288	Amendment #1
Attachment 2.4 Appendix B-4	03/01/2023 - 02/29/2024	RWPA	\$552,112	Original
Attachment 2.4 Appendix B-4	03/01/2023 - 02/29/2024	RWPA	\$38,209	Revision to Program Budget #4
Attachment 2.4 Appendix B-4	03/01/2023 - 02/29/2024	RWPA	\$41,936	Amendment #1
Attachment 2.4a Appendix B-4a	03/01/2023 - 02/29/2024	RWPA/MAI	\$272,316	Original
Attachment 2.4a Appendix B-4a	03/01/2023 - 02/29/2024	RWPA/MAI	\$15,346	Revision to Program Budget #4
Attachment 2.4a Appendix B-4a	03/01/2023 - 02/29/2024	RWPA/MAI	-\$41,936	Amendment #1
Attachment 2.4b Appendix B-4b	03/01/2023 - 02/29/2024	RWPA/MAI	\$219,201	Original
Attachment 2.4b Appendix B-4b	03/01/2023 - 02/29/2024	RWPA/MAI	\$6,576	Revision to Program Budget #4
Attachment 2.5 Appendix B-5	03/01/2024 - 02/28/2025	RWPA	\$632,257	Amendment #1
Attachment 2.5a Appendix B-5a	03/01/2024 - 02/28/2025	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.5b Appendix B-5b	03/01/2024 - 02/28/2025	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.6 Appendix B-6	03/01/2025 - 02/28/2026	RWPA	\$632,257	Amendment #1
Attachment 2.6a Appendix B-6a	03/01/2025 - 02/28/2026	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.6b Appendix B-6b	03/01/2025 - 02/28/2026	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.7 Appendix B-7	03/01/2026 - 02/28/2027	RWPA	\$632,257	Amendment #1
Attachment 2.7a Appendix B-7a	03/01/2026 - 02/28/2027	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.7b Appendix B-7b	03/01/2026 - 02/28/2027	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.8 Appendix B-8	03/01/2027 - 02/29/2028	RWPA	\$632,257	Amendment #1
Attachment 2.8a Appendix B-8a	03/01/2027 - 02/29/2028	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.8b Appendix B-8b	03/01/2027 - 02/29/2028	RWPA/MAI	\$225,777	Amendment #1
Attachment 2.9 Appendix B-9	03/01/2028 - 02/28/2029	RWPA	\$632,257	Amendment #1
Attachment 2.9a Appendix B-9a	03/01/2028 - 02/28/2029	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.9b Appendix B-9b	03/01/2028 - 02/28/2029	RWPA/MAI	\$225,777	Amendment #1

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Attachment 2.10 Appendix B-10	03/01/2029 - 02/28/2030	RWPA	\$632,257	Amendment #1
Attachment 2.10a Appendix B-10a	03/01/2029 - 02/28/2030	RWPA/MAI	\$245,726	Amendment #1
Attachment 2.10b Appendix B-10b	03/01/2029 - 02/28/2030	RWPA/MAI	\$225,777	Amendment #1
	S	Subtotal Award	\$10,373,152	
		Contingency	\$927,158	
		Total NTE	\$11,300,310	

2. Method of Payment

A. For the purposes of this Section, "General Fund" shall mean all those funds, which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices, which include General Fund monies. Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner

(1) For Eligible Expenses reimbursable by Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Grant Budget)

Grantee shall submit a monthly Funding Request in the format attached, Appendix C, and in a form acceptable to the Grant Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs of the Eligible Expenses of the preceding month. Eligible Expenses are reimbursable only after incurred by the Grantee and in no case in advance.

3. Contingency Amount

A. Grantee understands that, of the maximum dollar obligation listed in Section 5.1 of this Agreement, \$927,158 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Grant Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

4. Revisions to the Grant Budget

- A. Grantee agrees to comply with its Grant Budgets of Appendix B. Changes to the Grant Budget that do not increase or reduce the Maximum Amount of Grant Funds listed in Section 5.1 of the Agreement are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Grantee agrees to comply fully with that policy/procedure.
- B. Grantee understands that the CITY may need to adjust funding sources and funding allocations and agrees that these needed adjustments will be executed in accordance with Section 19.1 of this Agreement. In event that such funding source or funding allocation is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will Grantee be entitled to compensation in excess of these amounts for these periods without there first being a modification as provided for in Section 17.2 of the Agreement or a revision to Grant Budget, as provided for in Section 19.1 section of this Agreement.
- C. The amount for each fiscal year, to be used in Grant Budget and available to Grantee for that fiscal year shall conform with the Grant Plan, Grant Budget and Cost Reporting Data Collection form, as approved by the City's Department of Public Health based on the City's allocation of funding for services for that fiscal year.

Attachment 2 Amendment: 08/01/2023

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

CID #: 1000017218 DPH Section: HIV Health Services												•	•	dix B, Page 3 /20 - 02/28/30
Check one: [] Original Agreement [X] Ai				sion to Progran	n Bı	udgets						ں Current Fund N		
Agency/Contractor Name:							n Co	enter of Excelle	ence	e (MCoE) with I	_			
Program/Provider Name:		DE - MNHC		CoE - MNHC		MCoE - IFR		CoE - MNHC		CoE - MNHC		MCoE - IFR		,
Appendix Number:	,	A-1 / B-1		A-1 / B-1a		A-1 / B-1b		A-1 / B-2		A-1 / B-2a		A-1 / B-2b		TOTALS
Appendix Term:	03/01	/20 - 02/28/21	03/	01/20 - 02/28/21	03	3/01/20 - 02/28/21	03/	01/21 - 02/28/22	03/	01/21 - 02/28/22	03/	/01/21 - 02/28/22		
EXPENSES														
Salaries	\$	301,156	\$	139,429	\$	145,381	\$	323,924	\$	156,259	\$	148,231	\$	1,214,380
Employee Benefits	\$	105,405	\$	48,800	\$	43,090	\$	113,373	\$	54,691	\$	38,653	\$	404,012
Total Personnel Expenses	Personnel Expenses \$ 406,561 \$ 188,229 \$ 188,471 \$ 437,297 \$									210,950	\$	186,884	\$	1,618,392
Employee Fringe Benefit Rate		35.00%		35.00%		29.64%		35.00%		35.00%		26.08%		
Operating Expense	\$	79,421	\$	82,145	\$	12,631	\$	111,656	\$	20,526	\$	20,613	\$	326,992
Subtotal Direct Costs	\$	485,982	\$	270,374	\$	201,102	\$	548,953	\$	231,476	\$	207,497	\$	1,945,384
Indirect Cost Amount	\$	43,738	\$	24,334	\$	18,099	\$	49,405	\$	20,833	\$	18,675	\$	175,084
Indirect Cost Rate (%)		9.00%		9.00%		9.00%		9.00%		9.00%		9.00%		
Total Expenses	\$	529,720	\$	294,708	\$	219,201	\$	598,358	\$	252,309	\$	226,172	\$	2,120,468
REVENUES & FUNDING SOURCES														
HHS FED RW Part A - PD13, CFDA #93.914		529,720						565,148						1,094,868
HHS FED RWPA-MAI- PD13, CFDA #93.914				294,708		219,201				252,309		226,172		992,390
HHS FED RW Part A - PD13, CFDA #93.914								33,210						33,210
unspent		(19,166)		(72,629)		(33,498)		(76,749)		(15,008)		(18,110)		(235,160)
Total DPH Revenues	\$	510,554	\$	222,079	\$	185,703	\$	521,609	\$	237,301	\$	208,062		1,885,308
Total Non-DPH Revenues	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Total Revenues (DPH and Non-DPH)	\$	510,554	\$	222,079	\$	185,703	\$	521,609	\$	237,301	\$	208,062	\$	1,885,308
Cost Reimbursement (CR)		(CR)		(CR)		(CR)		(CR)		(CR)		(CR)		
Prepared By:	Aliso	n Wakefield	l, M	PH, alisonwa	ket	field@mnhc.org,	415	5-552-1013, ex	t 22	203				

Amendment: 08/01/2023 3 of 7 Contract ID# 1000017218

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

DPH Section: HIV Health Services Clinear Check one: Original Agreement X Amendment Revision to Program Budgets Current Fund Notice: 06/21/20/3. Agency/Contractor Name: Mission Neighbordood Health Center (MNHC) / Mission Center of Excellence (MCoE) with Instituto Familiar de la Raza (IFR)	CID #:	1000	0017218				C Health Contra								Appe	endi	x B, Page 4
Check one: [] Original Agreement [X] Amendment		-		ces													
Program/Provider Name: MCoE - MNHC MCoE - MNHC A-1/B-3a A-1/B-3b A-1/B-3b A-1/B-4a A-1/B-4a A-1/B-4a A-1/B-4a A-1/B-4b A-1/B-4a A-1/B-4b A-1/B-4a A-1/B-4b A-1/B-4a A-1/B-4b A-1/B-4a A-1/B-4b					evision to Progra	am	Budgets							Cur			
Appendix Number: A-1 / B-3	Agency/Contractor Name:	Mis	sion Neighb	ord	dood Health C	en	ter (MNHC) / I	Vis	sion Center o	of E	xcellence (M	Co	E) with Instit	uto	Familiar de	la R	aza (IFR)
Appendix Term: 301/22 - 02/28/23 3/01/22 - 02/28/23 3/01/23 - 02/29/24			-														
EXPENSES Salaries \$ 365,110 \$ 190,140 \$ 147,592 \$ 374,566 \$ 164,184 \$ 147,923 \$ 1,389,515 \$ 2,603,89 Employee Benefits \$ 109,167 \$ 56,850 \$ 31,560 \$ 111,620 \$ 48,927 \$ 44,370 \$ 402,494 \$ 806,50 Total Personnel Expenses \$ 474,277 \$ 246,999 \$ 179,152 \$ 486,186 \$ 213,111 \$ 192,293 \$ 1,792,009 \$ 3,410,40 Employee Fringe Benefit Rate \$ 29,90% \$ 29,90% \$ 21,38% \$ 29,80% \$ 29,80% \$ 30,00% \$		-					A-1 / B-3b		A-1 / B-4		A-1 / B-4a		A-1 / B-4b	51	DR-101ALS		IOIALS
Salaries \$ 365,110 \$ 190,140 \$ 147,592 \$ 374,566 \$ 164,184 \$ 147,923 \$ 1,389,515 \$ 2,603,899 Employee Benefits \$ 109,167 \$ 56,850 \$ 31,560 \$ 111,620 \$ 48,927 \$ 44,370 \$ 402,494 \$ 806,50 Total Personnel Expenses \$ 474,277 \$ 246,990 \$ 179,152 \$ 486,186 \$ 213,111 \$ 192,293 \$ 1,792,009 \$ 3,410,40 Employee Fringe Benefit Rate 29.90% 29.90% 21.38% 29.80% 29.80% 30.00% Operating Expense \$ 67,261 \$ 16,836 27,983 93,866 \$ 12,325 \$ 14,842 \$ 233,113 \$ 560,10 Capital Expense (\$5,000 and over) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Appendix Term:	3/01	1/22 - 02/28/23	3/0	01/22 - 02/28/23	3/	01/22 - 02/28/23	3/0	01/23 - 02/29/24	3/0	1/23 - 02/29/24	3/0	1/23 - 02/29/24				
Employee Benefits \$ 109,167 \$ 56,850 \$ 31,560 \$ 111,620 \$ 48,927 \$ 44,370 \$ 402,494 \$ 806,50 Total Personnel Expenses \$ 474,277 \$ 246,990 \$ 179,152 \$ 486,186 \$ 213,111 \$ 192,293 \$ 1,792,009 \$ 3,410,40 Employee Fringe Benefit Rate 29,90% 29,90% 21,38% 29,80% 29,80% 30,00% Operating Expense \$ 67,261 \$ 16,836 \$ 27,983 \$ 93,866 \$ 12,325 \$ 14,842 \$ 233,113 \$ 560,10 Capital Expense (\$5,000 and over) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ Subtotal Direct Costs \$ 541,538 \$ 263,826 \$ 207,135 \$ 580,052 \$ 225,436 \$ 207,135 \$ 2,025,122 \$ 3,970,50 Indirect Cost Amount \$ 48,738 \$ 23,744 \$ 18,642 \$ 52,205 \$ 20,290 \$ 18,642 \$ 182,261 \$ 357,34 Indirect Cost Rate (%) 9,00% 9,00% 9,00% 9,00% 9,00% 9,00% Total Expenses \$ 590,321 \$ 287,662 \$ 225,777 \$ 632,257 \$ 245,726 \$ 225,777 \$ 2,207,520 \$ 4,327,98 REVENUES & FUNDING SOURCES HHS FED RWPA-MAI- PD13, CFDA #93,914 590,321 632,257 \$ 245,726 \$ 225,777 984,942 1,977,33 HHS FED RW Part A - PD13, CFDA #93,914 590,321 632,257 \$ 245,726 \$ 225,777 984,942 1,977,33 HHS FED RW Part A - PD13, CFDA #93,914 33,21 Unspent (185,832) (117,116) (39,288) (577,39	EXPENSES																
Total Personnel Expenses \$ 474,277 \$ 246,990 \$ 179,152 \$ 486,186 \$ 213,111 \$ 192,293 \$ 1,792,009 \$ 3,410,40 Employee Fringe Benefit Rate 29,90% 29,90% 21,38% 29,80% 29,80% 30,00% Capital Expense \$ 67,261 \$ 16,836 \$ 27,983 \$ 93,866 \$ 12,325 \$ 14,842 \$ 233,113 \$ 560,10 Capital Expense (\$5,000 and over) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$	Salaries	\$	365,110	\$	190,140	\$	147,592	\$	374,566	\$	164,184	\$	147,923	\$	1,389,515	\$	2,603,895
Employee Fringe Benefit Rate 29.90% 29.90% 21.38% 29.80% 30.00% Operating Expense \$ 67,261 \$ 16,836 \$ 27,983 \$ 93,866 \$ 12,325 \$ 14,842 \$ 233,113 \$ 560,10 Capital Expense (\$5,000 and over) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ Subtotal Direct Costs \$ 541,538 \$ 263,826 \$ 207,135 \$ 580,052 \$ 225,436 \$ 207,135 \$ 2,025,122 \$ 3,970,50 Indirect Cost Amount \$ 48,738 \$ 23,744 \$ 18,642 \$ 52,205 \$ 20,290 \$ 18,642 \$ 182,261 \$ 357,34 Indirect Cost Rate (%) 9.00% 9.0			109,167	\$,	\$		_	111,620	\$		\$	44,370	\$	402,494	\$	806,506
Operating Expense \$ 67,261 \$ 16,836 \$ 27,983 \$ 93,866 \$ 12,325 \$ 14,842 \$ 233,113 \$ 560,10 Capital Expense (\$5,000 and over) \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	-	\$		\$		\$		\$		\$		\$		\$	1,792,009	\$	3,410,401
Capital Expense (\$5,000 and over) \$ - \$ - \$ - \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ - \$ - \$ \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -	Employee Fringe Benefit Rate		29.90%		29.90%		21.38%		29.80%		29.80%		30.00%				
Subtotal Direct Costs \$ 541,538 263,826 207,135 \$ 580,052 225,436 207,135 \$ 2,025,122 \$ 3,970,50 Indirect Cost Amount \$ 48,738 \$ 23,744 \$ 18,642 \$ 52,205 \$ 20,290 \$ 18,642 \$ 182,261 \$ 357,34 Indirect Cost Rate (%) 9.00% <td< td=""><td></td><td></td><td>67,261</td><td></td><td>16,836</td><td>\$</td><td>27,983</td><td>\$</td><td>93,866</td><td>\$</td><td>12,325</td><td>\$</td><td>14,842</td><td>\$</td><td>233,113</td><td>\$</td><td>560,105</td></td<>			67,261		16,836	\$	27,983	\$	93,866	\$	12,325	\$	14,842	\$	233,113	\$	560,105
Indirect Cost Amount \$ 48,738 \$ 23,744 \$ 18,642 \$ 52,205 \$ 20,290 \$ 18,642 \$ 182,261 \$ 357,34 Indirect Cost Rate (%) 9.00% 9	Capital Expense (\$5,000 and over)	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Indirect Cost Rate (%) 9.00% 9	Subtotal Direct Costs	\$	541,538	\$	263,826	\$	207,135	\$	580,052	\$	225,436	\$	207,135	\$	2,025,122	\$	3,970,506
Total Expenses \$ 590,321 \$ 287,662 \$ 225,777 \$ 632,257 \$ 245,726 \$ 225,777 \$ 2,207,520 \$ 4,327,98 REVENUES & FUNDING SOURCES HHS FED RW Part A - PD13, CFDA #93.914 590,321 632,257 1,222,578 \$ 2,317,44 HHS FED RWPA-MAI- PD13, CFDA #93.914 287,662 225,777 245,726 225,777 984,942 1,977,33 HHS FED RW Part A - PD13, CFDA #93.914 - 33,21 unspent (185,832) (117,116) (39,288) (342,236) (577,39	Indirect Cost Amount	\$	48,738	\$	23,744	\$	18,642	\$	52,205	\$	20,290	\$	18,642	\$	182,261	\$	357,345
REVENUES & FUNDING SOURCES HHS FED RW Part A - PD13, CFDA #93.914 590,321 632,257 1,222,578 \$ 2,317,44 HHS FED RWPA-MAI- PD13, CFDA #93.914 287,662 225,777 245,726 225,777 984,942 1,977,33 HHS FED RW Part A - PD13, CFDA #93.914 - 33,210 unspent (185,832) (117,116) (39,288) (342,236) (577,39)	Indirect Cost Rate (%)		9.00%		9.00%		9.00%		9.00%		9.00%		9.00%				
HHS FED RW Part A - PD13, CFDA #93.914 590,321 632,257 1,222,578 \$ 2,317,44 HHS FED RWPA-MAI- PD13, CFDA #93.914 287,662 225,777 245,726 225,777 984,942 1,977,33 HHS FED RW Part A - PD13, CFDA #93.914 - 33,21 unspent (185,832) (117,116) (39,288) (342,236) (577,39)	Total Expenses	\$	590,321	\$	287,662	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	4,327,988
HHS FED RWPA-MAI- PD13, CFDA #93.914 287,662 225,777 245,726 225,777 984,942 1,977,33. HHS FED RW Part A - PD13, CFDA #93.914 unspent (185,832) (117,116) (39,288) (342,236) (577,39)	REVENUES & FUNDING SOURCES																
HHS FED RW Part A - PD13, CFDA #93.914 unspent (185,832) (117,116) (39,288) (342,236) (577,39)	HHS FED RW Part A - PD13, CFDA #93.914		590,321						632,257						1,222,578	\$	2,317,446
unspent (185,832) (117,116) (39,288) (342,236) (577,39	HHS FED RWPA-MAI- PD13, CFDA #93.914				287,662		225,777				245,726		225,777		984,942		1,977,332
	HHS FED RW Part A - PD13, CFDA #93.914														-		33,210
Total DPH Revenues \$ 404,489 \$ 170,546 \$ 186,489 \$ 632,257 \$ 245,726 \$ 225,777 1,865,284 \$ 3,750,59	unspent		(185,832)		(117,116)		(39,288)								(342,236)		(577,396)
	Total DPH Revenues	\$	404,489	\$	170,546	\$	186,489	\$	632,257	\$	245,726	\$	225,777		1,865,284	\$	3,750,592
Total Non-DPH Revenues \$ - \$ - \$ - \$ - \$ - \$	Total Non-DPH Revenues	\$	-	\$	_	\$		\$		\$	-	\$		\$	-	\$	-
		Ė			170 546		186 480		632 257		245 726		225 777	Ė	1 865 284		3,750,592
Cost Reimbursement (CR) (CR) (CR) (CR) (CR) (CR) (CR) (CR)	,			Ψ		۳		۳		Ψ	•	Ψ		۳	1,000,204	Ψ	0,100,032
Prepared By Jose E Lopez, MSW Phone # 415-552-1013 ext 2203	Prenared Rv	Jose	e Flonez M	ISW	. , , , , , , , , , , , , , , , , , , ,		Phone #	41	5-552-1013 e	xt 2	203		, ,				

Attachment 2

Amendment: 08/01/2023 4 of 7 Contract ID# 1000017218

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

CID #:	1000017218		<u> </u>					Dauget Janin		, ,				Appe	endi	x B, Page 5
DPH Section:	HIV Health	Servic	es											03/	01/2	0 - 02/28/30
Check one: [] Original Agreement [X]	Amendmen	[] Re	vision to Progr	am	Budgets							Cu	rrent Fund No	otice	e: 6/21/2023
Agency/Contractor Name:	Mission Ne	ighb	ordo	ood Health C	ent	er (MNHC) / I	Vis	sion Center o	of Ex	cellence (M	Col	E) with Instit	uto	Familiar de	la R	aza (IFR)
Program/Provider Name:	MCoE - M	νнс	МС	CoE - MNHC	N	//CoE - IFR	М	CoE - MNHC	МС	OE - MNHC	N	ICoE - IFR	CI	ID TOTAL C		TOTALO
Appendix Number:	A-1 / B-		,	A-1 / B-5a		A-1 / B-5b		A-1 / B-6		A-1 / B-6a		A-1 / B-6b	SU	JB-TOTALS		TOTALS
Appendix Term:	3/01/24 - 02/	28/25	3/0	1/24 - 02/28/25	3/0	1/24 - 02/28/25	3/0	01/25 - 02/28/26	3/01	1/25 - 02/28/26	3/0	1/25 - 02/28/26				
EXPENSES																
Salaries	\$ 374	,566	\$	164,184	\$	147,923	\$	374,566	\$	164,184	\$	147,923	\$	1,373,346	\$	3,977,241
Employee Benefits		,620		48,927	\$,		111,620	\$	- , -	\$	44,370	\$	409,834	\$	1,216,340
Total Personnel Expenses	\$ 486	,186	\$	213,111	\$	192,293	\$	486,186	\$	213,111	\$	192,293	\$	1,783,180	\$	5,193,581
Employee Fringe Benefit Rate	29.80%)		29.80%		30.00%		29.80%		29.80%		30.00%				
Operating Expense	\$ 93	,866	\$	12,325	\$	14,842	\$	93,866	\$	12,325	\$	14,842	\$	242,066	\$	802,171
Subtotal Direct Costs	\$ 580	,052	\$	225,436	\$	207,135	\$	580,052	\$	225,436	\$	207,135	\$	2,025,246	\$	5,995,752
Indirect Cost Amount	\$ 52	,205	\$	20,290	\$	18,642	\$	52,205	\$	20,290	\$	18,642	\$	182,274	\$	539,619
Indirect Cost Rate (%)	9.00%			9.00%		9.00%		9.00%		9.00%		9.00%				
Total Expenses	\$ 632	,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	6,535,508
REVENUES & FUNDING SOURCES																
HHS FED RW Part A - PD13, CFDA #93.914	632	,257						632,257						1,264,514	\$	3,581,960
HHS FED RWPA-MAI- PD13, CFDA #93.914				245,726		225,777				245,726		225,777		943,006		2,920,338
HHS FED RW Part A - PD13, CFDA #93.914														-		33,210
unspent														-		(577,396)
Total DPH Revenues	\$ 632	,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777		2,207,520	\$	5,958,112
														-		-
Total Non-DPH Revenues	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Total Revenues (DPH and Non-DPH)		,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	5,958,112
Cost Reimbursement (CR)	(CR)			(CR)		(CR)		(CR)		(CR)		(CR)				
Prepared By	Jose E Lop	ez, M	SW			Phone #	41	5-552-1013 e	xt 2	203						

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

CID #:	1000	0017218				Tieaitii Contie				-, -,				Appe	endi	x B, Page 6
DPH Section:	HIV	Health Service	es													0 - 02/28/30
Check one: [] Original Agreement [X]	Ame	endment [] Re	evision to Progr	am	Budgets							Cu	rrent Fund No	otice	e: 6/21/2023
Agency/Contractor Name:	Mis	sion Neighb	ord	ood Health C	ent	ter (MNHC) / I	Mis	sion Center o	of Ex	ccellence (M	CoE) with Instit	uto	Familiar de	la R	aza (IFR)
Program/Provider Name:	МС	OE - MNHC	М	CoE - MNHC	ı	MCoE - IFR	М	CoE - MNHC	МС	oE - MNHC	M	ICoE - IFR	01	ID TOTAL O		TOTAL 0
Appendix Number:		A-1 / B-7		A-1 / B-7a		A-1 / B-7b		A-1 / B-8		A-1 / B-8a	1	A-1 / B-8b	SU	JB-TOTALS		TOTALS
Appendix Term:	3/01	1/26 - 02/28/27	3/0	1/26 - 02/28/27	3/0	01/26 - 02/28/27	3/0)1/27 - 02/29/28	3/01	/27 - 02/29/28	3/01	1/27 - 02/29/28				
EXPENSES																
Salaries	\$	374,566	\$	164,184	\$	147,923	\$	374,566	\$	164,184	\$	147,923	\$	1,373,346	\$	5,350,587
Employee Benefits	\$	111,620	\$	48,927	\$	44,370	\$	111,620	\$	48,927	\$	44,370	\$	409,834	\$	1,626,174
Total Personnel Expenses	\$	486,186	\$	213,111	\$	192,293	\$	486,186	\$	213,111	\$	192,293	\$	1,783,180	\$	6,976,761
Employee Fringe Benefit Rate		29.80%		29.80%		30.00%		29.80%		29.80%		30.00%				
Operating Expense	\$	93,866	\$	12,325	\$	14,842	\$	93,866	\$	12,325	\$	14,842	\$	242,066	\$	1,044,237
Subtotal Direct Costs	\$	580,052	\$	225,436	\$	207,135	\$	580,052	\$	225,436	\$	207,135	\$	2,025,246	\$	8,020,998
Indirect Cost Amount	\$	52,205	\$	20,290	\$	18,642	\$	52,205	\$	20,290	\$	18,642	\$	182,274	\$	721,893
Indirect Cost Rate (%)		9.00%		9.00%		9.00%		9.00%		9.00%		9.00%				
Total Expenses	\$	632,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	8,743,028
REVENUES & FUNDING SOURCES																
HHS FED RW Part A - PD13, CFDA #93.914		632,257						632,257						1,264,514	\$	4,846,474
HHS FED RWPA-MAI- PD13, CFDA #93.914				245,726		225,777				245,726		225,777		943,006		3,863,344
HHS FED RW Part A - PD13, CFDA #93.914														-		33,210
unspent														-		(577,396)
Total DPH Revenues	\$	632,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777		2,207,520	\$	8,165,632
														-		-
Total Non-DPH Revenues	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Total Revenues (DPH and Non-DPH)		632,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	8,165,632
Cost Reimbursement (CR)		(CR)		(CR)		(CR)		(CR)		(CR)		(CR)				
Prepared By	Jose	e E Lopez, M	SW	1		Phone #	41	5-552-1013 e	xt 2	203						

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

CID #:	100	0017218				Health Contra			,	.,				Appe	end	ix B, Page 7
DPH Section:	HIV	Health Service	es													20 - 02/28/30
Check one: [] Original Agreement [X]				vision to Progr	am	Budgets							Cu	rrent Fund No	otic	e: 6/21/2023
Agency/Contractor Name:	Mis	sion Neighb	ord	ood Health C	ent	er (MNHC) / I	Mis	sion Center o	of E	xcellence (M	Со	E) with Instit	uto	Familiar de	la F	Raza (IFR)
Program/Provider Name:						MCoE - IFR		CoE - MNHC				//CoE - IFR				
Appendix Number:		A-1 / B-9		A-1 / B-9a		A-1 / B-9b		A-1 / B-10	-	A-1 / B-10a	,	A-1 / B-10b	Sl	JB-TOTALS		TOTALS
Appendix Term:	3/0	1/28 - 02/28/29	3/0	1/28 - 02/28/29	3/0)1/28 - 02/28/29	3/0)1/29 - 02/28/30	3/0	1/29 - 02/28/30	3/0	1/29 - 02/28/30				
EXPENSES																
Salaries	\$	374,566	\$	164,184	\$	147,923	-	374,566	\$	164,184	_	147,923	\$	1,373,346	\$	6,723,933
Employee Benefits	\$		\$	48,927	\$	44,370	\$	111,620	\$	48,927	\$	44,370	\$	409,834	\$	2,036,008
Total Personnel Expenses	\$	486,186	\$	213,111	\$	192,293	\$		\$	213,111	\$	192,293	\$	1,783,180	\$	8,759,941
Employee Fringe Benefit Rate		29.80%		29.80%		30.00%		29.80%		29.80%		30.00%				
Operating Expense	\$	93,866	\$	12,325	\$	14,842	\$	93,866	\$	12,325	\$	14,842	\$	242,066	\$	1,286,303
Subtotal Direct Costs	\$	580,052	\$	225,436	\$	207,135	\$	580,052	\$	225,436	\$	207,135	\$	2,025,246	\$	10,046,244
Indirect Cost Amount	\$	52,205	\$	20,290	\$	18,642	\$	52,205	\$	20,290	\$	18,642	\$	182,274	\$	904,167
Indirect Cost Rate (%)		9.00%		9.00%		9.00%		9.00%		9.00%		9.00%				
Total Expenses	\$	632,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	10,373,152
REVENUES & FUNDING SOURCES																
HHS FED RW Part A - PD13, CFDA #93.914		632,257						632,257						1,264,514	\$	6,110,988
HHS FED RWPA-MAI- PD13, CFDA #93.914				245,726		225,777				245,726		225,777		943,006		4,806,350
HHS FED RW Part A - PD13, CFDA #93.914														-		33,210
unspent														-		(577,396)
Total DPH Revenues	\$	632,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777		2,207,520	\$	10,373,152
Total New DDU Decrees	•		•		_		•		_		•		•	-	•	-
Total Non-DPH Revenues		-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
Total Revenues (DPH and Non-DPH)		632,257	\$	245,726	\$	225,777	\$	632,257	\$	245,726	\$	225,777	\$	2,207,520	\$	10,373,152
Cost Reimbursement (CR)		(CR)		(CR)		(CR)		(CR)		(CR)		(CR)				
Prepared By	Jos	e E Lopez, M	SW	•		Phone #	41:	5-552-1013 e	xt 2	203						

Sei	vice Modes:	Outpatient Ambu Health Servic		Nursing Tre Adhera		Medical Manage		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, MSW	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
			1	ı		1		
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	36%	12,500	42%	29,530
Total Staff Travel			0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
		252.005	000/	140.007	400/	440.000	400/	500.050
Total Direct Expenses	0.634	356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per	Number of UOS per Service Mode					1,17	3,365	
Cost Per UOS by	Service Mode				91	\$105.35		N/A
Number of UDC pe	r Service Mode	325		325		80		325

a) SALARIES	DI COLO					
Staff Position 1	Physician					
		•	•	nical oversight of nurse and		
Brief duties related to prog	Educator; QA activities; pl	nysicals, order lab tests, o	develop med assess	& plan, referrals to specialty	& tertia	ary svcs
and clients served	medical consultation, deve	elop medical protocols.				
				ctice/Internal Medicine/Adult	Primai	y Care;
applicable), experience	yrs exp HIV/AIDS; bilingua					
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary		Total
	170,670	0.30	12	0.30	\$	51,20
		· ·		•		
Staff Position 2:	Registered Nurse					
Brief duties related to prog	Nursing functions, assists	w medical referrals & foll	ow-up; in-person or բ	phone treatment adherence s	uppor	t to
and clients served	clients; prescription follow	-up; oversees clinic oper	ation and supervision	n of staff.		
	ļ	AIDC avec on LVAL F vec	ave in LIIV//AIDC. an	von ever Dilinavel Chemieh/F	مانمه	
Degree, licerise, exp				vsn exp; Bilingual Spanish/E	 	
	85,407	0.90	12	0.90	\$	76,86
Staff Position 3:	Medical Assistant					
		na nte vital siane medic:	al hv: Member of HIV	Quality Management Comm	ittoo	
duties related to prog/ODC	Assists nuise with prepart	ng pts, vitai signs, medica	ai iix, ivieiiibei oi i iiv	Quality Management Comm		
Degree, license, exp	HS diploma, prefer 2 yrs o	college; Medical Assist Co	ertificate, 2 yrs exp in	HIV/AIDS. Bilingual Spanish	ո/Engli	sh.
	50,523	0.90	12	0.90	\$	45,47
				•		
Staff Position 4:						
duties related to prog/UDC	Draws blood for the labora	atory tests required under	the CoE program.			
Degree, license, exp	Certified Phlebotomist. Bi	lingual Spanish/English r	equired.			
	41,600	0.50	12	0.50	\$	20,80
	11,000	0.00	12	0.00	_ _ _	
Staff Position 5:	Patient Services Specila	ist				
duties related to prog/UDC	Initial program eligibility so	reening, clinic receptioni	st. Schedules patien	t appointments.		
			<u>_</u>	. Bilingual Spanish/English r	ira	۸
Bogroo, nooneo, oxp	41,642	1.00	12	1.00	T e	41,64
	41,042	1.00	IZ	1.00	1 2	41,04
Ot-# D:#: C-	Dhishataniatiaad					
Statt Position 6:	Phlebotomist Lead					
duties related to prog/UDC	Draws blood for the labora	atory tests required under	the CoE program. C	linical oversight of Laborator	y Spec	ialist.
duties related to progrobe						
Degree, license, exp	Certified Phlebotomist. Bi	lingual Spanish/English r	equired			
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	\top	Total
	58,240	0.20	12	0.20	\$	11,64
	30,240	0.20	12	0.20	_ Ψ	11,04
Staff Position 7:	Clinic Assistant					
		te propare scap file and	abetract historic nt i	nfo in HER; preserve confide	ntiality	of DHI
duties related to prog/UDC	ilianitanis pi medicai char	is, prepare, scarr, me and	abstract mistoric pt ii	illo ili rilert, preserve comide	illality	011111.
1 0						
Degree, license, exp	High school diploma, two	vears of college preferred	l.			
	49,920	0.60	12	0.60	\$	29,95
	10,020	0.00	12	0.00		
Staff Position 8:	Recruitment/Retention C	Coordinator				
			eling to newly dx HIV	+ or HIV + persons out-of-ca	re: sur	ports
prier duties related to this	engagement & retention	intilization of data evetor	ns to identify out of o	are clients, client engagemen	ıt	,,,,,,
	nongagoment & retendon, t	arranzanori oi uala systeri	is to lucitally out of G	are onemia, onem engagemen	٠.	
<u> </u>						
<u> </u>	MPH, MSW or related field		lish required; 1 yr HIV	/ experience.		

Staff Position 9: Director of Programs and HIV Services, MSW

Brief duties related to this program and clients served	Prog development, implem site visits, commiunication	entation, coordination with HHS staff and sup	of contract negotiations ervision.	, prepares monitoring reports,	resp	oonses,
Degree, license, exp	Master's and 2 yrs admin e	exp, or Bachelor's and	yrs; HIV/AIDS exp; Bi	ilingual Spanish/English prefe	rred.	
	102,000	0.30	12	0.30	\$	30,600
	Program Assistant					
	Admin & clerical support; n minutes; orders supplies; r		abase, staff training log	s; enters UOS, maintains dep	art m	ntg
	HS diploma, prefer 2 yrs co Bilingual Spanish/English բ	• •	mini Assist; computer lit	erate; strong writing/commun	icatio	on skills;
	52,520	0.55	12	0.55	\$	28,886
	Total FTE, Base:	6.25	Annualized:	5.92		
				Total Salaries:	\$	374,566

1b) EMPLOYEE FRINGE BENEFITS:		Component		Cost		
		Social Security	\$		29,965.	28
		Retirement	\$		14,046.	
		Medical	\$		53,375.	
		Dental	\$		10,300.	
	Un	employment Insurance	\$		187.	28
		Disability Insurance	\$		-	
		Paid Time Off	\$		-	
	Other (s	specify): Life Insurance			3,745.	
-	Fringe Benefit %:	30%	Total Frin	ge Benefit:	\$ 111,6	21
			TAL SALADIES			

TOTAL SALARIES/BENEFITS \$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.	\$159,070 x 2.4% FTE	\$ 3,818
Telecommunications	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.	\$195,968 x 2.4% FTE	\$ 4,703
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.		
Building Maintence		\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	C	ost
Program Supplies	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.	\$333.33/month x 12 months	\$	4,000
	•	Total Materials & Supplies:	\$	4,000

General Operating:	Brief Description	Rate/Formula		Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$	29,530
			1	

Total General Operating: \$ 29,530

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost	
	HIV Service Providers around San Francisco,				
Staff Travel	\$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$	1,500
		•	Total Staff Travel:	\$	1,500

Other:	Brief Description		Rate/Formula		Cost
Laboratory and X-ray Services		olete T-cell Count, Chem-20 & Lipid Panels, Fiter, Cryptococcal Ag, STI, Viral Load, expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$	30,014
Medical Supplies	for IVAC electronic thermo antibiotic ointment, condor syringes, rubber gloves, ea	of 1.4% to the agency budget of \$405,779 meters, stethoscopes, paper gowns, ns, butterfly catheters/needles, alcohol pads ar exam cones, occult blood slides, K-Y jelly, ped applicators, lubricants, exam table accines		7	5,681 35,695 93,866
			TOTAL DIRECT COSTS		580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$	52,205
Indirect Rate:		9.00%
TOTAL INDIPECT COSTS:	Œ.	52 205

illuliect Nate.	3.00 /0
TOTAL INDIRECT COSTS:	52,205
TOTAL EXPENSES:	\$ 632,257

Se	rvice Modes:	Medical Case Management		Treatm Adhere Individ	nce	Treatr Adherenc		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherance Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
		450.000	740/	50.504	050/		10/	205 400
Total Direct Expenses	0.00/	159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313		5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit o	Service Type	Ног	ır	Hou	r	Ног	ur	
Number of UOS pe	Service Mode	1,66	60	515		90)	2,265
Cost Per UOS by	Service Mode	\$104.	43	\$119.6	60	\$119	.99	N/A
Number of UDC/NOC pe	er Service Mode	325	5	100		40)	325

1a) SALARIES									
Staff Position 1	Social Services Supervis	sor							
Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog duties related to prog/UDC monitor.									
	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Degree, license, exp Spanish/English.								
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total			
	66,000	0.80	12	0.80	\$	52,800			

	Staff Position 2:	Medical Case Manager						
	Brief duties re prog & UDC		rm reduction model, ps	ychosoc svcs, referrals,	follow-up, crisis intervention, su	ppor	iive	
Γ	Degree, license, exp	Bachelor's and 1 yr exp pr	achelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.					
		60,341	1.00	12	1.00	\$	60,341	

Staff Position 3:	Treatment Adherance He	ealth Educator					
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol. Brief duties re prog & UDC						
Degree, license, exp	Degree, license, exp Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.						
	51,938	0.59	12	0.59	\$	30,643	

	Program Assistant							
Brief duties re to this prog and clients served	Admin & clerical support; rorders supplies; monitors	nin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; ers supplies; monitors vouchers.						
	Degree, license (if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; applicable), experience Bilingual Spanish/English preferred.							
	52,520		12	0.00	\$	-		

Staff Position 5: Director of Programs and HIV Services, MSW							
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.						
Degree, license, exp	Masters and 2 yrs admin e	Masters and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.					
	102,000	0.20	12	0.20	\$	20,400	
	Total FTE, Base:	2.59	Annualized:	2.59			
				Total Salaries:	\$	164,184	

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90
	Medical	\$ 23,396.22
	Dental	\$ 4,515.06

U	nemployment Insurance	\$		82.09
	Disability Insurance	\$		-
/	Vorker's Compentsation	\$		-
Other	(specify): Life Insurance	\$		1,641.84
Fringe Benefit %:	30%	Total Fringe B	enefit:	\$ 48,927
	•	TOTAL SALARIES/BEI	NEFITS :	\$ 213,111

2)	OPER	ATING	EXPENSES:	
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Occupancy:	Concise/ Specific Description	Rate/Formula	(Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for			
	electricity, water, gas, refuse.			
Utilities		\$159,070 x 1 % FTE	\$	1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for			
	general building maintenance supplies, and minor building repairs.			
Building Maintenance		\$609,161 x 1 % FTE	\$	6,092
	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for			
	telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 1 % FTE	\$	1,960
		Total Occupancy:	\$	9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cos	st
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.			
Program Supplies		\$223.5/month x 12 months	\$ 2	,682
		Total Materials & Supplies:	\$ 2	,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	ndirect Rate: 9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

Service Modes:		Mental F Outpat		Substance	Outpatient Outpatient Substance Abuse rices Individual Services Gro		Abuse		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901	
1 rogram Bilootol	0.11	0,101	1070	2,000	11 /0		170	11,001	
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571	
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909	
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788	
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754	
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923	
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370	
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293	
				_					
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113	
Total Materials and Supplies		2,303	82%	400		100	4%	2,803	
Total General Operating		2,132	81%	394	15%	100	4%	2,626	
Total Staff Travel		20		30	60%			50	
Consultants/Subcontractor:								-	
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250	
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842	
		ı		1					
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135	
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642	
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777	
11.22.6	O : T			I					
	Service Type	Hou		Hou		Hou	ır		
Number of UOS per		966		975		81		2,022	
Cost Per UOS by		\$128.		\$93.87		\$123.26		N/A	
Number of UDC/NOC per	Service Mode	70		45		10		115	

Staff Position 1	Program Director					
Brief duties re to this prod	Magnet angusta nuan i a inta				t & mo	nitor
Degree, license (il applicable), experience	Masters in pub hlth, psych, so develop, HIV/AIDS, subs use & bilingual/bicultural.	& mental hlth svcs; Ex	κρ wrkg in Latino Comm	n & serving sexual minorities;	-	sh
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	106,375	0.11	12	0.11	\$	11,901
Staff Position 2	Clinical Supervisor Psychological	naist				
Brief duties re to this prog	clinical supervision of mental h disposition, treatment, termina	olth & subs abuse svo	s staff; oversees clinica	al svcs including assessment,	case	
Degree, license (if applicable), experience	<u> </u>	-			ns; Sp	
	100,000	0.09	12	0.09	\$	8,571
Staff Position 3:	Mental Health Specialist, LC	sw				
	psychological assessments, ci		vidual, group and family	psychotherapy.		
• ,	Master's in psych, counseling, values & ability to work in a mu 82,363		•		rong te	eam 54,909
Staff Position 4	Substance Abuse Specialist					
Brief duties re prog &	<u>-</u>		p counseling, referral a	nd linkage.		
• ,	f Subs Abuse certificate, or enro target pop; strong team values			• • • • •	s use :	svcs to
	61,788	1.00	12	1.00	\$	61,788
	-					
Staff Position 5:	Clinic and Program Assistan	ıt				
	Clinic and Program Assistan	it				
Brief duties re prog &	_		, maintain schedules &	appts; provide other prog nee	eds.	
Brief duties re prog & UDC Degree, license (if		itors, answer phones or work exp in data en		11 1		ing
Brief duties re prog & UDC Degree, license (if	greeting, directing clients & vis	itors, answer phones or work exp in data en		11 1		ing 10,754

147,923

Total Salaries:

1b) EMPLOYEE FRINGE BENEFITS:		Component	Cos	t			
		Social Security	\$		11,316.11		
		Retirement	\$		5,916.92		
	Medical \$				24,178.01		
		Dental	\$		1,479.23		
	Uner	nployment Insurance	\$		739.62		
		Disability Insurance	\$		739.62		
	Fringe Benefit %:	30.00%	Total Fringe Ber	nefit: \$	44,370		
		•	TOTAL SALARIES/BENE	FITS \$	192,293		

2) OPERATING EXPENSES:

Utilities / i	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	=45000*3.027%	\$ 1,362
1	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	=190,000*3.027%	\$ 5,75°

2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	=76,000*3.027%	\$ 2,300
2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	=10,000*3.027%	\$303
Mental Hlth diagnostic & materials needed for substance abuse groups.	at average of \$17/month	\$ 200 \$ 2,803
	provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer. 2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer. 2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards. =10,000*3.027%

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	=36,000*3.027%	1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	=15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:	7			
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
		_	Total Staff Travel:	\$ 50

Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290. Client Refreshments Tatal Other & Casto	Other:	Brief Description			Rate/Formula	С	ost
\$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, Client Refreshments scarf) at \$290. \$2,250							
	Client Refreshments	\$120 x 8 sessions/grp, 45 who clients, plus support with bas \$50 x 20 participants and Wi	ks for nutritional snacks sic needs - store gift car	& Ensure for drop-in ds (Target/FoodCo)		\$	2,250 2,250

TOT	AL OPERATING EXPENSES:	\$ 14,842
	TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead \$ 18,642

Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

Ser	vice Modes:	Outpatient Ambu Health Servic	-	Nursing Tre Adhera		Medical Case Management		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	36%	12,500	42%	29,530
Total Staff Travel			0%	,		1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
T (1 B) (1 F		050.00-	000/	440.00=	460/	440.000	160/	500.050
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per	Service Mode	1,195		1,000)	1,17	'0	3,365
Cost Per UOS by	Service Mode	\$325.60		\$119.9	91	\$105.	35	N/A
Number of UDC per	Service Mode	325		325		80		325

a) SALARIES						
Staff Position 1	Physician					
Brief duties related to prog	Educator; QA activities; ph	ysicals, order lab tests	•	nical oversight of nurse and a plan, referrals to specialty		
•	Valid CA MD License. Boa yrs exp HIV/AIDS; bilingua		•	tice/Internal Medicine/Adult	Prima	ry Care; 2
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary		Total
	170,670	0.30	12	0.30	\$	51,201
Staff Position 2:	Registered Nurse					
Brief duties related to prog	Nursing functions, assists			hone treatment adherence sof staff.	suppor	t to
Degree, license, exp		AIDS svcs or LVN w 5 ye		rsn exp; Bilingual Spanish/E	nglish.	ı
	85,407	0.90	12	0.90	\$	76,866
Staff Position 3:	Medical Assistant					
		ng pts, vital signs, medi	cal hx; Member of HIV	Quality Management Comm	ittee.	
				HIV/AIDS. Bilingual Spanish		ish
	50,523	0.90	12	0.90	\$	45,47
	,					,
Staff Position 4:						
	Draws blood for the labora					
Degree, license, exp	Certified Phlebotomist. Bil			0.50	1.4	
	41,600	0.50	12	0.50	\$	20,80
Staff Position 5:	Patient Services Specilai	ist				
duties related to prog/UDC	Initial program eligibility sc	reening, clinic reception	nist. Schedules patient	appointments.		
Degree, license, exp	HS diploma, two years of o	college preferred. Good	Communication skills.	Bilingual Spanish/English r	equire	d.
	41,642	1.00	12	1.00	\$	41,642
0: #5 W						
Staff Position 6:	Phlebotomist Lead		" 0 5 0			
duties related to prog/UDC	Draws blood for the labora	itory tests required und	er the CoE program. Cl	inical oversight of Laborator	y Spe	cialist.
Degree, license, exp	Certified Phlebotomist. Bil					
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	1	Total
	58,240	0.20	12	0.20	\$	11,64
Staff Position 7:	Clinic Assistant					
duties related to prog/UDC	Maintains pt medical chart	s, prepare, scan, file ar	nd abstract historic pt in	fo in HER; preserve confide	ntiality	of PHI.
Dograd ligance ava	High school diploma, two y	vears of college preferre	ed.			
Degree, licerise, exp		,	.			
Degree, license, exp	49,920	0.60	12	0.60	\$	29,95

		engagement & retention, u	•		or HIV + persons out-of-car re clients, client engagement		ports		
Γ	Degree, license, exp	e, exp MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.							
Γ		56,250	1.00	8	0.67	\$	37,500		

	Director of Programs and							
Brief duties related to this program and clients served	Prog development, implem site visits, commiunication	rog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, the visits, commiunication with HHS staff and supervision.						
Degree, license, exp	Master's and 2 yrs admin e	ster's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.						
	102,000	0.30	12	0.30	\$	30,600		
Staff Position 10:	Program Assistant							

Staff Position 10: Pr							
Brief duties related to this program and clients served mi	min & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg nutes; orders supplies; monitors vouchers.						
	HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; Bilingual Spanish/English preferred.						
	52,520	0.55	12	0.55	\$	28,886	
	Total FTE, Base:	6.25	Annualized:	5.92			
				Total Salaries:	\$	374,566	

1b) EMPLOYEE FRINGE BENEFITS:		Component	Cost		
		Social Security	\$	29,965.28	
		Retirement \$			
		Medical	\$	53,375.66	
		Dental	\$	10,300.57	
	Une	mployment Insurance		187.28	
		Disability Insurance		-	
		Paid Time Off	\$	-	
	Other (sp	pecify): Life Insurance	\$	3,745.66	
	Fringe Benefit %:	30%	Total Fringe Benef		
		TC	TAL SALARIES/BENEFI	TS \$ 486,186	

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070		
	for electricity, water, gas, refuse.		
Utilities		\$159,070 x 2.4% FTE	\$ 3,818
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968		
	for telecommunications, Internet, Data connection, MPLS.		
Telecommunications		\$195,968 x 2.4% FTE	\$ 4,703
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161		
	for general building maintenance supplies, and minor building repairs.		
Building Maintence		\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost

	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.		
Program Supplies	•	\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
, , , , , , , , , , , , , , , , , , ,	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	
Staff Training	professional development and training opportunities.		\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost	
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$	1,500
			Total Staff Travel:	\$	1,500

Other:	Brief Description		Rate/Formula	Cost
Laboratory and X-ray Services	·	plete T-cell Count, Chem-20 & Lipid Panels, Titer, Cryptococcal Ag, STI, Viral Load, expenses.	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
Medical Supplies	for IVAC electronic thermo antibiotic ointment, condor syringes, rubber gloves, ea	o of 1.4% to the agency budget of \$405,779 ometers, stethoscopes, paper gowns, ms, butterfly catheters/needles, alcohol pads, ar exam cones, occult blood slides, K-Y jelly, oped applicators, lubricants, exam table accines.	\$405,779 x 1.4% FTE	\$ 5,681
			Total Other:	\$ 35,695
			TOTAL OPERATING EXP	\$ 93,866
			TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.		\$ 52,205
	Indirect Rate:	9.00%
	TOTAL INDIRECT COSTS:	\$ 52,205
	TOTAL EXPENSES:	\$ 632,257

Service Modes:			Medical Case Management		Treatment Adherence Individual		nent e Group	
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherance Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
		1		1	ı	П		
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of	Service Type	Нои	ır	Hou	r	Ног	ur	
Number of UOS per	Service Mode	1,66	60	515		90)	2,265
Cost Per UOS by	Service Mode	\$104.	42	\$119.5	59	\$119.	.98	N/A
Number of UDC/NOC pe	r Service Mode	325	5	100		40)	325

1a) SALARIES								
Staff Position 1	Social Services Supervis	sor						
	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog monitor.							
	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Degree, license, exp Spanish/English.							
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total		
	66,000	0.80	12	0.80	\$	52,800		

Staff Position 2:	Medical Case Manager								
	counsing	rm reduction model, ps	ychosoc svcs, referrals, f	follow-up, crisis intervention, su	ppor	ive			
		pelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.							
	60,341	1.00	12	1.00	\$	60,341			

Staff Position 3:	Treatment Adherance He	ealth Educator				
Brief duties re prog & UDC	ongoing individual, group	nlth & treatment ed/sup	port sessions; tracking m	ned adherence protocol.		
Degree, license, exp	Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.					
	51,938	0.59	12	0.59	\$	30,643

		Program Assistant					
	Brief duties re to this prog and clients served	Admin & clerical support; rorders supplies; monitors	maintains statistical data vouchers.	abase, staff training logs	; enters UOS, maintains depar	t mtg m	inutes;
Г	Degree, license (if	HS diploma, prefer 2 yrs c	ollege; 3 yrs exp as Adı	mini Assist; computer lite	erate; strong writing/communica	ation sk	ills;
	applicable), experience	Bilingual Spanish/English	preferred.				
		52,520		12	0.00	\$	-

	Director of Programs and							
Brief duties related to this progr & clients served	ief duties related to this prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site progr & clients served visits, commiunication with HHS staff and supervision.							
Degree, license, exp	Masters and 2 yrs admin e	exp, or Bachelor's and 5	yrs; HIV/AIDS exp; Bilir	ngual Spanish/English preferred	l.			
	102,000	0.20	12	0.20	\$	20,400		
	Total FTE, Base:	2.59	Annualized:	2.59				
	-			Total Salaries:	\$	164,184		

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90
	Medical	\$ 23,396.22
	Dental	\$ 4,515.06

U	nemployment Insurance	\$,	82.09
	Disability Insurance	\$		-
\	Vorker's Compentsation	\$		
Other	(specify): Life Insurance	\$		1,641.84
Fringe Benefit %:	30%	Total Fringe Bene	fit: \$	48,927
	-	TOTAL SALARIES/BENE	-ITS \$	213.111

2)	OP	ER/	NIT	IG	EXF	PΕΙ	NS	ES:	:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for		
	electricity, water, gas, refuse.		
Utilities		\$159,070 x 1 % FTE	\$ 1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.		
Building Maintenance		\$609,161 x 1 % FTE	\$ 6,092
	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.		
Telecommunications		\$195,968 x 1 % FTE	\$ 1,960
		Total Occupancy:	\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	(Cost
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.	\$223.5/month x 12 months	\$	2,682
_		Total Materials & Supplies:	\$	2,682

TOTAL OPERATING EXP	\$ 12,325
TOTAL DIRECT COSTS:	\$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate: 9%	\$ 20	.290

TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245.726

Ser	vice Modes:	Mental F Outpat		Outpati Substance Services Inc	Abuse	Outpat Substance Services	Abuse	
Position Titles	Annualized FTE	Salaries	% FTE	Calarias	% FTE	Calarias	% FTE	Totals
				Salaries		Salaries		
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%	50.404	0.40/	5 00 4	00/	54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of	Service Type	Hou	ır	Hou	r	Hou	ır	
Number of UOS per	Service Mode	966	6	975		81		2,022
Cost Per UOS by	Service Mode	\$128.	65	\$93.8	7	\$123.	26	N/A
Number of UDC/NOC per	Service Mode	70		45		10		115

Statt Position 1	Program Director					
Otan i Coltion i						
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., int objectives, team & staff mtgs			cs, QA & prog eval; implemen ff; write reports.	t & mo	nitor
Degree, license (if applicable), experience	develop, HIV/AIDS, subs use bilingual/bicultural.	e & mental hlth svcs; Ехр	o wrkg in Latino Comi		•	sh
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	106,375	0.11	12	0.11	\$	11,901
					-	
Staff Position 2:	Clinical Supervisor Psycho	ologist				
	clinical supervision of mental disposition, treatment, termin		staff; oversees clinic	al svcs including assessment,	case	
Degree, license (if	doctorate in Psych, licensed	or license eligible in CA	· 2 vra ovn anvana ali	niniana in multidianinlinan (tan		
applicable), experience	•	or moonloo ongibio iii or t	, z yrs exp spysny ciii	nicians in multidisciplinary teal	ns; Sp	anish
applicable), experience	•	0.09	, z yrs exp spvsrig cili 12	0.09	ms; Sp	eanish 8,571
	bilingual/bicultural. 100,000	0.09				
Staff Position 3:	bilingual/bicultural. 100,000 Mental Health Specialist, Lo	0.09 CSW	12	0.09		
Staff Position 3:	bilingual/bicultural. 100,000	0.09 CSW	12	0.09		
Staff Position 3:	bilingual/bicultural. 100,000 Mental Health Specialist, Lo	0.09 CSW crisis intervention, indivi	12 dual, group and famil	0.09 y psychotherapy.	\$	8,571
Staff Position 3: UDC Degree, license (if	bilingual/bicultural. 100,000 Mental Health Specialist, Lopsychological assessments,	0.09 CSW crisis intervention, indivi	12 dual, group and familed or license eligible in	0.09 y psychotherapy. n CA; 2 yrs exp as clinician; st	\$	8,571
Staff Position 3: UDC Degree, license (if	bilingual/bicultural. 100,000 Mental Health Specialist, Lo psychological assessments, Master's in psych, counseling	0.09 CSW crisis intervention, indivi	12 dual, group and familed or license eligible in	0.09 y psychotherapy. n CA; 2 yrs exp as clinician; st	\$	8,571
Staff Position 3: UDC Degree, license (if	Mental Health Specialist, Log psychological assessments, Master's in psych, counseling values & ability to work in a new point of the country	0.09 CSW crisis intervention, indiving, or social work; license nultidisciplinary team; S	12 dual, group and familed or license eligible in panish bilingual/bicult	y psychotherapy. n CA; 2 yrs exp as clinician; st	step 1	8,571 eam
Staff Position 3: UDC Degree, license (if applicable), experience	Mental Health Specialist, Log psychological assessments, Master's in psych, counseling values & ability to work in a new point of the country	0.09 CSW crisis intervention, indiving, or social work; license nultidisciplinary team; S 1.00	12 dual, group and familed or license eligible in panish bilingual/bicult	y psychotherapy. n CA; 2 yrs exp as clinician; st	step 1	8,571 eam
Staff Position 3: UDC Degree, license (if applicable), experience Staff Position 4:	Mental Health Specialist, Lopsychological assessments, Master's in psych, counseling values & ability to work in a natural service.	0.09 CSW crisis intervention, indiving, or social work; license nultidisciplinary team; S 1.00	12 dual, group and familed or license eligible in panish bilingual/bicult 8	y psychotherapy. n CA; 2 yrs exp as clinician; st	step 1	8,571 eam

		outrous and open and				
	UDC	substance abuse assessments, individual and group counseling, referral and linkage.				
1	•	Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to e target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.				
	,, ,	61,788 1.00 12 1.00 \$ 61,788				

Staff Position 5:	Clinic and Program Assista	ant				
Brief duties re prog &		2-24		and a second death as second	1-	
UDC	reeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.					
Degree, license (if	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing					
applicable), experience	related duties. Spanish biling	ual/bicultural required.				
	49,852	0.22	12	0.22	\$	10,754
_	Total FTE, Base:	2.41	Annualized:	2.08		
	-			Total Salaries:	\$	147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11

	Retirement	\$			5,916.92
	Medical	\$		2	24,178.01
	Dental	\$			1,479.23
Unei	mployment Insurance	\$			739.62
	Disability Insurance	\$			739.62
Fringe Benefit %:	30.00%	Total Fi	inge Benefit:	\$	44,370
	-	TOTAL SALARI	ES/BENEFITS	\$	192,293

2) OPERATING EXPE	NSES:		
Оссирапсу:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internaccess.		\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensu office space meets safety & hlth standards for staff and clients.	re 190,000*3.027%	\$ 5,751
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	Total Occupancy:	\$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$300
Program Supplies	Mental Hlt.h diagnostic & materials needed for substance abuse groups	at average of \$17/month Total Materials & Supplies:	\$ 200 \$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this		
Liability Insurance	exhibit.	36,000*3.027%	1,090

	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover			
Rental Equipment	rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$	455
0. ".	registration fees & related exps for staff training; purchase of training	0 1 " 0 \$1001	•	4 004
Staff Training	materials, plus agency share training fees.	2 staff @ \$1081	\$	1,081
		Total General Operating:	\$	2,626

Staff	Travel	:

Purpose of Travel	Location	Expense Item Rate/Formula			Cost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$	50
		_	Total Staff Travel:	\$	50

Other:	Brief Description		Rate/Formula	C	ost
		nding substance abuse group, estimated at ks for nutritional snacks & Ensure for drop-in			
	1 ''	sic needs - store gift cards (Target/FoodCo)			
	\$50 x 20 participants and W	inter kits (backpack with blanket, socks,	120 x 8 session + 50 x 20 +		
Client Refreshments	scarf) at \$290.		290	\$	2,250
•			Total Other:	\$	2,250

TOT	AL OPERATING EXPENSES:	\$ 14,842
	TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

19% of Direct Expenses to partially	ay the cost of IFR's admin overhead	\$	18,64	2
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225.777

Serv	vice Modes:	Outpatient Ambu Health Servic	-	Nursing Tre Adhera		Medical Manage		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel			0%	,		1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%	-				5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per	Service Mode	1,195		1,000)	1,17	0	3,365
Cost Per UOS by	Service Mode	\$325.61		\$119.9	91	\$105.	35	N/A
Number of UDC per	Service Mode	325		325		80		325

a) SALARIES						
· · · · · · · · · · · · · · · · · · ·	Physician					
Brief duties related to prog and clients served		ysicals, order lab tests,	•	nical oversight of nurse and & plan, referrals to specialty		
Degree, license (if	Valid CA MD License, Boa	rd certified or residency	trained in Family Pra	ctice/Internal Medicine/Adult	Prima	rv Care: 2
•	yrs exp HIV/AIDS; bilingua		•			.,,
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary		Total
	170,670	0.30	12	0.30	\$	51,201
Staff Position 2:	Registered Nurse					
Brief duties related to prog and clients served	L. g			phone treatment adherence son of staff.	suppor	t to
Degree, license, exp	RN with 2 yrs exp in HIV/A	IDS svcs or LVN w 5 yi	s exp in HIV/AIDS; sp	vsn exp; Bilingual Spanish/E	nglish.	
	85,407	0.90	12	0.90	\$	76,866
Staff Position 3:	Medical Assistant					
duties related to prog/UDC	Assists nurse with preparir	ng pts, vital signs, medi	cal hx; Member of HIV	Quality Management Comm	ittee.	
Degree, license, exp	HS diploma, prefer 2 yrs c	ollege; Medical Assist (Certificate, 2 yrs exp in	HIV/AIDS. Bilingual Spanish	n/Engl	ish.
	50,523	0.90	12	0.90	\$	45,47
Staff Position 4:	Phlehotomist					
	Draws blood for the labora	tory tests required unde	er the CoE program			
	Certified Phlebotomist. Bil					
<u> </u>	41,600	0.50	12	0.50	\$	20,800
Staff Position 5:	Patient Services Specila	ct				
	Initial program eligibility sc		nist. Schedules patien	t appointments.		
			'	. Bilingual Spanish/English r	eauire	d
- J , , -	41,642	1.00	12	1.00	\$	41,642
				•		
Staff Position 6:	Phlebotomist Lead					
duties related to prog/UDC	Draws blood for the labora	tory tests required unde	er the CoE program. C	linical oversight of Laborator	y Spe	cialist.
Degree, license, exp	Certified Phlebotomist. Bil					
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	58,240	0.20	12	0.20	\$	11,64
Staff Position 7:	Clinic Assistant					
duties related to prog/UDC	'	s, prepare, scan, file ar	d abstract historic pt i	nfo in HER; preserve confide	ntiality	of PHI.
Degree, license, exp	High school diploma, two y	ears of college preferre	ed.			
	49,920	0.60	12	0.60	\$	29,952
	Recruitment/Retention C					

Total Salaries: \$

374,566

Brief duties related to this Linkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports program and clients served engagement & retention, untilization of data systems to identify out of care clients, client engagement.								
Degree, license, exp	Degree, license, exp MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.							
	56,250	1.00	8	0.67	\$	37,500		

	Director of Programs and				•	
Brief duties related to this program and clients served	Prog development, implem site visits, commiunication	entation, coordination with HHS staff and sup	of contract negotiations pervision.	, prepares monitoring reports	s, resp	onses,
Degree, license, exp	Master's and 2 yrs admin e	xp, or Bachelor's and	5 yrs; HIV/AIDS exp; B	ilingual Spanish/English prefe	erred.	
	102,000	0.30	12	0.30	\$	30,600
Brief duties related to this	Program Assistant Admin & clerical support; n minutes; orders supplies; n		abase, staff training log	s; enters UOS, maintains dep	oart m	itg
Degree, license (if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; applicable), experience Bilingual Spanish/English preferred.						n skills;
	52,520	0.55	12	0.55	\$	28,886
	Total FTE, Base:	6.25	Annualized:	5.92		

1b) EMPLOYEE FRINGE BENEFITS:		Component		Cost		
		Social Security	\$		2	29,965.28
		Retirement	\$		•	14,046.23
		Medical	\$		į	53,375.66
		Dental	\$			10,300.57
		ployment Insurance				187.28
		Disability Insurance	\$			-
		Paid Time Off	\$			-
	Other (spe	cify): Life Insurance	\$			3,745.66
	Fringe Benefit %:	30%		Total Fringe Benefit:		111,620
		TC	TAL	SALARIES/BENEFITS	\$	486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost	
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.			
Utilities		\$159,070 x 2.4% FTE	\$ 3,8	318
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968			
	for telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 2.4% FTE	\$ 4,7	'03
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.			
Building Maintence		\$609,161 x 2.4% FTE	\$ 14,6	320
		Total Occupancy:	\$ 23,1	41

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost

	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.		
Program Supplies		\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	(Cost
	HIV Service Providers around San Francisco,				
Staff Travel	\$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$	1,500
	•	•	Total Staff Travel:	\$	1,500

Other:	Brief Description			Rate/Formula	Cost
Laboratory and X-ray Services	CBC w/diff, platelets, comp PPD, Hep A-B-B-C, Toxogenotypes, etc. and X-ray	Titer, Cryptococcal Ag,	•	325 UDC x 10 lab tests / \$46.16 x 2 times a year	\$ 30,014
	2.8 FTE Medical staff ratio for IVAC electronic thermo antibiotic ointment, condor syringes, rubber gloves, exnasal emollients, cotton tip paper, specimen cups & v.	ometers, stethoscopes, p ms, butterfly catheters/n ar exam cones, occult b oped applicators, lubrica	paper gowns, eedles, alcohol pads, lood slides, K-Y jelly,		
Medical Supplies				\$405,779 x 1.4% FTE	\$ 5,681
				Total Other:	\$ 35,695
				TOTAL OPERATING EXP	\$ 93,866
				TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205	

Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 52,205
TOTAL EXPENSES:	\$ 632,257

Service Modes:			Medical Case Management		Treatment Adherence Individual		nent e Group	
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherance Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
				1		П		
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses 9.0%		14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of Service Type		Hou	ır	Hou	r	Ног	ur	
Number of UOS pe		1,66		515		90		2,265
Cost Per UOS by		\$104.		\$119.59		\$119.98		N/A
Number of UDC/NOC pe		325	5	100		40		325

1a) SALARIES								
Staff Position 1	Social Services Supervis	sor						
	Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog duties related to prog/UDC monitor.							
	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Degree, license, exp Spanish/English.							
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total		
	66,000	0.80	12	0.80	\$	52,800		

Staff Position 2:	Medical Case Manager						
Brief duties re prog & UDC	l'	rm reduction model, ps	ychosoc svcs, referrals, t	follow-up, crisis intervention, su	pport	tive	
Degree, license, exp	Bachelor's and 1 yr exp pr	achelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.					
	60,341	1.00	12	1.00	\$	60,341	

Staff Position 3:	Treatment Adherance He	ealth Educator				
Brief duties re prog & UDC	es re prog & UDC ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.					
Degree, license, exp Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.						
	51,938	0.59	12	0.59	\$	30,643

	Program Assistant						
Brief duties re to this prog and clients served	Admin & clerical support; rorders supplies; monitors	dmin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; ders supplies; monitors vouchers.					
	Degree, license (if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; applicable), experience Bilingual Spanish/English preferred.						
	52,520		12	0.00	\$	•	

II.	Director of Programs and	•					
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.						
Degree, license, exp	Masters and 2 yrs admin e	exp, or Bachelor's and 5	yrs; HIV/AIDS exp; Bilir	ngual Spanish/English preferred			
	102,000	0.20	12	0.20	\$	20,400	
	Total FTE, Base:	2.59	Annualized:	2.59			
				Total Salaries:	\$	164,184	

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90

	Medical	\$	23,396.22
	Dental	\$	4,515.06
Unemp	ployment Insurance	\$	82.09
	Disability Insurance	\$	-
Worke	er's Compentsation	\$	-
Other (spec	cify): Life Insurance	\$	1,641.84
Fringe Benefit %:	30%	Total Fringe Benefit:	\$ 48,927
<u> </u>	T	TOTAL SALARIES/BENEFITS	\$ 213,111

Occupancy:	Concise/ Specific Description	Rate/Formula	(Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.			
Utilities		\$159,070 x 1 % FTE	\$	1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.			
Building Maintenance		\$609,161 x 1 % FTE	\$	6,092
	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 1 % FTE	\$	1,960
		Total Occupancy:	\$	9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cos	st
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months	\$223.5/month x 12 months	\$ 2	2,682
		Total Materials & Supplies:	\$ 2	2,682

TOTAL OPERATING EXP \$ 12,325 TOTAL DIRECT COSTS: \$ 225,436

4) INDIRECT COSTS

19 % of Direct Exp to partially defray the cost of which to definit overhead.	9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$	20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

Service Modes:		Mental F Outpat		Outpatient Substance Abuse Services Individual		Abuse Substance Abuse			
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901	
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571	
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909	
Substance Abuse Specialist	1.00	,		56,164	91%	5,624	9%	61,788	
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754	
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923	
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370	
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293	
	''							•	
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113	
Total Materials and Supplies		2,303	82%	400		100	4%	2,803	
Total General Operating		2,132	81%	394	15%	100	4%	2,626	
Total Staff Travel		20		30	60%			50	
Consultants/Subcontractor:								-	
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250	
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842	
Total Discost Francisco	1	444.040	FF0/	00.004	140/	0.450	40/	007.425	
Total Direct Expenses	9.0%	114,012	55%	83,964	41%	9,159 824	4%	207,135	
Indirect Expenses TOTAL EXPENSES	9.0%	10,261 124,273	55% 55%	7,557 91,521	41% 41%	9,983	4% 4%	18,642 225,777	
TOTAL LAI LINGLO		127,213	JJ /0	J 1,321	71/0	3,303	7/0	223,111	
Unit of Service Type		Hou	ır	Hou	r	Hou	ır		
Number of UOS per	Service Mode	966)	975		81		2,022	
Cost Per UOS by Service Mode				\$93.8		\$123.26		N/A	
Number of UDC/NOC per Service Mode		70		45		10		115	

1a) SALARIES

BUDGET JUSTIFICATION

Staff Position 1	Program Director					
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., int objectives, team & staff mtgs	tegrated collaborative s	svcs, spvsn of client sv ase, train, evaluate sta	rcs, QA & prog eval; implemer aff; write reports.	nt & mo	nitor
Degree, license (il applicable), experience	f develop, HIV/AIDS, subs use			multi-disciplinary team, contra m & serving sexual minorities		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	106,375	0.11	12	0.11	\$	11,901
Staff Position 2:	Clinical Supervisor Psycho	ologist				
	clinical supervision of mental disposition, treatment, termin		s staff; oversees clinic	cal svcs including assessment	, case	
Degree, license (it applicable), experience	f doctorate in Psych, licensed bilingual/bicultural.	or license eligible in Ca	A; 2 yrs exp spvsng cli	inicians in multidisciplinary tea	ms; Sp	anish
	100,000	0.09	12	0.09	\$	8,571
Staff Position 3:	Mental Health Specialist, L	CSW				
UDC	psychological assessments,	crisis intervention, indi	vidual, group and fami	ly psychotherapy.		
	f Master's in psych, counseling values & ability to work in a n		_		trong te	∍am
	82,363	1.00	8	0.67	\$	54,909
Staff Position 4:	Substance Abuse Specialis	<u> </u>				
UDC	substance abuse assessmen	nts, individual and grou	p counseling, referral	and linkage.		
Degree, license (it	f Subs Abuse certificate, or en	rolled in subs use certi	ficate prog in good sta	anding; 2 yrs exp providing sul	os use	svcs to
!' - -\	le e e e e	1 1114 4 1 1		1 1 1 111 1/1 1/1 1/1		

Staff Position 5:	Clinic and Program Assistant							
ŮDC	reeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.							
	if HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing e related duties. Spanish bilingual/bicultural required.							
	49,852	0.22	12	0.22	\$	10,754		
	Total FTE, Base:	2.41	Annualized:	2.08				
•				Total Salaries:	\$	147,923		

applicable), experience target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.

61,788

1b) EMPLOYEE FRINGE BENEFITS:		Component		Cost	
		Social Security	\$		11,316.11
		Retirement		t \$	
		Medical		\$	
		Dental		\$	
	Une	mployment Insurance	\$		739.62
		Disability Insurance	\$		739.62
	Fringe Benefit %:	30.00%	T	otal Fringe Benefit:	\$ 44,370
		7	OTAL S	ALARIES/BENEFITS	\$ 192,293

61,788

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost	
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access. 2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	45,000*3.027%	\$	1,362
Building Maintenance		190,000*3.027%	\$	5,751
		Total Occupancy:	\$	7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail,		
Postage	mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental HIth diagnostic & materials needed for substance abuse groups.	at average of \$17/month Total Materials & Supplies:	\$ 200 \$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost

Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
			Total Staff Travel:	\$ 50

Other:	Brief Description		Ra	te/Formula	С	ost
	For I / I list of the Production	. P I (I	()			
		nding substance abuse group, esti				
	\$120 x 8 sessions/grp, 45 w	ks for nutritional snacks & Ensure	or drop-in			
	clients, plus support with bas	sic needs - store gift cards (Target	FoodCo)			
	\$50 x 20 participants and W	inter kits (backpack with blanket, s	ocks, 120 x 8 s	ession + 50 x 20 +		
Client Refreshments	scarf) at \$290.	, ,		290	\$	2,250
	•			Total Other:	\$	2,250

TOTAL OPERATING EXPENSES: \$ 14,842 TOTAL DIRECT COSTS: \$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead \$ 18,642

Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225.777

Serv	vice Modes:	Outpatient Ambu Health Servic	-	Nursing Tre Adhera		Medical Manage		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500		12,500	42%	29,530
Total Staff Travel		-	0%			1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%					30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
	0.00/	·		· ·				
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per	Service Mode	1,195		1,000)	1,17	0	3,365
Cost Per UOS by	Service Mode	\$325.61		\$119.9	91	\$105.	35	N/A
Number of UDC per	Service Mode	325		325		80		325

a) SALARIES									
Staff Position 1	Physician								
	_		•	ical oversight of nurse and					
Brief duties related to prog			develop med assess 8	plan, referrals to specialty	& terti	ary svcs			
and clients served		elop medical protocols.							
Dograa ligansa (if	Valid CA MD License Bo	ard cortified or residency	trained in Family Drac	tice/Internal Medicine/Adul	Drima	rv Cara			
- '	yrs exp HIV/AIDS; bilingui	•	•	lice/internal Medicine/Addi	. 1 111116	ily Care			
аррисавіс), схропопос	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	1	Total			
	170,670	0.30	12	0.30	\$	51,20			
	170,070	0.50	12	0.50	Ψ	31,20			
Staff Position 2:	Registered Nurse								
Brief duties related to prog	Nursing functions, assists	w medical referrals & fol	low-up; in-person or p	hone treatment adherence	suppoi	rt to			
and clients served					• •				
and chome control		<u> </u>	<u> </u>		ماء:ابد مر				
Degree, license, exp		· · · · · · · · · · · · · · · · · · ·	<u> </u>	sn exp; Bilingual Spanish/E	- ĭ				
	85,407	0.90	12	0.90	\$	76,86			
Staff Position 3:	Medical Assistant								
duties related to prog/UDC	Assists nurse with prepari	ing pts, vital signs, medic	al hx; Member of HIV	Quality Management Comr	nittee.				
	· ·			HIV/AIDS. Bilingual Spanis		ich			
Dogroo, noonse, exp	50,523	0.90	12	0.90	\$	45,47			
	50,525	0.90	12	0.30	Ψ	45,41			
Staff Position 4:	Phlebotomist								
duties related to prog/UDC	Draws blood for the labora	aws blood for the laboratory tests required under the CoE program.							
		ertified Phlebotomist. Bilingual Spanish/English required.							
Bogroo, noonoo, oxp	41,600	0.50	12	0.50	\$	20,80			
	41,000	0.00	12	0.00	Ψ	20,00			
Staff Position 5:	Patient Services Specila	nist							
duties related to prog/UDC	Initial program eligibility se	creening, clinic reception	st. Schedules patient	appointments.					
Degree, license, exp	HS diploma, two years of	college preferred. Good	Communication skills.	Bilingual Spanish/English	reauire	ed.			
	41,642	1.00	12	1.00	\$	41,64			
	11,012	1.00		1.00	<u></u>	,0			
Staff Position 6:	Phlebotomist Lead								
	Draws blood for the labora	atory tests required unde	r the CoE program. Cl	inical oversight of Laborato	rv Spe	cialist.			
duties related to prog/UDC		,,	, , , , , , , , , , , , , , , , , , ,		, -1				
Degree, license, exp	Certified Phlebotomist. B			A LETE 'C . 40		T-4-1			
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total			
	58,240	0.20	12	0.20	\$	11,64			
Staff Position 7:	Clinic Assistant								
Otali i Ositioli 7.		to propers soon file on	l abatraat historia at in	fo in HER; preserve confide	ntialit	, of DUI			
dution related to many IDC		is, prepare, scarr, me and	abstract historic pt in	io in rick, preserve comide	rillality	OI FIII.			
duties related to prog/UDC									
Degree, license, exp	High school diploma, two								
	49,920	0.60	12	0.60	\$	29,95			
Stoff Docition 9.	Recruitment/Retention (Coordinator							
			-E4 1 1 197						
Brief duties related to this	Linkage to Care via case	mingt & supportive couns	eling to newly ax HIV+	or HIV + persons out-of-ca	are; su -•	pports			
program and clients served	engagement & retention,	untilization of data syster	ns to identify out of cai	re clients, client engagemei	nt.				

Degree, license, exp MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.						
	56,250	1.00	8	0.67	\$	37,500

	Director of Programs and							
Brief duties related to this program and clients served	Prog development, implem site visits, commiunication	development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, visits, commiunication with HHS staff and supervision.						
Degree, license, exp	Master's and 2 yrs admin e	exp, or Bachelor's and	5 yrs; HIV/AIDS exp; E	Bilingual Spanish/English ı	oreferred.			
	102,000	0.30	12	0.30	\$	30,600		
Staff Position 10:	Program Assistant				·			

	Program Assistant							
Brief duties related to this program and clients served	Admin & clerical support; n minutes; orders supplies; n	in & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg ttes; orders supplies; monitors vouchers.						
	ense (if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; erience Bilingual Spanish/English preferred.							
	52,520	0.55	12	0.55	\$	28,886		
	Total FTE, Base:	6.25	Annualized:	5.92				
				T () O O		074 50		

Total Salaries: \$ 374,566

1b) EMPLOYEE FRINGE BENEFITS:		Component	Cost	
		Social Security \$		29,965.28
		Retirement \$		14,046.23
		Medical \$		53,375.66
		Dental \$		10,300.57
	Unem	ployment Insurance \$		187.28
		Disability Insurance \$		-
		Paid Time Off \$		-
	Other (spe	cify): Life Insurance \$		3,745.66
	Fringe Benefit %:	30%	Total Fringe Benefit:	\$ 111,620

TOTAL SALARIES/BENEFITS \$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	(Cost
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.			
Utilities		\$159,070 x 2.4% FTE	\$	3,818
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 2.4% FTE	\$	4,703
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.			
Building Maintence		\$609,161 x 2.4% FTE	\$	14,620
		Total Occupancy:	\$	23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost	
	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.			
Program Supplies		\$333.33/month x 12 months	\$ 4,000	
		Total Materials & Supplies:	\$ 4,000	

General Operating:	Brief Description	Rate/Formula		Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$	29,530
		Total General Operating:	*	29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
	I		Total Staff Travel:	\$ 1,500

Other:	Brief Description			Rate/Formula	Cost
Laboratory and X-ray Services	PPD, Hep A-B-B-C, Toxo	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.			\$ 30,014
Medical Supplies	2.8 FTE Medical staff ratio for IVAC electronic thermo antibiotic ointment, condor syringes, rubber gloves, enasal emollients, cotton tip paper, specimen cups & v	ometers, stethoscopes, pa ms, butterfly catheters/ne ar exam cones, occult blo oped applicators, lubrican	aper gowns, edles, alcohol pads, od slides, K-Y jelly,	\$405,779 x 1.4% FTE	\$ 5,681
				Total Other:	\$ 35,695
				TOTAL OPERATING EXP	\$ 93,866
				TOTAL DIRECT COSTS	\$ 580,052

4) INDIRECT COSTS 9% of Direct Expenses to partially defray the cost of MNHC admin overhead. \$ 52,205 Indirect Rate: 9.00%

TOTAL INDIRECT COSTS: \$ 52,205 TOTAL EXPENSES: \$ 632,257

Service Modes:			Treatm Adhere Individ	nce	Treatr Adherenc	l l	
Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
0.80	42,500	80%	8,500	16%	1,800	3%	52,800
1.00	60,341	100%					60,341
0.59			25,643	84%	5,000	16%	30,643
0.00		0%		0%			-
0.20	13,974	69%	6,426	32%			20,400
2.59	116,815	71%	40,569	25%	6,800	4%	164,184
30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		71%	52,659	25%	8,826	4%	213,111
	Expense	%	Expense	%	Expense	%	Totals
	6,000	62%	2,643	27%	1,000	10%	9,643
	1,400	52%	1,202	45%	80	3%	2,682
	7,400	60%	3,845	31%	1,080	9%	12,325
	159,026	71%	56,504	25%	9,906	4%	225,436
9.0%	14,313	71%	5,085	25%	892	4%	20,290
	173,339	71%	61,589	25%	10,798	4%	245,726
Camilaa Tura	Uar		Ua	_	Uai		
							2,265
							N/A
							325
	0.80 1.00 0.59 0.00 0.20 2.59 30% 9.0% Service Type Service Mode	Annual FTE Salaries 0.80 42,500 1.00 60,341 0.59 0.00 0.20 13,974 2.59 116,815 30% 34,811 151,626 Expense 6,000 1,400 7,400 7,400 159,026 9.0% 14,313 173,339 Service Type Hours Service Mode \$1,666 Service Mode \$104.	0.80	Annual FTE Salaries % FTE Salaries	Annual FTE Salaries % FTE Salaries % FTE	Annual FTE Salaries % FTE Salaries % FTE Salaries	Annual FTE Salaries % FTE

1a) SALARIES						
Staff Position 1	Social Services Supervis	sor				
duties related to prog/UDC	1 '	osychosoc svcs staff; ph	nychosoc assess, crisis	intervention, med case mngt, C	A, pr	og
Degree, license, exp		ilar, prefer Master's; 5 y	yrs Case Mngt w 1 in HI	V/AIDS; 2 yrs spvsr; bilingual		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	66,000	0.80	12	0.80	\$	52,800

Staff Position 2:	Medical Case Manager					
	counsing.	rm reduction model, ps	ychosoc svcs, referrals, t	follow-up, crisis intervention, su	ıppor	tive
Degree, license, exp	Bachelor's and 1 yr exp pr	oviding HIV/AIDS case	management. Bilingual	Spanish/English required.		
	60,341	1.00	12	1.00	\$	60,341

Staff Position 3:	Treatment Adherance He	ealth Educator			
Brief duties re prog & UDC	ongoing individual, group	nlth & treatment ed/sup	port sessions; tracking m	ed adherence protocol.	
Degree, license, exp	Bachelor's and 2 yrs exp p	providing HIV/AIDS edu	cation. Bilingual Spanish	/English required.	
	51,938	0.59	12	0.59	\$ 30,643

	Program Assistant					
Brief duties re to this prog and clients served	Admin & clerical support; n orders supplies; monitors v	naintains statistical data ouchers.	abase, staff training logs	; enters UOS, maintains depart	mtg mii	nutes;
	HS diploma, prefer 2 yrs co Bilingual Spanish/English p		mini Assist; computer lite	rate; strong writing/communicat	ion skil	ls;
	52,520		12	0.00	\$	-

	Director of Programs and					
Brief duties related to this progr & clients served	Prog development, implem visits, commiunication with	nentation, coordination of HHS staff and supervi	of contract negotiations, psion.	prepares monitoring reports, res	spor	ises, site
Degree, license, exp	Masters and 2 yrs admin e	exp, or Bachelor's and 5	yrs; HIV/AIDS exp; Bilir	ngual Spanish/English preferred		
	102,000	0.20	12	0.20	\$	20,400
	Total FTE, Base:	2.59	Annualized:	2.59		
_				Total Salaries:	\$	164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90

	Medical	\$		23	3,396.22
	Dental	\$			4,515.06
U	nemployment Insurance	\$			82.09
	Disability Insurance	\$			-
1	Vorker's Compentsation	\$			-
Other	(specify): Life Insurance	\$,	1,641.84
Fringe Benefit %:	30%		Total Fringe Benefit:	\$	48,927
	•	ΓΟΤΑΙ	SALARIES/BENEFITS	\$	213,111

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for		
	electricity, water, gas, refuse.		
Utilities		\$159,070 x 1 % FTE	\$ 1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for		
	general building maintenance supplies, and minor building repairs.		
Building Maintenance		\$609,161 x 1 % FTE	\$ 6,092
-	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for		
	telecommunications, Internet, Data connection, MPLS.		
Telecommunications		\$195,968 x 1 % FTE	\$ 1,960
_		Total Occupancy:	\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cos	t
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223/month x 12 months.			
Program Supplies		\$223/month x 12 months	\$ 2,	682
		Total Materials & Supplies:	\$ 2,	682

TOTAL OPERATING EXP \$ 12,325 TOTAL DIRECT COSTS: \$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$ 20,290

TOTAL INDIRECT COSTS: \$ 20,290 TOTAL EXPENSES: \$ 245,726

Ser	vice Modes:	Mental F Outpat		Outpati Substance Services Inc	Abuse	Outpat Substance Services	Abuse	
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
1 Togram Director	0.11	3,401	1370	2,000	17 /0	300	7 70	11,301
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
		_,,,,,						
Mental Health Specialist, LCSW	0.67	54,909	100%	-0.404	2101		201	54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses	33.3370	102,543	53%	81,140	42%	8,610	4%	192,293
,	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , ,		1, -,, -		. ,
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
		1,700 11,469	76% 77%	500 2,824	57% 19%	50 549	43% 4%	2,250 14,842
Other: Client Refreshments Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Other: Client Refreshments Total Operating Expenses Total Direct Expenses	0.09/	11,469 114,012	77% 55%	2,824 83,964	19%	549 9,159	4%	14,842 207,135
Other: Client Refreshments Total Operating Expenses Total Direct Expenses Indirect Expenses	9.0%	11,469 114,012 10,261	77% 55% 55%	2,824 83,964 7,557	19% 41% 41%	9,159 824	4% 4%	14,842 207,135 18,642
Other: Client Refreshments Total Operating Expenses Total Direct Expenses	9.0%	11,469 114,012	77% 55%	2,824 83,964	19%	549 9,159	4%	14,842 207,135
Other: Client Refreshments Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	9.0% Service Type	11,469 114,012 10,261	77% 55% 55% 55%	2,824 83,964 7,557	19% 41% 41% 41%	9,159 824	4% 4% 4% 4%	207,135 18,642
Other: Client Refreshments Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES	Service Type	11,469 114,012 10,261 124,273	77% 55% 55% 55%	2,824 83,964 7,557 91,521	19% 41% 41% 41%	9,159 824 9,983	4% 4% 4% 4%	207,135 18,642
Other: Client Refreshments Total Operating Expenses Total Direct Expenses Indirect Expenses TOTAL EXPENSES Unit of	Service Type Service Mode	11,469 114,012 10,261 124,273	77% 55% 55% 55%	2,824 83,964 7,557 91,521	19% 41% 41% 41%	9,159 824 9,983	4% 4% 4% 4%	207,135 18,642 225,777

1a) SALARIES						
Staff Position 1	Program Director					
Brief duties re to this prog and clients served	1	~		rcs, QA & prog eval; implemer ff; write reports.	nt & mo	nitor
Degree, license (ii applicable), experience	f develop, HIV/AIDS, subs use	•		multi-disciplinary team, contra m & serving sexual minorities;	-	-
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	106,375	0.11	12	0.11	\$	11,90
	disposition, treatment, termin f doctorate in Psych, licensed bilingual/bicultural. 100,000		a; 2 yrs exp spvsng cli	nicians in multidisciplinary tea	ıms; Sp	anish 8,57
Staff Position 3:	Mental Health Specialist, L	CSW				
UDC	psychological assessments,	crisis intervention, indiv	ridual, group and fami	ly psychotherapy.		
	f Master's in psych, counseling values & ability to work in a n	=	_	· ·	trong te	am
	82,363	1.00	8	0.67	\$	
						54,909
Staff Position 4:	: Substance Abuse Specialis	st				54,90
	,		o counseling, referral			54,909

UDO	greeting, directing clients & v	reeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.						
ı ,	if HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing							
applicable), experience), experience related duties. Spanish bilingual/bicultural required.							
	49,852	49,852 0.22 12 0.22 \$ 10,754						
	Total FTE, Base: 2.41 Annualized: 2.08							
				Total Salaries:	\$	147,923		

12

applicable), experience target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.

1.00

61,788

Staff Position 5: Clinic and Program Assistant

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	\$ 5,916.92

61,788

Fringe Benefit %:		Total Fringe Benefit: TOTAL SALARIES/BENEFITS	_	44,370 192,293
	Disability Insurance	<u>'</u>		739.62
Uner	nployment Insurance	\$		739.62
	Dental	\$		1,479.23
	Medical	\$		24,178.01

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,751
	Simon space moste osmoly or man standards for standards for standards	Total Occupancy:	

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
Office Supplies and	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail,		
Postage	mailing flyer.	76,000*3.027%	\$ 2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$303
Program Supplies	Mental HIth diagnostic & materials needed for substance abuse groups.	at average of \$17/month Total Materials & Supplies:	\$ 200 \$ 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this		
Liability Insurance	exhibit.	36,000*3.027%	1,090
	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover		
	, , , , , , , , , , , , , , , , , , ,		
Rental Equipment	rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455

registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
	Total General Operating:	\$ 2,626

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	C	ost
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$	50
			Total Staff Travel:	\$	50

Food / drinks for clients attending substance abuse group, estimated at \$120 x 8 sessions/grp, 45 wks for nutritional snacks & Ensure for drop-in clients, plus support with basic needs - store gift cards (Target/FoodCo) \$50 x 20 participants and Winter kits (backpack with blanket, socks, scarf) at \$290. Client Refreshments Total Other: \$2,250	Other:	Brief Description		Rate/Formula	C	ost
	Client Refreshments	\$120 x 8 sessions/grp, 45 w clients, plus support with bas \$50 x 20 participants and W	ks for nutritional snacks & Ensure for dropsic needs - store gift cards (Target/FoodC	20-in (20) 120 x 8 session + 50 x 20 + 290	\$	

	TOTAL OPERATING EXPENSES: \$	14,842
	TOTAL DIRECT COSTS: \$	207,135
4) INDIRECT COSTS	-	
9% of Direct Expenses to partially defray the cost of IFR's admin overhead.	\$	18,642

	Indirect Rate:	9.00%
TOTA	L INDIRECT COSTS:	\$ 18,642
1	OTAL EXPENSES:	\$ 225,777

Sei	vice Modes:	Outpatient Ambu Health Servic	-	Nursing Tre Adhera		Medical Manage		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, MSW	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Eveness		Evnonco	%	Evnanca	%	Evnonos	%	Totals
Operating Expenses Total Occupancy		Expense 7,105	31%	Expense 8,500	37%	Expense 7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	33 /0	12,500	42%	29,530
Total Staff Travel		0,000	0%	10,000		1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%			1,000	10070	30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
Total Operating Expenses	I	30,003	J + 70	20,333	ZZ /0	22,010	Z-7/0	30,000
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Linit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per		1,195		1,000		1,17		3,365
Cost Per UOS by Service Mode		\$325.60		\$119.9		\$105.		N/A
Number of UDC pe		325		325		80		325

a) SALARIES						
Staff Position 1						
	_	•		nical oversight of nurse and 1		
Brief duties related to prog	Educator; QA activities; ph	ysicals, order lab tests,	develop med assess 8	k plan, referrals to specialty &	& tertia	ary svcs
and clients served	medical consultation, deve	lop medical protocols.				
			trained in Family Drag	tice/Internal Medicine/Adult	Drima	ry Caro
	yrs exp HIV/AIDS; bilingua			alce/internal Medicine/Addit	ГІШа	ıy Care,
аррисавіс), ехрепенее	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary	т —	Total
	170,670	0.30	12	0.30	\$	51,20
	170,070	0.50	12	0.00	Ψ	31,20
Staff Position 2:	Registered Nurse					
Brief duties related to prog	Nursing functions, assists	w medical referrals & fol	low-up; in-person or p	hone treatment adherence s	uppor	t to
and clients served	clients; prescription follow				••	
					ماء:ابد	
Degree, license, exp				sn exp; Bilingual Spanish/Er		70.00
	85,407	0.90	12	0.90	\$	76,86
Staff Position 3:	Medical Assistant					
duties related to prog/UDC	Assists nurse with preparir	ng pts, vital signs, medic	al hx; Member of HIV	Quality Management Comm	ittee.	
· •	· · ·	<u> </u>		HIV/AIDS. Bilingual Spanish		eh
Dogree, neeriee, exp	50,523	0.90	12	0.90	S S	45,47
	30,323	0.30	12	0.30	Ψ	45,47
Staff Position 4:	Phlebotomist					
duties related to prog/UDC	Draws blood for the labora	tory tests required unde	r the CoE program.			
	Certified Phlebotomist. Bil					
2 09:00; 1100:100; 07.	41,600	0.50	12	0.50	S	20,80
	11,000	0.00	12	0.00	ΙΨ.	
Staff Position 5:	Patient Services Specila	st				
duties related to prog/UDC	Initial program eligibility sc	reening, clinic reception	st. Schedules patient	appointments.		
Degree, license, exp	HS diploma, two years of o	college preferred. Good	Communication skills.	Bilingual Spanish/English re	quire	d.
<u> </u>	41,642	1.00	12	1.00	<u>;</u>	41,64
	,					
Staff Position 6:	Phlebotomist Lead					
duties related to prog/UDC	Draws blood for the labora	tory tests required unde	r the CoE program. Cl	inical oversight of Laboratory	/ Spe	cialist
	Certified Phlebotomist. Bil				•	
2 ogroo, noonee, exp	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	1	Total
	58,240	0.20	12	0.20	\$	11,64
	30,240	0.20	12	0.20	ļΨ	11,07
Staff Position 7:	Clinic Assistant					
duties related to prog/UDC	Maintains pt medical chart	s, prepare, scan, file and	d abstract historic pt in	fo in HER; preserve confider	ntiality	of PHI
	High school diploma, two	· ·	•	<u>-</u>		
Σοξίου, πουπου, εκρ	49,920	0.60	12	0.60	\$	29,95
	10,020	0.00	14	0.00	ļΨ	20,00
Staff Position 8:	Recruitment/Retention C	oordinator				
			eling to newly dx HIV+	or HIV + persons out-of-car	e; sur	ports
				re clients, client engagement		
Degree, license, exp	MPH, MSW or related field			<u>'</u>	1 6	27.5
	56,250	1.00	8	0.67	\$	37,50

	irector of Programs and								
Brief duties related to this program and clients served sit	og development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, e visits, commiunication with HHS staff and supervision.								
Degree, license, exp Ma	laster's and 2 yrs admin e	ster's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.							
	102,000	0.30	12	0.30	\$	30,600			
Staff Position 10: Pr Brief duties related to this Ac program and clients served mi	dmin & clerical support; m		abase, staff training logs	; enters UOS, maintains dep	art n	ntg			
Dograd Jicopae (if US	C diploma profer 2 yrs or	allaga: 3 vre ava ac Adi							
	ilingual Spanish/English p		mini Assist; computer lite	erate; strong writing/commun	icatio	on skills;			
			mini Assist; computer lite	erate; strong writing/commun	ication \$	on skills; 28,886			
	ilingual Spanish/English p	referred.			s \$				

1b) EMPLOYEE FRINGE BENEFITS:	Compone	nt	Cost
	Social Secur	ity \$	29,965.28
	Retireme	nt \$	14,046.23
	Medic	al \$	53,375.66
	Deni	tal \$	10,300.57
	Unemployment Insuran		187.28
	Disability Insuran		-
	Paid Time (Off \$	-
	Other (specify): Life Insurance	ce \$	3,745.66
	Fringe Benefit %: 30%		Total Fringe Benefit: \$ 111,620
		TOTA	I SALARIES/BENEFITS \$ 486.186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula		Cost
<u> </u>	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070			
	for electricity, water, gas, refuse.			
Utilities		\$159,070 x 2.4% FTE	\$	3,818
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968			
	for telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 2.4% FTE	\$	4,703
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161			
	for general building maintenance supplies, and minor building repairs.			
Building Maintence		\$609,161 x 2.4% FTE	\$	14,620
		Total Occupancy:	\$	23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost		
	Includes stationary, pens, pencils, calendars, postage, software,				
	computers for staff use \$333.33/month x 12 months.				
Program Supplies		\$333.33/month x 12 months	\$	4,000	
		Total Materials & Supplies:	\$	4,000	

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	Co	st
	HIV Service Providers around San Francisco,				
Staff Travel	\$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$	1,500
			Total Staff Travel:	\$	1,500

Other:	Brief Description			Rate/Formula		Cost
Laboratory and X-ray Services	PPD, Hep A-B-B-C, Toxo	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load, genotypes, etc. and X-ray expenses.				30,014
Medical Supplies	2.8 FTE Medical staff ration for IVAC electronic thermonantibiotic ointment, condous syringes, rubber gloves, en nasal emollients, cotton tip paper, specimen cups & v	ometers, stethoscopes, ms, butterfly catheters/r ar exam cones, occult to oped applicators, lubrica	paper gowns, needles, alcohol pads, plood slides, K-Y jelly,	\$405,779 x 1.4% FTE	\$	5,681
				Total Other:	\$	35,695
				TOTAL OPERATING EXP	\$	93,866
				TOTAL DIRECT COSTS	\$	580,052

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of MNHC admin overhead.	\$ 52,205
Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 52,205
TOTAL EXPENSES:	\$ 632,257

Se		Medical Case Management		Treatment Adherence Individual		nent e Group		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherance Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
	ı	ı		I		1		r
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit of	Service Type	Hou	ır	Hou	r	Ног	ur	
Number of UOS pe		1,66	60	515		90)	2,265
Cost Per UOS by		\$104.		\$119.6	60	\$119	.98	N/A
Number of UDC/NOC pe		325	5	100 40)	325	

1a) SALARIES										
Staff Position 1	Social Services Supervis	cial Services Supervisor								
duties related to prog/UDC	l ·	vs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog politor.								
	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Degree, license, exp Spanish/English.									
	Annual Salary	Annual Salary x Base FTE x Mos per Yr Annualized FTE if < 12 mo								
	66,000	0.80	12	0.80	\$ 52,800					

Staff Position 2:	Medical Case Manager								
	pt centered case mngt, ha counsing.	centered case mngt, harm reduction model, psychosoc svcs, referrals, follow-up, crisis intervention, supportive unslng.							
Brief duties re prog & UDC									
Degree, license, exp	Bachelor's and 1 yr exp pr	achelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.							
	60,341	1.00	12	1.00	\$	60,341			

Staff Position 3:	Treatment Adherance He	ealth Educator				
ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.						
Brief duties re prog & UDC						
Degree, license, exp Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.						
	51,938	0.59	12	0.59	\$	30,643

	Program Assistant							
Brief duties re to this prog and clients served	Admin & clerical support; rorders supplies; monitors	in & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; rs supplies; monitors vouchers.						
	Degree, license (if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; applicable), experience Bilingual Spanish/English preferred.							
	52,520		12	0.00	\$	-		

	Director of Programs and	· · · · · · · · · · · · · · · · · · ·					
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.						
Degree, license, exp	Masters and 2 yrs admin e	exp, or Bachelor's and 5	yrs; HIV/AIDS exp; Bilir	ngual Spanish/English preferred			
	102,000	0.20	12	0.20	\$	20,400	
	Total FTE, Base:	2.59	Annualized:	2.59			
				Total Salaries:	\$	164,184	

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90
	Medical	\$ 23,396.22

		Dental	\$		4,515.06
	U	nemployment Insurance	\$		82.09
		Disability Insurance	\$		-
	1	Norker's Compentsation	\$		-
	Other (specify): Life Insurance				1,641.84
Frinç	ge Benefit %:	30%		Total Fringe Benefit:	\$ 48,927
		-	OTAL	SALARIES/BENEFITS	\$ 213,111

2)	OPER/	ATING	EXPE	INSES:
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Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for		
	electricity, water, gas, refuse.		
Utilities		\$159,070 x 1 % FTE	\$ 1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for		
	general building maintenance supplies, and minor building repairs.		
Building Maintenance		\$609,161 x 1 % FTE	\$ 6,092
-	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for		
	telecommunications, Internet, Data connection, MPLS.		
Telecommunications		\$195,968 x 1 % FTE	\$ 1,960
		Total Occupancy:	\$ 9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Co	st
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.			
Program Supplies		\$223.5/month x 12 months	\$ 2	2,682
		Total Materials & Supplies:	\$ 2	2,682

TOTAL OPERATING EXP \$ 12,325 TOTAL DIRECT COSTS: \$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	ndirect Rate: 9%	\$ 20,290
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TOTAL INDIRECT COSTS:	\$ 20,290
TOTAL EXPENSES:	\$ 245,726

Ser	vice Modes:	Mental F Outpat		Outpatient Substance Abuse Services Individual		Outpat Substance Services	Abuse	
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of Service Type		Hou	ır	Hou	r	Hou	ır	
Number of UOS per Service Mode		966	6	975		81		2,022
Cost Per UOS by Service Mode		\$128.	65	\$93.87		\$123.26		N/A
Number of UDC/NOC per Service Mode		70		45		10		115

1a) SALARIES

Staff Position 1	Program Director					
Brief duties re to this prog and clients served		egrated collaborative s	svcs, spvsn of client sv ase, train, evaluate sta	vcs, QA & prog eval; implemer aff; write reports.	nt & mo	onitor
Degree, license (if applicable), experience	develop, HIV/AIDS, subs use	· · · · · · · · · · · · · · · · · · ·	xp wrkg in Latino Com	multi-disciplinary team, contra im & serving sexual minorities;		-
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	106,375	0.11	12	0.11	\$	11,901
and clients served	disposition, treatment, termin doctorate in Psych, licensed	ation of svcs.		cal svcs including assessment, inicians in multidisciplinary tea		eanish 8,571
Staff Position 3:	Mental Health Specialist, L	CSW				
	psychological assessments,		vidual, group and fam	ily psychotherapy.		
• .	Master's in psych, counseling values & ability to work in a n		•	in CA; 2 yrs exp as clinician; si Itural.	trong to	eam
	82,363	1.00	8	0.67	\$	54,909
Staff Position 4:	Substance Abuse Specialis	st .				
	substance abuse assessmen		p counseling, referral	and linkage.		
				anding: 2 yrs ove providing out		

UDC	UDC substance abuse assessments, individual and group counseling, referral and linkage.						
Degree, license (if	if Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to						
applicable), experience	e), experience target pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.						
	61,788	1.00	12	1.00	\$	61,788	
	Clinia and Dragram Assist						

Staff Position 5:	inic and Program Assistant					
UDC	reeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.					
	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing elated duties. Spanish bilingual/bicultural required.					
	49,852	0.22	12	0.22	\$	10,754
	Total FTE, Base:	2.41	Annualized:	2.08		
•				Total Salaries:	\$	147,923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 11,316.11
	Retirement	5,916.92
	Medica	
	Denta	
	Unemployment Insurance	•
	Disability Insurance	\$ 739.62
	Fringe Benefit %: 30.00%	Total Fringe Benefit: \$ 44,370
	-	TOTAL SALARIES/BENEFITS \$ 192,293

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost	
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45.000*3.027%	\$ 1,3	
Communications	internet access.	45,000 3.027 %	Φ 1,	
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$ 5,7	
<u> </u>		Total Occupancy:	\$ 7,	

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	(Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$	2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$	303
Program Supplies	Mental HIth diagnostic & materials needed for substance abuse groups.	at average of \$17/month Total Materials & Supplies:	\$ \$	200 2,803

General Operating:	Brief Description	Rate/Formula	Cost
General/Professional Liability Insurance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this exhibit.	36,000*3.027%	\$ 1,090
Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
	<u></u>	Total General Operating:	\$ 2,626

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost

Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$ 50
			Total Staff Travel:	\$ 50

Other:	Brief Description		Rate/Formula	C	ost
Client Refreshments	\$120 x 8 sessions/grp, 45 w clients, plus support with ba	nding substance abuse group, estimated at ks for nutritional snacks & Ensure for drop-in sic needs - store gift cards (Target/FoodCo) inter kits (backpack with blanket, socks,	120 x 8 session + 50 x 20 + 290	\$	2,250
			Total Other:	\$	2,250

TOTAL OPERATING EXPENSES: \$ 14,842

TOTAL DIRECT COSTS: \$ 207,135

TOTAL EXPENSES: \$ 225,777

		TOTAL DINLOT GOOTS.	Ψ	201,100
4) INDIRECT COSTS	_			
9% of Direct Expenses to partially defray the cost of IFR's admin overhead			\$	18,642
	_			
		Indirect Rate:		9.00%
		TOTAL INDIRECT COSTS:	\$	18 642

Service Modes:		Outpatient Ambu Health Servic	-	Nursing Tre Adhera		Medical Manage		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	0070	12,500	42%	29,530
Total Staff Travel		3,000	0%	10,000		1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
	<u>"</u>	•	l	II	l	l , , , , , , , , , , , , , , , , , , ,	<u> </u>	,
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per		1,195		1,000		1,17		3,365
Cost Per UOS by		\$325.61		\$119.9		\$105.		N/A
Number of UDC per Service Mode		325		325		80		325

Staff Position 1	Physician					
		ent / Staff: spysn of mid	-level practitioners: clir	nical oversight of nurse and	Tx Hlth)
	_	· ·	•	R plan, referrals to specialty		
Brief duties related to prog	medical consultation, deve	•	develop med descess t	x plan, relenals to specially	a tortic	ar y 3 v 03,
and clients served	inedical consultation, deve	elop illedical protocols.				
Degree, license (if	Valid CA MD License. Boa	ard certified or residency	trained in Family Prac	tice/Internal Medicine/Adult	Primar	y Care;
applicable), experience	yrs exp HIV/AIDS; bilingua	al Spanish/English requi	red.			
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary		Total
	170,670	0.30	12	0.30	\$	51,20
0: " " " " " " " " " " " " " " " " " " "					<u> </u>	
Staff Position 2:	Registered Nurse					
Brief duties related to prog	l •			hone treatment adherence s	upport	to
and clients served	clients; prescription follow	<i>ı-</i> up; oversees clinic ope	eration and supervision	of staff.		
Degree, license, exp	RN with 2 yrs exp in HIV/A	AIDS svcs or LVN w 5 vr	s exp in HIV/AIDS: spv	sn exp; Bilingual Spanish/E	nalish.	
<u> </u>	85,407	0.90	12	0.90	<u> </u>	76,86
2. # 2 111 2	<u> </u>				<u> </u>	
	Medical Assistant					
duties related to prog/UDC	Assists nurse with prepari	ng pts, vital signs, medi	cal hx; Member of HIV	Quality Management Comm	ittee.	
Degree, license, exp	HS diploma, prefer 2 yrs o	college; Medical Assist C	Certificate, 2 yrs exp in	HIV/AIDS. Bilingual Spanisl	n/Engli	sh.
	50,523	0.90	12	0.90	\$	45,47
0. 55 10 10		•				
Staff Position 4:						
duties related to prog/UDC	Draws blood for the labora	atory tests required unde	er the CoE program.			
Degree, license, exp	Certified Phlebotomist. Bi	lingual Spanish/English	required.			
	41,600	0.50	12	0.50	\$	20,80
Ctoff Docition 5:	Patient Services Specila	int				
	•		siat Cabadulaa natiant	annainteanta		
	Initial program eligibility so		·	• • • • • • • • • • • • • • • • • • • •		
Degree, license, exp		. • • • • • • • • • • • • • • • • • • •		Bilingual Spanish/English r		
	41,642	1.00	12	1.00	\$	41,64
Cheff Desiries C	Dhlabatamiat Land					
Stall Position 6:	Phlebotomist Lead		" O F OI			
duties related to prog/UDC	Draws blood for the labora	atory tests required unde	er the CoE program. Ci	inical oversight of Laborator	y Spec	ialist.
Degree, license, exp	Certified Phlebotomist. Bi					
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	58,240	0.20	12	0.20	\$	11,64
0. #5 !!! =	Clinia Assistant					
Ctatt Danitian 7.	Cillic Assistant			() 1155	_1; _1; t	-t Dili
Staff Position 7:	Majatajaa at as a ili1 -1	la muanara aar. El.	al alaalua at latatanta			
	Maintains pt medical char	ts, prepare, scan, file an	d abstract historic pt in	to in HER; preserve confide	ntiality	огрпі.
Staff Position 7:		ts, prepare, scan, file an	d abstract historic pt in	to in HER; preserve confide	ntiality	OI PHI.

	49,920	0.60	12	0.60	\$	29,952
	engagement & retention, u	nngt & supportive coun	•	or HIV + persons out-of-care re clients, client engagement.		ports
Degree, license, exp	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.					
	56,250	1.00	8	0.67	\$	37,500

		Director of Programs and					
	Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.					
Γ	Degree, license, exp	Master's and 2 yrs admin e	laster's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
		102,000	0.30	12	0.30	\$	30,600

Staff Position 10: Prog						
	dmin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg ninutes; orders supplies; monitors vouchers.					
	(if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; ce Bilingual Spanish/English preferred.					
	52,520	0.55	12	0.55	\$	28,886
	Total FTE, Base:	6.25	Annualized:	5.92		
	=			Total Salaries:	\$	374,566

1b) EMPLOYEE FRINGE BENEFITS:		Component	Cost	
		Social Security	\$	29,965.28
		Retirement	\$	14,046.23
		Medical	\$	53,375.66
		Dental	\$	10,300.57
	Uner	mployment Insurance	\$	187.28
		Disability Insurance	\$	-
		Paid Time Off	\$	-
	Other (sp	ecify): Life Insurance	\$	3,745.66
	Fringe Benefit %:	30%	Total Fringe Benefit:	
		TC	TAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost	
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070 for electricity, water, gas, refuse.			
Utilities		\$159,070 x 2.4% FTE	\$ 3	,818,
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 2.4% FTE	\$ 4	,703

	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.		
Building Maintence		\$609,161 x 2.4% FTE	\$ 14,620
•		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost
I .	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.		
Program Supplies		\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
			Total Staff Travel:	\$ 1,500

Other:	Brief Description	Rate/Formula	Cost
	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels	s,	
Laboratory and	PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load,	325 UDC x 10 lab tests /	
X-ray Services	genotypes, etc. and X-ray expenses.	\$46.16 x 2 times a year	\$ 30,014

			,	Willie i al
Medical Supplies 4) INDIRECT COSTS	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE Total Other: TOTAL OPERATING EXP TOTAL DIRECT COSTS	\$	5,681 35,695 93,866 580,052
9% of Direct Expenses to	partially defray the cost of MNHC admin overhead.		\$	52,205
		Indirect Rate:		9.00%
		TOTAL INDIRECT COSTS:	Ŀ.	52,205
		TOTAL EXPENSES:	\$	632,257

Se	Service Modes:			Treatm Adhere Individ	nce	Treatr Adherenc		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherance Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MSW	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
	1	I	l I	Ι	I	<u> </u>	1 1	
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
	1	<u> </u>	I I	Π	l	<u> </u>		
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses 9.0%		14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
Unit o	f Service Type	Ног	ır	Hou	r	Ног	ır	
Number of UOS pe	r Service Mode	1,66	60	515		90)	2,265
Cost Per UOS by	/ Service Mode	\$104.	43	\$119.6	60	\$119	.99	N/A
Number of UDC/NOC pe	er Service Mode	325	5	100		40)	325

la) SALARIES						
Staff Position 2	1 Social Services Supervis	or				
duties related to prog/UD0	'	sychosoc svcs staff; ph	ychosoc assess, crisis i	ntervention, med case mngt, C	(A, pr	og
Degree, license, ex	BA/BS in Soc Work or simi p Spanish/English.	lar, prefer Master's; 5 y	rs Case Mngt w 1 in HI	//AIDS; 2 yrs spvsr; bilingual		
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	66,000	0.80	12	0.80	\$	52,800
Staff Position 2 Brief duties re prog & UDO	η.	m reduction model, ps	ychosoc svcs, referrals,	follow-up, crisis intervention, s	uppoi	tive
blief duties le plog & obt	<u> </u>					
	p Bachelor's and 1 yr exp pro	oviding HIV/AIDS case	management. Bilingual	Spanish/English required.		
		oviding HIV/AIDS case 1.00	management. Bilingual	Spanish/English required. 1.00	\$	60,34
Degree, license, exp	p Bachelor's and 1 yr exp pro	1.00 alth Educator	12	1.00	\$	60,34

	51,938	0.59	12	0.59	\$	30,643
	Program Assistant					
Brief duties re to this prog and clients served	Admin & clerical support; orders supplies; monitors	maintains statistical dat vouchers.	abase, staff training logs	; enters UOS, maintains de	epart mtg	minutes;
,	HS diploma, prefer 2 yrs o Bilingual Spanish/English	•	mini Assist; computer lite	erate; strong writing/commo	unication	skills;
	52 520		12	0.00	2	_

Degree, license, exp Bachelor's and 2 yrs exp providing HIV/AIDS education. Bilingual Spanish/English required.

Staff Position 5:	Director of Programs and	d HIV Services, MSW				
Brief duties related to this progr & clients served	visits, commiunication with	nentation, coordination on HHS staff and supervi	of contract negotiations, sion.	prepares monitoring reports, res	spor	ises, site
Degree, license, exp	Masters and 2 yrs admin e	exp, or Bachelor's and 5	yrs; HIV/AIDS exp; Bilir	ngual Spanish/English preferred		
	102,000	0.20	12	0.20	\$	20,400
	Total FTE, Base:	2.59	Annualized:	2.59		
•				Total Salaries:	\$	164,184

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72

		Retirement	\$	6,	156.90
		Medical	\$	23,	396.22
		Dental	\$	4,	515.06
	Un	employment Insurance	\$		82.09
		Disability Insurance	\$		-
	W	Orker's Compentsation	\$		-
	Other (specify): Life Insurance	\$	1,	641.84
Frin	ge Benefit %:	30%	Total Fringe Benefit:		48,927
		-	TOTAL SALARIES/BENEFITS	\$ 2	13,111

2	OPER	ATING	EXPENSES	S:
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2) OPERATING EXPER				
Occupancy:	Concise/ Specific Description	Rate/Formula	(Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for			
	electricity, water, gas, refuse.			
Utilities		\$159,070 x 1 % FTE	\$	1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for			
	general building maintenance supplies, and minor building repairs.			
Building Maintenance		\$609,161 x 1 % FTE	\$	6,092
<u> </u>	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for			
	telecommunications, Internet, Data connection, MPLS.			
Telecommunications		\$195,968 x 1 % FTE	\$	1,960
		Total Occupancy:	\$	9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	(Cost
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.			
Program Supplies		\$223.5/month x 12 months	\$	2,682
		Total Materials & Supplies:	\$	2,682

TOTAL OPERATING EXP \$ 12,325 TOTAL DIRECT COSTS: \$ 225,436

4) INDIRECT COSTS

			ı	
9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$	20,290

TOTAL INDIRECT COSTS: \$ 20,290 TOTAL EXPENSES: \$ 245,726

Ser	vice Modes:	Mental F Outpat		Outpati Substance Services Inc	Abuse	Outpat Substance Services	Abuse	
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901
Clinical Supervisor Psychologist Mental Health Specialist, LCSW	0.09	5,321	62%	3,000	35%	250	3%	8,571
	0.67	54,909	100%					54,909
Substance Abuse Specialist	1.00			56,164	91%	5,624	9%	61,788
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293
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Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113
Total Materials and Supplies		2,303	82%	400		100	4%	2,803
Total General Operating		2,132	81%	394	15%	100	4%	2,626
Total Staff Travel		20		30	60%			50
Consultants/Subcontractor:								-
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842
			ı	ı		1		
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777
Unit of	Service Type	Hou	ır	Hou	r	Hou	ır	
Number of UOS per		966		975		81		2,022
Cost Per UOS by		\$128.		\$93.8		\$123.	 25	N/A
Number of UDC/NOC per		70		45		10		115

1a) SALARIES												
Staff Position 1	Program Director											
Brief duties re to this prog and clients served	Mngmt, operate prog, i.e., in objectives, team & staff mtgs	gmt, operate prog, i.e., integrated collaborative svcs, spvsn of client svcs, QA & prog eval; implement & monitor actives, team & staff mtgs, monitor use of database, train, evaluate staff; write reports.										
Degree, license (if applicable), experience	develop, HIV/AIDS, subs use	e & mental hith svcs; Ex	κρ wrkg in Latino Comn	nulti-disciplinary team, contra n & serving sexual minorities;	Spanis	h						
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total						
	106,375	0.11	12	0.11	\$	11,901						
	Clinical Supervisor Psycho											
	clinical supervision of mental disposition, treatment, termin		s staff; oversees clinica	al svcs including assessment,	case							
• • •	doctorate in Psych, licensed bilingual/bicultural.	or license eligible in CA	A; 2 yrs exp spvsng clin	nicians in multidisciplinary teal	ms; Spa	anish						
applicable), experience	Dining dan broaktaran											

Staff Position 3:	Mental Health Specialist, LCSW					
UDC	psychological assessments, crisis intervention, individual, group and family psychotherapy.					
	Master's in psych, counseling, or social work; licensed or license eligible in CA; 2 yrs exp as clinician; strong team values & ability to work in a multidisciplinary team; Spanish bilingual/bicultural.					
	82,363	1.00	8	0.67	\$	54,909

	Staff Position 4:	Substance Abuse Specialist					
	Brief duties re prog &						
	UDC	substance abuse assessments, individual and group counseling, referral and linkage.					
á	• ,	(if Subs Abuse certificate, or enrolled in subs use certificate prog in good standing; 2 yrs exp providing subs use svcs to larget pop; strong team values; ability to work in multidisciplin team; Spanish bilingual/bicultural.					
		61,788	1.00	12	1.00	\$	61,788

Staff Position 5:	Clinic and Program Assista	nnt				
Brief duties re prog & UDC	greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.					
	HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing related duties. Spanish bilingual/bicultural required.					
	49,852	0.22	12	0.22	\$	10,754
	Total FTE, Base:	2.41	Annualized:	2.08		
•				Total Salaries:	\$	147.923

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost		
	Social Security	\$ 11,316.11		

	Retirement	\$			5,916.92
	Medical	\$		2	24,178.01
	Dental	\$			1,479.23
Unem	ployment Insurance	\$			739.62
	Disability Insurance	\$			739.62
Fringe Benefit %:	30.00%	Total F	ringe Benefit:	\$	44,370
		TOTAL SALAR	IES/BENEFITS	\$	192,293

2) OPERATING EXPE	NSES:		Ι
Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$ 1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027% Total Occupancy:	\$ 5,751 \$ 7,113

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	(Cost
Office Supplies and Postage	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail, mailing flyer.	76,000*3.027%	\$	2,300
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%		\$303
Program Supplies	Mental HIth diagnostic & materials needed for substance abuse groups.	at average of \$17/month Total Materials & Supplies:	\$ \$	200 2,803

General Operating:	Brief Description	Rate/Formula	Cost
	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover		
General/Professional	for professional and general liability for service providers under this		
Liability Insurance	exhibit.	36,000*3.027%	1,090

Rental Equipment	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$ 455
Staff Training	registration fees & related exps for staff training; purchase of training materials, plus agency share training fees.	2 staff @ \$1081	\$ 1,081
		Total General Operating:	\$ 2,626

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost	
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$	50
			Total Staff Travel:	\$	50

Other:	Brief Description		Rate/Formula	(Cost
	\$120 x 8 sessions/grp, 45 v	nding substance abuse group, estimated at rks for nutritional snacks & Ensure for drop-in sic needs - store gift cards (Target/FoodCo)			
		inter kits (backpack with blanket, socks,	120 x 8 session + 50 x 20 +		
Client Refreshments	scarf) at \$290.	· ·	290	\$	2,250
	•		Total Other:	\$	2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partially defray the cost of IFR's admin overhead	\$ 18,642
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

UOS COST ALLOCATION BY SERVICE MODE

Sen	vice Modes:	Outpatient Ambu Health Servic	-	Nursing Tre Adhera		Medical Manage		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Physician	0.30	51,201	100%					51,201
Registered Nurse	0.90	20,866	27%	56,000	73%			76,866
Medical Assistant	0.90	45,471	100%		0%			45,471
Phlebotomist	0.50	20,800	100%					20,800
Patient Services Specilaist	1.00	41,642	100%		0%		0%	41,642
Phlebotomist Lead	0.20	11,648	100%					11,648
Clinic Assistant	0.60	19,452	65%	10,500	35%		0%	29,952
Recruitment/Retention Coordinator	0.67				0%	37,500	100%	37,500
Director of Programs and HIV Services, M	0.30	24,900	81%	700	2%	5,000	16%	30,600
Program Assistant	0.55		0%	1,886	7%	27,000	93%	28,886
Total FTE & Salaries	5.92	235,980	63%	69,086	18%	69,500	19%	374,566
Fringe Benefits	30%	70,322	63%	20,588	18%	20,710	19%	111,620
Total Personnel Expenses		306,302	63%	89,674	18%	90,210	19%	486,186
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		7,105	31%	8,500	37%	7,536	33%	23,141
Total Materials and Supplies		1,333	33%	1,333	33%	1,334	33%	4,000
Total General Operating		6,530	22%	10,500	0070	12,500	42%	29,530
Total Staff Travel		3,000	0%	10,000		1,500	100%	1,500
Other: Laboratory / X-Ray Services		30,014	100%			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		30,014
Other: Medical Supplies		5,681	100%					5,681
Total Operating Expenses		50,663	54%	20,333	22%	22,870	24%	93,866
	<u>"</u>	•	l	II	l	l , , , , , , , , , , , , , , , , , , ,	<u> </u>	,
Total Direct Expenses		356,965	62%	110,007	19%	113,080	19%	580,052
Indirect Expenses	9.0%	32,127	62%	9,901	19%	10,177	19%	52,205
TOTAL EXPENSES		389,092	62%	119,908	19%	123,257	19%	632,257
Unit of	Service Type	Encounter		Hou	r	Hou	ır	
Number of UOS per		1,195		1,000		1,17		3,365
Cost Per UOS by		\$325.61		\$119.9		\$105.		N/A
Number of UDC per	Service Mode	325		325		80		325

BUDGET JUSTIFICATION

a) SALARIES Staff Position 1	Physician					
Stall Fusition i	, ,	ant / Ctaffi anyon of mid	laval prostitionare, ali	minal average by af more and	Tv 1146	
	1		•	nical oversight of nurse and		
Brief duties related to prog	//	-	develop med assess	& plan, referrals to specialty	a lertia	iry sves,
and clients served	medical consultation, deve	elop medical protocols.				
Degree license (i	│ f∖/alid CA MD License_Roa	ard certified or residency	trained in Family Pra	ctice/Internal Medicine/Adult	Primar	v Care
•	yrs exp HIV/AIDS; bilingua	•	•		i illiidi	y Guio,
	Annual Salary	Percentage of Salary	x Mos per Yr	Percentage of Salary		Total
	170,670	0.30	12	0.30	\$	51,20
Staff Position 2	Registered Nurse			-	!	
	N	w modical referrals & follow	low up: in person or r	phone treatment adherence	support	to
Brief duties related to prog	1		• •		support	lU
and clients served	Cherita, preacription follow		ation and supervision	TOT Stati.		
Dearee license exr	 RN with 2 yrs avn in HIV//	JDS eves or LVN w 5 yrs	e avn in HIV/AIDS: en	vsn exp; Bilingual Spanish/E	nalich	
Dogroe, noonse, exp	85,407	0.90	12	0.90	Tiglisii.	76,86
	·	0.50	12	0.30	_ Ψ	70,00
Staff Position 3:	Medical Assistant					
duties related to prog/UDC	Assists nurse with prepari	ng pts, vital signs, medic	al hx; Member of HIV	Quality Management Comm	nittee.	
duties related to prog/UDC	Assists nurse with prepari	ng pts, vital signs, medic	al hx; Member of HIV	Quality Management Comn	nittee.	
				Quality Management Comm		sh.
				·		
Degree, license, exp	HS diploma, prefer 2 yrs c	ollege; Medical Assist Ce	ertificate, 2 yrs exp in	HIV/AIDS. Bilingual Spanis		
Degree, license, exp	HS diploma, prefer 2 yrs c 50,523	ollege; Medical Assist Ce	ertificate, 2 yrs exp in 12	HIV/AIDS. Bilingual Spanis		
Degree, license, exp Staff Position 4: duties related to prog/UDC	HS diploma, prefer 2 yrs c 50,523 Phlebotomist Draws blood for the labora	ollege; Medical Assist Ce	ertificate, 2 yrs exp in 12 the CoE program.	HIV/AIDS. Bilingual Spanis		
Degree, license, exp Staff Position 4: duties related to prog/UDC	HS diploma, prefer 2 yrs of 50,523 Phlebotomist Draws blood for the laborate Certified Phlebotomist. Bi	ollege; Medical Assist Ce 0.90 atory tests required under	ertificate, 2 yrs exp in 12 the CoE program.	HIV/AIDS. Bilingual Spanis 0.90	h/Engli	45,47
Degree, license, exp Staff Position 4: duties related to prog/UDC	HS diploma, prefer 2 yrs c 50,523 Phlebotomist Draws blood for the labora	ollege; Medical Assist Ce	ertificate, 2 yrs exp in 12 the CoE program.	HIV/AIDS. Bilingual Spanis		45,47
Staff Position 4. duties related to prog/UDC Degree, license, exp	HS diploma, prefer 2 yrs composite 50,523 Phlebotomist Draws blood for the laborate Certified Phlebotomist. Bit 41,600	ollege; Medical Assist Ce 0.90 ttory tests required under lingual Spanish/English r 0.50	ertificate, 2 yrs exp in 12 the CoE program.	HIV/AIDS. Bilingual Spanis 0.90	h/Engli	45,47
Staff Position 4: Outlies related to prog/UDC Degree, license, exp	HS diploma, prefer 2 yrs c 50,523 Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila	ollege; Medical Assist Ce 0.90 story tests required under lingual Spanish/English r 0.50	ertificate, 2 yrs exp in 12 the CoE program. required.	HIV/AIDS. Bilingual Spanis 0.90 0.50	h/Engli	45,47
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC	HS diploma, prefer 2 yrs of 50,523 Phlebotomist Draws blood for the laborate Certified Phlebotomist. Bit 41,600 Patient Services Specilate Initial program eligibility so	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptioni	ertificate, 2 yrs exp in 12 The CoE program. Tequired. 12 st. Schedules patien	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments.	h/Engli \$	45,47
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionic college preferred. Good 0	ertificate, 2 yrs exp in 12 The CoE program. required. 12 st. Schedules patien Communication skills.	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English	h/Engli \$ \$	45,47 20,80
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC	HS diploma, prefer 2 yrs of 50,523 Phlebotomist Draws blood for the laborate Certified Phlebotomist. Bit 41,600 Patient Services Specilate Initial program eligibility so	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptioni	ertificate, 2 yrs exp in 12 The CoE program. Tequired. 12 st. Schedules patien	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments.	h/Engli \$	45,47 20,80
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC Degree, license, exp	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of 6 41,642	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionic college preferred. Good 0	ertificate, 2 yrs exp in 12 The CoE program. required. 12 st. Schedules patien Communication skills.	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English	h/Engli \$ \$	45,47 20,80
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC Degree, license, exp	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of 41,642 Phlebotomist Lead	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionic college preferred. Good (1.00)	ertificate, 2 yrs exp in 12 The CoE program. required. 12 st. Schedules patien Communication skills.	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English i 1.00	h/Engli \$ \$ required	20,80 21,64
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC Degree, license, exp	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of 41,642 Phlebotomist Lead Draws blood for the labora	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionic college preferred. Good (1.00)	ertificate, 2 yrs exp in 12 The CoE program. required. 12 st. Schedules patien Communication skills.	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English	h/Engli \$ \$ required	20,80 21,64
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC Degree, license, exp	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of 41,642 Phlebotomist Lead Draws blood for the labora	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionic college preferred. Good (1.00)	ertificate, 2 yrs exp in 12 The CoE program. required. 12 st. Schedules patien Communication skills.	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English i 1.00	h/Engli \$ \$ required	20,80 21,64
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC Degree, license, exp Staff Position 6: duties related to prog/UDC	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of 41,642 Phlebotomist Lead Draws blood for the labora	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionic college preferred. Good (1.00) atory tests required under	ertificate, 2 yrs exp in 12 the CoE program. required. 12 st. Schedules patien Communication skills. 12 the CoE program. C	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English i 1.00 linical oversight of Laborator	h/Engli \$ \$ required	20,80 20,80 d. 41,64
Staff Position 4: duties related to prog/UDC Degree, license, exp Staff Position 5: duties related to prog/UDC Degree, license, exp Staff Position 6: duties related to prog/UDC	Phlebotomist Draws blood for the labora Certified Phlebotomist. Bi 41,600 Patient Services Specila Initial program eligibility so HS diploma, two years of 41,642 Phlebotomist Lead Draws blood for the labora	ollege; Medical Assist Ce 0.90 atory tests required under lingual Spanish/English r 0.50 ist creening, clinic receptionicollege preferred. Good (1.00) atory tests required under	ertificate, 2 yrs exp in 12 the CoE program. equired. 12 st. Schedules patien Communication skills. 12 the CoE program. C	HIV/AIDS. Bilingual Spanis 0.90 0.50 t appointments. Bilingual Spanish/English i 1.00	h/Engli \$ \$ required	20,80 d. 41,64

Staff Position 7: Clinic Assistant

duties related to prog/UDC	Maintains pt medical charts, prepare, scan, file and abstract historic pt info in HER; preserve confidentiality of PHI.							
Degree, license, exp	Degree, license, exp High school diploma, two years of college preferred.							
	49,920	0.60	12	0.60	\$	29,952		

Staff Position 8:	Recruitment/Retention Co	oordinator					
	inkage to Care via case mngt & supportive counseling to newly dx HIV+ or HIV + persons out-of-care; supports engagement & retention, untilization of data systems to identify out of care clients, client engagement.						
Degree, license, exp	MPH, MSW or related field	MPH, MSW or related field. Bilingual Spanish/English required; 1 yr HIV experience.					
	56,250	1.00	8	0.67	\$	37,500	

	Director of Programs and					
Brief duties related to this program and clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.					
Degree, license, exp	Master's and 2 yrs admin e	faster's and 2 yrs admin exp, or Bachelor's and 5 yrs; HIV/AIDS exp; Bilingual Spanish/English preferred.				
	102,000	0.30	12	0.30	\$	30,600

Staff Position 10:	Program Assistant						
		min & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg nutes; orders supplies; monitors vouchers.					
1	HS diploma, prefer 2 yrs co Bilingual Spanish/English p	• • •	mini Assist; computer lit	erate; strong writing/commur	nicatio	n skills;	
	52,520	0.55	12	0.55	\$	28,886	
	T.4-LETE D	C 0F	A!!	E 00			

	,	* . * *	• =	****	_ +	,
	Total FTE, Base:	6.25	Annualized:	5.92		
_	-		-	Total Salaries:	\$	374,566
1b) EMPLOYEE FRINGE B	ENEFITS:		Component	Cost		
	, and the second		بالأسيم المأما	r		20 005 20

1b) EMPLOYEE FRINGE BENEFITS:		Component	Cost	
		Social Security	\$	29,965.28
		Retirement	\$	14,046.23
		Medical	\$	53,375.66
		Dental	\$	10,300.57
	Unen	nployment Insurance	\$	187.28
		Disability Insurance	\$	-
		Paid Time Off	\$	-
	Other (spe	ecify): Life Insurance	\$	3,745.66
	Fringe Benefit %:	30%	Total Fringe Benefit:	
		TC	OTAL SALARIES/BENEFITS	\$ 486,186

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	Cost
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$159,070		
	for electricity, water, gas, refuse.		
Utilities		\$159,070 x 2.4% FTE	\$ 3,818

	5.92 FTE program staff ratio of 2.4% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.		
Telecommunications		\$195,968 x 2.4% FTE	\$ 4,703
	5.92 FTE program staff ratio of 2.4% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.		
Building Maintence		\$609,161 x 2.4% FTE	\$ 14,620
		Total Occupancy:	\$ 23,141

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	
I .	Includes stationary, pens, pencils, calendars, postage, software, computers for staff use \$333.33/month x 12 months.		
Program Supplies		\$333.33/month x 12 months	\$ 4,000
		Total Materials & Supplies:	\$ 4,000

General Operating:	Brief Description	Rate/Formula	Cost
Staff Training	Registration fees & related exps for staff training; purchase of training materials: includding UCSF CME: Medical Management of HIV/AIDS and Hepatitis Meeting (\$750/person); 2023 National Latinx Conference HIV/HCV/SUD (\$2665/person); US Conference on HIV/AIDS 2023 (\$3145/person); Phlebotomy Class/Exam fee (\$2600/person); Mission Center of Excellence annual retreat (\$8000); other HIV/AIDs related professional development and training opportunities.	\$750/person x 2 staff \$2665/person x 3 staff \$3145/person x 3 staff \$2600 x 1 staff \$8000	\$ 29,530
		Total General Operating:	\$ 29,530

Location	Expense Item	Rate/Formula	Cost
HIV Service Providers around San Francisco, \$2.50 per pass.	Clipper Card	300 x \$5 round trip	\$ 1,500
		Total Staff Travals	\$ 1,500
	HIV Service Providers around San Francisco,	HIV Service Providers around San Francisco,	HIV Service Providers around San Francisco,

Other:	Brief Description		Rate/Formula	Cost
	CRC w/diff_platelets_complete_T-c	all Count Cham_20 & Linid Panels		
Laboratory and	CBC w/diff, platelets, complete T-cell Count, Chem-20 & Lipid Panels, PPD, Hep A-B-B-C, Toxo Titer, Cryptococcal Ag, STI, Viral Load,		325 UDC x 10 lab tests /	
X-ray Services	genotypes, etc. and X-ray expense	es.	\$46.16 x 2 times a year	\$ 30,014

			 · · · · · · · · · · · · · · · · · · ·
Medical Supplies	2.8 FTE Medical staff ratio of 1.4% to the agency budget of \$405,779 for IVAC electronic thermometers, stethoscopes, paper gowns, antibiotic ointment, condoms, butterfly catheters/needles, alcohol pads, syringes, rubber gloves, ear exam cones, occult blood slides, K-Y jelly, nasal emollients, cotton tipped applicators, lubricants, exam table paper, specimen cups & vaccines.	\$405,779 x 1.4% FTE Total Other: TOTAL OPERATING EXP TOTAL DIRECT COSTS	\$ 5,681 35,695 93,866 580,052
4) INDIRECT COSTS			
9% of Direct Expenses	to partially defray the cost of MNHC admin overhead.		\$ 52,205
		Indirect Rate:	9.00%
		TOTAL INDIRECT COSTS:	\$ 52,205
		TOTAL EXPENSES:	\$ 632,257

Appendix B-10a, Page 1 03/01/29 - 02/28/30 RWPA - MAI

UOS COST ALLOCATION BY SERVICE MODE

Service Modes:			Medical Case Management		Treatment Adherence Individual		nent e Group	
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Social Services Supervisor	0.80	42,500	80%	8,500	16%	1,800	3%	52,800
Medical Case Manager	1.00	60,341	100%					60,341
Treatment Adherance Health Educator	0.59			25,643	84%	5,000	16%	30,643
Program Assistant	0.00		0%		0%			-
Director of Programs and HIV Services, MS	0.20	13,974	69%	6,426	32%			20,400
Total FTE & Salaries	2.59	116,815	71%	40,569	25%	6,800	4%	164,184
Fringe Benefits	30%	34,811	71%	12,090	25%	2,026	4%	48,927
Total Personnel Expenses		151,626	71%	52,659	25%	8,826	4%	213,111
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		6,000	62%	2,643	27%	1,000	10%	9,643
Total Materials and Supplies		1,400	52%	1,202	45%	80	3%	2,682
Total General Operating								
Total Staff Travel								
Consultants/Subcontractor:								
Total Operating Expenses		7,400	60%	3,845	31%	1,080	9%	12,325
Total Direct Expenses		159,026	71%	56,504	25%	9,906	4%	225,436
Indirect Expenses	9.0%	14,313	71%	5,085	25%	892	4%	20,290
TOTAL EXPENSES		173,339	71%	61,589	25%	10,798	4%	245,726
llmit af t	Sorving Turn	Hou	ı F	Hou		Hou	ır	
Number of UOS per s	Service Type	1,66		515		90		2,265
Cost Per UOS by		\$104.		\$119.6				N/A
Number of UDC/NOC per		325		100		40		325

BUDGET JUSTIFICATION

1a) SALARIES											
Staff Position 1	Social Services Supervis	ocial Services Supervisor									
Spvs med case mngrs & psychosoc svcs staff; phychosoc assess, crisis intervention, med case mngt, QA, prog duties related to prog/UDC monitor.											
	BA/BS in Soc Work or similar, prefer Master's; 5 yrs Case Mngt w 1 in HIV/AIDS; 2 yrs spvsr; bilingual Degree, license, exp Spanish/English.										
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total					
	66,000	0.80	12	0.80	\$	52,800					

Staff Position 2:	Medical Case Manager							
Brief duties re prog & UDC	l'	rm reduction model, ps	ychosoc svcs, referrals, f	follow-up, crisis intervention, sup	oport	tive		
Degree, license, exp	Bachelor's and 1 yr exp pr	achelor's and 1 yr exp providing HIV/AIDS case management. Bilingual Spanish/English required.						
	60,341	1.00	12	1.00	\$	60,341		

Staff Position 3:	Treatment Adherance He	reatment Adherance Health Educator					
Brief duties re prog & UDC	ongoing individual, group hlth & treatment ed/support sessions; tracking med adherence protocol.						
Degree, license, exp	Bachelor's and 2 yrs exp p	providing HIV/AIDS edu	cation. Bilingual Spanish	n/English required.			
	51,938	0.59	12	0.59	\$	30,643	

	Program Assistant								
Brief duties re to this prog and clients served	Admin & clerical support; i orders supplies; monitors	Imin & clerical support; maintains statistical database, staff training logs; enters UOS, maintains depart mtg minutes; ders supplies; monitors vouchers.							
	Degree, license (if HS diploma, prefer 2 yrs college; 3 yrs exp as Admini Assist; computer literate; strong writing/communication skills; applicable), experience Bilingual Spanish/English preferred.								
	52,520		12	0.00	\$	-			

	Director of Programs and							
Brief duties related to this progr & clients served	Prog development, implementation, coordination of contract negotiations, prepares monitoring reports, responses, site visits, commiunication with HHS staff and supervision.							
Degree, license, exp	Masters and 2 yrs admin e	exp, or Bachelor's and 5	yrs; HIV/AIDS exp; Bilir	igual Spanish/English preferred				
	102,000	0.20	12	0.20	\$	20,400		
	Total FTE, Base:	2.59	Annualized:	2.59				
_				Total Salaries:	\$	164,184		

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 13,134.72
	Retirement	\$ 6,156.90

	Medical	\$		23,396.2
	Dental	\$		4,515.0
U	nemployment Insurance	\$		82.0
Disability Insurance				-
\	Vorker's Compentsation	\$		-
Other	(specify): Life Insurance	\$		1,641.8
Fringe Benefit %:	30%	T	otal Fringe Benefit:	\$ 48,92
		TOTAL S	ALARIES/BENEFITS	\$ 213,11

2) OPERATING	EXPENSES :
---	-------------	-------------------

Occupancy:	Concise/ Specific Description	Rate/Formula	(Cost
	2.59 FTE program staff ratio of 1% to the agency budget of \$159,070 for electricity, water, gas, refuse.			
Utilities		\$159,070 x 1 % FTE	\$	1,591
	2.59 FTE program staff ratio of 1% to the agency budget of \$609,161 for general building maintenance supplies, and minor building repairs.			
Building Maintenance		\$609,161 x 1 % FTE	\$	6,092
	2.59 FTE program staff ratio of 1% to the agency budget of \$195,968 for telecommunications, Internet, Data connection, MPLS.			·
Telecommunications		\$195,968 x 1 % FTE	\$	1,960
		Total Occupancy:	\$	9,643

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost	
	Includes program office supplies (stationary, pens, pencils, calendars, postage, software, computers for staff use) \$223.5/month x 12 months.			
Program Supplies		\$223.5/month x 12 months	\$ 2,	682
		Total Materials & Supplies:	\$ 2,	682

TOTAL OPERATING EXP \$ 12,325 TOTAL DIRECT COSTS: \$ 225,436

4) INDIRECT COSTS

9% of Direct Exp to partially defray the cost of MNHC admin overhead.	Indirect Rate:	9%	\$	20,290
---	----------------	----	----	--------

TOT	AL INDIRECT COSTS:	\$ 20,290
	TOTAL EXPENSES:	\$ 245,726

UOS COST ALLOCATION BY SERVICE MODE

Ser	vice Modes:	Mental F Outpat		Outpati Substance Services In	Abuse	Outpat Substance Services	Abuse		
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Program Director	0.11	9,401	79%	2,000	17%	500	4%	11,901	
1 Togicani Biroctor	0.11	3,401	1370	2,000	17 /0	- 500	770	11,501	
Clinical Supervisor Psychologist	0.09	5,321	62%	3,000	35%	250	3%	8,571	
Mental Health Specialist, LCSW	0.67	54,909	100%					54,909	
Substance Abuse Specialist	1.00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		56,164	91%	5,624	9%	61,788	
Clinic and Program Assistant	0.22	9,251	86%	1,254	12%	249	2%	10,754	
Total FTE & Salaries	2.08	78,882	53%	62,418	42%	6,623	4%	147,923	
Fringe Benefits	30.00%	23,661	53%	18,722	42%	1,987	4%	44,370	
Total Personnel Expenses		102,543	53%	81,140	42%	8,610	4%	192,293	
	ı	T	I	П		1		ı	
Operating Expenses		Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy		5,314	75%	1,500	21%	299	4%	7,113	
Total Materials and Supplies		2,303	82%	400		100	4%	2,803	
Total General Operating		2,132	81%	394	15%	100	4%	2,626	
Total Staff Travel		20		30	60%			50	
Consultants/Subcontractor:								-	
Other: Client Refreshments		1,700	76%	500	57%	50	43%	2,250	
Total Operating Expenses		11,469	77%	2,824	19%	549	4%	14,842	
Total Direct Expenses		114,012	55%	83,964	41%	9,159	4%	207,135	
Indirect Expenses	9.0%	10,261	55%	7,557	41%	824	4%	18,642	
TOTAL EXPENSES		124,273	55%	91,521	41%	9,983	4%	225,777	
Unit of	Service Type	Hou	ır	Hou	r	Hou	ır		
Number of UOS per	Service Mode	966	6	975		81		2,022	
Cost Per UOS by	Service Mode	\$128.	65	\$93.87		\$123.26		N/A	
Number of UDC/NOC per Service Mode		70		45		10		115	

BUDGET JUSTIFICATION

1a) SALARIES						
Staff Position 1	Program Director					
Brief duties re to this prog and clients served		~	•	cs, QA & prog eval; implemer ff; write reports.	it & mo	nitor
Degree, license (i	develop, HIV/AIDS, subs use	· ·	• • •	multi-disciplinary team, contra m & serving sexual minorities;	•	•
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo		Total
	106,375	0.11	12	0.11	\$	11,901
and clients served	clinical supervision of menta disposition, treatment, termin doctorate in Psych, licensed bilingual/bicultural. 100,000	nation of svcs.				eanish 8,571
	100,000	0.00	12	0.03	ΙΨ	0,571
Staff Position 3:	Mental Health Specialist, L	CSW				
UDC	psychological assessments,	crisis intervention, indiv	vidual, group and famil	y psychotherapy.		
• '	Master's in psych, counselin values & ability to work in a	•	•	•	trong te	eam
	82,363	1.00	8	0.67	\$	54,909
Chaff Danition A	Cubatanaa Ahuaa Cuasiali	-4				
, ,	Substance Abuse Speciali					
UDC	substance abuse assessme	nts, individual and grou	o counseling, referral a	and linkage.		
• • • •	Subs Abuse certificate, or er target pop; strong team valu				s use	svcs to
<u> </u>	61,788	1.00	12	1.00	\$	61,788

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Social Security	\$	11,316.11
	Retirement	\$	5,916.92

UDC greeting, directing clients & visitors, answer phones, maintain schedules & appts; provide other prog needs.

12

Annualized:

Degree, license (if HS diploma, certification and/or work exp in data entry, billing, invoicing; 2 yrs exp in non-profit setting performing

0.22

2.41

Staff Position 5: Clinic and Program Assistant

applicable), experience related duties. Spanish bilingual/bicultural required. 49,852

Total FTE, Base:

10,754

147,923

\$

0.22

2.08

Total Salaries: \$

	Medical	\$	24,178.01
	Dental	\$	1,479.23
Uner	nployment Insurance	\$	739.62
	Disability Insurance	\$	739.62
Fringe Benefit %:	30.00%	Total Fringe Benefit:	\$ 44,370
•		TOTAL SALARIES/BENEFITS	\$ 192.293

2) OPERATING EXPENSES:

Occupancy:	Concise/ Specific Description	Rate/Formula	С	ost
Utilities / Communications	2.41 FTE program staff ratio of 3.027% to the agency budget of \$45,000 to provide utilities and telecommunication services. Utility expenses include gas, electricity, water, telephone, scavenger services and internet access.	45,000*3.027%	\$	1,362
Building Maintenance	2.41 FTE prog staff ratio of 3.027% to agency budget of \$190,000 for necessities, i.e., garbage bags, cleaning supplies, light bulbs, toilet paper, minor bldg repairs, duplication of door/cabinet keys, etc. to ensure office space meets safety & hlth standards for staff and clients.	190,000*3.027%	\$	5,751
Dananig Manterianes	ones space moste sarety a man standards for standard silente.	Total Occupancy:	\$	7,11

Materials & Supplies:	Concise/ Specific Description	Rate/Formula	Cost	
Office Supplies and	2.41 FTE prog staff ratio of 3.027% to agency budget of \$76,000 to provide office supplies for prog, such as pens, pencils, easels, easel pads, markers, manila folders for charts, postage, etc. related to direct svcs; also includes postage charges for expenses of business mail,			
Postage	mailing flyer.	76,000*3.027%	\$ 2,30	00
Printing and Reproduction	2.41 FTE program staff ratio of 3.027% to the agency budget of \$10,000 includes cost to photocopy clients forms, intake forms, correspondence, outreach & info flyers/materials, charts, brochures & business cards.	10,000*3.027%	\$3	303
Program Supplies	Mental HIth diagnostic & materials needed for substance abuse groups.	at average of \$17/month Total Materials & Supplies:	•	00 03

General Operating:	Brief Description	Rate/Formula	Cost
	2.41 FTE prog staff ratio of 3.027% to agency budget of \$36,000 to cover for professional and general liability for service providers under this		
Liability Insurance	exhibit.	36,000*3.027%	1,090

D 115 : 1	2.41 FTE prog staff ratio of 3.027% agency budget of \$15,000 to cover	45 000*0 0070/	•	455
Rental Equipment	rental expenses of leased equip, such as copier, and postage machine.	15,000*3.027%	\$	455
	registration fees & related exps for staff training; purchase of training			
Staff Training	materials, plus agency share training fees.	2 staff @ \$1081	\$	1,081
		Total General Operating:	\$	2,626

Staff Travel:					
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost	
Staff Travel	Local Travel	MTA Transit Pass	\$2.50 x 20	\$	50
			Total Staff Travel:	\$	50

Other:	Brief Description		Rate/Formula	Co	st
Client Refreshments	\$120 x 8 sessions/grp, 45 who clients, plus support with base	nding substance abuse group, estima ks for nutritional snacks & Ensure for sic needs - store gift cards (Target/Fo nter kits (backpack with blanket, soc	drop-in codCo)	\$	2,250
			Total Other:	\$	2,250

TOTAL OPERATING EXPENSES:	\$ 14,842
TOTAL DIRECT COSTS:	\$ 207,135

4) INDIRECT COSTS

9% of Direct Expenses to partial	fray the cost of IFR's admin overhead	 \$	18,642	.
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Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	\$ 18,642
TOTAL EXPENSES:	\$ 225,777

Appendix C--Form of Funding Request FUNDING REQUEST

1. Process

The Grantee shall request funding for eligible expenses monthly.

Monthly, the Grantee shall submit invoices for Eligible Expenses according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Grantee the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.

2. Certifications

With each invoice submitted, Grantee certifies that:

- a) The total amount of Grant Funds requested pursuant to this Funding Request will be used to pay Eligible Expenses, which Eligible Expenses are set forth on the monthly Invoice submitted by the Grantee. Grantee certifies that all listed expenses on the invoice are true and that all correct copies of all required documentation of such Eligible Expenses are attached to the invoice or are maintained in the Grantees office of record.
- b) After giving effect to the disbursement requested pursuant to this Funding Request, the Grant Funds disbursed as of the date of this disbursement will not exceed the maximum amount set forth in Section 5.1.
- c) The representations and warranties made in the Agreement are true and correct in all material respects as if made on the date hereof;
- d) No Event of Default has occurred and is continuing; and
- e) The undersigned is an officer of Grantee authorized to execute this Funding Request on behalf of Grantee.

3. Final Funding Request

a) For Eligible Expenses reimbursable by Cost Reimbursement:

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

b) For Eligible Expenses reimbursable by Fee for Service Reimbursement:

A final closing Funding Request, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those services rendered during the referenced period of performance. If services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Grantee at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Grant Budget attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

c) All amounts paid by City to Grantee shall be subject to audit by City.

Appendix C

Appendix C--Form of Funding Request

FUNDING REQUEST

Pursuant to Section 5.3 of the Grant Agreement (the "Grant Agreement") dated as of **March 1, 2020**, between the undersigned ("Grantee") and the City and County of San Francisco (all capitalized terms defined in the Grant Agreement shall have the same meaning when used herein), Grantee hereby requests a disbursement of Grant Funds as follows:

Grantee will submit a MONTHLY Invoice/Funding Request in the format provided by the Department.

Total Amount Requested in this Request:	\$
Maximum Amount of Grant Funds Specified in Section 5.1 of the Grant Agreement:	\$11,300,310
Total of All Grant Funds Disbursed Prior to this Request:	\$

Grantee certifies that:

- (a) The total amount of Grant Funds requested pursuant to this Funding Request will be used to pay Eligible Expenses, which Eligible Expenses are set forth on the attached Schedule 1, to which is attached true and correct copies of all required documentation of such Eligible Expenses.
- (b) After giving effect to the disbursement requested pursuant to this Funding Request, the Grant Funds disbursed as of the date of this disbursement will not exceed the maximum amount set forth in Section 5.1.
- (c) The representations and warranties made in the Agreement are true and correct in all material respects as if made on the date hereof;
- (d) No Event of Default has occurred and is continuing; and
- (e) The undersigned is an officer of Grantee authorized to execute this Funding Request on behalf of Grantee.

Appendix C

APPENDIX F-4 03/01/2023 - 02/29/2024 PAGE A

Contractor: Mission Neighborhood Hea	ılth Cente		17218]				voice Num 4-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	ntract Purcha	se Order No:			
Telephone: 415-552-1013]	Fun	ding Source:		RWPA	
Fax:		H	4S	De	partment ID-	Authority ID:			
Program Name: Center of Excellence					Project II	D-Activity ID:			
ACE Control #:					Inv	oice Period:	03/1	/23 - 03/3	31/23
					F	INAL Invoice		(check if	Yes)
	TOT CONTR			ERED ERIOD	DELIVERE TO DATE	то	OF TAL	DELIVE	
DELIVERABLES	UOS	UDC	UOS	UDC	UOS U	DC UOS	UDC	UOS	UDC
outpatient ambulatory health serv nursing treatment adherance	1,195 1,000	325 325						1,195 1,000	325 325
medical case management	1,170	80						1,170	80
					<u> </u>	_		-	
		UDC		UDC	U	DC	UDC		UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUD	GET		NSES ERIOD	EXPENSE TO DATE		OF OGET	REMA BALA	
Total Salaries (See Page B)	\$374,							\$374,5	
Fringe Benefits /	\$111,	,						\$111,6	
Total Personnel Expenses Operating Expenses:	\$486,	,186				_		\$486,1	86.00
Occupancy-(e.g., Rental of Property, Utilities,	\$23,	141						\$23,14	41.00
Building Maintenance Supplies and Repairs)									
Materials and Supplies-(e.g., Office,	\$4,0	000						\$4,00	0.00
Postage, Printing and Repro., Program Supplies)									
General Operating-(e.g., Insurance, Staff	\$29,5	530			-			\$29,5	30.00
Training, Equipment Rental/Maintenance)	ΨΖΟ,	000			1			Ψ23,3	30.00
•									
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500			-			\$1,50	0.00
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,	\$35,6	695			-			\$35,69	95.00
Stipends, Facilitators)	ΨΟΟ,	000						ΨΟΟ,Ο	90.00
Total Operating Expenses	\$93,8	866						\$93,86	66.00
Capital Expenditures	6500	050						0500.0	50.00
TOTAL DIRECT EXPENSES Indirect Expenses	\$580, \$52,2				-	_		\$580,0 \$52,20	
TOTAL EXPENSES	\$632,							\$632,2	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if appro REIMBURSEMENT	priate)								
I certify that the information provided above is, to the be	•	0 .				•			
accordance with the budget approved for the contract ci records for those claims are maintained in our office at t			d under the	provision	n of that contrac	t. Full justificati	on and ba	скир	
Signature:							Date:		
Title:									
Send to: aidsoffice@sfdph.org									
		By:					Date:		
ATTN: Accounts Payable		Dy.		ıthorized	Signatory)		2410.		

Appendix C-4 Amendment: 08/01/2023

APPENDIX F-4 03/01/2023 - 02/29/2024 PAGE B

Contractor: Mission Neigh		od Health Center		[ice Number 1MAR23
Address: 240 Shotwell S San Francisco		4110	Contract F	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	ı	RWPA
Fax:			Danartm	ent ID-Authority ID:		
Program Name: Center of Exce	llence		-			
ACE Control #:			Pr l	oject ID-Activity ID:		
ACE CONTOU #.				Invoice Period:	03/1/2	3 - 03/31/23
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90					\$76,866.00
Medical Assistant.	0.90					\$45,471.00
Phlebotomist.	0.50					\$20,800.00
Patient Services Specilaist.	1.00					\$41,642.00
Phlebotomist Lead. Clinic Assistant.	0.20					\$11,648.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$29,952.00 \$37,500.00
Director of Programs and HIV Service						\$30,600.00
Program Assistant.	0.55					\$28,886.00
r rogram 7 toolotant.	0.00	Ψ20,000				Ψ20,000.00
TOTAL SALARIES	5.02	\$374,566				\$074.500.00
	5.92	. ,	annulate and accurate	be amount required of		\$374,566.00
I certify that the information provided above is, accordance with the budget approved for the c						
records for those claims are maintained in our				or that contract. Full jus	suilcauori ariu	раскир
records for those claims are maintained in our	onice at i	ine address indicated				
0-46-45			Б.:			
Certified By:			. Date:			
Title:						
Title:						

APPENDIX F-4a 03/01/2023 - 02/29/2024 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]			ı		voice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	tract Pur	rchase C	Order No:			
Telephone: 415-552-1013				1	ı	Funding	g Source:	F	RWPA MA	AI
Fax:		Нг	HS	De	partment	t ID-Autł	hority ID:			
Program Name: Center of Excellence				•	Proje	ect ID-Ac	ctivity ID:	 		
ACE Control #:	1					Invoice	e Period:	03/1	1/23 - 03/3	31/23
						FINA	L Invoice		(check if	
	TOT CONTR	RACTED	THIS P	VERED PERIOD	TO D	/ERED DATE	TOT	OF TAL	DELIVER	
DELIVERABLES	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
medical case management	1,660 515	325			 '	 	₩	$\overline{}$	1,660 515	325
treatment adherence individual treatment adherence group	515 90	325 80			├ ──	 	₩	\vdash	515 90	325 80
realment aunerence group	90	00			 	\vdash	-	 	90	- 00
									<u> </u>	
u u		UDC		UDC	<u> </u>	UDC	11	UDC	<u>Ш</u>	UDC
Unduplicated Clients for Appendix		325		UDC		UDC		UDC		325
EXPENDITURES	BUD	OGET		ENSES PERIOD		ENSES DATE		OF OGET		AINING ANCE
Total Salaries (See Page B)	\$164,	,184							\$164,1	184.00
Fringe Benefits	\$48,9								\$48,92	
Total Personnel Expenses	\$213,	,111							\$213,1	11.00
Operating Expenses:	\$9.6	242							\$9,64	12.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,6	43							⊅৬,∪∓	3.00
Materials and Cumplies (s.g. Office	\$2.6	200			 		┦——		\$2.65	20.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,6	182			 		┦		\$2,68	2.00
Postage, Printing and Repro., Program Supplies,	├ ──				 				╂	
General Operating-(e.g., Insurance, Staff					 		 		├──	
Training, Equipment Rental/Maintenance)					 					
Staff Travel - (e.g., Local & Out of Town)					<u> </u>					
Consultant/Subcontractor									<u> </u>	
Other - (Meals, Audit, Transportation Reimb,					 					
Stipends, Facilitators)										
Total Operating Expenses	\$12,3	.325	-		<u> </u>		├		\$12,32	25. <u>00</u>
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$225,	,							\$225,4	
Indirect Expenses	\$20,2				 		↓		\$20,29	
TOTAL EXPENSES	\$245,	,/26	-		NOTES				\$245,7	26.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the content of the cont	nriata)				INO I LO	•				
REIMBURSEMENT	Jilaic,				t					
I certify that the information provided above is, to the besaccordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ited for service	ces provided indicated.	ed under the	e provision	of that cor			ion and bac		
Title:							-			
Send to: aidsoffice@sfdph.org										
		Bv [.]						Date.	:	
ATTN: Accounts Pavable		By:	/DBH A	uthorized	Signatory	·/\	-	Date.		

Appendix C-4a Amendment: 08/01/2023

APPENDIX F-4a 03/01/2023 - 02/29/2024 PAGE B

Contractor: Mission Neigh Address: 240 Shotwell S		od Health Center		1	Invoice Number A-1MAR23			
San Francisco	, CA 9	4110	Contract P	urchase Order No:				
Telephone: 415-552-1013 Fax:				Fund Source:	RWPA MAI			
· ux.			Departme	ent ID-Authority ID:				
Program Name: Center of Exce	ellence		Pro	oject ID-Activity ID:				
ACE Control #:				Invoice Period:	03/1/2	03/1/23 - 03/31/23		
				FINAL Invoice		(check if Yes)		
DETAIL PERSONNEL EXPEND		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING		
PERSONNEL Social Services Supervisor	FTE 0.80	\$52,800	THIS PERIOD	TO DATE	BUDGET	\$52,800.00		
Medical Case Manager	1.00	\$60,341				\$60,341.00		
Treatment Adherance Health Educati		\$30,643				\$30,643.00		
Program Assistant								
Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00		
TOTAL SALARIES	2.59	\$164,184				\$164,184.00		
I certify that the information provided above is,			•			nent is in		
accordance with the budget approved for the crecords for those claims are maintained in our				of that contract. Full jus	stification and	l backup		
0.45.45								
Certified By:			Date:			-		
Title:								

Appendix C-4a Amendment: 08/01/2023

APPENDIX F-4b 03/01/2023 - 02/29/2024 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				nvoice Numl A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110			_	Con	ntract Purchase	e Order No:			
Telephone: 415-552-1013				1	Fundi	ing Source:		RWPA MA	1/1
Fax:	!	H	HS	De	epartment ID-Au				<u>~i</u>
Program Name: Center of Excellence - IFR				1		-Activity ID:			
ACE Control #:	I				•	oice Period:		1/23 - 03/3	/31/23
					FIN	NAL Invoice	,	(check if	f Yes)
DELIVERABLES	TOT CONTRA UOS	TAL RACTED UDC		VERED PERIOD UDC	DELIVERED TO DATE UOS UDO	TO	OF DTAL UDC		AINING ERABLES UDC
DELIVERABLES mental health outpatient	966	70	000	UDC	UU5	3 000	T ODC	966	70
outpatient sub abuse serv individual	975	45				<u> </u>	<u> </u>	975	45
outpatient sub abuse serv group	81	10						81	10
					4——	<u> </u>	<u> </u>	<u> </u>	Ţ'
"					 			 	+
		UDC		UDC	UDC	С	UDC		UDC
Unduplicated Clients for Appendix		115							115
EXPENDITURES		OGET		ENSES PERIOD	EXPENSES TO DATE		OF DGET	BALA	AINING ANCE
Total Salaries (See Page B)	\$147,								923.00
Fringe Benefits Total Personnel Expenses	\$44,3 \$192,				4				370.00 293.00
Operating Expenses:		,			 			Ψιν=,_	290.00
Occupancy-(e.g., Rental of Property, Utilities,	\$7,1	113				1		\$7,11	13.00
Building Maintenance Supplies and Repairs)									
Materials and Supplies-(e.g., Office,	\$2,8	202			4			\$2.80	03.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	ΨΔ,~	03			4	-		Ψ∠,υυ	J3.00
Postage, Finning and Hopes, Fire gramma, J	 				 			 	
General Operating-(e.g., Insurance, Staff	\$2,6	526						\$2,62	26.00
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)	\$50	0			<u> </u>	_		\$50	0.00
Consultant/Subcontractor					<u> </u>	<u> </u>		 	
	20/	'							
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,2	150	4		4			\$2,25	50.00
Stipends, Facilitators)	 				 	-		 	
Total Operating Expenses	\$14,8	,842			<u> </u>			\$14,8	342.00
Capital Expenditures	2007							2007	
TOTAL DIRECT EXPENSES Indirect Expenses	\$207, \$18,6	,			<u> </u>	_			135.00 642.00
Indirect Expenses TOTAL EXPENSES	\$18,6				 	-			777.00
LESS: Initial Payment Recovery					NOTES:			<u> </u>	11
Other Adjustments (Enter as negative, if approp	priate)	'			4				
REIMBURSEMENT		'							
I certify that the information provided above is, to the best	est of my kno	wledge, cor	molete and	accurate:	the amount requ	ested for reim	hursemer	nt is in	
accordance with the budget approved for the contract cit	•	-			•				
records for those claims are maintained in our office at the Signature:							Date:	::	
Title:						_			
Send to: aidsoffice@sfdph.org									
Seria to.		Ву:	:				Date	e:	
ATTN: Accounts Payable			/DDH A	·+horizod	l Signatory)	_			

Appendix C-4b Amendment: 08/01/2023

APPENDIX F-4b 03/01/2023 - 02/29/2024 PAGE B

Contractor: Mission Ne	ighborhoo	d Health Center		[ice Number 1MAR23
Address: 240 Shotwe San Francis		1110	Contract P	urchase Order No:		
Telephone: 415-552-101	•	•		Fund Source:	D/	VPA MAI
Fax:	13			_	KV	VPA IVIAI
Program Name: Center of E	xcellence -	- IFR	Departme	ent ID-Authority ID:		
ACE Control #:			Pro	pject ID-Activity ID:		
ACE Control #:				Invoice Period:	03/1/2	23 - 03/31/23
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPE	NDITURE	_				1
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist Mental Health Specialist, LCSW	0.09	\$8,571 \$54,909				\$8,571.00 \$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
omno ana i rogrami i todiciani	0.22	4 10 11 0 1				ψ.ο,.οοο
TOTAL SALARIES	2.08	\$147,923				\$147,923.00
T certify that the information provided above accordance with the budget approved for trecords for those claims are maintained in	ne contract cit	ed for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-4b Amendment: 08/01/2023

Title: ____

APPENDIX F-5 03/01/2024 - 02/28/2025 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]			I		voice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	tract Pur	rchase C	order No:			
Telephone: 415-552-1013]	I	Funding	Source:		RWPA	
Fax:		Н	HS	De	partment	t ID-Auti	nority ID:			
Program Name: Center of Excellence				•	Proje	ect ID-Ac	ctivity ID:			
ACE Control #:]					Invoice	e Period:	03/1	1/24 - 03/3	31/24
						FINAI	L Invoice		check if	
	TOT CONTR	RACTED	THIS P	VERED PERIOD	TOD	VERED DATE	TO	OF TAL	DELIVER	AINING RABLES
DELIVERABLES	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325			<u> </u>	Ι			1,195	325
nursing treatment adherance	1,000	325			 	 	 	\longrightarrow	1,000	325
medical case management	1,170	80			 	+	├ ──	$\vdash \vdash \vdash$	1,170	80
									<u></u>	<u> </u>
Unduplicated Clients for Appendix	1	UDC 325	П	UDC	II	UDC	1	UDC	TI	UDC 325
		JZU	=:\D!		=VDE			_	35144	
EXPENDITURES	BUD	GET		ENSES PERIOD		ENSES DATE		OF OGET		AINING ANCE
Total Salaries (See Page B)	\$374,		1	Er i.c.			1	<u>UL.</u>	\$374,5	
Fringe Benefits	\$111,	,620			<u> </u>		 		\$111,6	320.00
Total Personnel Expenses	\$486,								\$486,1	
Operating Expenses:	*00									
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,	141			 		 		\$23,14	<u>41.00</u>
	h				<u> </u>		<u> </u>		<u> </u>	
Materials and Supplies-(e.g., Office,	\$4,0	000							\$4,00	0.00
Postage, Printing and Repro., Program Supplies)					<u></u>					
General Operating-(e.g., Insurance, Staff	\$29,5	520			 		┦——		\$29,53	<u>ას სს</u>
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	ΨΖΟ,	330			 		╢		\$20,00	30.00
Training, Equipment Nema//мантенапос)	 				 		 		├──	
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500							\$1,50	0.00
Consultant/Subcontractor					<u> </u>		├			
Other - (Meals, Audit, Transportation Reimb,	\$35,6	205							\$35,69	25 00
Stipends, Facilitators)	φυυ,	393			 		 	—	\$30,00	35.00
									1 200.0	22.00
Total Operating Expenses Capital Expanditures	\$93,8	866			<u> </u>		 		\$93,86	<u>36.00</u>
Capital Expenditures TOTAL DIRECT EXPENSES	\$580.	052	4		 		₩		\$580,0	152.00
Indirect Expenses	\$52,2	,					1		\$52,20	
TOTAL EXPENSES	\$632,								\$632,2	
LESS: Initial Payment Recovery					NOTES	j:				
Other Adjustments (Enter as negative, if appro	priate)				4					
REIMBURSEMENT										
I certify that the information provided above is, to the be	est of my kno	wledge, cor	mnlete and	accurate:	the amour	nt request	ed for reim!	hursement	tis in	
accordance with the budget approved for the contract ci										
records for those claims are maintained in our office at t	the address ir	indicated.		·			,		,	
Signature:	-						-	Date:	:	
Title:							_			
							<u>. </u>			
Send to: aidsoffice@sfdph.org										
		Ву:	:	uthorized				Date:	:	
ATTN: Accounts Payable			(DDH A	thorized	Signator	w)	-			

Appendix C-5 Amendment: 08/01/2023

APPENDIX F-5 03/01/2024 - 02/28/2025 PAGE B

Contractor: Mission Neigh		od Health Center		[ice Number 1MAR24
Address: 240 Shotwell S San Francisco		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	ļ	RWPA
Fax:				-		
			Departme	ent ID-Authority ID:		
Program Name: Center of Exce	ellence		Pro	oject ID-Activity ID:		
ACE Control #:				_		
				Invoice Period:	03/1/2	4 - 03/31/24
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	S				
PERSONNEL		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist. Patient Services Specilaist.	1.00	\$20,800 \$41,642				\$20,800.00 \$41,642.00
Phlebotomist Lead.	0.20	\$11,648			——	\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Service	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
1 Togram Assistant.	0.55	Ψ20,000			——	Ψ20,000.00
TOTAL GALABIES	F 00	0074 500				
TOTAL SALARIES	5.92	\$374,566		<u> </u>		\$374,566.00
T certify that the information provided above is, accordance with the budget approved for the crecords for those claims are maintained in our	contract ci	ted for services provi	ided under the provision			
Certified By:			Date:			

Appendix C-5 Amendment: 08/01/2023

Title: _____

APPENDIX F-5a 03/01/2024 - 02/28/2025 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID #)17218]				voice Numl A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	ntract Purchase C	Order No:			
Telephone: 415-552-1013				1	Funding	g Source:		RWPA MA	ΔΙ
Fax:	l	H	HS	D€	epartment ID-Auti	-		(441)	
Program Name: Center of Excellence	1			1	Project ID-Ad	-			
ACE Control #:	1				-	e Period:		1/24 - 03/3	31/24
						L Invoice		(check if	
	TOT CONTRA	RACTED	THIS P	VERED PERIOD	DELIVERED TO DATE	TO	OF DTAL	REMA DELIVER	AINING ERABLES
DELIVERABLES	UOS	UDC	UOS	UDC	UOS UDC	UOS	UDC	UOS	UDC
medical case management	1,660 515	325			4		 	1,660 515	325
treatment adherence individual treatment adherence group	515 90	100 40			 	-		515 90	100 40
treatment auncrence group	30	70			 	1	\vdash	-30	
						<u> </u>		<u></u> '	
		UDC		UDC	UDC		UDC		UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUDO	GET		ENSES PERIOD	EXPENSES TO DATE		OF DGET		AINING ANCE
Total Salaries (See Page B)	\$164,	,184						\$164,1	184.00
Fringe Benefits	\$48,9					1		\$48,92	
Total Personnel Expenses Operating Expenses:	\$213,	<u>,111 </u>	-		 	—		\$273,1	111.00
Occupancy-(e.g., Rental of Property, Utilities,	\$9,6	643			 	-		\$9,62	43.00
Building Maintenance Supplies and Repairs)						#		T-/	0.21
Materials and Supplies-(e.g., Office,	\$2,6	382 <u> </u>			A	 		\$2,68	32.00
Postage, Printing and Repro., Program Supplies)									
C	<u> </u>				<u></u>	┦		↓	
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					4	╢		╂	
Staff Travel - (e.g., Local & Out of Town)					<u> </u>	#			
Otali ilavoi (o.g., 2004) & 54.5	_				 	 		 	
Consultant/Subcontractor									
Other - (Meals, Audit, Transportation Reimb,					 	 		┦	
Stipends, Facilitators)					 	 		 	
,									
Total Operating Expenses	\$12,3	325				<u> </u>		\$12,32	25.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$225,	136			 	₩		\$225,4	136 NO
Indirect Expenses	\$20,2	,			/	1		\$20,29	
TOTAL EXPENSES	\$245,				<u> </u>	1		\$245,7	
LESS: Initial Payment Recovery					NOTES:				
Other Adjustments (Enter as negative, if approp	priate)				4				
REIMBURSEMENT									
I certify that the information provided above is, to the best	est of my kno	wledge, cor	nplete and	accurate;	the amount reques	ted for reim	bursemen	t is in	
accordance with the budget approved for the contract cit	,	0 .							
records for those claims are maintained in our office at the						-	D-40		
Signature:						_	Date:	:	
Title:						_			
Send to: aidsoffice@sfdph.org									
Setta to: alusomociosiapinorg									
ĺ		Ву:	·		l Signatory)		Date:	:	
ATTN: Accounts Payable			(DDH A	thorized	(Vignatory)	-			

Appendix C-5a Amendment: 08/01/2023

APPENDIX F-5a 03/01/2024 - 02/28/2025 PAGE B

Contractor: Mission Neigh Address: 240 Shotwell S		od Health Center		[ice Number 1MAR24
San Francisco		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	RV	VPA MAI
Fax:			Departme	ent ID-Authority ID:		
Program Name: Center of Exce	llence			oject ID-Activity ID:		
ACE Control #:				_		
				Invoice Period:	03/1/2	4 - 03/31/24
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	:S				
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80					\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherance Health Educate	0.59	\$30,643				\$30,643.00
Program Assistant	0.20	¢20,400				¢20,400,00
Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00
I certify that the information provided above is, accordance with the budget approved for the corecords for those claims are maintained in our	ontract c	ited for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-5a Amendment: 08/01/2023

Title:

APPENDIX F-5b 03/01/2024 - 02/28/2025 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				nvoice Numl A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110			_	Con	ntract Purchase	e Order No:	:		
Telephone: 415-552-1013				1	Fund	ling Source:		RWPA MA	111
Теlepnone: 415-552-1013 Fax:	!	H	HS	De	Fundi epartment ID-A	J		(VVE / COLL	<u>AI</u>
Program Name: Center of Excellence - IFR				1		-Activity ID:			
ACE Control #:	1				•	oice Period:		1/24 - 03/3	/31/24
						NAL Invoice		check if	
	CONTRA		THIS P	VERED PERIOD	DELIVERED TO DATE	TO	6 OF OTAL UDC	DELIVER	AINING ERABLES UDC
DELIVERABLES mental health outpatient	966	70	UOS	UDC	UOS UDO	oc uos	UDC	966	UDC 70
outpatient sub abuse serv individual	975	45			 		+	975	45
outpatient sub abuse serv group	81	10					†	81	10
		-			4——	_		<u></u> '	Ļ/
					4———			Ш	
		UDC		UDC	UDO	С	UDC		UDC
Unduplicated Clients for Appendix		115							115
EXPENDITURES		OGET		ENSES PERIOD	EXPENSES TO DATE		6 OF DGET	BALA	AINING .ANCE
Total Salaries (See Page B)	\$147,								923.00
Fringe Benefits Total Personnel Expenses	\$44,3 \$192,		4		4	—			370.00 293.00
Total Personnel Expenses Operating Expenses:	Ψ10-,	,295			4	-		\$102,2	293.00
Occupancy-(e.g., Rental of Property, Utilities,	\$7,1	113			<u> </u>	<u> </u>		\$7, <u>1</u> *	13.00
Building Maintenance Supplies and Repairs)									
10 mm lian / m Office	62 (□		T 2 8	00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,8	ر 30ر			4	_		\$∠,o∪	03.00
Postage, Printing and Repro., Program Supplies,	 				4	-		-	
General Operating-(e.g., Insurance, Staff	\$2,6	326			<u> </u>	<u> </u>		\$2,67	26.00
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)	\$50	0						\$50	0.00
Consultant/Subcontractor					4				
CONSUITABLE OF THE CONSUITABLE O					 	-		-	
Other - (Meals, Audit, Transportation Reimb,	\$2,2	250			<u> </u>	1		\$2,25	50.00
Stipends, Facilitators)	√					ДЩ		I	
Total Operating Expenses	\$14,8	042			4	_		\$14.8	342.00
Capital Expenditures						+_		Ψ ,	42.00
TOTAL DIRECT EXPENSES	\$207,	,							135.00
Indirect Expenses	\$18,6							\$18,64	642.00
TOTAL EXPENSES	\$225,	<u>,777</u>			NOTES:			\$225,1	777.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the content of the cont	:ata)				NOTES.				
REIMBURSEMENT	priate)				A				
I certify that the information provided above is, to the best accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ited for servic	ces provided indicated.	d under the	e provision	n of that contract.		tion and bad		
Title:									
Send to: aidsoffice@sfdph.org									
ATTN: Accounts Payable		Ву:	(DDH A	-th arizod	I Signatory)		Date:	e:	

Appendix C-5b Amendment: 08/01/2023

APPENDIX F-5b 03/01/2024 - 02/28/2025 PAGE B

	-	od Health Center		[Invoice Number A-1MAR24	
	Shotwell Street Francisco, CA 9	94110	Contract P	urchase Order No:			
Telephone: 415-	552-1013			Fund Source:	R\	WPA MAI	
Fax:							
Program Name: Cent	ter of Excellence	- IFR	Departme	ent ID-Authority ID:			
			Pro	oject ID-Activity ID:			
ACE Control #:				Invoice Period:	03/1/2	24 - 03/31/24	
				FINAL Invoice		(check if Yes)	
DETAIL PERSONNEL	EXPENDITURE	≣S					
PERSONNEL	_	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING	
Program Director	FTE 0.11	\$11,901	THIS PERIOD	TO DATE	BUDGET	\$11,901.00	
Clinical Supervisor Psycho						\$8,571.00	
Mental Health Specialist, L	.CSW 0.67	\$54,909				\$54,909.00	
Substance Abuse Specialis						\$61,788.00	
Clinic and Program Assista	ant 0.22	\$10,754				\$10,754.00	
				+			
				+			
				 			
				+			
				1			
TOTAL SALARIES	2.08					\$147,923.00	
T certify that the information provid accordance with the budget appro- records for those claims are main	oved for the contract of	cited for services provi	ided under the provision				
Certified By:			. Date:				

Appendix C-5b

Title:

Amendment: 08/01/2023 Contract ID# 1000017218

APPENDIX F-6 03/01/2025 - 02/28/2026 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]			I		voice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	itract Pur	rchase C	Order No:			
Telephone: 415-552-1013]	I	Funding	Source:		RWPA	<u> </u>
Fax:		Нг	HS	De	epartment	t ID-Auti	nority ID:			
Program Name: Center of Excellence				•	Proje	ect ID-Ac	ctivity ID:			
ACE Control #:]					Invoice	e Period:	03/1	/25 - 03/3	31/25
						FINAI	L Invoice		(check if	Yes)
	TOT CONTR	RACTED	THIS P	VERED PERIOD	TOD	/ERED DATE	TO	OF TAL	REMA DELIVER	RABLES
DELIVERABLES Outpatient ambulatory health serv	UOS	UDC 325	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC 325
outpatient ambulatory health serv nursing treatment adherance	1,195 1,000	325		\vdash	 			 	1,195 1,000	325
medical case management	1,170	80			\vdash	 	-	 	1,170	80
Tiedical case management	1,						 	<u> </u>	','	
		UDC		UDC	<u> </u>	UDC	<u> </u>	UDC		UDC
Unduplicated Clients for Appendix		325		ODC		ODC		ODC		325
EXPENDITURES	BUD)GET		ENSES PERIOD		ENSES DATE		OF OGET	REMA BALA	
Total Salaries (See Page B)	\$374,	,566							\$374,5	566.00
Fringe Benefits	\$111,								\$111,6	520.00
Total Personnel Expenses	\$486,	,186					<u> </u>		\$486,1	86.00
Operating Expenses:	\$23	111			<u> </u>		┦		\$23,14	44 00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,	141					<u> </u>		\$∠∪, i−	11.00
35 () d O malias (m O Gas	64 (<u> </u>		ـــــــــ		1 00	2 20
Materials and Supplies-(e.g., Office,	\$4,0	000			<u> </u>		╢───		\$4,00	0.00
Postage, Printing and Repro., Program Supplies)	├ ──				├ ──		╢——		├ ──	
General Operating-(e.g., Insurance, Staff	\$29,	530			├ ──		╢──		\$29,53	30.00
Training, Equipment Rental/Maintenance)	V ,	300			 		╢──		Ψ==,-	10.02
Training, Equipment (territoria)	 				 		 		l	
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500			<u> </u>		1		\$1,50	0.00
Consultant/Subcontractor										
Other - (Meals, Audit, Transportation Reimb,	\$35,0	695							\$35,69	95.00
Stipends, Facilitators)										
Total Operating Expenses	\$93,8	866			<u> </u>		 		\$93,86	66.00
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$580,	,							\$580,0	
Indirect Expenses	\$52,2				↓		↓		\$52,20	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$632,	,251	-		NOTES	<u>. </u>	<u> </u>		\$632,2	.57.00
Other Adjustments (Enter as negative, if appropriate the content of the content o	nriate)		-		NOTES	•				
REIMBURSEMENT	priate;				i					
I certify that the information provided above is, to the besaccordance with the budget approved for the contract ci										
records for those claims are maintained in our office at the Signature:	the address in	indicated.		·			-			
Title:							-			
Send to: aidsoffice@sfdph.org										
		Rv.						Date.		
ATTN: Accounts Pavable		Ву:	(DDH A	uthorized	Signatory		_	Date.		

Appendix C-6 Amendment: 08/01/2023

APPENDIX F-6 03/01/2025 - 02/28/2026 PAGE B

Contractor: Mission Ne	iabbarbaa	d Haalth Cantor		Г		oice Number -1MAR25
Address: 240 Shotwe	•	u nealth center		L	A-	TIVIANZS
San Francis		4110	Contract P	urchase Order No:		
Telephone: 415-552-10	13			Fund Source:		RWPA
Fax:				_		
			Departme	ent ID-Authority ID:		
Program Name: Center of E	xcellence		Pro	oject ID-Activity ID:		
ACE Control #:]			
				Invoice Period:	03/1/2	25 - 03/31/25
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPE	NDITURE	s				
PERSONNEL	CTC	BUDGETED	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING
Physician.	FTE 0.30	\$51,201	THIS PERIOD	TODATE	BUDGET	BALANCE \$51.201.00
Registered Nurse.	0.30	\$76,866				\$51,201.00 \$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11,648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinate		\$37,500				\$37,500.00
Director of Programs and HIV Ser		\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
<u> </u>	5.92	\$374,566				\$374,566.00
TOTAL SALARIES I certify that the information provided abov accordance with the budget approved for trecords for those claims are maintained in	e is, to the beather	st of my knowledge, of ted for services provi	ided under the provision			nent is in
Certified By:			Date:			

Title: ____

APPENDIX F-6a 03/01/2025 - 02/28/2026 PAGE A

				nct ID #	ı					voice Numl	
	Mission Neighborhood Hea 240 Shotwell Street	Ilth Cente	10000	17218					, A	4-1MAR2	5
	San Francisco, CA 94110				Con	ntract Pur	chase C	order No:			
Telephone: Fax:	415-552-1013		Н	HS	Do	i epartment	_	Source:	F	RWPA MA	Al
Program Name:	Center of Excellence				l De			-			
ACE Control #:						Proje	ct ID-Ac	tivity ID:			
_							Invoice	e Period:	03/1	/25 - 03/3	31/25
							FINAL	L Invoice		(check if	Yes)
DELIVERABLES		TOT CONTR UOS		DELIV THIS P UOS		DELIV TO D UOS			OF TAL UDC	REMA DELIVER UOS	
medical case mar	•	1,660	325							1,660	325
treatment adherer		515 90	100 40			-				515 90	100 40
treatment adherer	nice group	90	40					╫──		90	40
			UDC	,	UDC	"	UDC		UDC	"	UDC
Unduplicated Clien	nts for Appendix		325								325
EXPENDITURES		BUD	GET	EXPE THIS P		EXPE TO D			OF IGET	REMA BALA	
Total Salaries (S Fringe Benefits	See Page B)	\$164								\$164,1	
		\$48,								\$48,92	
Operating Expe	nel Expenses	\$213	,111							\$213,1	11.00
<u> </u>	e.g., Rental of Property, Utilities,	\$9,6	643					╢		\$9,64	3.00
	ance Supplies and Repairs)	. ,									
	10 11	Φ0.0	200							#0.00	.0.00
	d Supplies-(e.g., Office, g and Repro., Program Supplies)	\$2,6	082			-		 		\$2,68	2.00
Fostage, Filliting	g and repro., Program Supplies)							╫			
General Ope	rating-(e.g., Insurance, Staff										
Training, Equipn	nent Rental/Maintenance)										
Staff Travel	- (e.g., Local & Out of Town)										
Consultant/9	Subcontractor					-		-		-	
Consultanti	Subcontractor							╫──			
Other - (Meals Stipends, Facilita	s, Audit, Transportation Reimb,										
		0.10	005							040.00	25.00
Total Operati Capital Exper		\$12,	325					-		\$12,32	25.00
TOTAL DIRECT		\$225	,436					1		\$225,4	36.00
Indirect Expe	nses	\$20,								\$20,29	
TOTAL EXPEN	SES Payment Recovery	\$245	,726			NOTES		<u></u>		\$245,7	26.00
	ments (Enter as negative, if appro	priate)				NOTES	•				
REIMBURSEM		,									
accordance with the	rmation provided above is, to the be budget approved for the contract ci aims are maintained in our office at t	ted for service	ces provide								
	Signature:							-	Date:		
	Title:				_		_	_			
Send to:	aidsoffice@sfdph.org										
			Ву:					_	Date:	_	
	ATTN: Accounts Payable		,		thorized	Signatory	<i>'</i>)	-		-	

Appendix C-6a Amendment: 08/01/2023

APPENDIX F-6a 03/01/2025 - 02/28/2026 PAGE B

Contractor: Mission Neigh Address: 240 Shotwell S		od Health Center		[ice Number 1MAR25
San Francisco		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	RV	VPA MAI
Fax:			Departme	ent ID-Authority ID:		
Program Name: Center of Exce	llence			pject ID-Activity ID:		
ACE Control #:				oject ib-Activity ib.		
			•	Invoice Period:	03/1/2	5 - 03/31/25
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	:S				
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800	THIS PERIOD	TODATE	BUDGET	\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherance Health Educate	0.59	\$30,643				\$30,643.00
Program Assistant						
Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00
T certify that the information provided above is, accordance with the budget approved for the c records for those claims are maintained in our	ontract c	ited for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-6a Amendment: 08/01/2023

Title:

APPENDIX F-6b 03/01/2025 - 02/28/2026 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				nvoice Numl A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110		_		Con	ntract Purchase	e Order No	:	<u></u>	
Telephone: 415-552-1013				1	Fund	ling Source:		RWPA MA	141
Fax:	!	HF	HS	De	Fundi epartment ID-A	J		<u> </u>	<u> </u>
Program Name: Center of Excellence - IFR	•			1		O-Activity ID:			<u> </u>
ACE Control #:	i				-	oice Period:		1/25 - 03/3	31/25
					FII	NAL Invoice	<u> </u>	check if	f Yes)
DELIVERABLES	TOT CONTRA		THIS P	VERED PERIOD	DELIVERED TO DATE	ТО	6 OF OTAL UDC		AINING ERABLES UDC
DELIVERABLES mental health outpatient	966	70	UOS	UDC	UOS UD	oc uos	UDC	966	70
outpatient sub abuse serv individual	975	45			 	<u> </u>	+	975	45
outpatient sub abuse serv group	81	10					†	81	10
		-			4——	_		<u></u> '	↓ /
					4			ш	
		UDC		UDC	UD	/C	UDC		UDC
Unduplicated Clients for Appendix		115							115
EXPENDITURES	BUDO			ENSES PERIOD	EXPENSES TO DATE		6 OF DGET	BALA	AINING ANCE
Total Salaries (See Page B)	\$147,								923.00
Fringe Benefits Total Personnel Expenses	\$44,3 \$192,				4				370.00 293.00
Operating Expenses:	Ψ10=,	,295			 	-		Φ10 <u>2,</u>	293.00
Occupancy-(e.g., Rental of Property, Utilities,	\$7,1	113			 	<u> </u>		\$ <u>7,1</u> 1	13.00
Building Maintenance Supplies and Repairs)									
Cumplies (a.g. Office	\$2.5	-			<u></u>	Д		\$2.8/	~~ ^^
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$2,8	,03			4			\$2,00	03.00
Postage, Pilliulig and Nepro., 1 logicin oupring	 				 	$-\parallel$		 	
General Operating-(e.g., Insurance, Staff	\$2,6	326			 	1		\$2,62	26.00
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)	\$50	0						\$50	0.00
Consultant/Subcontractor					 			 	
Other - (Meals, Audit, Transportation Reimb,	\$2,2	250						\$2,25	50.00
Stipends, Facilitators)	1		1		4			-	
Total Operating Expenses	\$14,8	.842			 	-		\$14,84	42.00
Capital Expenditures									
TOTAL DIRECT EXPENSES	\$207,	,				<u> </u>			135.00
Indirect Expenses	\$18,6 \$225		4		4	—		\$18,64 \$225.7	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$225,	,///			NOTES:			Φ ΖΖ <u>υ, .</u>	777.00
Other Adjustments (Enter as negative, if appropriate the content of the content o	nriate)				INC I LE.				
REIMBURSEMENT					4				
I certify that the information provided above is, to the best accordance with the budget approved for the contract cit records for those claims are maintained in our office at the contract of the contract o	ited for servic	ces provided indicated.	d under the	e provision	n of that contract.		tion and bad	ackup	
Signature: _ Title: _						_	Date.	::	
Send to: aidsoffice@sfdph.org									
ATTN: Accounts Payablo		Ву:	(DDH A	-th-orizod	l Signatory)		Date):	

Appendix C-6b Amendment: 08/01/2023

APPENDIX F-6b 03/01/2025 - 02/28/2026 PAGE B

	Mission Neigh		d Health Center		[ice Number 1MAR25
Audress.	San Francisco		1110	Contract P	urchase Order No:		
Telephone: Fax:	415-552-1013				Fund Source:	RV	VPA MAI
ı ax.				Departme	ent ID-Authority ID:		
Program Name:	Center of Exce	llence -	- IFR	Pro	oject ID-Activity ID:		
ACE Control #:					_		
					Invoice Period:	03/1/2	25 - 03/31/25
					FINAL Invoice		(check if Yes)
DETAIL PERSON	NEL EXPEND	ITURE	S BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL		FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Program Director		0.11	\$11,901				\$11,901.00
Clinical Supervisor P	sychologist	0.09	\$8,571				\$8,571.00
Mental Health Special Substance Abuse Sp	ecialist	0.67 1.00	\$54,909 \$61,788				\$54,909.00 \$61,788.00
Clinic and Program A		0.22	\$10,754				\$10,754.00
omno arra i rogiami i		0.22	* 10,101				ψ.ο,.οου
					 		
TOTAL CALADICS		2.00	£447.000				A 1 1 7 000 00
TOTAL SALARIES I certify that the information	n provided above is	2.08	\$147,923	complete and accurate: t	he amount requested for	r reimhursen	\$147,923.00
accordance with the budge records for those claims an	et approved for the o	ontract cit	ed for services provi	ded under the provision			
Certified By:				Date:			

Appendix C-6b

Amendment: 08/01/2023 Contract ID# 1000017218

Title:

APPENDIX F-7 03/01/2026 - 02/28/2027 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				nvoice Num A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	ntract Purchase	Order No:	:		
Telephone: 415-552-1013		Ч		1	Fundi	ing Source:	:	RWPA	
Fax:		П	HS	De	epartment ID-A	uthority ID:	:		
Program Name: Center of Excellence	_				Project ID-	-Activity ID:	:		
ACE Control #:	İ				Invo	oice Period:	03/1	1/26 - 03/3	31/26
					FIN	NAL Invoice	;	(check if	Yes)
DELIVERABLES	TOT CONTR		THIS P	VERED PERIOD	DELIVERED TO DATE	TO	6 OF DTAL UDC		AINING ERABLES UDC
outpatient ambulatory health serv	UOS 1,195	325	UOS	UDC	UOS UDO	C UOS	TUDO	1,195	325
nursing treatment adherance	1,195	325			+		+	1,195	325
medical case management	1,170	80			 	+	+	1,170	80
modelia occi manigini	.,						+	''	
							<u> </u>	<u> </u>	
		UDC	_	UDC	UDO	с	UDC		UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUD			ENSES PERIOD	EXPENSES TO DATE		6 OF DGET		AINING ANCE
Total Salaries (See Page B)	\$374,	,						\$374,5	
Fringe Benefits	\$111, \$496				<u> </u>	ጔ		\$111,6	
Total Personnel Expenses Operating Expenses:	\$486,	,186			4			\$480, 1	186.00
Occupancy-(e.g., Rental of Property, Utilities,	\$23,	141			├ ──	-		\$23,14	41.00
Building Maintenance Supplies and Repairs)					ļ	1		+==,	71.00
Materials and Supplies-(e.g., Office,	\$4,0)00 <u> </u>			<u> </u>			\$4,00	00.00
Postage, Printing and Repro., Program Supplies)									
Concret Operating to a Incurance Staff	\$20	E30			4	_		\$29,5	20.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$29,	530			4			- Φ∠υ,υ,	30.00
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500			<u> </u>	1		\$1,50	00.00
,					<u> </u>	—			
Consultant/Subcontractor									
Other (Marile Audit Transportation Reimh	\$35,6	205			4	_		\$35.69	חב חח
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	φου,	090			 	-		φυυ,υ,	90.00
	l				I	1			
Total Operating Expenses	\$93,8	866						\$93,86	66.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$580,	052	4—		4			 \$580,0	ሳድን በበ
Indirect Expenses	\$500, \$52,2				 	-		\$500,0	
TOTAL EXPENSES	\$632,				 	<u> </u>		\$632,2	
LESS: Initial Payment Recovery	t.				NOTES:			<u></u>	
Other Adjustments (Enter as negative, if appro	priate)				4				
REIMBURSEMENT					<u></u>				
I certify that the information provided above is, to the be	et of mv kno	wledae, cor	molete and	accurate;	the amount requ	ested for rein	obursemen	ot is in	
accordance with the budget approved for the contract ci	•								
records for those claims are maintained in our office at t	the address ir	indicated.		•		•		·	
Signature:							Date:	:	
Title:									
Send to: aidsoffice@sfdph.org									
Send to: alusomoe@sidpn.org									
1		By:					Date	:	
ATTN: Accounts Pavable		-,	/DDL A	thorizod	I Signatory)	_			

APPENDIX F-7 03/01/2026 - 02/28/2027 PAGE B

Address: 240 Shotwell Street San Francisco, CA 94110 Telephone: 415-552-1013 Fax: Program Name: Center of Excellence ACE Control #: DETAIL PERSONNEL EXPENDITURES PERSONNEL FITE SALARY Physician. 0.30 \$51,201 Registered Nurse. 0.90 \$76,866 Medical Assistant. 0.90 \$45,471 Phiebotomist. 0.50 \$20,800 Patient Services Specilaist. 0.50 \$20,800 Patient Services Specilaist. 0.60 \$29,952 Regruitment/Retention Coordinator. 0.67 \$37,500 Director of Programs and HIV Service 0.55 \$28,886 Cinic Assistant. 0.55 \$28,886 Cinic Assistant. 0.60 \$29,952 S28,886 S28,886 S28,886 S28,886 S28,886 S374,566,00 S374,566,00 S374,566,00 S375,000 S30,000 S374,566,00	Contractor: Mission Neigh	Γ	Invoice Number A-1MAR26				
Telephone: 415-552-1013 Fax: Department ID-Authority ID:	_		a rieditii Gentei		L		TWATE
Program Name: Center of Excellence	San Francisco	, CA 9	4110	Contract P	urchase Order No:		
Program Name: Center of Excellence	Telephone: 415-552-1013				Fund Source:		RWPA
Program Name: Center of Excellence	-				r una cource. L		IXWI A
Project ID-Activity ID:				Departme	ent ID-Authority ID:		
DETAIL PERSONNEL EXPENDITURES BUDGETED EXPENSES TO DATE BUDGET BUDGETED BUDGET	Program Name: Center of Exc	ellence		_			
DETAIL PERSONNEL EXPENDITURES SALARY EXPENSES TO DATE BUDGET BALANCE Physician. 0.30 \$51,201 \$51,201 \$1,201 0.56 \$66.00 \$1,464.2 \$41,642.00 0.20 \$11,648 \$11,648.00 0.20 \$31,686 \$11,648.00 0.20 \$31,686 \$11,648.00 0.20 \$41,642 \$41,642.00 0.20 \$31,686 \$31,648.8 \$31,648.00 0.20 \$31,686 \$31,648.00 0.20 \$31,686 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 \$31,648.00 0.20 \$31,648 0.20 0.20 \$31,648 0.20	ACE Control #			Pro	pject ID-Activity ID: [
DETAIL PERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BUDGET REMAINING BALANCE Physician. 0.30 \$51,201 \$51,201.00 \$51,201.00 \$66 \$76,866.00 \$76,	AGE CONTION #.				Invoice Period:	03/1/2	26 - 03/31/26
DETAIL PERSONNEL EXPENDITURES PERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BALANCE Physician. 0.30 \$51,201 \$51,201.00 \$51,201.00 Registered Nurse. 0.90 \$76,866 \$76,866.00 \$76,866.00 Medical Assistant. 0.90 \$45,471 \$45,471.00 \$41,642.00 Phlebotomist. 0.50 \$20,800.00 \$20,800.00 \$20,800.00 Patient Services Specilaist. 1.00 \$41,642.00 \$41,642.00 Phlebotomist Lead. 0.20 \$11,648.00 \$11,648.00 Clinic Assistant. 0.60 \$29,952.0 \$29,952.00 Recruitment/Retention Coordinator. 0.67 \$37,500.00 \$37,500.00 Director of Programs and HIV Service. 0.30 \$30,600.00 \$30,600.00 Program Assistant. 0.55 \$28,886.00 \$28,886.00					-		1
PERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BUDGET REMAINING BALANCE Physician. 0.30 \$51,201 \$51,201.00 \$51,201.00 \$51,201.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$45,471.00 \$45,471.00 \$45,471.00 \$45,471.00 \$41,642.00 \$20,800.00 \$20,800.00 \$20,800.00 \$20,800.00 \$41,642.00 \$41,					FINAL Invoice		(check if Yes)
PERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BUDGET REMAINING BALANCE Physician. 0.30 \$51,201 \$51,201.00 \$51,201.00 \$51,201.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$45,471.00 \$45,471.00 \$45,471.00 \$45,471.00 \$41,642.00 \$20,800.00 \$20,800.00 \$20,800.00 \$20,800.00 \$41,642.00 \$41,							
PERSONNEL FTE BUDGETED SALARY EXPENSES THIS PERIOD EXPENSES TO DATE % OF BUDGET REMAINING BALANCE Physician. 0.30 \$51,201 \$51,201.00 \$51,201.00 \$51,201.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$76,866.00 \$45,471.00 \$45,471.00 \$45,471.00 \$45,471.00 \$41,642.00 \$20,800.00 \$20,800.00 \$20,800.00 \$20,800.00 \$41,642.00 \$41,	DETAIL DEDSONNEL EXPEND	ITLIPE	9				
Physician.	DETAIL TEROONNEE LATERE	/II OILL	-	EXPENSES	EXPENSES	% OF	REMAINING
Registered Nurse.	F			THIS PERIOD	TO DATE	BUDGET	
Medical Assistant.	Physician.						
Phlebotomist	Registered Nurse.						
Patient Services Specilaist.							
Phlebotomist Lead.							
Clinic Assistant.							
Recruitment/Retention Coordinator. 0.67 \$37,500 \$37,500.00 Director of Programs and HIV Service 0.30 \$30,600 \$30,600.00 Program Assistant. 0.55 \$28,886 \$28,886.00							
Director of Programs and HIV Service 0.30 \$30,600 \$30,600.00 Program Assistant. 0.55 \$28,886 \$28,886.00							
Program Assistant. 0.55 \$28,886 \$28,886 \$28,886.00							
	Program Assistant.						
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
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TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
TOTAL SALARIES 5.92 \$374,566 \$374.566.00							
TOTAL SALARIES 5.92 \$374,566 \$374.566.00							
TOTAL SALARIES 5.92 \$374,566 \$374,566.00							
101AL SALAKILS 5.92 \$574,500 \$374,500.00	TOTAL SALADIES	5.02	\$37 <i>1</i> 566				¢274 FCC 00
I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in				complete and accurate: t	he amount requested fo	r raimhurean	
	records for those claims are maintained in our	office at t	he address indicated.				
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.							
records for those claims are maintained in our office at the address indicated.	Certified By:			Date:			
				Date.			-

Appendix C-7 Amendment: 08/01/2023

Title: ____

APPENDIX F-7a 03/01/2026 - 02/28/2027 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]		Г		voice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110		<u> </u>	<u> </u>	Con	ntract Purchase C	Order No:			
Telephone: 415-552-1013				1	Fundin	g Source:	F	RWPA MA	ΔΙ
Fax:	ļ	H	HS	De	epartment ID-Aut	· _			<u> </u>
Program Name: Center of Excellence				1	Project ID-Ad				
ACE Control #:	ı				-	ce Period:	03/1	/26 - 03/3	31/26
						AL Invoice		(check if	
	TOT CONTRA	RACTED	THIS P	VERED PERIOD	DELIVERED TO DATE	% OF TOTAI	AL	DELIVER	AINING ERABLES
DELIVERABLES medical case management	UOS 1,660	UDC 325	UOS	UDC	UOS UDC	UOS	UDC	UOS 1,660	UDC 325
treatment adherence individual	515	100			<u> </u>	+		515	100
treatment adherence group	90	40						90	40
			4		4	1	/	└── '	↓ ′
					+-	+		\vdash	+
		UDC		UDC	UDC		UDC		UDC
Unduplicated Clients for Appendix		325					لــــــــــــــــــــــــــــــــــــــ		325
EXPENDITURES	BUDG			ENSES PERIOD	EXPENSES TO DATE	% OF BUDGE		BALA	AINING ANCE
Total Salaries (See Page B)	\$164,	·						\$164,1	
Fringe Benefits Total Personnel Expenses	\$48,9 \$213,				4	┦		\$48,92 \$213,1	
Operating Expenses:	ΨΔ.ς,	,111			 	-		Φ∠ ι ∪, .	111.00
Occupancy-(e.g., Rental of Property, Utilities,	\$9,6	343			<u> </u>	 		\$9,64	43.00
Building Maintenance Supplies and Repairs)									
Materials and Supplies-(e.g., Office,	\$2,6	200			4	<u> </u>		\$2,68	22.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	ΨΔ,~	182			4	-		Φ∠,∪∪	32.00
	T				 				
General Operating-(e.g., Insurance, Staff									
Training, Equipment Rental/Maintenance)	<u> </u>				4			<u> </u>	
Staff Travel - (e.g., Local & Out of Town)					<u> </u>	-	_		
Consultant/Subcontractor	1				<u> </u>				
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					<u> </u>	 		4	
Superius, r aciiitators,					<u> </u>				
Total Operating Expenses	\$12,3	,325			4			\$12,32	25.00
Capital Expenditures	***	100				<u> </u>	لِـــــــــــــــــــــــــــــــــــــ		100.00
TOTAL DIRECT EXPENSES Indirect Expenses	\$225, \$20,2	,			4			\$225,4 \$20,29	
TOTAL EXPENSES	\$20,2 \$245,				/ ──	 		\$20,28	
LESS: Initial Payment Recovery					NOTES:			<u> </u>	
Other Adjustments (Enter as negative, if approp	priate)				4				
REIMBURSEMENT									
I certify that the information provided above is, to the bes	est of my kno	wledge, cor	molete and	accurate:	the amount reques	eted for reimbur	rsement	t is in	
accordance with the budget approved for the contract cit		-			•				
records for those claims are maintained in our office at the Signature:						_	Date:	·	
						_			
Send to: aidsoffice@sfdph.org									
dend to.		Ву:	:				Date:	:	
ATTN: Accounts Payable		-	/DDH A	··thorized	l Signatory)	_	-		

Appendix C-7a Amendment: 08/01/2023

APPENDIX F-7a 03/01/2026 - 02/28/2027 PAGE B

Contractor: Mission Neigh		od Health Center		[oice Number -1MAR26
Address: 240 Shotwell S San Francisco		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	R\	NPA MAI
Fax:			Domonton	ا الله الله الله الله الله الله الله ال		
Program Name: Center of Exce	llence		Берапти	ent ID-Authority ID:		
AOE 0 - 141-1 #1			Pro	oject ID-Activity ID:		
ACE Control #:				Invoice Period:	03/1/2	26 - 03/31/26
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	:S				
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80		THIS PERIOD	TODATE	BUDGET	\$52,800.00
Medical Case Manager	1.00					\$60,341.00
Treatment Adherance Health Educate	0.59	\$30,643				\$30,643.00
Program Assistant	0.00	#20.400				#00 400 00
Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164,184.00
I certify that the information provided above is,		. ,	complete and accurate; t	he amount requested fo	r reimbursen	nent is in
accordance with the budget approved for the c records for those claims are maintained in our				of that contract. Full jus	tification and	l backup
Certified By:			Date:			-

Appendix C-7a Amendment: 08/01/2023

Title:

APPENDIX F-7b 03/01/2026 - 02/28/2027 PAGE A

	Mission Neighborhood Hea	Ith Cente		17218]					voice Num A-1MAR2	
Address.	San Francisco, CA 94110				Con	tract Pur	chase C	rder No:			
Telephone: Fax:	415-552-1013		Н	HS		ı	Funding	Source:	F	RWPA MA	ΑI
Program Name:	Center of Excellence - IFR				De	partmen		nority ID:			
ACE Control #:						Proje	Ct ID-AC	tivity iD:			
							Invoice	e Period:	03/1	/26 - 03/3	31/26
							FINAL	_ Invoice		(check if	Yes)
DELIVERABLES		TOT CONTR UOS			ERED PERIOD UDC	DELIV TO D UOS	ERED DATE UDC	% TO UOS	OF TAL UDC		INING RABLES UDC
mental health ou	ıtpatient	966	70							966	70
	buse serv individual	975	45							975	45
outpatient sub al	buse serv group	81	10							81	10
Unduplicated Clie	ents for Appendix		UDC 115		UDC		UDC	II	UDC	I	UDC 115
•			113								
EXPENDITURES	S	BUD	GET		NSES PERIOD		NSES DATE	% BUD	OF IGET	REMA BALA	
Total Salaries ((See Page B)	\$147.		111101	LINOD	10.	,,,,,,			\$147,9	
Fringe Benefits		\$44,								\$44,3	
Total Perso	nnel Expenses	\$192,	,293							\$192,2	93.00
Operating Expe											
	-(e.g., Rental of Property, Utilities,	\$7,1	13					 		\$7,11	3.00
Building Mainte	nance Supplies and Repairs)							 		-	
Materials ar	nd Supplies-(e.g., Office,	\$2,8	เกร					├ ──		\$2,80	3 00
	ng and Repro., Program Supplies)	Ψ2,0	000					 		Ψ2,00	75.00
1 colage, 1 final	ng and repres, r regiant eapplies)							1			
General Ope	erating-(e.g., Insurance, Staff	\$2,6	626							\$2,62	26.00
Training, Equip	ment Rental/Maintenance)										
Staff Trave	l - (e.g., Local & Out of Town)	\$5	0							\$50	.00
Consultant	/Subcontractor										
Other - (Meal Stipends, Facilit	ls, Audit, Transportation Reimb,	\$2,2	250			-		 		\$2,25	0.00
Superius, Facilit	tators)										
Total Operat	ting Expenses	\$14,8	842							\$14,8	42.00
Capital Expe	enditures										
TOTAL DIREC		\$207,								\$207,1	
Indirect Expe		\$18,0						 		\$18,6	
TOTAL EXPEN	NSES I Payment Recovery	\$225,	, / / /			NOTES		<u> </u>		\$225,7	77.00
	tments (Enter as negative, if approp	oriate)				110120	-				
REIMBURSEN		, iato j				Ï					
accordance with th	ormation provided above is, to the best the budget approved for the contract cit laims are maintained in our office at the Signature:	ed for servic	ces provide	d under the	e provisior	of that co	•		on and bad		
	Title:							_			
Send to:	aidsoffice@sfdph.org										
	- · · · · ·		Rv.						Date:		
	ATTN: Accounts Pavable		Ву:	(DPH A)	ıthorized	Signator	.()	-	Date:		

Appendix C-7b Amendment: 08/01/2023

APPENDIX F-7b 03/01/2026 - 02/28/2027 PAGE B

Contractor: Mission Ne	d Health Center				ice Number 1MAR26	
Address: 240 Shotwe San Francis		1110	Contract P	urchase Order No:		
Telephone: 415-552-10				Fund Source:	D/	VPA MAI
Fax:	13			_	KV	VPA IVIAI
Program Name: Center of E	xcellence -	· IFR	Departme	ent ID-Authority ID:		
ACE Control #:			Pro	pject ID-Activity ID:		
ACE CONTO #.				Invoice Period:	03/1/2	26 - 03/31/26
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPE	NDITURE					1
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist Mental Health Specialist, LCSW	0.09	\$8,571 \$54,909				\$8,571.00 \$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
g		, ,,				4
TOTAL SALARIES	2.08	\$147,923				\$147,923.00
T certify that the information provided abov accordance with the budget approved for t records for those claims are maintained in	he contract cit	ed for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-7b Amendment: 08/01/2023

Title:

APPENDIX F-8 03/01/2027 - 02/29/2028 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]		ı		nvoice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	ntract Purchase	Order No:			
Telephone: 415-552-1013				1	Fundir	ng Source:		RWPA	
Fax:	!	H	HS	De	epartment ID-Au				
Program Name: Center of Excellence	•			1	Project ID-A				
ACE Control #:	1				•	ice Period:		1/27 - 03/3	/31/27
						AL Invoice		(check if	
	тот	T A1	υΕΓΙ	VERED	DELIVERED		OF	- `	AINING
DELIVERABLES	CONTRA UOS			PERIOD UDC	TO DATE UOS UDC	TOT	OF OTAL UDC		ERABLES UDC
outpatient ambulatory health serv	1,195	325	<u> </u>			T		1,195	325
nursing treatment adherance	1,000	325						1,000	325
medical case management	1,170	80						1,170	80
					<u> </u>	لـــــا	<u> </u>	<u>'</u>	Ļ!
					 				+
		UDC		UDC	UDC	;	UDC		UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUDO			ENSES PERIOD	EXPENSES TO DATE		OF DGET		AINING ANCE
Total Salaries (See Page B)	\$374,	,566						\$374,5	566.00
Fringe Benefits Total Personnel Expenses	\$111, \$486				4	Л		\$111,6 \$486,1	
Total Personnel Expenses Operating Expenses:	\$486,	<u>,18b</u>			4			\$400,1	186.00
Occupancy-(e.g., Rental of Property, Utilities,	\$23,1	141			4			\$23,1	141.00
Building Maintenance Supplies and Repairs)					<u> </u>				71.0.
Supplies (o.g. Office		220				□		\$4 OC	~~ ^^
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,0	000			4			\$4,00	00.00
					 				
General Operating-(e.g., Insurance, Staff	\$29,5	,530				1		\$29,5	530.00
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500				1-		\$1,50	00.00
Consultant/Subcontractor					<u> </u>	<u> </u>			
	#25	225							~= 00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,6	395			 			\$30,00	895.00
,	ſ					1			
Total Operating Expenses	\$93,8	866						\$93,86	66.00
Capital Expenditures TOTAL DIRECT EXPENSES	\$580,	052			4	#		\$580,0	<u>√E3 U()</u>
Indirect Expenses	\$580, \$52,2				4			\$580,0	
TOTAL EXPENSES	\$632,				<u> </u>	1		\$632,2	
LESS: Initial Payment Recovery					NOTES:				<u> </u>
Other Adjustments (Enter as negative, if approp	priate)				4				
REIMBURSEMENT					<u></u>				
I certify that the information provided above is, to the bes	et of my kno	wledge, cor	molete and	accurate;	· the amount reque	sted for reim!	hursemen	nt is in	
accordance with the budget approved for the contract cit	ited for servic	ces provided			•				
records for those claims are maintained in our office at the	the address ir	indicated.						·	
Signature: _						_	Date.	:	
Title:									
Send to: aidsoffice@sfdph.org									
		_							
ATTN: Accounts Pavable		Ву:	/DDU A	thorizod	l Signatory)	_	Date:	:	

Appendix C-8 Amendment: 08/01/2023

APPENDIX F-8 03/01/2027 - 02/29/2028 PAGE B

Contractor: Mission N	eighborboo	d Health Center		Γ		oice Number -1MAR27
Address: 240 Shotw	•	a rieditii Gentei		L		TIVIAINZI
	sisco, CA 94	4110	Contract P	urchase Order No:		
Telephone: 415-552-10	013			Fund Source:		RWPA
Fax:				_		
			Departme	ent ID-Authority ID:		
Program Name: Center of	Excellence		Pro	oject ID-Activity ID:		
ACE Control #:]	,,oot 12 /10.171, 12. [
				Invoice Period:	03/1/2	27 - 03/31/27
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPE	ENDITURE	S				
DEDSONNEL	ETE	BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE
Physician. Registered Nurse.	0.30	\$51,201 \$76,866				\$51,201.00 \$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead.	0.20	\$11.648				\$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinate		\$37,500				\$37,500.00
Director of Programs and HIV Se		\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
- V						. ,
				 		
				 		
						
TOTAL SALARIES	5.92	\$374,566				\$374,566.00
I certify that the information provided abo			complete and accurate: t	he amount requested for	r reimburser	
accordance with the budget approved for records for those claims are maintained in	r the contract ci	ted for services provi	ided under the provision			
Certified By:			Date:			-

Appendix C-8 Amendment: 08/01/2023

Title: ____

APPENDIX F-8a 03/01/2027 - 02/29/2028 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]		ĺ		nvoice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110		_	_	Con	ntract Purchase (Order No:			
Telephone: 415-552-1013				1	Fundin	ng Source:		RWPA MA	AI
Fax:	!	HF	HS	De	epartment ID-Aut	-			
Program Name: Center of Excellence				1	Project ID-A				
ACE Control #:	1				-	ice Period:	03/4	1/27 - 03/3	21/27
						AL Invoice		(check if	
	тот	TA1	DELL	VERED	DELIVERED	AL IIIVOICE			AINING
DELIVERABLES	TOT CONTRA UOS			VERED PERIOD UDC	DELIVERED TO DATE UOS UDC	TOT			ERABLES UDC
medical case management	1,660	325						1,660	325
treatment adherence individual	515	100					<u> </u>	515	100
treatment adherence group	90	40					<u> </u>	90	40
					4——		<u> </u>	<u>-</u> '	<u> </u>
					 			 '	
		UDC		UDC	UDC	_"	UDC		UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUDG	GET		ENSES PERIOD	EXPENSES TO DATE	% C BUDG			AINING ANCE
Total Salaries (See Page B)	\$164,	·						\$164,1	184.00
Fringe Benefits	\$48,9							\$48,92	
Total Personnel Expenses	\$213,	<u>,111</u>			<u> </u>	<u> </u>		\$213,1	<u>111.00</u>
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,	\$9,6	242			4			-	43.00
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	ψυ,υ	43			 	-		ΦΘ,∪.	3.00
Mariala and Supplies (e.g. Office	\$2,6	200				1-		\$2,68	22.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	Φ∠,∪	182			4			\$2,00	32.00
					 			-	
General Operating-(e.g., Insurance, Staff						+			
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)	1					1-		<u> </u>	
Consultant/Subcontractor								-	
Other - (Meals, Audit, Transportation Reimb,						┰		1	
Stipends, Facilitators)	 	——			4	-		1	
Total Operating Expenses	\$12,3	.325				+		\$12,32	25.00
Capital Expenditures						二	<u> </u>		
TOTAL DIRECT EXPENSES	\$225,	,						\$225,4	
Indirect Expenses	\$20,2 \$245		4		<u> </u>			\$20,29	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$245,	,726			NOTES:			\$245,7	26.00
Other Adjustments (Enter as negative, if appropriate the content of the content o	-riote)	——			NOTES.				
REIMBURSEMENT)Flate;				<i>A</i>				
I certify that the information provided above is, to the best accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ited for servic	ces provided indicated.	d under the	e provision	n of that contract. F		on and bad		_
						_		<u> </u>	- ins
Send to: aidsoffice@sfdph.org									
ATTN: Accounts Payable		Ву:	· CDDL A	**	1 Signatory)	_	Date:	:	

Appendix C-8a Amendment: 08/01/2023

APPENDIX F-8a 03/01/2027 - 02/29/2028 PAGE B

Contractor: Mission Neigh Address: 240 Shotwell S		od Health Center			Invoice Number A-1MAR27				
San Francisco		4110	Contract F	urchase Order No:					
Telephone: 415-552-1013				Fund Source:	R\	NPA MAI			
Fax:			_ ,						
Program Name: Center of Exc	ellence		Departm	ent ID-Authority ID:					
			Pr	Project ID-Activity ID:					
ACE Control #:				Invoice Period:	03/1/27 - 03/31/27				
				FINAL Invoice	e (check if Yes)				
				THE INVESTIGATION		(check if Tes)			
DETAIL PERSONNEL EXPEND	ITURE	9							
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING			
PERSONNEL	FTE	SALARY	THIS PERIOD	TO DATE	BUDGET	BALANCE			
Social Services Supervisor	0.80	\$52,800				\$52,800.00			
Medical Case Manager	1.00	\$60,341				\$60,341.00			
Treatment Adherance Health Educat	0.59	\$30,643				\$30,643.00			
Program Assistant	0.00	#20.400				#00 400 00			
Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00			
TOTAL SALARIES	2.59	\$164,184				<u>\$164,184.00</u>			
T certify that the information provided above is accordance with the budget approved for the crecords for those claims are maintained in our	contract ci	ted for services provi	ided under the provision						
Certified By:			Date:			-			

Appendix C-8a Amendment: 08/01/2023

Title:

APPENDIX F-8b 03/01/2027 - 02/29/2028 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]			Г		voice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110			<u> </u>	Con	ntract Purcha	ase Or	rder No:			
Telephone: 415-552-1013				7	Fur	nding '	Source:	F	RWPA MA	141
Fax:	!	HF	HS	De	run epartment ID-	J	_		<u> </u>	<u> </u>
Program Name: Center of Excellence - IFR				1	Project I		· –			
ACE Control #:	1				•		Period:	03/1	1/27 - 03/3	31/27
					ſ	FINAL	. Invoice	_	(check if	f Yes)
	TOT CONTRA	RACTED	THIS P	VERED PERIOD	DELIVERE TO DATE	ΤE	% OF TOTA	AL	DELIVER	AINING ERABLES
DELIVERABLES mental health outpatient	UOS 966	UDC 70	UOS	UDC	UOS U	UDC	UOS	UDC	UOS 966	UDC 70
mental health outpatient outpatient sub abuse serv individual	966	45			+		-+		966	45
outpatient sub abuse serv group	81	10			 	-	-		81	10
Outpution Can an a									<u> </u>	<u> </u>
						\square	\Box			
									<u>'</u>	بــــــــــــــــــــــــــــــــــــــ
		UDC		UDC	ι	UDC		UDC		UDC
Unduplicated Clients for Appendix	·	115								115
EXPENDITURES	BUDO			ENSES PERIOD	EXPENSE TO DATE		% OF BUDGI			AINING ANCE
Total Salaries (See Page B)	\$147,	,923							\$147,9	923.00
Fringe Benefits	\$44,3	,370							\$44,37	370.00
Total Personnel Expenses	\$192,	<u>,293</u>				-			\$192,2	293.00
Operating Expenses: Occupancy-(e.g., Rental of Property, Utilities,	\$7,1	112			4				\$ T 1	13.00
Building Maintenance Supplies and Repairs)	Ψ1,	13			 		Ī		Ψι,.	3.00
Materials and Supplies-(e.g., Office,	\$2,8	203			4——	_			\$2.80	03.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	Ψ2,-	03			4				φ∠,∪.	13.00
					 				1	
General Operating-(e.g., Insurance, Staff	\$2,6	326			<u> </u>				\$2,62	26.00
Training, Equipment Rental/Maintenance)										
Staff Travel - (e.g., Local & Out of Town)	\$50	0				$\overline{\exists}$			\$50).00
Consultant/Subcontractor					 	_			 	
Other - (Meals, Audit, Transportation Reimb,	\$2,2	250							\$2,25	50.00
Stipends, Facilitators)	4		4		4				4	
Total Operating Expenses	\$14,8	842	1		 				\$14,84	42.00
Capital Expenditures										
TOTAL DIRECT EXPENSES	\$207,	,							\$207,1	
Indirect Expenses	\$18,6		4		4		<u> </u>		\$18,64	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$225,	<u>,771</u>			NOTES:				\$225,7	<u>/77.00</u>
Other Adjustments (Enter as negative, if appropriate the content of the content o	-priate)				NO ILC.					
REIMBURSEMENT	Jilaw,				<i>t</i>					
I certify that the information provided above is, to the bes accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ited for servic	ces provided indicated.	d under the	e provision	n of that contrac	•		n and bac		
						_				
Send to: aidsoffice@sfdph.org										
ATTN: Accounts Payablo		Ву:	/DDH A	···thorized	l Signatory)			Date:	:	

Appendix C-8b Amendment: 08/01/2023

APPENDIX F-8b 03/01/2027 - 02/29/2028 PAGE B

Contractor: Mission Ne	-	d Health Center			Invoice Number A-1MAR27	
Address: 240 Shotwe San Franci		1110	Contract P	urchase Order No:		
Telephone: 415-552-10	13			Fund Source:	R۱	WPA MAI
Fax:			D			
Program Name: Center of E	xcellence	- IFR		ent ID-Authority ID:		
ACE Control #:			Pro I	oject ID-Activity ID:		
ACE CONTO #.			l	Invoice Period:	03/1/2	27 - 03/31/27
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPE	NDITURE	s				
PERSONNEL		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
Program Director	FTE 0.11	\$11,901	THIS PERIOD	TO DATE	BUDGET	\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW	0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00
T certify that the information provided abov accordance with the budget approved for t records for those claims are maintained in	the contract cit	ed for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-8b

Title:

Amendment: 08/01/2023 Contract ID# 1000017218

APPENDIX F-9 03/01/2028 - 02/28/2029 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				nvoice Numl A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110		- -		Con	ntract Purchase	∍ Order No:			
Telephone: 415-552-1013				1	Fundi	ing Source:		RWPA	
Fax:	!	H	HS	De	epartment ID-Au			- IXVV.	
Program Name: Center of Excellence	•			1		-Activity ID:			
ACE Control #:	1				•	oice Period:		1/28 - 03/3	/31/28
						IAL Invoice		check if	
	TOT CONTR/			VERED PERIOD	DELIVERED TO DATE		OF OTAL		AINING ERABLES
DELIVERABLES	UOS	UDC	THIS P UOS	PERIOD UDC	TO DATE UOS UDO		UDC	UOS	UDC
outpatient ambulatory health serv	1,195	325						1,195	325
nursing treatment adherance medical case management	1,000 1,170	325 80			} ——	_		1,000	325 80
Medical Case management	1,170	00				-	\vdash	1,110	- 50
									بــــــــــــــــــــــــــــــــــــــ
	_	UDC		UDC	UDC	c _	UDC	_	UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUDO	GET		ENSES PERIOD	EXPENSES TO DATE		OF DGET		AINING ANCE
Total Salaries (See Page B)	\$374,	,						\$374,5	566.00
Fringe Benefits Total Personnel Expenses	\$111, \$486				<u></u>	ДЩ		\$111,6 \$486,1	
Total Personnel Expenses Operating Expenses:	\$486,	<u>,186</u>			4	#		\$400, 1	186.00
Occupancy-(e.g., Rental of Property, Utilities,	\$23,1	141			<u> </u>			\$23,1	141.00
Building Maintenance Supplies and Repairs)	-							1	
10 miles (s. c. Office	<u> </u>							1400	
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,0	00			4	_		\$4,00	00.00
Postage, Printing and Nepro., Program Сирр		——			 	-			
General Operating-(e.g., Insurance, Staff	\$29,5	530			 	<u> </u>		\$29,5	30.00
Training, Equipment Rental/Maintenance)									
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500				1		\$1,50	00.00
Consultant/Subcontractor					 			 	
Other - (Meals, Audit, Transportation Reimb,	\$35,6	695			4			\$35,6	95.00
Stipends, Facilitators)	.——				4				
Total Operating Expenses	\$93,8	.866			<u> </u>	1	_	\$93,86	66.00
Capital Expenditures							<u> </u>		
TOTAL DIRECT EXPENSES	\$580, \$52,2				4	⊐⊏		\$580,0 \$52,20	
Indirect Expenses TOTAL EXPENSES	\$52,2 \$632,				4			\$632,2	
LESS: Initial Payment Recovery					NOTES:			<u> Ψ~.</u>	.01
Other Adjustments (Enter as negative, if approp	priate)				4				
REIMBURSEMENT									
I certify that the information provided above is, to the bes	et of my kno	wledge, cor	molete and	accurate;	the amount requ	ested for reim	hursemen	nt is in	
accordance with the budget approved for the contract cit	ited for servic	ces provided			•				
records for those claims are maintained in our office at the Signature:							Nate	:	
						_	Du		
Send to: aidsoffice@sfdph.org	<u></u> -			-		 _			
		Bv.					Date	:	
ATTN: Accounts Pavable		By:	/DDL A	uthorizoc'	l Signatory)	_	Date.		

Appendix C-9 Amendment: 08/01/2023

APPENDIX F-9 03/01/2028 - 02/28/2029 PAGE B

Contractor: Mission Neig	nd Health Center		Г	Invoice Number A-1MAR28		
Address: 240 Shotwell		u nealth Center		L	A-	TIVIANZO
San Francisc		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	RWPA	
Fax:			D			
Program Name: Center of Exc	cellence		Берапти	ent ID-Authority ID:		
			Pro	oject ID-Activity ID:		
ACE Control #:				Invoice Period:	03/1/2	28 - 03/31/28
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEN	DITURE	_	EVDENCEO	EVDENOES	0/ 05	l penannino
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201				\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist.	1.00	\$41,642				\$41,642.00
Phlebotomist Lead. Clinic Assistant.	0.20	\$11,648 \$29,952				\$11,648.00 \$29,952.00
Recruitment/Retention Coordinator.		\$37,500				\$37,500.00
Director of Programs and HIV Service		\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
	1 0.00	+==,===				+===,=====
TOTAL CALABIES	5.02	0274 EGG				0074 500 00
		. ,	complete and accurate: t	he amount requested for	r raimhurean	
TOTAL SALARIES I certify that the information provided above is accordance with the budget approved for the records for those claims are maintained in our	contract ci	ted for services provi	ded under the provision			
Certified By:			Date:			-

Appendix C-9 Amendment: 08/01/2023

Title: ____

APPENDIX F-9a 03/01/2028 - 02/28/2029 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				nvoice Num A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	ntract Purchase C	Order No:			
Telephone: 415-552-1013				1	Funding	g Source:	F	RWPA MA	AI
Fax:		HH	HS	De	epartment ID-Aut	hority ID:			
Program Name: Center of Excellence				1	Project ID-A	-			
ACE Control #:	j				_	ce Period:		1/28 - 03/3	124128
								_	
	TO:		n			AL Invoice	L	(check if	
DELIVERABLES	TOT CONTR. UOS			VERED PERIOD UDC	DELIVERED TO DATE UOS UDC		OF OTAL UDC		AINING ERABLES UDC
medical case management	1,660	325		T	<u> </u>	T		1,660	325
treatment adherence individual	515	100			A	1	\vdash	515	100
treatment adherence group	90	40			<u> </u>	1		90	40
						1			
to divide-ted Cliente for Annondiy	n	UDC	11	UDC	UDC	11	UDC	П	UDC
Unduplicated Clients for Appendix		325							325
EXPENDITURES	BUD	IGFT		ENSES PERIOD	EXPENSES TO DATE		OF DGET		AINING ANCE
Total Salaries (See Page B)	\$164,		1	LI W.	15 2				184.00
Fringe Benefits	\$48,9	,			 	 		\$48,92	927.00
Total Personnel Expenses	\$213,								111.00
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$9,6	j43			<u></u>			\$9,64	43.00
,	 				 	 		 	
Materials and Supplies-(e.g., Office,	\$2,6	382				1		\$2,68	82.00
Postage, Printing and Repro., Program Supplies)									
Compared Operating (a.g. Incurance Staff					4	┦			
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	i				/	-			
Halling, Equipment Nortean Market Sol	 				 	 		 	
Staff Travel - (e.g., Local & Out of Town)									
Consultant/Subcontractor					 	-			
Oolisalaanseasseasseasseasseasseasseasseasseass					<u> </u>	 		 	
Other - (Meals, Audit, Transportation Reimb,	i								
Stipends, Facilitators)	<u> </u>				4	┦			
Total Operating Expenses	\$12,3	325	1		<u> </u>	 		\$12,3	325.00
Capital Expenditures									
TOTAL DIRECT EXPENSES	\$225,	,							436.00
Indirect Expenses	\$20,2					<u> </u>			290.00
TOTAL EXPENSES	\$245,	<u>,726</u>			L.STES.	<u> </u>		\$245,1	726.00
LESS: Initial Payment Recovery Other Adjustments (Enter as negative, if appropriate to the content of the cont	+*/				NOTES:				
REIMBURSEMENT	oriate)				A				
I certify that the information provided above is, to the best accordance with the budget approved for the contract cit records for those claims are maintained in our office at the Signature:	ited for service the address in	ces provided indicated.	d under the	e provision	n of that contract. Fu		ion and bad		
Title:						_			
Send to: aidsoffice@sfdph.org									
oona to.		Rv.	-				Date		
ATTN: Accounts Payable		By:	/DDH A	uthorized	I Signatory)	_	Date.	:	

Appendix C-9a Amendment: 08/01/2023

APPENDIX F-9a 03/01/2028 - 02/28/2029 PAGE B

Contractor: Mission Neigh		od Health Center		[oice Number 1MAR28
Address: 240 Shotwell S San Francisco		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	R\	WPA MAI
Fax:			Donortme	ent ID-Authority ID:		
Program Name: Center of Exce	llence			_		
ACE Control #:			Pro I	oject ID-Activity ID:		
ACE CONTOU #.				Invoice Period:	03/1/2	28 - 03/31/28
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	:S				
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80		THIOTERIOD	TOBATE	DODOLI	\$52,800.00
Medical Case Manager	1.00	\$60,341				\$60,341.00
Treatment Adherance Health Educate	0.59	\$30,643				\$30,643.00
Program Assistant Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00
Director of Frograms and Fiv Service	0.20	Ψ20,400				\$20,400.00
TOTAL SALARIES	2.59	\$164,184				\$164.404.00
I certify that the information provided above is,		. ,	complete and accurate: t	he amount requested for	r reimbursen	\$164,184.00 nent is in
accordance with the budget approved for the c records for those claims are maintained in our				of that contract. Full jus	tification and	backup
Certified By:			Date:			
			Date.			-

Appendix C-9a

Title:

Amendment: 08/01/2023 Contract ID# 1000017218

APPENDIX F-9b 03/01/2028 - 02/28/2029 PAGE A

Contractor: Mission Neighborhood Hea	ilth Cente		act ID # 017218]			I		voice Numb A-1MAR2	
Address: 240 Shotwell Street San Francisco, CA 94110				Con	itract Pur	rchase C	Order No:			
Telephone: 415-552-1013]		Funding	Source:	F	RWPA MA	Al
Fax:		Н	HS	De	partmen	t ID-Auti	hority ID:			
Program Name: Center of Excellence - IFR				•	Proj∈	ect ID-Ac	ctivity ID:			
ACE Control #:						Invoice	e Period:	03/1	/28 - 03/3	31/28
							L Invoice		(check if	
	TOT CONTR	RACTED	THIS F	VERED PERIOD	TO E	/ERED DATE		TAL	DELIVER	AINING RABLES
DELIVERABLES	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
mental health outpatient	966	70			<u> </u>	<u> </u>	<u> </u>		966	70
outpatient sub abuse serv individual	975	45			↓	 	├	$\vdash \vdash \vdash$	975	45
outpatient sub abuse serv group	81	10			├ ──	 	├ ──	$\vdash \vdash \vdash$	81	10
Unduplicated Clients for Appendix		UDC	11	UDC	η	UDC	п	UDC	11	UDC
Unduplicated Clients for Appendix		115								115
EXPENDITURES	BUD	· OFT		ENSES		ENSES		OF OGET		AINING
Total Salaries (See Page B)	\$147.		THIS :	PERIOD	10 -	DATE	BUD	GEI	8ALA \$147,9	ANCE 923.00
Fringe Benefits	\$147,	,			₩		╢──		\$147,9	
Total Personnel Expenses	\$192,		1		1		╢───	$\overline{}$	\$192,2	
Operating Expenses:		•					 			
Occupancy-(e.g., Rental of Property, Utilities,	\$7,1	113							\$7,11	3.00
Building Maintenance Supplies and Repairs)										
	***								22.00	
Materials and Supplies-(e.g., Office,	\$2,8	303	4		<u>. </u>		 		\$2,80	3.00
Postage, Printing and Repro., Program Supplies)	 				↓		├ ──		├ ──	
General Operating-(e.g., Insurance, Staff	\$2,6	326			├ ──		├ ──		\$2,62	<u> </u>
Training, Equipment Rental/Maintenance)	Ψ2,0	120	4		 		╂───		Ψ2,02	0.00
Training, Equipmont (Cina, maintenance)					 		-		1	
Staff Travel - (e.g., Local & Out of Town)	\$5	0			<u> </u>		<u> </u>		\$50.	.00
Consultant/Subcontractor							├─		 	
Other (Martin Arriva Transportation Daire)	\$2.0	250							\$2.25	-0.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$2,2	250	4		 		 		Φ∠,∠∪	0.00
Total Operating Expenses	\$14,8	842							\$14,84	12.00
Capital Expenditures	6207	105	4		<u> </u>		↓		#207.1	25.00
TOTAL DIRECT EXPENSES	\$207, \$18,0	,			├ ──		}		\$207,1 \$18,64	
Indirect Expenses TOTAL EXPENSES	\$18,		4		├ ──		 		\$18,62	
LESS: Initial Payment Recovery	Ψ	<u>,,,,,</u>			NOTES	<u>; </u>	<u></u>		ΨΖΞΟ,.	11.00
Other Adjustments (Enter as negative, if appropriate the content of the content o	priate)		1		1	•				
REIMBURSEMENT					1					
	_				-			_		
I certify that the information provided above is, to the best			•							
accordance with the budget approved for the contract cit records for those claims are maintained in our office at the			a unaer une) provision	OT that co	ntracı. ru	III justineau	on and bac	жир	
Signature:								Date:		
							-			
litie:							-			
Send to: aidsoffice@sfdph.org										
		_								
ATTN: Accounts Pavable		By:	/DDH A	**horized	Signatory	- 1	-	Date:		

Appendix C-9b Amendment: 08/01/2023

APPENDIX F-9b 03/01/2028 - 02/28/2029 PAGE B

Contractor: Mission Nei	-	d Health Center				ice Number 1MAR28
Address: 240 Shotwel San Francis		1110	Contract P	urchase Order No:		
Telephone: 415-552-101	3			Fund Source:	RV	VPA MAI
Fax:			Donortme	ent ID-Authority ID:		
Program Name: Center of Ex	cellence	- IFR		_		
ACE Control #:			Pro	pject ID-Activity ID:		
				Invoice Period:	03/1/2	8 - 03/31/28
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEN	IDITURE	_				
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.11	\$11,901				\$11,901.00
Clinical Supervisor Psychologist	0.09	\$8,571				\$8,571.00
Mental Health Specialist, LCSW Substance Abuse Specialist	0.67 1.00	\$54,909 \$61,788				\$54,909.00 \$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
Omno ana i rogiam / totistant	0.22	Ψ10,101				Ψ10,704.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00
T certify that the information provided above accordance with the budget approved for th records for those claims are maintained in o	e contract cit	ed for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-9b Amendment: 08/01/2023

Title: ____

APPENDIX F-10 03/01/2029 - 02/28/2030 PAGE A

Contractor: Mission Neighborhood Hea	Ith Cente		17218	1			[voice Num	
Address: 240 Shotwell Street		1		1			ا			
San Francisco, CA 94110				Con	tract Purc	hase C	rder No:			
Telephone: 415-552-1013 Fax:		Н	HS		F	unding	Source:		RWPA	
Program Name: Center of Excellence				De	partment		٠,			
ACE Control #:					Projec	ct ID-Ac	tivity ID:			
						Invoice	Period:	03/1	/29 - 03/3	31/29
						FINAL	_ Invoice		(check if	Yes)
	TOT CONTR	ACTED	THIS F	ERED ERIOD	DELIVE TO D	ATE	% (TO	ΓAL	DELIVE	INING RABLES
DELIVERABLES	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
outpatient ambulatory health serv nursing treatment adherance	1,195 1,000	325 325							1,195 1,000	325 325
medical case management	1,170	80							1,170	80
management	1,110	- 55							-,,,,	- 00
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		325		020		020		050		325
EXPENDITURES	BUD	CET		NSES ERIOD	EXPEN TO D		% (BUD			INING ANCE
Total Salaries (See Page B)	\$374		111101	LINIOD	II	NIL.	1	GLI	\$374,5	
Fringe Benefits	\$111.	,			 				\$111,6	
Total Personnel Expenses	\$486	,186							\$486,1	86.00
Operating Expenses:										
Occupancy-(e.g., Rental of Property, Utilities,	\$23,	141							\$23,1	41.00
Building Maintenance Supplies and Repairs)										
Materials and Cumplies (Off	ተ ለ ር	100			.				£4.00	00.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,0)00			 				\$4,00	0.00
Postage, Printing and Repro., Program Supplies)					-				-	
General Operating-(e.g., Insurance, Staff	\$29.	530			 				\$29,5	30.00
Training, Equipment Rental/Maintenance)	. , ,									
Staff Travel - (e.g., Local & Out of Town)	\$1,5	500							\$1,50	00.00
Consultant/Subcontractor										
	405	205			.				405.0	05.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$35,	695			<u> </u>				\$35,6	95.00
Superius, Facilitators)					 					
Total Operating Expenses	\$93,	866							\$93,8	66.00
Capital Expenditures								_		
TOTAL DIRECT EXPENSES	\$580	,							\$580,0	
Indirect Expenses	\$52,								\$52,2	
TOTAL EXPENSES LESS: Initial Payment Recovery	\$632	,257			NOTES:				\$632,2	257.00
Other Adjustments (Enter as negative, if appro	nriate)				NOTES.					
REIMBURSEMENT	priatoj				Ï					
I certify that the information provided above is, to the be accordance with the budget approved for the contract ci records for those claims are maintained in our office at t Signature:	ted for servio	ces provided ndicated.						on and ba		
Title:							_			
Send to: aidsoffice@sfdph.org										
5 . 3		-						D. 1		
ATTN: Accounts Payable		Ву:		thorized	Signatory	١	-	Date:		

Appendix C-10

Amendment: 08/01/2023 Contract ID# 1000017218

APPENDIX F-10 03/01/2029 - 02/28/2030 PAGE B

Contractor: Mission Neigh Address: 240 Shotwell \$		d Health Center		[oice Number 1MAR29
San Francisco		1110	Contract P	urchase Order No:		
Telephone: 415-552-1013 Fax:				Fund Source:		RWPA
rax.			Departme	ent ID-Authority ID:		
Program Name: Center of Exce	ellence		Pre	oject ID-Activity ID:		
ACE Control #:						
				Invoice Period:	03/1/2	29 - 03/31/29
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	S				
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Physician.	0.30	\$51,201		1		\$51,201.00
Registered Nurse.	0.90	\$76,866				\$76,866.00
Medical Assistant.	0.90	\$45,471				\$45,471.00
Phlebotomist.	0.50	\$20,800				\$20,800.00
Patient Services Specilaist. Phlebotomist Lead.	1.00 0.20	\$41,642 \$11,648				\$41,642.00 \$11,648.00
Clinic Assistant.	0.60	\$29,952				\$29,952.00
Recruitment/Retention Coordinator.	0.67	\$37,500				\$37,500.00
Director of Programs and HIV Servic	0.30	\$30,600				\$30,600.00
Program Assistant.	0.55	\$28,886				\$28,886.00
TOTAL SALARIES I certify that the information provided above is,	5.92	\$374,566	amminta and	ha amaunt =		\$374,566.00
accordance with the budget approved for the or records for those claims are maintained in our	contract ci	ted for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-10

Title: ____

Amendment: 08/01/2023 Contract ID# 1000017218

APPENDIX F-10a 03/01/2029 - 02/28/2030 PAGE A

Contractor: Mission Neighborhood Hea	alth Cente		act ID # 017218]				e Numbe	
Address: 240 Shotwell Street San Francisco, CA 94110		_		Con	ntract Purchase C	Order No:		<u>-</u>	
Telephone: 415-552-1013				1	Fundin-	g Source:	RWF	PA MAI	AI
Fax:	!	HF	HS	De	epartment ID-Aut	` <u> </u>			<u>-</u>
Program Name: Center of Excellence				1	Project ID-Ad				
ACE Control #:	i				-	ce Period:	03/1/29 -	- 03/3	1/29
						AL Invoice		neck if Y	
	тот			VERED	DELIVERED	% OF	<u> </u>	REMAIN	INING
DELIVERABLES	CONTR/ UOS	RACTED UDC		PERIOD UDC	TO DATE UOS UDC	TOTAL	L DE	UOS	UDC
medical case management	1,660	325						,660	325
treatment adherence individual	515	100						515	100
treatment adherence group	90	40					ç	90	40
								\longrightarrow	
						+	_		
		UDC		UDC	UDC		UDC		UDC
Unduplicated Clients for Appendix		325		050	0		100		325
EXPENDITURES	BUDO)GET		ENSES PERIOD	EXPENSES TO DATE	% OF BUDGE		REMAIN BALAN	
Total Salaries (See Page B)	\$164,	,184					\$1	3164,18	84.00
Fringe Benefits	\$48,9	,927					\$	\$48,927	27.00
Total Personnel Expenses	\$213,	,111					\$	213,11	11.00
Operating Expenses:									
Occupancy-(e.g., Rental of Property, Utilities,	\$9,6	43			4	<u></u>	<u>~</u> ————"	\$9,643	3.00
Building Maintenance Supplies and Repairs)	 				4	-	$\ -$		
Materials and Supplies-(e.g., Office,	\$2,6	382			4	-		\$2,682	2 00
Postage, Printing and Repro., Program Supplies)		0_			A			ψ <u>-</u> ,	
					<u> </u>				
General Operating-(e.g., Insurance, Staff					4				
Training, Equipment Rental/Maintenance)	<u> </u>		4		4				
Staff Travel - (e.g., Local & Out of Town)					<u> </u>	1			
Consultant/Subcontractor					 				
						1			
Other - (Meals, Audit, Transportation Reimb,			4						
Stipends, Facilitators)	 		4		4		— -		
Total Operating Expenses	\$12,3	325			4	-		\$12,32	×5 00
Capital Expenditures		<i>320</i>			 	+		<u>/1-,-</u>	<u> </u>
TOTAL DIRECT EXPENSES	\$225,	.436					\$	225,43	36.00
Indirect Expenses	\$20,2	,290			4	1	\$	\$20,290	90.00
TOTAL EXPENSES	\$245,				4	1		245,72	
LESS: Initial Payment Recovery					NOTES:	<u> </u>		_	_
Other Adjustments (Enter as negative, if approp	priate)				4				
REIMBURSEMENT									
I certify that the information provided above is, to the best	at of my kno	uladne cor	lote and	occurate:	· the amount reques	ated for reimbur	noment is ir	-	
accordance with the budget approved for the contract cit	•	-			•				
records for those claims are maintained in our office at the			Junuo	, provide.	Of that contract	dli juounouss	IIIU DOONGE		
Signature:						r	Date:		
						<i>-</i> -	<u>-</u>		
Send to: aidsoffice@sfdph.org									
Send to: aidsoffice@sfdph.org									
ATTN: Accounts Payable		Ву:	(DDII A	·:	l Signatory)	_	Date:		

Appendix C-10a Amendment: 08/01/2023

APPENDIX F-10a 03/01/2029 - 02/28/2030 PAGE B

Contractor: Mission Neigh		d Health Center		[nice Number 1MAR29
Address: 240 Shotwell San Francisco		4110	Contract P	urchase Order No:		
Telephone: 415-552-1013				Fund Source:	R\	VPA MAI
Fax:			Departme	ent ID-Authority ID:		
Program Name: Center of Exc	ellence		Pro	oject ID-Activity ID:		
ACE Control #:				Invoice Period:	03/1/3	29 - 03/31/29
				_		
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EXPEND	ITURE	_				1
PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Social Services Supervisor	0.80	\$52,800				\$52,800.00
Medical Case Manager Treatment Adherance Health Educat	1.00	\$60,341 \$30,643				\$60,341.00 \$30,643.00
Program Assistant	0.59	φ30,043				\$30,043.00
Director of Programs and HIV Service	0.20	\$20,400				\$20,400.00
				-		
TOTAL SALARIES	2.59	\$164,184				\$164,184.00
T certify that the information provided above is accordance with the budget approved for the records for those claims are maintained in our	contract ci	ted for services provi	ded under the provision			
Certified By:			Date:			

Appendix C-10a Amendment: 08/01/2023

Title: ____

APPENDIX F-10b 03/01/2029 - 02/28/2030 PAGE A

	Mission Neighborhood Hea	Ith Cente		17218]					voice Num N-1MAR2	
Address:	San Francisco, CA 94110				Con	tract Pur	chase C	rder No:			
Telephone: Fax:	415-552-1013		Н	HS		ı	Funding	Source:	F	RWPA MA	ΔI
Program Name:	Center of Excellence - IFR				De	partmen		nority ID:			
ACE Control #:								- !		100 0016	
							Invoice	e Period:	03/1	/29 - 03/3	31/29
							FINAL	_ Invoice		(check if	Yes)
DELIVERABLES		TOT CONTR UOS			ERED PERIOD UDC	DELIV TO D UOS	ERED DATE UDC	TO UOS	OF TAL UDC		INING RABLES UDC
mental health ou	ıtpatient	966	70							966	70
	buse serv individual	975	45							975	45
outpatient sub al	buse serv group	81	10							81	10
						-					
Unduplicated Clie	ents for Annendix		UDC 115		UDC		UDC		UDC		UDC 115
Onduplicated One	into for Appendix		110								113
EXPENDITURES	S	BUD	CET		NSES		NSES		OF	REMA	
Total Salaries ((Soc Bogo B)	\$147.		Inior	ERIOD	II IO L	DATE	BUD	GET	BALA \$147.9	
Fringe Benefits		\$44,						├ ──		\$44,3	
	nnel Expenses	\$192.								\$192,2	
Operating Expe						İ		İ			
	-(e.g., Rental of Property, Utilities,	\$7,1	13							\$7,11	3.00
Building Mainte	nance Supplies and Repairs)										
								<u> </u>			
	nd Supplies-(e.g., Office,	\$2,8	303					 		\$2,80	3.00
Postage, Printir	ng and Repro., Program Supplies)					-		 			
Gonoral On	erating-(e.g., Insurance, Staff	\$2,6	26					<u> </u>		\$2,62	6.00
<u>-</u>	ment Rental/Maintenance)	φ2,0	020					╢───		\$2,02	.0.00
rraining, Equip	intent itental/ivialintenance)					-		 			
Staff Trave	l - (e.g., Local & Out of Town)	\$5	0							\$50	.00
Consultant	/Subcontractor										
	ls, Audit, Transportation Reimb,	\$2,2	250					 		\$2,25	0.00
Stipends, Facilit	tators)					<u> </u>		l			
Total Operat	ting Expenses	\$14,8	842			·		╢───		\$14,84	42 00
Capital Expe		+ · · · , ·	<u> </u>			i e				7 1 1,12	
TOTAL DIREC		\$207,	,135							\$207,1	35.00
Indirect Expe		\$18,0								\$18,64	
TOTAL EXPEN		\$225,	,777							\$225,7	77.00
	Payment Recovery					NOTES	:				
REIMBURSEN	tments (Enter as negative, if approp	oriate)				H					
I certify that the info	ormation provided above is, to the best the budget approved for the contract cit laims are maintained in our office at the Signature:	ed for servic	ces provide ndicated.	d under the	provision	of that co	•		on and bad		
	Title:							_			
Send to:	aidsoffice@sfdph.org										
	Ç - -		_						5 :		
	ATTN: Accounts Pavable		By:	(DPH A)	ıthorized	Signator	.()	=	Date:		

Appendix C-10b

Amendment: 08/01/2023 Contract ID# 1000017218

APPENDIX F-10b 03/01/2029 - 02/28/2030 PAGE B

Contractor: Mission	Neighborhoo	d Health Center				oice Number 1MAR29
Address: 240 Shot San Frar	twell Street ncisco, CA 94	4110	Contract P	urchase Order No:		
Telephone: 415-552-	1013			Fund Source:	R\	WPA MAI
Fax:						
Program Name: Center o	f Excellence	- IFR	Departme	ent ID-Authority ID:		
			Pro	oject ID-Activity ID:		
ACE Control #:				Invoice Period:	03/1/2	29 - 03/31/29
				FINAL Invoice		(check if Yes)
DETAIL PERSONNEL EX	PENDITURE	s				
		BUDGETED	EXPENSES	EXPENSES	% OF	REMAINING
Program Director	FTE 0.11	\$11,901	THIS PERIOD	TO DATE	BUDGET	\$11,901.00
Clinical Supervisor Psychologis		\$8,571				\$8,571.00
Mental Health Specialist, LCSV	V 0.67	\$54,909				\$54,909.00
Substance Abuse Specialist	1.00	\$61,788				\$61,788.00
Clinic and Program Assistant	0.22	\$10,754				\$10,754.00
TOTAL SALARIES	2.08	\$147,923				\$147,923.00
T certify that the information provided a accordance with the budget approved records for those claims are maintaine	for the contract ci	ted for services provi	ided under the provision			
Certified By:			. Date:			

Appendix C-10b

Title:

Amendment: 08/01/2023 Contract ID# 1000017218

Appendix D--Interests In Other City Contracts

City Department or Commission	Date of Contract	Amount of Contract
Department of Public Health	07/01/2017 - 02/28/2025	\$1,640,886
Department of Public Health	03/01/2017 - 02/28/2027	\$2,953,518
Department of Public Health	01/01/2020 - 06/30/2028	\$8,363,665



San Francisco Department of Public Health

Business Associate Agreement

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

RECITALS

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

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

1. Definitions.

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



San Francisco Department of Public Health

Business Associate Agreement

- **b. Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- **c. Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- **d.** Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- **e. Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- **f. Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- **h.** Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- **i. Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- **j. Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- **k. Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or



San Francisco Department of Public Health Business Associate Agreement

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

- **l. Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- **m. Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- **n. Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- **o.** Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- **b.** User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.



San Francisco Department of Public Health Business Associate Agreement

- c. Permitted Uses. BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].
- **d.** Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].
- e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.
- **f.** Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this



San Francisco Department of Public Health Business Associate Agreement

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

- g. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- **h.** Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.



San Francisco Department of Public Health Business Associate Agreement

- **j.** Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- **k.** Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- **I. Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- **m. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- **n. Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]



San Francisco Department of Public Health Business Associate Agreement

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

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

3. Termination.

- **a. Material Breach.** A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]
- **b.** Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.
- **d.** Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).



San Francisco Department of Public Health Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017 Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

San Francisco Department c	f Public Health (SFDPH)	Office of Compliance and	Privacy Affairs (OCPA)
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Contractor Name:		Contractor						
		City Vendor ID						
PRIVACY ATTESTATION								

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

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

I. All Contractors.

DO	ES YOU	R ORGANIZA	ATION					Yes	No*
Α	Have f	ormal Privac	cy Policies that comply with the Health Insurance Port	tability and Account	ability Act (HIPAA	\)?			
В	B Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?								
	If	Name &		Phone #	Er	mail:			
	yes:	Title:							
С	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain								
	documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]								
D	Have p	proof that en	nployees have signed a form upon hire and annually t	thereafter, with the	r name and the d	late, a	cknowledging that they have received		
	health	information	n privacy training? [Retain documentation of acknowle	edgement of trainin	gs for a period of	7 yea	rs.]		
Е	Have (or will have	if/when applicable) Business Associate Agreements v	vith subcontractors	who create, recei	ve, ma	aintain , transmit, or access SFDPH's		
	health	information	n?						
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so								
	AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?								

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

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

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

ATTESTED by Privacy Officer	Name: (print)			
or designated person	(611116)	Signature	Date	

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

EXCEPTION(S) APPROVED	Name			
by OCPA	(print)	Signature	Date	

San Francisco Department	of Public Health	(SFDPH) Office of	f Compliance and	Privacy Affairs	(OCPA)
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ТΤ				

Contractor Name:	Contractor	
	City Vendor ID	

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

DC	ES YOU	JR ORGANIZ	ATION						Yes	No*
Α	Condu	ıct assessme	nts/audits of your data security safeguards to	o demonstra	ate and do	ocument compliance v	with you	r security policies and the		
	requir	ements of H	IPAA/HITECH at least every two years? [Retai	in document	tation for	a period of 7 years]				
В	Use fir	ndings from	the assessments/audits to identify and mitiga	ate known ri	isks into c	locumented remediat	ion plan	s?		
		Date of la	st Data Security Risk Assessment/Audit:							
		Name of 1	irm or person(s) who performed the							
		Assessme	nt/Audit and/or authored the final report:							
С	Have a	Have a formal Data Security Awareness Program?								
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability									
	and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?									
E	Have a	a Data Securi	ty Officer or other individual designated as th	he person in	n charge c	f ensuring the securit	y of conf	idential information?		
	If	Name &		F	Phone #		Email:			
	yes:	Title:								
F	Requir	re Data Secu	rity Training upon hire and annually thereafte	er for all em	iployees v	vho have access to he	alth info	rmation? [Retain documentation of		
	trainin	ngs for a peri	od of 7 years.] [SFDPH data security training	materials ar	re availab	e for use; contact OC	PA at 1-8	55-729-6040.]		
G			nployees have signed a form upon hire and a	-						
			security training? [Retain documentation of					-		
Н	Have ((or will have	if/when applicable) Business Associate Agree	ments with	subcontr	actors who create, re	ceive, m	aintain , transmit, or access SFDPH's		
	health information?									
1		-	if/when applicable) a diagram of how SFDPH		between	your organization and	l subcont	ractors or vendors (including named		
	users,	access meth	ods, on-premise data hosts, processing syste	ms, etc.)?						

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

ATTESTED by Data Security	Name:			
Officer or designated person	/:+\			
Officer of designated person		Signature	Date	

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

		 	- · - · · · · · · · · · · · · · · · · ·		
EXCEPTION(S) APPROVED by OCPA	Name				
	(print)				
OCFA		Signature		Date	

APPENDIX K

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

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

1.2 Primary and Alternate Agency Site Administrator.

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

- 1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;
 - 1.2.2 Communicating with the SFDPH IT Service Desk;
 - 1.2.3 Providing Agency Data User(s) details to the City;
- 1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;
- 1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and
- 1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

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

1.4 Deprovisioning Schedule.

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

1.5 Active Directory.

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

1.6 Role Based Access.

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

1.7 Training Requirements.

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

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

1.8 Agency Data User Confidentiality Agreement.

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

1.9 Corrective Action.

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

1.10 User ID and Password.

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

1.11 Notification of Compromised Password.

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

1.12 Multi Factor Authentication.

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

1.13 Qualified Personnel.

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

1.14 Workstation/Laptop encryption.

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

1.15 Server Security.

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

1.16 Removable media devices.

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

1.17 Antivirus software.

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

1.18 Patch Management.

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

1.19 System Timeout.

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

1.20 Warning Banners.

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

1.21 Transmission encryption.

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

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

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

of the City.

1.24 Security of PHI.

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

1.25 Data Security and City Data

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

1.26 Data Privacy and Information Security Program.

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

1.27 **Disaster Recovery.**

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

1.28 Supervision of Data.

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

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

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

1.31 City Audit of Agency and Agency Data Users.

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

1.32 Minimum Necessary.

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

1.33 No Re-Disclosure or Reporting.

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

1.34 Health Information Exchange.

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

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

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

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

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

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

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

Agency shall take:

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

- ii. any action pertaining to a breach required by applicable federal and state laws.
- 3.2.1 **Investigation of Breach and Security Incidents**: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:
 - i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
 - ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
 - iii. a description of where the City Data is believed to have been improperly used or disclosed; and
 - iv. a description of the probable and proximate causes of the breach or security incident; and
 - v. whether any federal or state laws requiring individual notifications of breaches have been triggered.
- 3.2.2 **Written Report**: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.
- 3.2.3 **Notification to Individuals**: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:
 - i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
 - ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.
- 3.2.4 **Sample Notification to Individuals**: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:
 - i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
 - ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

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

Attachment 1 to Appendix K System Specific Requirements

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

A. SFDPH Care Link Requirements:

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

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

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

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

- 2. Application For Access and Compliance with Epic Terms and Conditions.
 - a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

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

- A. SFDPH myAvatar via WebConnect and VDI:
- 1. Connectivity.
 - a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.
- 2. Information Technology (IT) Support.
 - a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.
- 3. Access Control.
 - a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf
 - b. Each user is unique and agrees not to share accounts or passwords.
 - c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Reque st_Form.pdf
 - d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
 - e. Applicants must complete myAvatar Training.
 - f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix K

Protected Information Destruction Order Purge Certification - Contract ID # 1000017218

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

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

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

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

So Certified
Anna Robert
Tide Olief Francisco Office
Title: Chief Executive Officer
Date: