

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

**Second Amendment**

THIS AMENDMENT (this “Amendment”) is made as of June 1, 2021, in San Francisco, California, by and between **Bayview Hunters Point Foundation** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the performance period, increase the contract amount and update standard contractual clauses; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through a Request for Proposal (“RFP”) RFP 8-2017, issued on 8/17/17, RFP 1-2017 issued on 3/7/17, Sole Source San Francisco Administrative Code Chapter 21.42 approved on 6/23/20 and Request for Qualifications (“RFQ”) RFQ 17-2016 issued on 7/20/16, in which City selected Contractor as the highest qualified scorer pursuant to the solicitations; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers: 46987-16/17 on 8/2/17, 40587 on 3/2/18, and 44670 16/17 on 6/19/17; and

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number 51-22 on 2/25/22.

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

**Article 1      Definitions**

The following definitions shall apply to this Amendment:

1.1            **Agreement.** The term “Agreement” shall mean the Agreement dated July 1, 2018 (Contract ID # 1000011308), between Contractor and City, as amended by the:

First Amendment, dated May 1, 2021.

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

## Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 **Term of the Agreement.** *Section 2 Term of the Agreement currently reads as follows:*

2.1 The term of this Agreement shall commence on July 1, 2018 and expire on March 31, 2022, unless earlier terminated as otherwise provided herein.

2.2 The City has options to renew the Agreement for a period of one year each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1: 4/01/2022-6/30/2023

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

2.1 The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2023, unless earlier terminated as otherwise provided herein.

2.2 **Personnel** *The following is hereby added to Article 4 of the Agreement:*

**4.2.1 Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

### **4.2.2 Contractor Vaccination Policy.**

(d) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(e) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(f) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered

Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form (“Exemptions Form”), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to “Exemptions” to download the form).

(g) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.2 **Payment.** *Section 3.3.1 Payment of the Agreement currently reads as follows:*

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Thousand One Hundred Thirteen Dollars (\$9,800,113)**. The breakdown of charges associated with this Agreement appears in Appendix B, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Thirteen Million Four Hundred Eighty Nine Thousand Three Hundred Forty Three Dollars (\$13,489,343)**. The breakdown of charges associated with this Agreement appears in Appendix B, “Calculation of Charges,” attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Insurance.** *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.1 in its entirety:*

5.1 **Insurance.**

5.1.1 **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting

Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations. Policy must include Abuse and Molestation coverage.

(b) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(c) Workers' Compensation Insurance, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.

(d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Reserved. (Technology Errors and Omissions Coverage)

(f) Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

(g) Reserved. (Pollution Liability Insurance)

#### 5.1.2 Additional Insured Endorsements

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) Reserved. (Pollution Auto Liability Insurance Additional Insured Endorsement)

#### 5.1.3 Waiver of Subrogation Endorsements

(a) The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

#### 5.1.4 Primary Insurance Endorsements

(a) The Commercial General Liability policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with

respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(b) The Commercial Automobile Liability Insurance policy shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

(c) Reserved. (Pollution Liability Insurance Primary Insurance Endorsement)

#### 5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: [luciana.garcia@sfdph.org](mailto:luciana.garcia@sfdph.org).

(b) Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

(d) Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

(e) Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

(f) If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

2.4 Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement.

2.5 Appendices B-1 through B-5 are hereby replaced in its entirety by Appendices B-1 through B-5, attached to this Amendment and fully incorporated within the Agreement.

**Article 3      Effective Date**

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

**Article 4      Legal Effect**

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

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

CITY

Recommended by:

CONTRACTOR

Bayview Hunters Point Foundation

DocuSigned by:  
Greg Wagner  
28527524752949F...  
Grant Colfax, MD  
Director of Health  
Department of Public Health

4/15/2022 | 12:27 PM PDT

Date

James Bouquin  
6-29-21  
James Bouquin  
Executive Director

Date

Supplier ID number: 0000024522

Approved as to Form:

Dennis J. Herrera  
City Attorney

By: Louise Simpson  
BD54168A4C3B452...  
Louise S. Simpson  
Deputy City Attorney

4/15/2022 | 8:18 AM PDT

Date

Approved:

DocuSigned by:  
Sailaja Kurella  
78EAE44AB01C4E0...  
Sailaja Kurella  
Director, Office of Contract Administration, and Purchaser

4/25/2022 | 10:39 AM PDT

Date

## **Appendix B Calculation of Charges**

### **1. Method of Payment**

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. 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.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15<sup>th</sup>) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, 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 CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, 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 invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."



D. Upon the **effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claims submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA Fund of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of January 1 through June 30 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

## 2. Program Budgets and Final Invoice

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

- B-1: Adult Behavioral Health
- B-2: School-Based Centers (Balboa)
- B-3: Children Outpatient
- B-4: Dimensions LGBT Outpatient
- B-5: Jelani Family Program

### B. **COMPENSATION**

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Thirteen Million Four Hundred Eighty Nine Thousand Three Hundred Forty Three Dollars (\$13,489,343)** for the period of July 1, 2018 through June 30, 2023.

CONTRACTOR understands that, of this maximum dollar obligation, \$424,410 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. 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 the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to

the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program 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.

|                                     |                     |
|-------------------------------------|---------------------|
| July 1, 2018 through June 30, 2019  | \$2,466,555         |
| July 1, 2019 through June 30, 2020  | \$2,032,533         |
| July 1, 2020 through June 30, 2021  | \$2,829,402         |
| July 1, 2021 through March 30, 2022 | \$2,122,052         |
| 20-21 MCO One Time Funding (DV)     | \$3,287             |
| 20-21 CODB One Time Funding (DV)    | \$74,351            |
| April 1, 2022 through June 30, 2022 | \$707,351           |
| July 1, 2022 through June 30, 2023  | \$2,829,402         |
| total                               | \$13,064,933        |
| contingency                         | \$424,410           |
| grand total                         | <b>\$13,489,343</b> |

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum

dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

G. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement.

**Appendix B - DPH 1: Department of Public Health Contract Budget Summary**

| DHCS Legal Entity Number 00341                                     |                         |                               |                     |                            |                       |             | Appendix B, Page 1                 |
|--|-------------------------|-------------------------------|---------------------|----------------------------|-----------------------|-------------|------------------------------------|
| Legal Entity Name/Contractor Name Bayview Hunters Point Foundation |                         |                               |                     |                            |                       |             | Fiscal Year 2020-2021              |
| Contract ID Number 1000011308                                      |                         |                               |                     |                            |                       |             | Funding Notification Date 01/25/21 |
| Appendix Number  | B-1                     | B-2                           | B-3                 | B-4                        | B-5                   |             | FN#2                               |
| Provider Number  | 3851                    | 3851                          | 3851                | 3851                       | 389036                |             |                                    |
| Program Name   | Adult Behavioral Health | School-based Centers (Balboa) | Children Outpatient | Dimensions LGBT Outpatient | Jelani Family Program |             |                                    |
| Program Code   | 38513                   | N/A                           | 38516 & 38171       | N/A                        | 3816SD                |             |                                    |
| Funding Term   | 07/01/20-06/30/21       | 07/01/20-06/30/21             | 07/01/20-06/30/21   | 07/01/20-06/30/21          | 07/01/20-06/30/21     |             |                                    |
| <b>FUNDING USES</b>  |                         |                               |                     |                            |                       |             | <b>TOTAL</b>                       |
| Salaries   | \$ 576,700              | \$ 131,582                    | \$ 284,800          | \$ 60,320                  | \$ 330,300            |             | \$ 1,383,702                       |
| Employee Benefits  | \$ 161,474              | \$ 38,159                     | \$ 79,742           | \$ 21,716                  | \$ 99,090             |             | \$ 400,181                         |
| <b>Subtotal Salaries &amp; Employee Benefits</b>                   | <b>\$ 738,174</b>       | <b>\$ 169,741</b>             | <b>\$ 364,542</b>   | <b>\$ 82,036</b>           | <b>\$ 429,390</b>     | \$ -        | <b>\$ 1,783,883</b>                |
| Operating Expenses   | \$ 330,811              | \$ 48,555                     | \$ 190,035          | \$ 20,002                  | \$ 87,113             |             | \$ 676,516                         |
| <b>Subtotal Direct Expenses</b>                                    | <b>\$ 1,068,985</b>     | <b>\$ 218,296</b>             | <b>\$ 554,577</b>   | <b>\$ 102,038</b>          | <b>\$ 516,503</b>     | \$ -        | <b>\$ 2,460,399</b>                |
| Indirect Expenses  | \$ 160,347              | \$ 32,745                     | \$ 83,182           | \$ 15,306                  | \$ 77,423             |             | \$ 369,003                         |
| Indirect %   | 15.0%                   | 15.0%                         | 15.0%               | 15.0%                      | 15.0%                 | 0.0%        | 15.0%                              |
| <b>TOTAL FUNDING USES</b>  | <b>\$ 1,229,332</b>     | <b>\$ 251,041</b>             | <b>\$ 637,759</b>   | <b>\$ 117,344</b>          | <b>\$ 593,926</b>     | \$ -        | <b>\$ 2,829,402</b>                |
|  |                         |                               |                     |                            |                       |             | Employee Benefits Rate 28.8%       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                           |                         |                               |                     |                            |                       |             |                                    |
| MH Adult Fed SDMC FFP (50%)  | \$ 470,922              |                               |                     |                            |                       |             | \$ 470,922                         |
| MH Adult State 1991 MH Realignment                                 | \$ 154,812              |                               |                     |                            |                       |             | \$ 154,812                         |
| MH Adult County General Fund                                       | \$ 603,598              |                               |                     |                            |                       |             | \$ 603,598                         |
| MH MHA (PEI)   |                         | \$ 251,041                    |                     |                            |                       |             | \$ 251,041                         |
| MH CYF Fed SDMC FFP (50%)  |                         |                               | \$ 272,761          |                            |                       |             | \$ 272,761                         |
| MH CYF State 2011 PSR-EPSDT  |                         |                               | \$ 250,485          |                            |                       |             | \$ 250,485                         |
| MH CYF County Local Match  |                         |                               | \$ 22,276           |                            |                       |             | \$ 22,276                          |
| MH CYF County General Fund   |                         |                               | \$ 92,237           |                            |                       |             | \$ 92,237                          |
| MH WO DCYF Dimensions Clinic                                       |                         |                               |                     | \$ 117,344                 |                       |             | \$ 117,344                         |
| MH CYF County GF WO CODB   |                         |                               |                     |                            |                       |             | \$ -                               |
| MH Grant SAMHSA Adult SOC, CFDA 93.958                             |                         |                               |                     |                            |                       |             | \$ -                               |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                     | <b>\$ 1,229,332</b>     | <b>\$ 251,041</b>             | <b>\$ 637,759</b>   | <b>\$ 117,344</b>          | <b>\$ -</b>           | <b>\$ -</b> | <b>\$ 2,235,476</b>                |
| <b>BHS SUD FUNDING SOURCES</b>                                     |                         |                               |                     |                            |                       |             |                                    |
| SUD Fed SABG Discretionary, CFDA 93.959                            |                         |                               |                     |                            | \$ 593,926            |             | \$ 593,926                         |
| SUD County General Fund (MCO)                                      |                         |                               |                     |                            | \$ -                  |             | \$ -                               |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                               | <b>\$ -</b>             | <b>\$ -</b>                   | <b>\$ -</b>         | <b>\$ -</b>                | <b>\$ 593,926</b>     | <b>\$ -</b> | <b>\$ 593,926</b>                  |
| <b>TOTAL DPH FUNDING SOURCES</b>                                   | <b>\$ 1,229,332</b>     | <b>\$ 251,041</b>             | <b>\$ 637,759</b>   | <b>\$ 117,344</b>          | <b>\$ 593,926</b>     | <b>\$ -</b> | <b>\$ 2,829,402</b>                |
| <b>NON-DPH FUNDING SOURCES</b>                                     |                         |                               |                     |                            |                       |             |                                    |
|  |                         |                               |                     |                            |                       |             | \$ -                               |
|  |                         |                               |                     |                            |                       |             | \$ -                               |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                               | <b>\$ -</b>             | <b>\$ -</b>                   | <b>\$ -</b>         | <b>\$ -</b>                | <b>\$ -</b>           | <b>\$ -</b> | <b>\$ -</b>                        |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                     | <b>\$ 1,229,332</b>     | <b>\$ 251,041</b>             | <b>\$ 637,759</b>   | <b>\$ 117,344</b>          | <b>\$ 593,926</b>     | <b>\$ -</b> | <b>\$ 2,829,402</b>                |
| Prepared By  |                         |                               |                     | Phone Number               |                       |             |                                    |

**Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

|   |                            |                                |                         |                           |                         |                         |                          |
|---|----------------------------|--------------------------------|-------------------------|---------------------------|-------------------------|-------------------------|--------------------------|
| DHCS Legal Entity Number 00341                                |                            |                                |                         | Appendix Number           |                         |                         | B-1                      |
| Provider Name Bayview Hunters Point Foundation                |                            |                                |                         | Page Number               |                         |                         | 2                        |
| Provider Number 3851  |                            |                                |                         | Fiscal Year               |                         |                         | 2020-2021                |
| Contract ID Number 1000011308                                 |                            |                                |                         | Funding Notification Date |                         |                         | 01/25/21                 |
| Program Name  |                            | Adult Behavioral Health        |                         |                           |                         |                         |                          |
| Program Code  |                            | 38513                          | 38513                   | 38513                     | 38513                   | 38513                   |                          |
| Mode/SFC (MH) or Modality (SUD)                               |                            | 15/10-57, 59                   | 15/60-69                | 15/70-79                  | 15/01-09                | 45/20-29                |                          |
| Service Description   |                            | OP-MH Svcs                     | OP-Medication Support   | OP-Crisis Intervention    | OP-Case Mgt Brokerage   | OS-Cmmty Client Svcs    |                          |
| Funding Term (mm/dd/yy-mm/dd/yy):                             |                            | 07/01/20-06/30/21              | 07/01/20-06/30/21       | 07/01/20-06/30/21         | 07/01/20-06/30/21       | 07/01/20-06/30/21       |                          |
| <b>FUNDING USES</b>   |                            |                                |                         |                           |                         |                         | <b>TOTAL</b>             |
| Salaries & Employee Benefits                                  |                            | \$ 528,125                     | \$ 133,991              | \$ 1,569                  | \$ 33,310               | \$ 41,179               | \$ - \$ 738,174          |
| Operating Expenses  |                            | \$ 236,678                     | \$ 60,048               | \$ 703                    | \$ 14,928               | \$ 18,454               | \$ - \$ 330,811          |
| <b>Subtotal Direct Expenses</b>                               |                            | <b>\$ 764,804</b>              | <b>\$ 194,039</b>       | <b>\$ 2,272</b>           | <b>\$ 48,237</b>        | <b>\$ 59,633</b>        | <b>\$ - \$ 1,068,985</b> |
| Indirect Expenses   |                            | \$ 114,719                     | \$ 29,105               | \$ 341                    | \$ 7,236                | \$ 8,946                | \$ - \$ 160,347          |
| Indirect %  |                            | 15.0%                          | 15.0%                   | 15.0%                     | 15.0%                   | 15.0%                   | 0.0% 15.0%               |
| <b>TOTAL FUNDING USES</b>                                     |                            | <b>\$ 879,523</b>              | <b>\$ 223,144</b>       | <b>\$ 2,613</b>           | <b>\$ 55,473</b>        | <b>\$ 68,579</b>        | <b>\$ - \$ 1,229,332</b> |
| <b>BHS MENTAL HEALTH FUNDING SOURCE</b>                       |                            | <b>Dept-Auth-Proj-Activity</b> |                         |                           |                         |                         |                          |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | \$ 363,191                     | \$ 85,480               | \$ 1,001                  | \$ 21,250               | \$ -                    | \$ - \$ 470,922          |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | \$ 110,760                     | \$ 28,101               | \$ 329                    | \$ 6,986                | \$ 8,636                | \$ - \$ 154,812          |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | \$ 405,572                     | \$ 109,563              | \$ 1,283                  | \$ 27,237               | \$ 59,943               | \$ - \$ 603,598          |
| This row left blank for funding sources not in drop-down list |                            | \$ -                           | \$ -                    | \$ -                      | \$ -                    | \$ -                    | \$ - \$ -                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>\$ 879,523</b>              | <b>\$ 223,144</b>       | <b>\$ 2,613</b>           | <b>\$ 55,473</b>        | <b>\$ 68,579</b>        | <b>\$ - \$ 1,229,332</b> |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>\$ 879,523</b>              | <b>\$ 223,144</b>       | <b>\$ 2,613</b>           | <b>\$ 55,473</b>        | <b>\$ 68,579</b>        | <b>\$ - \$ 1,229,332</b> |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>879,523</b>                 | <b>223,144</b>          | <b>2,613</b>              | <b>55,473</b>           | <b>68,579</b>           | <b>- 1,229,332</b>       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                                |                         |                           |                         |                         |                          |
| Payment Method  |                            | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR)   | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR)  |
| DPH Units of Service  |                            | 182,071                        | 32,798                  | 390                       | 14,501                  | 370                     |                          |
| Unit Type   |                            | Staff Minute                   | Staff Minute            | Staff Minute              | Staff Minute            | Staff Hour              | 0                        |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           |                            | \$ 4.83                        | \$ 6.80                 | \$ 6.70                   | \$ 3.83                 | \$ 185.35               | \$ -                     |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) |                            | \$ 4.83                        | \$ 6.80                 | \$ 6.70                   | \$ 3.83                 | \$ 185.35               | \$ -                     |
| Published Rate (Medi-Cal Providers Only)                      |                            | \$ 4.90                        | \$ 7.00                 | \$ 6.80                   | \$ 3.90                 | \$ 188.00               | \$ -                     |
| Unduplicated Clients (UDC)                                    |                            | 275                            | Included                | Included                  | Included                | Included                | <b>Total UDC</b><br>275  |

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000011308  
 Program Name Adult Behavioral Health  
 Program Code 38513

Appendix Number B-1  
 Page Number 3  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

|                                      | TOTAL             |                   | 251984-10000-10001792-0001 |                   | 251984-10001-10034030-0001 (Mode 45) |                  | Dept-Auth-Proj-Activity |             |
|--------------------------------------|-------------------|-------------------|----------------------------|-------------------|--------------------------------------|------------------|-------------------------|-------------|
| Funding Term                         | 07/01/20-06/30/21 |                   | 07/01/20-06/30/21          |                   | 07/01/20-06/30/21                    |                  | (mm/dd/yy-mm/dd/yy):    |             |
| Position Title                       | FTE               | Salaries          | FTE                        | Salaries          | FTE                                  | Salaries         | FTE                     | Salaries    |
| Clinical Program Director            | 0.75              | \$ 76,500         | 0.708                      | 72,232            | 0.04                                 | \$ 4,268         |                         |             |
| Clinical Supervisor                  | 0.84              | \$ 77,200         | 0.793                      | 72,893            | 0.05                                 | \$ 4,307         |                         |             |
| Admin Practice Mgr                   | 0.70              | \$ 38,500         | 0.661                      | 36,352            | 0.04                                 | \$ 2,148         |                         |             |
| Therapist                            | 4.00              | \$ 285,000        | 3.777                      | 269,101           | 0.22                                 | \$ 15,899        |                         |             |
| Director of Compliance               | 0.10              | \$ 7,000          | 0.094                      | 6,610             | 0.01                                 | \$ 390           |                         |             |
| Psychiatrist                         | 0.40              | \$ 86,000         | 0.378                      | 81,202            | 0.02                                 | \$ 4,798         |                         |             |
| Executive Director                   | 0.05              | \$ 6,500          | 0.047                      | 6,137             | 0.00                                 | \$ 363           |                         |             |
|                                      |                   |                   |                            |                   |                                      |                  |                         |             |
|                                      |                   |                   |                            |                   |                                      |                  |                         |             |
| <b>Totals:</b>                       | 6.84              | \$ 576,700        | 6.46                       | \$ 544,528        | 0.38                                 | \$ 32,172        | 0.00                    | \$ -        |
| <b>Employee Benefits:</b>            | 28%               | \$ 161,474        | 28%                        | \$ 152,467        | 28%                                  | \$ 9,007         | 0.00%                   |             |
| <b>TOTAL SALARIES &amp; BENEFITS</b> |                   | <b>\$ 738,174</b> |                            | <b>\$ 696,995</b> |                                      | <b>\$ 41,179</b> |                         | <b>\$ -</b> |

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000011308  
 Program Name Adult Behavioral Health  
 Program Code 38513

Appendix Number B-1  
 Page Number 4  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

| Expense Categories & Line Items   | TOTAL             | 251984-10000-10001792-0001 | 251984-10001-10034030-0001 (Mode 45) | Dept-Auth-Proj-Activity |
|---|-------------------|----------------------------|--------------------------------------|-------------------------|
| <b>Funding Term</b>   | 07/01/20-06/30/21 | 07/01/20-06/30/21          | 07/01/20-06/30/21                    | (mm/dd/yy-mm/dd/yy):    |
| Rent  | \$ 89,775         | 84,767                     | \$ 5,008                             |                         |
| Utilities (telephone, electricity, water, gas)  | \$ 27,000         | 25,494                     | \$ 1,506                             |                         |
| Building Repair/Maintenance   | \$ 14,000         | 13,219                     | \$ 781                               |                         |
| <b>Occupancy Total:</b>   | <b>\$ 130,775</b> | <b>\$ 123,480</b>          | <b>\$ 7,295</b>                      | <b>\$ -</b>             |
| Office Supplies   | \$ 6,741          | 6,365                      | \$ 376                               |                         |
| Photocopying  | \$ -              | -                          | \$ -                                 |                         |
| Program Supplies  | \$ 5,103          | 4,818                      | \$ 285                               |                         |
| Computer Hardware/Software  | \$ 5,200          | 4,910                      | \$ 290                               |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 17,044</b>  | <b>\$ 16,093</b>           | <b>\$ 951</b>                        | <b>\$ -</b>             |
| Training/Staff Development  | \$ 2,650          | 2,502                      | \$ 148                               |                         |
| Insurance   | \$ 16,000         | 15,107                     | \$ 893                               |                         |
| Professional License  | \$ 1,500          | 1,416                      | \$ 84                                |                         |
| Permits   | \$ 758            | 716                        | \$ 42                                |                         |
| Equipment Lease & Maintenance   | \$ 4,500          | 4,249                      | \$ 251                               |                         |
| <b>General Operating Total:</b>   | <b>\$ 25,408</b>  | <b>\$ 23,991</b>           | <b>\$ 1,417</b>                      | <b>\$ -</b>             |
| Local Travel  | \$ 2,000          | 1,888                      | \$ 112                               |                         |
| Out-of-Town Travel  | \$ -              |                            |                                      |                         |
| Field Expenses  | \$ -              |                            |                                      |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 2,000</b>   | <b>\$ 1,888</b>            | <b>\$ 112</b>                        | <b>\$ -</b>             |
| <b>Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)</b>                          |                   |                            |                                      |                         |
| Registry of Physician Specialists (7/1/2020-6/30/2021). To provide psychiatry services to plan & supervise treatment. \$187.00/ hour x approx. 832 hours. | \$ 155,584        | 146,905                    | \$ 8,679                             |                         |
|   | \$ -              |                            |                                      |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 155,584</b> | <b>\$ 146,905</b>          | <b>\$ 8,679</b>                      | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 330,811</b> | <b>\$ 312,357</b>          | <b>\$ 18,454</b>                     | <b>\$ -</b>             |

**Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

DHCS Legal Entity Number 00341

Appendix Number B-2

Provider Name Bayview Hunters Point Foundation

Page Number 6

Provider Number 3851

Fiscal Year 2020-2021

Contract ID Number 1000011308

Funding Notification Date 12/24/20

| Program Name  |                            | School-based Centers (Balboa)  |                       |                  |
|---|----------------------------|--------------------------------|-----------------------|------------------|
| Program Code  |                            | N/A                            | N/A                   |                  |
| Mode/SFC (MH) or Modality (SUD)                               |                            | 45/10-19                       | 45/20-29              |                  |
| Service Description   |                            | OS-MH Promotion                | OS-Cmnty Client Svcs  |                  |
| Funding Term (mm/dd/yy-mm/dd/yy):                             |                            | 07/01/20-06/30/21              | 07/01/20-06/30/21     |                  |
| <b>FUNDING USES</b>   |                            |                                |                       | <b>TOTAL</b>     |
| Salaries & Employee Benefits                                  |                            | \$ 71,291                      | \$ 98,450             | \$ 169,741       |
| Operating Expenses  |                            | \$ 20,393                      | \$ 28,162             | \$ 48,555        |
| <b>Subtotal Direct Expenses</b>                               |                            | <b>\$ 91,684</b>               | <b>\$ 126,612</b>     | <b>\$ -</b>      |
| Indirect Expenses   |                            | \$ 13,753                      | \$ 18,992             | \$ 32,745        |
| Indirect %  |                            | 15.0%                          | 15.0%                 | 0.0%             |
| <b>TOTAL FUNDING USES</b>                                     |                            | <b>\$ 105,437</b>              | <b>\$ 145,604</b>     | <b>\$ -</b>      |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            | <b>Dept-Auth-Proj-Activity</b> |                       |                  |
| MH MSA (PEI)  | 251984-17156-10031199-0048 | \$ 105,437                     | \$ 145,604            | \$ 251,041       |
| This row left blank for funding sources not in drop-down list |                            |                                |                       | \$ -             |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>\$ 105,437</b>              | <b>\$ 145,604</b>     | <b>\$ -</b>      |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>\$ 105,437</b>              | <b>\$ 145,604</b>     | <b>\$ -</b>      |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>105,437</b>                 | <b>145,604</b>        | <b>-</b>         |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                                |                       |                  |
| Payment Method  |                            | Fee-For-Service (FFS)          | Fee-For-Service (FFS) |                  |
| DPH Units of Service  |                            | 375                            | 520                   |                  |
| Unit Type   |                            | Staff Hour                     | Staff Hour            | 0                |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           |                            | \$ 281.17                      | \$ 280.01             | \$ -             |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) |                            | \$ 281.17                      | \$ 280.01             | \$ -             |
| Published Rate (Medi-Cal Providers Only)                      |                            | N/A                            | N/A                   |                  |
| Unduplicated Clients (UDC)                                    |                            | 600                            | Included              | 600              |
|   |                            |                                |                       | <b>Total UDC</b> |



**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000011308  
 Program Name School-based Centers (Balboa)  
 Program Code N/A

Appendix Number B-2  
 Page Number 7  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

|                                       | TOTAL             |                   | 251984-17156-10031199-0048 |                   | Dept-Auth-Proj-Activity |             | Dept-Auth-Proj-Activity |             |
|---------------------------------------|-------------------|-------------------|----------------------------|-------------------|-------------------------|-------------|-------------------------|-------------|
| Funding Term                          | 07/01/20-06/30/21 |                   | 07/01/20-06/30/21          |                   | (mm/dd/yy-mm/dd/yy):    |             | (mm/dd/yy-mm/dd/yy):    |             |
| Position Title                        | FTE               | Salaries          | FTE                        | Salaries          | FTE                     | Salaries    | FTE                     | Salaries    |
| Behavioral Health Program Coordinator | 0.88              | \$ 75,915         | 0.88                       | \$ 75,915         |                         |             |                         |             |
| Therapist                             | 0.83              | \$ 50,067         | 0.83                       | \$ 50,067         |                         |             |                         |             |
| Compliance Officer                    | 0.10              | \$ 5,600          | 0.10                       | \$ 5,600          |                         |             |                         |             |
|                                       | 0.00              | \$ -              |                            |                   |                         |             |                         |             |
|                                       | 0.00              | \$ -              |                            |                   |                         |             |                         |             |
|                                       | 0.00              | \$ -              |                            |                   |                         |             |                         |             |
|                                       | 0.00              | \$ -              |                            |                   |                         |             |                         |             |
|                                       | 0.00              | \$ -              |                            |                   |                         |             |                         |             |
|                                       | 0.00              | \$ -              |                            |                   |                         |             |                         |             |
| <b>Totals:</b>                        | 1.81              | \$ 131,582        | 1.81                       | \$ 131,582        | 0.00                    | \$ -        | 0.00                    | \$ -        |
| <b>Employee Benefits:</b>             | 29.00%            | \$ 38,159         | 29.00%                     | \$ 38,159         | 0.00%                   |             | 0.00%                   |             |
| <b>TOTAL SALARIES &amp; BENEFITS</b>  |                   | <b>\$ 169,741</b> |                            | <b>\$ 169,741</b> |                         | <b>\$ -</b> |                         | <b>\$ -</b> |

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000011308

Program Name School-based Centers (Balboa)

Program Code N/A

Appendix Number B-2

Page Number 8

Fiscal Year 2020-2021

Funding Notification Date 01/25/21

| Expense Categories & Line Items   | TOTAL             | 251984-17156-10031199-0048 | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity |
|---|-------------------|----------------------------|-------------------------|-------------------------|
| <b>Funding Term</b>   | 07/01/20-06/30/21 | 07/01/20-06/30/21          | (mm/dd/yy-mm/dd/yy):    | (mm/dd/yy-mm/dd/yy):    |
| Rent  | \$ -              |                            |                         |                         |
| Utilities (telephone, electricity, water, gas)  | \$ -              |                            |                         |                         |
| Building Repair/Maintenance   | \$ -              |                            |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ -              |                            |                         |                         |
| Photocopying  | \$ -              |                            |                         |                         |
| Program Supplies  | \$ 41,555         | \$ 41,555                  |                         |                         |
| Computer Hardware/Software  | \$ -              |                            |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 41,555</b>  | <b>\$ 41,555</b>           | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ -              |                            |                         |                         |
| Insurance   | \$ 7,000          | \$ 7,000                   |                         |                         |
| Professional License  | \$ -              |                            |                         |                         |
| Permits   | \$ -              |                            |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                            |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 7,000</b>   | <b>\$ 7,000</b>            | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ -              |                            |                         |                         |
| Out-of-Town Travel  | \$ -              |                            |                         |                         |
| Field Expenses  | \$ -              |                            |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>             | <b>\$ -</b>             |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              |                            |                         |                         |
|   | \$ -              |                            |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>             | <b>\$ -</b>             |
| Other (provide detail):   | \$ -              |                            |                         |                         |
|   | \$ -              |                            |                         |                         |
|   | \$ -              |                            |                         |                         |
| <b>Other Total:</b>   | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 48,555</b>  | <b>\$ 48,555</b>           | <b>\$ -</b>             | <b>\$ -</b>             |

**Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

|   |                            |                                |                         |                         |                         |                           |           |
|---|----------------------------|--------------------------------|-------------------------|-------------------------|-------------------------|---------------------------|-----------|
| DHCS Legal Entity Number 00341                                |                            |                                |                         |                         |                         | Appendix Number           | B-3       |
| Provider Name Bayview Hunters Point Foundation                |                            |                                |                         |                         |                         | Page Number               | 10        |
| Provider Number 3851  |                            |                                |                         |                         |                         | Fiscal Year               | 2020-2021 |
| Contract ID Number 1000011308                                 |                            |                                |                         |                         |                         | Funding Notification Date | 01/25/21  |
| Program Name  |                            | Children Outpatient            |                         |                         |                         |                           |           |
| Program Code  |                            | 38516 & 38171                  | 38516 & 38171           | 38516 & 38171           | 38516 & 38171           |                           |           |
| Mode/SFC (MH) or Modality (SUD)                               |                            | 15/10-57, 59                   | 15/70-79                | 15/01-09                | 45/20-29                |                           |           |
| Service Description   |                            | OP-MH Svcs                     | OP-Crisis Intervention  | OP-Case Mgt Brokerage   | OS-Cmmty Client Svcs    |                           |           |
| Funding Term (mm/dd/yy-mm/dd/yy):                             |                            | 07/01/20-06/30/21              | 07/01/20-06/30/21       | 07/01/20-06/30/21       | 07/01/20-06/30/21       |                           |           |
| <b>FUNDING USES</b>   |                            |                                |                         |                         |                         | <b>TOTAL</b>              |           |
| Salaries & Employee Benefits                                  |                            | \$ 328,435                     | \$ 474                  | \$ 13,606               | \$ 22,027               | \$ 364,542                |           |
| Operating Expenses  |                            | \$ 171,213                     | \$ 247                  | \$ 7,093                | \$ 11,482               | \$ 190,035                |           |
| <b>Subtotal Direct Expenses</b>                               |                            | <b>\$ 499,648</b>              | <b>\$ 722</b>           | <b>\$ 20,698</b>        | <b>\$ 33,509</b>        | <b>\$ -</b>               |           |
| Indirect Expenses   |                            | \$ 74,947                      | \$ 108                  | \$ 3,103                | \$ 5,024                | \$ 83,182                 |           |
| Indirect %  |                            | 15.0%                          | 15.0%                   | 15.0%                   | 15.0%                   | 0.0%                      |           |
| <b>TOTAL FUNDING USES</b>                                     |                            | <b>\$ 574,595</b>              | <b>\$ 830</b>           | <b>\$ 23,801</b>        | <b>\$ 38,533</b>        | <b>\$ -</b>               |           |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            | <b>Dept-Auth-Proj-Activity</b> |                         |                         |                         |                           |           |
| MH CYF Fed SDMC FFP (50%)                                     | 251962-10000-10001670-0001 | \$ 261,550                     | \$ 378                  | \$ 10,834               |                         | \$ 272,762                |           |
| MH CYF State 2011 PSR-EPST                                    | 251962-10000-10001670-0001 | \$ 240,189                     | \$ 347                  | \$ 9,949                |                         | \$ 250,485                |           |
| MH CYF County Local Match                                     | 251962-10000-10001670-0001 | \$ 14,172                      | \$ 20                   | \$ 587                  | \$ 7,496                | \$ 22,275                 |           |
| MH CYF County General Fund                                    | 251962-10000-10001670-0001 | \$ 58,684                      | \$ 85                   | \$ 2,431                | \$ 31,037               | \$ 92,237                 |           |
| This row left blank for funding sources not in drop-down list |                            |                                |                         |                         |                         | \$ -                      |           |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>\$ 574,595</b>              | <b>\$ 830</b>           | <b>\$ 23,801</b>        | <b>\$ 38,533</b>        | <b>\$ -</b>               |           |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>\$ 574,595</b>              | <b>\$ 830</b>           | <b>\$ 23,801</b>        | <b>\$ 38,533</b>        | <b>\$ -</b>               |           |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>574,595</b>                 | <b>830</b>              | <b>23,801</b>           | <b>38,533</b>           | <b>-</b>                  |           |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                                |                         |                         |                         |                           |           |
| Payment Method  |                            | Cost Reimbursement (CR)        | Cost Reimbursement (CR) | Cost Reimbursement (CR) | Cost Reimbursement (CR) |                           |           |
| DPH Units of Service  |                            | 95,444                         | 150                     | 6,700                   | 210                     |                           |           |
| Unit Type   |                            | Staff Minute                   | Staff Minute            | Staff Minute            | Staff Hour              | 0                         |           |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           |                            | \$ 6.02                        | \$ 5.53                 | \$ 3.55                 | \$ 183.49               | \$ -                      |           |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) |                            | \$ 6.02                        | \$ 5.53                 | \$ 3.55                 | \$ 183.49               | \$ -                      |           |
| Published Rate (Medi-Cal Providers Only)                      |                            | \$ 5.00                        | \$ 5.75                 | \$ 3.75                 | \$ 188.00               |                           |           |
| Unduplicated Clients (UDC)                                    |                            | 60                             | Included                | Included                | Included                | <b>Total UDC</b><br>60    |           |

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000011308  
 Program Name Children Outpatient  
 Program Code 38516 & 38171

Appendix Number B-3  
 Page Number 11  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

| Funding Term                         | TOTAL |                   | 251962-10000-10001670-0001 (Mode 15) |                   | 251962-10000-10001670-0001 (Mode 45) |                  | Dept-Auth-Proj-Activity |             | Dept-Auth-Proj-Activity |             | Dept-Auth-Proj-Activity |                      | Dept-Auth-Proj-Activity |             |
|--------------------------------------|-------|-------------------|--------------------------------------|-------------------|--------------------------------------|------------------|-------------------------|-------------|-------------------------|-------------|-------------------------|----------------------|-------------------------|-------------|
|                                      | FTE   | Salaries          | FTE                                  | Salaries          | FTE                                  | Salaries         | FTE                     | Salaries    | FTE                     | Salaries    | FTE                     | Salaries             | FTE                     | Salaries    |
| 07/01/20-06/30/21                    |       |                   |                                      |                   |                                      |                  | 0                       |             | (mm/dd/yy-mm/dd/yy):    |             |                         | (mm/dd/yy-mm/dd/yy): |                         |             |
| Clinical Program Director            | 0.25  | \$ 25,500         | 0.235                                | 23,958            | 0.02                                 | \$ 1,542         |                         |             |                         |             |                         |                      |                         |             |
| Clinical Supervisor                  | 0.16  | \$ 14,800         | 0.15                                 | 13,906            | 0.01                                 | \$ 894           |                         |             |                         |             |                         |                      |                         |             |
| Admin Practice Mgr                   | 0.30  | \$ 16,500         | 0.282                                | 15,503            | 0.02                                 | \$ 997           |                         |             |                         |             |                         |                      |                         |             |
| Therapist                            | 2.00  | \$ 142,500        | 1.879                                | 133,890           | 0.12                                 | \$ 8,610         |                         |             |                         |             |                         |                      |                         |             |
| Compliance Officer                   | 0.10  | \$ 7,000          | 0.094                                | 6,577             | 0.01                                 | \$ 423           |                         |             |                         |             |                         |                      |                         |             |
| Executive Director                   | 0.05  | \$ 6,500          | 0.047                                | 6,107             | 0.00                                 | \$ 393           |                         |             |                         |             |                         |                      |                         |             |
| ERMHS clinician                      | 1.00  | \$ 72,000         | 0.94                                 | 67,650            | 0.06                                 | \$ 4,350         |                         |             |                         |             |                         |                      |                         |             |
|                                      | 0.00  | \$ -              |                                      |                   |                                      |                  |                         |             |                         |             |                         |                      |                         |             |
|                                      | 0.00  | \$ -              |                                      | \$ -              |                                      |                  |                         |             |                         |             |                         |                      |                         |             |
|                                      | 0.00  | \$ -              |                                      |                   |                                      |                  |                         |             |                         |             |                         |                      |                         |             |
|                                      | 0.00  | \$ -              |                                      |                   |                                      |                  |                         |             |                         |             |                         |                      |                         |             |
| <b>Totals:</b>                       | 3.86  | \$ 284,800        | 3.63                                 | \$ 267,591        | 0.23                                 | \$ 17,209        | 0.00                    | \$ -        | 0.00                    | \$ -        | 0.00                    | \$ -                 | 0.00                    | \$ -        |
| <b>Employee Benefits:</b>            | 28%   | \$ 79,742         | 28%                                  | \$ 74,924         | 28%                                  | \$ 4,818         | 0.00%                   |             | 0.00%                   |             | 0.00%                   |                      | 0.00%                   |             |
| <b>TOTAL SALARIES &amp; BENEFITS</b> |       | <b>\$ 364,542</b> |                                      | <b>\$ 342,515</b> |                                      | <b>\$ 22,027</b> |                         | <b>\$ -</b> |                         | <b>\$ -</b> |                         | <b>\$ -</b>          |                         | <b>\$ -</b> |

**Appendix B - DPH 4: Operating Expenses Detail**

Contract ID Number 1000011308  
 Program Name Children Outpatient  
 Program Code 38516 & 38171

Appendix Number B-3  
 Page Number 12  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

| Expense Categories & Line Items   | TOTAL             | 251962-10000-10001670-0001 (Mode 15) | 251962-10000-10001670-0001 (Mode 45) | Dept-Auth-Proj-Activity |
|---|-------------------|--------------------------------------|--------------------------------------|-------------------------|
| <b>Funding Term</b>   | 07/01/20-06/30/21 | 07/01/20-06/30/21                    | (mm/dd/yy-mm/dd/yy):                 | (mm/dd/yy-mm/dd/yy):    |
| Rent  | \$ 89,775         | 84,351                               | 5,424                                |                         |
| Utilities (telephone, electricity, water, gas)  | \$ 34,000         | 31,946                               | 2,054                                |                         |
| Building Repair/Maintenance   | \$ 18,500         | 17,382                               | 1,118                                |                         |
| <b>Occupancy Total:</b>   | <b>\$ 142,275</b> | <b>\$ 133,678</b>                    | <b>\$ 8,597.00</b>                   | <b>\$ -</b>             |
| Office Supplies   | \$ 6,500          | 6,107                                | 393                                  |                         |
| Photocopying  | \$ -              | -                                    | -                                    |                         |
| Program Supplies  | \$ 5,000          | 4,698                                | 302                                  |                         |
| Computer Hardware/Software  | \$ 10,323         | 9,699                                | 624                                  |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 21,823</b>  | <b>\$ 20,504</b>                     | <b>\$ 1,319.00</b>                   | <b>\$ -</b>             |
| Training/Staff Development  | \$ 5,150          | 4,839                                | 311                                  |                         |
| Insurance   | \$ 10,858         | 10,203                               | 655                                  |                         |
| Professional License  | \$ 1,000          | 940                                  | 60                                   |                         |
| Permits   | \$ 529            | 497                                  | 32                                   |                         |
| Equipment Lease & Maintenance   | \$ 5,900          | 5,544                                | 356                                  |                         |
| <b>General Operating Total:</b>   | <b>\$ 23,437</b>  | <b>\$ 22,022</b>                     | <b>\$ 1,415</b>                      | <b>\$ -</b>             |
| Local Travel  | \$ 2,500          | 2,349                                | 151                                  |                         |
| Out-of-Town Travel  | \$ -              | -                                    | -                                    |                         |
| Field Expenses  | \$ -              | -                                    | -                                    |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 2,500</b>   | <b>\$ 2,349</b>                      | <b>\$ 151</b>                        | <b>\$ -</b>             |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              | \$ -                                 |                                      |                         |
|   | \$ -              |                                      |                                      |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ -</b>       | <b>\$ -</b>                          | <b>\$ -</b>                          | <b>\$ -</b>             |
| Other (provide detail):   | \$ -              |                                      |                                      |                         |
|   | \$ -              |                                      |                                      |                         |
|   | \$ -              |                                      |                                      |                         |
| <b>Other Total:</b>   | <b>\$ -</b>       | <b>\$ -</b>                          | <b>\$ -</b>                          | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 190,035</b> | <b>\$ 178,553</b>                    | <b>\$ 11,482</b>                     | <b>\$ -</b>             |

**Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

|   |                            |   |              |                   |
|---|----------------------------|---|--------------|-------------------|
| DHCS Legal Entity Number 00341                                |                            | Appendix Number                             |              | B-4               |
| Provider Name Bayview Hunters Point Foundation                |                            | Page Number                                 |              | 14                |
| Provider Number 3851  |                            | Fiscal Year                                 |              | 2020-2021         |
| Contract ID Number 1000011308                                 |                            | Funding Notification Date                   |              | 01/25/21          |
| Program Name  |                            | Dimensions LGBT Outpatient                  |              |                   |
| Program Code  |                            | N/A   |              |                   |
| Mode/SFC (MH) or Modality (SUD)                               |                            | 00-20                                       |              |                   |
| Service Description   |                            | Administration Support (i.e. check Writing, |              |                   |
| Funding Term (mm/dd/yy-mm/dd/yy):                             |                            | 07/01/20-06/30/21                           |              |                   |
| <b>FUNDING USES</b>   |                            |   | <b>TOTAL</b> |                   |
| Salaries & Employee Benefits                                  |                            | \$ 82,036                                   |              | \$ 82,036         |
| Operating Expenses  |                            | \$ 20,002                                   |              | \$ 20,002         |
| Capital Expenses  |                            |   |              | \$ -              |
| <b>Subtotal Direct Expenses</b>                               |                            | <b>\$ 102,038</b>                           | <b>\$ -</b>  | <b>\$ 102,038</b> |
| Indirect Expenses   |                            | \$ 15,306                                   |              | \$ 15,306         |
| Indirect %  |                            | 15.0%                                       | 0.0%         | 15.0%             |
| <b>TOTAL FUNDING USES</b>                                     |                            | <b>\$ 117,344</b>                           | <b>\$ -</b>  | <b>\$ 117,344</b> |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            | <b>Dept-Auth-Proj-Activity</b>              |              |                   |
| MH WO DCYF Dimensions Clinic                                  | 251962-10002-10001799-0002 | \$ 117,344                                  |              | \$ 117,344        |
| MH CYF County GF WO CODB                                      | 251962-10000-10001670-0001 | \$ -  |              | \$ -              |
| This row left blank for funding sources not in drop-down list |                            |   |              | \$ -              |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>\$ 117,344</b>                           | <b>\$ -</b>  | <b>\$ 117,344</b> |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>\$ 117,344</b>                           | <b>\$ -</b>  | <b>\$ 117,344</b> |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>117,344</b>                              | <b>-</b>     | <b>117,344</b>    |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |   |              |                   |
| Payment Method  |                            | Cost Reimbursement (CR)                     |              |                   |
| DPH Units of Service  |                            | 450   |              |                   |
| Unit Type   |                            | fill-in appropriate                         |              | 0                 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           |                            | \$ 260.76                                   | \$ -         |                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) |                            | \$ 260.76                                   | \$ -         |                   |
| Published Rate (Medi-Cal Providers Only)                      |                            | N/A   |              | <b>Total UDC</b>  |
| Unduplicated Clients (UDC)                                    |                            | 25  |              | 25                |

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000011308  
 Program Name Dimensions LGBT Outpatient  
 Program Code N/A

Appendix Number B-4  
 Page Number 15  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

|                                      | TOTAL             |                  | 251962-10002-10001799-0002 |                  | 251962-10002-10001799-0002 |                 | Dept-Auth-Proj-Activity |             |
|--------------------------------------|-------------------|------------------|----------------------------|------------------|----------------------------|-----------------|-------------------------|-------------|
| Funding Term                         | 07/01/20-06/30/21 |                  | 07/01/20-06/30/21          |                  | 07/01/20-06/30/21          |                 | (mm/dd/yy-mm/dd/yy):    |             |
| Position Title                       | FTE               | Salaries         | FTE                        | Salaries         | FTE                        | Salaries        | FTE                     | Salaries    |
| Therapist 1                          | 1.00              | \$ 60,320        | 0.96                       | \$ 58,134        | 0.04                       | \$ 2,186        |                         |             |
|                                      | 0.00              | \$ -             |                            |                  |                            |                 |                         |             |
|                                      | 0.00              | \$ -             |                            |                  |                            |                 |                         |             |
|                                      | 0.00              | \$ -             |                            |                  |                            |                 |                         |             |
|                                      | 0.00              | \$ -             |                            |                  |                            |                 |                         |             |
| <b>Totals:</b>                       | 1.00              | \$ 60,320        | 0.96                       | \$ 58,134        | 0.04                       | \$ 2,186        | 0.00                    | \$ -        |
| <b>Employee Benefits:</b>            | 36.0%             | \$ 21,716        | 36.0%                      | \$ 20,929        | 36.00%                     | \$ 787          | 0.00%                   |             |
| <b>TOTAL SALARIES &amp; BENEFITS</b> |                   | <b>\$ 82,036</b> |                            | <b>\$ 79,063</b> |                            | <b>\$ 2,973</b> |                         | <b>\$ -</b> |

**Appendix B - DPH 4: Operating Expenses Detail**

|  |   |
|--|---|
| Contract ID Number <u>1000011308</u>           | Appendix Number <u>B-4</u>                |
| Program Name <u>Dimensions LGBT Outpatient</u> | Page Number <u>16</u>                     |
| Program Code <u>N/A</u>                        | Fiscal Year <u>2020-2021</u>              |
|  | Funding Notification Date <u>01/25/21</u> |

| Expense Categories & Line Items   | TOTAL             | 251962-10002-10001799-0002 | 251962-10000-10001670-0001 | Dept-Auth-Proj-Activity |
|---|-------------------|----------------------------|----------------------------|-------------------------|
| <b>Funding Term</b>   | 07/01/20-06/30/21 | 07/01/20-06/30/21          | 07/01/20-06/30/21          | (mm/dd/yy-mm/dd/yy):    |
| Rent  | \$ -              |                            |                            |                         |
| Utilities (telephone, electricity, water, gas)  | \$ -              |                            |                            |                         |
| Building Repair/Maintenance   | \$ -              |                            |                            |                         |
| <b>Occupancy Total:</b>   | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>                | <b>\$ -</b>             |
| Office Supplies   | \$ 500            | \$ 500                     |                            |                         |
| Photocopying  | \$ -              |                            |                            |                         |
| Program Supplies  | \$ 16,002         | \$ 16,002                  |                            |                         |
| Computer Hardware/Software  | \$ -              | \$ -                       |                            |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 16,502</b>  | <b>\$ 16,502</b>           | <b>\$ -</b>                | <b>\$ -</b>             |
| Training/Staff Development  | \$ -              |                            |                            |                         |
| Insurance   | \$ 3,500          | \$ 3,500                   |                            |                         |
| Professional License  | \$ -              |                            |                            |                         |
| Permits   | \$ -              |                            |                            |                         |
| Equipment Lease & Maintenance   | \$ -              |                            |                            |                         |
| <b>General Operating Total:</b>   | <b>\$ 3,500</b>   | <b>\$ 3,500</b>            | <b>\$ -</b>                | <b>\$ -</b>             |
| Local Travel  | \$ -              |                            |                            |                         |
| Out-of-Town Travel  | \$ -              |                            |                            |                         |
| Field Expenses  | \$ -              |                            |                            |                         |
| <b>Staff Travel Total:</b>  | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>                | <b>\$ -</b>             |
| Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ -              |                            |                            |                         |
|   | \$ -              |                            |                            |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>                | <b>\$ -</b>             |
| Other (provide detail):   | \$ -              |                            |                            |                         |
|   | \$ -              |                            |                            |                         |
|   | \$ -              |                            |                            |                         |
| <b>Other Total:</b>   | <b>\$ -</b>       | <b>\$ -</b>                | <b>\$ -</b>                | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 20,002</b>  | <b>\$ 20,002</b>           | <b>\$ -</b>                | <b>\$ -</b>             |



**Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)**

|   |                            |                                    |                        |
|---|----------------------------|------------------------------------|------------------------|
| DHCS Legal Entity Number 00341                                |                            | Appendix Number B-5                |                        |
| Provider Name Bayview Hunters Point Foundation                |                            | Page Number 18                     |                        |
| Provider Number 389036  |                            | Fiscal Year 2020-2021              |                        |
| Contract ID Number 1000011308                                 |                            | Funding Notification Date 01/25/21 |                        |
| Program Name Jelani Family Program                            |                            |                                    |                        |
| Program Code 3816SD   |                            |                                    |                        |
| Mode/SFC (MH) or Modality (SUD) Res-59                        |                            |                                    |                        |
| Service Description ODS Recovery Residences                   |                            |                                    |                        |
| Funding Term (mm/dd/yy-mm/dd/yy): 07/01/20-06/30/21           |                            |                                    |                        |
| <b>FUNDING USES</b>   |                            |                                    | <b>TOTAL</b>           |
| Salaries & Employee Benefits                                  | \$ 429,390                 |                                    | \$ 429,390             |
| Operating Expenses  | \$ 87,113                  |                                    | \$ 87,113              |
| <b>Subtotal Direct Expenses</b>                               | <b>\$ 516,503</b>          | <b>\$ -</b>                        | <b>\$ 516,503</b>      |
| Indirect Expenses   | \$ 77,423                  |                                    | \$ 77,423              |
| <b>Indirect %</b>   | <b>15.0%</b>               | <b>0.0%</b>                        | <b>0.0%</b>            |
| <b>TOTAL FUNDING USES</b>                                     | <b>\$ 593,926</b>          | <b>\$ -</b>                        | <b>\$ 593,926</b>      |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            | <b>Dept-Auth-Proj-Activity</b>     |                        |
| SUD Fed SABG Discretionary, CFDA 93.959                       | 240646-10000-10001681-0003 | \$ 593,926                         | \$ 593,926             |
|   |                            |                                    | \$ -                   |
|   |                            |                                    | \$ -                   |
| This row left blank for funding sources not in drop-down list |                            |                                    |                        |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            | <b>\$ 593,926</b>                  | <b>\$ -</b>            |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>\$ 593,926</b>                  | <b>\$ -</b>            |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                                    |                        |
| This row left blank for funding sources not in drop-down list |                            |                                    |                        |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>\$ -</b>                        | <b>\$ -</b>            |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>593,926</b>                     | <b>-</b>               |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                                    |                        |
| Number of Beds Purchased                                      |                            | 15                                 |                        |
| SUD Only - Number of Outpatient Group Counseling Sessions     |                            |                                    |                        |
| SUD Only - Licensed Capacity for Narcotic Treatment Programs  |                            |                                    |                        |
| Payment Method  |                            | Cost Reimbursement (CR)            |                        |
| DPH Units of Service  |                            | 4,928                              |                        |
| Unit Type   |                            | Bed Days                           | 0                      |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           |                            | \$ 120.53                          | \$ -                   |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) |                            | \$ 120.53                          | \$ -                   |
| Published Rate (Medi-Cal Providers Only)                      |                            | N/A                                |                        |
| Unduplicated Clients (UDC)                                    |                            | 15                                 | <b>Total UDC</b><br>15 |

**Appendix B - DPH 3: Salaries & Employee Benefits Detail**

Contract ID Number 1000011308  
 Program Name Jelani Family Program  
 Program Code 3816SD

Appendix Number B-5  
 Page Number 19  
 Fiscal Year 2020-2021  
 Funding Notification Date 01/25/21

|                                      | TOTAL             |                   | 240646-10000-10001681-0003 |                   |                   |             | 0                 |             |
|--------------------------------------|-------------------|-------------------|----------------------------|-------------------|-------------------|-------------|-------------------|-------------|
| Funding Term                         | 07/01/20-06/30/21 |                   | 07/01/20-06/30/21          |                   | 07/01/20-06/30/21 |             | 07/01/20-06/30/21 |             |
| Position Title                       | FTE               | Salaries          | FTE                        | Salaries          | FTE               | Salaries    | FTE               | Salaries    |
| Program Director                     | 0.10              | \$ 10,500         | 0.10                       | \$ 10,500         |                   |             |                   |             |
| Facility Coordinator                 | 0.30              | \$ 18,000         | 0.30                       | \$ 18,000         |                   |             |                   |             |
| Case Manager                         | 0.00              | \$ -              | 0.00                       |                   |                   |             |                   |             |
| House Manager                        | 1.00              | \$ 55,000         | 1.00                       | \$ 55,000         |                   |             |                   |             |
| Intake & Billing Clerk Specialist    | 0.50              | \$ 24,000         | 0.50                       | \$ 24,000         |                   |             |                   |             |
| Director of Compliance               | 0.09              | \$ 6,300          | 0.09                       | \$ 6,300          |                   |             |                   |             |
| Monitors                             | 5.00              | \$ 210,000        | 5.00                       | \$ 210,000        | 0.00              | \$ -        |                   |             |
| Executive Director                   | 0.05              | \$ 6,500          | 0.05                       | \$ 6,500          |                   |             |                   |             |
| <b>Totals:</b>                       | 7.04              | \$ 330,300        | 7.04                       | \$ 330,300        | 0.00              | \$ -        | 0.00              | \$ -        |
| <b>Employee Benefits:</b>            | 30%               | \$ 99,090         | 30%                        | \$ 99,090         | 0%                | \$ -        | 0.00%             |             |
| <b>TOTAL SALARIES &amp; BENEFITS</b> |                   | <b>\$ 429,390</b> |                            | <b>\$ 429,390</b> |                   | <b>\$ -</b> |                   | <b>\$ -</b> |

## Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000011308Program Name Jelani Family ProgramProgram Code 3816SDAppendix Number B-5Page Number 20Fiscal Year 2020-2021Funding Notification Date 01/25/21

| Expense Categories & Line Items                | TOTAL             | 240646-10000-10001681-0003 | 240646-10000-10001681-0003 | 0                 |
|--|-------------------|----------------------------|----------------------------|-------------------|
| <b>Funding Term</b>                            | 07/01/20-06/30/21 | 07/01/20-06/30/21          | 07/01/20-06/30/21          | 07/01/20-06/30/21 |
| Rent   | \$ -              |                            |                            |                   |
| Utilities (telephone, electricity, water, gas) | \$ 30,000         | \$ 30,000                  |                            |                   |
| Building Repair/Maintenance                    | \$ 27,000         | \$ 27,000                  |                            |                   |
| <b>Occupancy Total:</b>                        | <b>\$ 57,000</b>  | <b>\$ 57,000</b>           | <b>\$ -</b>                | <b>\$ -</b>       |
| Office Supplies                                | \$ 2,000          | \$ 2,000                   |                            |                   |
| Photocopying                                   | \$ 500            | \$ 500                     |                            |                   |
| Program Supplies                               | \$ 905            | \$ 905                     |                            |                   |
| Computer Hardware/Software                     | \$ 5,000          | \$ 5,000                   |                            |                   |
| <b>Materials &amp; Supplies Total:</b>         | <b>\$ 8,405</b>   | <b>\$ 8,405</b>            | <b>\$ -</b>                | <b>\$ -</b>       |
| Training/Staff Development                     | \$ 491            | \$ 491                     |                            |                   |
| Insurance                                      | \$ 17,717         | \$ 17,717                  |                            |                   |
| Professional License                           | \$ -              | \$ -                       |                            |                   |
| Permits  | \$ -              | \$ -                       |                            |                   |
| Equipment Lease & Maintenance                  | \$ 3,000          | \$ 3,000                   |                            |                   |
| <b>General Operating Total:</b>                | <b>\$ 21,208</b>  | <b>\$ 21,208</b>           | <b>\$ -</b>                | <b>\$ -</b>       |
| Local Travel                                   | \$ 500            | \$ 500                     |                            |                   |
| Out-of-Town Travel                             | \$ -              | \$ -                       |                            |                   |
| Field Expenses                                 | \$ -              | \$ -                       |                            |                   |
| <b>Staff Travel Total:</b>                     | <b>\$ 500</b>     | <b>\$ 500</b>              | <b>\$ -</b>                | <b>\$ -</b>       |
| <b>TOTAL OPERATING EXPENSE</b>                 | <b>\$ 87,113</b>  | <b>\$ 87,113</b>           | <b>\$ -</b>                | <b>\$ -</b>       |

**Appendix B - DPH 6: Contract-Wide Indirect Detail**Contractor Name Bayview Hunters Point Foundation Page Number 22Contract ID Number 1000011308 Fiscal Year 2020-2021Funding Notification Date 1/25/21**1. SALARIES & EMPLOYEE BENEFITS**

| Position Title         | FTE  | Amount    |
|------------------------|------|-----------|
| Executive Director     | 0.39 | \$ 50,700 |
| Executive Assistant    | 0.39 | \$ 23,995 |
| Senior Accountant      | 0.39 | \$ 36,744 |
| AP/Payroll Accountant  | 0.39 | \$ 23,551 |
| Staff Accountant       | 0.39 | \$ 24,520 |
| Director of Compliance | 0.32 | \$ 22,400 |
|                        |      |           |
|                        |      |           |
|                        |      |           |

Subtotal: 2.27 \$ 181,910

Employee Benefits: 27.6% \$ 50,164

**Total Salaries and Employee Benefits:** \$ 232,074**2. OPERATING COSTS**

| Expenses (Use expense account name in the ledger.)    | Amount            |
|---|-------------------|
| Office Rent   | \$ 45,380         |
| Supplies  | \$ 24,420         |
| Accounting Supervision & Audit Preparation Assistance | \$ 24,911         |
| Audit Fees  | \$ 27,986         |
| Insurance   | \$ 14,230         |
|   |                   |
|   |                   |
|   |                   |
| <b>Total Operating Costs</b>                          | <b>\$ 136,927</b> |

**Total Indirect Costs** \$ **369,001**

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

INVOICE NUMBER: M04 JL 20  
 Ct.Blanket No.: BPHM N/A User Cd  
 Ct. PO No.: POHM 0000447691  
 Fund Source: MH Adult Fed/ State/ Local Match/County GF  
 Invoice Period: July 2020  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

**Contractor: Bayview Hunters Point Foundation For Community Improvement**

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
 Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

| Program/Exhibit   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-3 Children Outpatient PC# 38516 &amp; 38171 - 251962-10000-10001670-0001</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 15/10 - 57, 59 OP - MH Svcs   | 9,544            | 60  |                       |     | -                 | -   | 0%         | 0%  | 9,544                  | 60  | 100%       | 100% |
| 15/70 - 79 OP - Crisis Intervention   | 150              | -   |                       |     | -                 | -   | 0%         | 0%  | 150                    | -   | 100%       | 0%   |
| 15/01 - 09 OP - Case Mgt Brokerage  | 6,700            | -   |                       |     | -                 | -   | 0%         | 0%  | 6,700                  | -   | 100%       | 0%   |

Unduplicated Counts for AIDS Use Only.

| Description                             | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                          | \$ 267,591.00        | \$ -                 | \$ -             | 0.00%        | \$ 267,591.00        |
| Fringe Benefits                         | \$ 74,924.00         | \$ -                 | \$ -             | 0.00%        | \$ 74,924.00         |
| <b>Total Personnel Expenses</b>         | <b>\$ 342,515.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 342,515.00</b> |
| Operating Expenses:                     |                      |                      |                  |              |                      |
| Occupancy                               | \$ 133,678.00        | \$ -                 | \$ -             | 0.00%        | \$ 133,678.00        |
| Materials and Supplies                  | \$ 20,504.00         | \$ -                 | \$ -             | 0.00%        | \$ 20,504.00         |
| General Operating                       | \$ 22,022.00         | \$ -                 | \$ -             | 0.00%        | \$ 22,022.00         |
| Staff Travel                            | \$ 2,349.00          | \$ -                 | \$ -             | 0.00%        | \$ 2,349.00          |
| Consultant/ Subcontractor               | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Other:                                  | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>         | <b>\$ 178,553.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 178,553.00</b> |
| <b>Capital Expenditures</b>             | <b>\$ -</b>          | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ -</b>          |
| <b>TOTAL DIRECT EXPENSES</b>            | <b>\$ 521,068.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 521,068.00</b> |
| <b>Indirect Expenses</b>                | <b>\$ 78,158.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 78,158.00</b>  |
| <b>TOTAL EXPENSES</b>                   | <b>\$ 599,226.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 599,226.00</b> |
| <b>Less: Initial Payment Recovery</b>   |                      |                      |                  |              |                      |
| <b>Other Adjustments (DPH use only)</b> |                      |                      |                  |              |                      |
|   |                      |                      |                  |              |                      |
| <b>REIMBURSEMENT</b>                    |                      | <b>\$ -</b>          |                  |              |                      |

NOTES:

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Send to:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE B

Contract ID#

|            |
|------------|
| 1000011308 |
|------------|

Invoice Number

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| M04 | JL | 20 |
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User Cd

CT PO No.

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**Contractor:** Bayview Hunters Point Foundation For Community Improvement

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

| NAME & TITLE              | FTE         | BUDGETED SALARY      | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---------------------------|-------------|----------------------|----------------------|------------------|--------------|----------------------|
| Clinical Program Director | 0.23        | \$ 23,958.00         | \$ -                 | \$ -             | 0.00%        | \$ 23,958.00         |
| Clinical Supervisor       | 0.15        | \$ 13,906.00         | \$ -                 | \$ -             | 0.00%        | \$ 13,906.00         |
| Admin Practice Mgr        | 0.28        | \$ 15,503.00         | \$ -                 | \$ -             | 0.00%        | \$ 15,503.00         |
| Therapist                 | 1.88        | \$ 133,890.00        | \$ -                 | \$ -             | 0.00%        | \$ 133,890.00        |
| Compliance Officer        | 0.09        | \$ 6,577.00          | \$ -                 | \$ -             | 0.00%        | \$ 6,577.00          |
| Executive Director        | 0.05        | \$ 6,107.00          | \$ -                 | \$ -             | 0.00%        | \$ 6,107.00          |
| ERMHS clinician           | 0.94        | \$ 67,650.00         | \$ -                 | \$ -             | 0.00%        | \$ 67,650.00         |
|                           |             |                      |                      |                  |              |                      |
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|                           |             |                      |                      |                  |              |                      |
| <b>TOTAL SALARIES</b>     | <b>3.63</b> | <b>\$ 267,591.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 267,591.00</b> |

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

**Contractor: Bayview Hunters Point Foundation For Community Improvement**

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: M05 JL 20  
 Ct.Blanket No.: BPHM N/A User Cd  
 Ct. PO No.: POHM SFGOV-0000447691  
 Fund Source: MH Adult Fed/ State/ County General Fund  
 Invoice Period: July 2020  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

| Program/Exhibit   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-1 Adult Behavioral Health PC# 38513 - 251984-10000-10001792-0001</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 15/10 - 57, 59 OP - MH Svcs   | 182,071          | 275 |                       |     | -                 | -   | 0%         | 0%  | 182,071                | 275 | 100%       | 100% |
| 15/60 - 69 OP - Medication Support  | 32,798           | -   |                       |     | -                 | -   | 0%         | 0%  | 32,798                 | -   | 100%       | 0%   |
| 15/70 - 79 OP - Crisis Intervention                                       | 390              | -   |                       |     | -                 | -   | 0%         | 0%  | 390                    | -   | 100%       | 0%   |
| 15/01 - 09 OP - Case Mgt Brokerage  | 14,501           | -   |                       |     | -                 | -   | 0%         | 0%  | 14,501                 | -   | 100%       | 0%   |

Unduplicated Counts for AIDS Use Only.

| Description                     | BUDGET                 | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE      |
|---------------------------------|------------------------|----------------------|------------------|--------------|------------------------|
| Total Salaries                  | \$ 544,528.00          | \$ -                 | \$ -             | 0.00%        | \$ 544,528.00          |
| Fringe Benefits                 | \$ 152,467.00          | \$ -                 | \$ -             | 0.00%        | \$ 152,467.00          |
| <b>Total Personnel Expenses</b> | <b>\$ 696,995.00</b>   | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 696,995.00</b>   |
| Operating Expenses:             |                        |                      |                  |              |                        |
| Occupancy                       | \$ 123,480.00          | \$ -                 | \$ -             | 0.00%        | \$ 123,480.00          |
| Materials and Supplies          | \$ 16,093.00           | \$ -                 | \$ -             | 0.00%        | \$ 16,093.00           |
| General Operating               | \$ 23,991.00           | \$ -                 | \$ -             | 0.00%        | \$ 23,991.00           |
| Staff Travel                    | \$ 1,888.00            | \$ -                 | \$ -             | 0.00%        | \$ 1,888.00            |
| Consultant/ Subcontractor       | \$ 146,905.00          | \$ -                 | \$ -             | 0.00%        | \$ 146,905.00          |
| Other:                          | \$ -                   | \$ -                 | \$ -             | 0.00%        | \$ -                   |
|                                 | \$ -                   | \$ -                 | \$ -             | 0.00%        | \$ -                   |
| <b>Total Operating Expenses</b> | <b>\$ 312,357.00</b>   | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 312,357.00</b>   |
| Capital Expenditures            | \$ -                   | \$ -                 | \$ -             | 0.00%        | \$ -                   |
| <b>TOTAL DIRECT EXPENSES</b>    | <b>\$ 1,009,352.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 1,009,352.00</b> |
| Indirect Expenses               | \$ 151,401.00          | \$ -                 | \$ -             | 0.00%        | \$ 151,401.00          |
| <b>TOTAL EXPENSES</b>           | <b>\$ 1,160,753.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 1,160,753.00</b> |

|                                  |             |        |
|----------------------------------|-------------|--------|
| Less: Initial Payment Recovery   |             | NOTES: |
| Other Adjustments (DPH use only) |             |        |
|                                  |             |        |
|                                  |             |        |
| <b>REIMBURSEMENT</b>             | <b>\$ -</b> |        |

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Send to:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE

Appendix F  
PAGE B

Contract ID#  
1000011308

Invoice Number  
M05 JL 20  
User Cd  
CT PO No.

Contractor: Bayview Hunters Point Foundation For Community Improvement

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

| NAME & TITLE              | FTE         | BUDGETED SALARY      | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---------------------------|-------------|----------------------|----------------------|------------------|--------------|----------------------|
| Clinical Program Director | 0.71        | \$ 72,232.00         | \$ -                 | \$ -             | 0.00%        | \$ 72,232.00         |
| Clinical Supervisor       | 0.79        | \$ 72,893.00         | \$ -                 | \$ -             | 0.00%        | \$ 72,893.00         |
| Admin Practice Mgr        | 0.66        | \$ 36,352.00         | \$ -                 | \$ -             | 0.00%        | \$ 36,352.00         |
| Therapist                 | 3.78        | \$ 269,101.00        | \$ -                 | \$ -             | 0.00%        | \$ 269,101.00        |
| Director of Compliance    | 0.09        | \$ 6,610.00          | \$ -                 | \$ -             | 0.00%        | \$ 6,610.00          |
| Psychiatrist              | 0.38        | \$ 81,202.00         | \$ -                 | \$ -             | 0.00%        | \$ 81,202.00         |
| Executive Director        | 0.05        | \$ 6,138.00          | \$ -                 | \$ -             | 0.00%        | \$ 6,138.00          |
|                           |             |                      |                      |                  |              |                      |
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|                           |             |                      |                      |                  |              |                      |
|                           |             |                      |                      |                  |              |                      |
| <b>TOTAL SALARIES</b>     | <b>6.46</b> | <b>\$ 544,528.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 544,528.00</b> |

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

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_



**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

INVOICE NUMBER: M06 JL 20  
 Ct.Blanket No.: BPHM N/A User Cd  
 Ct. PO No.: POHM 0000447691  
 Fund Source: MH Adult Local Match/County GF  
 Invoice Period: July 2020  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

**Contractor: Bayview Hunters Point Foundation For Community Improvement**

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
 Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

| Program/Exhibit   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |     |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|-----|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC |
| <b>B-3 Children Outpatient PC# 38516 &amp; 38171 - 251962-10000-10001670-0001</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| 45/20-29 OS-Cmnty Client Svcs   | 210              | -   |                       |     | -                 | -   | 0%         | 0%  | 210                    | -   | 100%       | 0%  |

Unduplicated Counts for AIDS Use Only.

| Description                             | BUDGET              | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE   |
|---|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries                          | \$ 17,209.00        | \$ -                 | \$ -             | 0.00%        | \$ 17,209.00        |
| Fringe Benefits                         | \$ 4,818.00         | \$ -                 | \$ -             | 0.00%        | \$ 4,818.00         |
| <b>Total Personnel Expenses</b>         | <b>\$ 22,027.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 22,027.00</b> |
| <b>Operating Expenses:</b>              |                     |                      |                  |              |                     |
| Occupancy                               | \$ 8,597.00         | \$ -                 | \$ -             | 0.00%        | \$ 8,597.00         |
| Materials and Supplies                  | \$ 1,319.00         | \$ -                 | \$ -             | 0.00%        | \$ 1,319.00         |
| General Operating                       | \$ 1,415.00         | \$ -                 | \$ -             | 0.00%        | \$ 1,415.00         |
| Staff Travel                            | \$ 151.00           | \$ -                 | \$ -             | 0.00%        | \$ 151.00           |
| Consultant/ Subcontractor               | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
| Other:                                  | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
|   | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
| <b>Total Operating Expenses</b>         | <b>\$ 11,482.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 11,482.00</b> |
| <b>Capital Expenditures</b>             | <b>\$ -</b>         | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ -</b>         |
| <b>TOTAL DIRECT EXPENSES</b>            | <b>\$ 33,509.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 33,509.00</b> |
| <b>Indirect Expenses</b>                | <b>\$ 5,024.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 5,024.00</b>  |
| <b>TOTAL EXPENSES</b>                   | <b>\$ 38,533.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 38,533.00</b> |
| <b>Less: Initial Payment Recovery</b>   |                     |                      |                  |              |                     |
| <b>Other Adjustments (DPH use only)</b> |                     |                      |                  |              |                     |
|   |                     |                      |                  |              |                     |
| <b>REIMBURSEMENT</b>                    |                     | <b>\$ -</b>          |                  |              |                     |

NOTES:

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Send to:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE B

Contract ID#  
1000011308

|                |    |    |
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| Invoice Number |    |    |
| M06            | JL | 20 |
| User Cd        |    |    |

CT PO No.

**Contractor:** Bayview Hunters Point Foundation For Community Improvement

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

| NAME & TITLE              | FTE  | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---------------------------|------|-----------------|----------------------|------------------|-------------|-------------------|
| Clinical Program Director | 0.02 | \$ 1,542.00     | \$ -                 | \$ -             | 0.00%       | \$ 1,542.00       |
| Clinical Supervisor       | 0.01 | \$ 894.00       | \$ -                 | \$ -             | 0.00%       | \$ 894.00         |
| Admin Practice Mgr        | 0.02 | \$ 997.00       | \$ -                 | \$ -             | 0.00%       | \$ 997.00         |
| Therapist                 | 0.12 | \$ 8,610.00     | \$ -                 | \$ -             | 0.00%       | \$ 8,610.00       |
| Compliance Officer        | 0.01 | \$ 423.00       | \$ -                 | \$ -             | 0.00%       | \$ 423.00         |
| Executive Director        | 0.00 | \$ 393.00       | \$ -                 | \$ -             | 0.00%       | \$ 393.00         |
| ERMHS clinician           | 0.06 | \$ 4,350.00     | \$ -                 | \$ -             | 0.00%       | \$ 4,350.00       |
|                           |      |                 |                      |                  |             |                   |
|                           |      |                 |                      |                  |             |                   |
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|                           |      |                 |                      |                  |             |                   |
|                           |      |                 |                      |                  |             |                   |
|                           |      |                 |                      |                  |             |                   |
| <b>TOTAL SALARIES</b>     | 0.23 | \$ 17,209.00    | \$ -                 | \$ -             | 0.00%       | \$ 17,209.00      |

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

**Contractor: Bayview Hunters Point Foundation For Community Improvement**

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104



Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

INVOICE NUMBER: M07 JL 20  
 Ct.Blanket No.: BPHM N/A User Cd  
 Ct. PO No.: POHM SFGOV-0000447691  
 Fund Source: MH Adult Fed/ State/ County General Fund  
 Invoice Period: July 2020  
 Final Invoice: (Check if Yes)  
 ACE Control Number:

| Program/Exhibit   | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |     |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|-----|
|   | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC |
| <b>B-1 Adult Behavioral Health PC# 38513 - 251984-10000-10001792-0001</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
| 45/20-29 OS-Cmnty Client Svcs   | 370              | -   |                       |     | -                 | -   | 0%         | 0%  | 370                    | -   | 100%       | 0%  |
|   |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
|   |                  |     |                       |     |                   |     |            |     |                        |     |            |     |
|   |                  |     |                       |     |                   |     |            |     |                        |     |            |     |

Unduplicated Counts for AIDS Use Only.

| Description                     | BUDGET              | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE   |
|---------------------------------|---------------------|----------------------|------------------|--------------|---------------------|
| Total Salaries                  | \$ 32,172.00        | \$ -                 | \$ -             | 0.00%        | \$ 32,172.00        |
| Fringe Benefits                 | \$ 9,007.00         | \$ -                 | \$ -             | 0.00%        | \$ 9,007.00         |
| <b>Total Personnel Expenses</b> | <b>\$ 41,179.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 41,179.00</b> |
| Operating Expenses:             |                     |                      |                  |              |                     |
| Occupancy                       | \$ 7,295.00         | \$ -                 | \$ -             | 0.00%        | \$ 7,295.00         |
| Materials and Supplies          | \$ 951.00           | \$ -                 | \$ -             | 0.00%        | \$ 951.00           |
| General Operating               | \$ 1,417.00         | \$ -                 | \$ -             | 0.00%        | \$ 1,417.00         |
| Staff Travel                    | \$ 112.00           | \$ -                 | \$ -             | 0.00%        | \$ 112.00           |
| Consultant/ Subcontractor       | \$ 8,679.00         | \$ -                 | \$ -             | 0.00%        | \$ 8,679.00         |
| Other:                          | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
|                                 | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
| <b>Total Operating Expenses</b> | <b>\$ 18,454.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 18,454.00</b> |
| Capital Expenditures            | \$ -                | \$ -                 | \$ -             | 0.00%        | \$ -                |
| <b>TOTAL DIRECT EXPENSES</b>    | <b>\$ 59,633.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 59,633.00</b> |
| Indirect Expenses               | \$ 8,946.00         | \$ -                 | \$ -             | 0.00%        | \$ 8,946.00         |
| <b>TOTAL EXPENSES</b>           | <b>\$ 68,579.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 68,579.00</b> |

|                                  |             |        |
|----------------------------------|-------------|--------|
| Less: Initial Payment Recovery   |             | NOTES: |
| Other Adjustments (DPH use only) |             |        |
|                                  |             |        |
|                                  |             |        |
| <b>REIMBURSEMENT</b>             | <b>\$ -</b> |        |

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

Send to:  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE B

Contract ID#  
1000011308

|                |    |    |
|----------------|----|----|
| Invoice Number |    |    |
| M07            | JL | 20 |
| User Cd        |    |    |
|                |    |    |

CT PO No.

Contractor: Bayview Hunters Point Foundation For Community Improvement

Tel. No.:

**DETAIL PERSONNEL EXPENDITURES**

| NAME & TITLE              | FTE         | BUDGETED SALARY     | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE   |
|---------------------------|-------------|---------------------|----------------------|------------------|--------------|---------------------|
| Clinical Program Director | 0.04        | \$ 4,268.00         | \$ -                 | \$ -             | 0.00%        | \$ 4,268.00         |
| Clinical Supervisor       | 0.05        | \$ 4,307.00         | \$ -                 | \$ -             | 0.00%        | \$ 4,307.00         |
| Admin Practice Mgr        | 0.04        | \$ 2,148.00         | \$ -                 | \$ -             | 0.00%        | \$ 2,148.00         |
| Therapist                 | 0.22        | \$ 15,899.00        | \$ -                 | \$ -             | 0.00%        | \$ 15,899.00        |
| Director of Compliance    | 0.01        | \$ 390.00           | \$ -                 | \$ -             | 0.00%        | \$ 390.00           |
| Psychiatrist              | 0.02        | \$ 4,798.00         | \$ -                 | \$ -             | 0.00%        | \$ 4,798.00         |
| Executive Director        | 0.00        | \$ 362.00           | \$ -                 | \$ -             | 0.00%        | \$ 362.00           |
|                           |             |                     |                      |                  |              |                     |
|                           |             |                     |                      |                  |              |                     |
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|                           |             |                     |                      |                  |              |                     |
|                           |             |                     |                      |                  |              |                     |
| <b>TOTAL SALARIES</b>     | <b>0.38</b> | <b>\$ 32,172.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 32,172.00</b> |

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

Signature: \_\_\_\_\_  
 Printed Name: \_\_\_\_\_  
 Title: \_\_\_\_\_

Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

**Contractor: Bayview Hunters Point Foundation For Community Improvement**

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104

**BHS**

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

|                      |                              |
|----------------------|------------------------------|
| INVOICE NUMBER:      | M11 JL 20                    |
| Ct.Blanket No.: BPHM | N/A                          |
|                      | User Cd                      |
| Ct. PO No.: POHM     | 0000447691                   |
| Fund Source:         | MH WO DCYF Dimensions Clinic |
| Invoice Period:      | July 2020                    |
| Final Invoice:       | (Check if Yes)               |

| Program/Exhibit  | TOTAL CONTRACTED |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|--|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|  | UOS              | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-4 Dimensions LGBT Outpatient 251962-10002-10001799-0002</b> |                  |     |                       |     |                   |     |            |     |                        |     |            |      |
| 00-20 Administration Support                                     | 450              | 25  |                       |     | -                 | -   | 0%         | 0%  | 450                    | 25  | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                             | BUDGET        | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|---------------|----------------------|------------------|-------------|-------------------|
| Total Salaries                          | \$ 60,320.00  | \$ -                 | \$ -             | 0.00%       | \$ 60,320.00      |
| Fringe Benefits                         | \$ 21,716.00  | \$ -                 | \$ -             | 0.00%       | \$ 21,716.00      |
| <b>Total Personnel Expenses</b>         | \$ 82,036.00  | \$ -                 | \$ -             | 0.00%       | \$ 82,036.00      |
| Operating Expenses:                     |               |                      |                  |             |                   |
| Occupancy                               | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Materials and Supplies                  | \$ 16,502.00  | \$ -                 | \$ -             | 0.00%       | \$ 16,502.00      |
| General Operating                       | \$ 3,500.00   | \$ -                 | \$ -             | 0.00%       | \$ 3,500.00       |
| Staff Travel                            | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Consultant/ Subcontractor               | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| Other:                                  | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
|   | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>Total Operating Expenses</b>         | \$ 20,002.00  | \$ -                 | \$ -             | 0.00%       | \$ 20,002.00      |
| <b>Capital Expenditures</b>             | \$ -          | \$ -                 | \$ -             | 0.00%       | \$ -              |
| <b>TOTAL DIRECT EXPENSES</b>            | \$ 102,038.00 | \$ -                 | \$ -             | 0.00%       | \$ 102,038.00     |
| Indirect Expenses                       | \$ 15,306.00  | \$ -                 | \$ -             | 0.00%       | \$ 15,306.00      |
| <b>TOTAL EXPENSES</b>                   | \$ 117,344.00 | \$ -                 | \$ -             | 0.00%       | \$ 117,344.00     |
| <b>Less: Initial Payment Recovery</b>   |               |                      |                  |             |                   |
| <b>Other Adjustments (DPH use only)</b> |               |                      |                  |             |                   |
|   |               |                      |                  |             |                   |
| <b>REIMBURSEMENT</b>                    |               | \$ -                 |                  |             |                   |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103

Or email to:  
[cbhsinvoices@sfdph.org](mailto:cbhsinvoices@sfdph.org)  
Jul Amend 2 06-21

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Prepared: 6/21/2021

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE

Appendix F  
PAGE B

Contract ID#  
1000011308

Invoice Number  
M11 JL 20  
User Cd

CT PO No. \_\_\_\_\_

Contractor: Bayview Hunters Point Foundation For Community Improvement

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

| NAME & TITLE          | FTE  | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-----------------------|------|-----------------|----------------------|------------------|-------------|-------------------|
| Therapist 1           | 1.00 | \$ 60,320.00    | \$ -                 | \$ -             | 0.00%       | \$ 60,320.00      |
|                       |      |                 |                      |                  |             |                   |
|                       |      |                 |                      |                  |             |                   |
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|                       |      |                 |                      |                  |             |                   |
|                       |      |                 |                      |                  |             |                   |
|                       |      |                 |                      |                  |             |                   |
| <b>TOTAL SALARIES</b> | 1.00 | \$ 60,320.00    | \$ -                 | \$ -             | 0.00%       | \$ 60,320.00      |

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

INVOICE NUMBER: M12 JL 20

Ct.Blanket No.: BPHM N/A User Cd

Ct. PO No.: POHM 0000447691

Fund Source: MH MHSA (PEI)

Invoice Period: July 2020

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Bayview Hunters Point Foundation For Cmmnty Improvement

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

**BHS**

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104

Funding Term: 07/01/2020 - 06/30/2021

PHP Division: Behavioral Health Services

| Unduplicated Clients for Exhibit: | Total Contracted Exhibit UDC | Delivered THIS PERIOD Exhibit UDC | Delivered to Date Exhibit UDC | % of TOTAL Exhibit UDC | Remaining Deliverables Exhibit UDC |
|-----------------------------------|------------------------------|-----------------------------------|-------------------------------|------------------------|------------------------------------|
|                                   |                              |                                   |                               |                        |                                    |

\*Unduplicated Counts for AIDS Use Only.

| DELIVERABLES<br>Program Name/Reptg. Unit<br>Modality/Mode # - Svc Func (MH Only) | Total Contracted     |         | Delivered THIS PERIOD |         | Unit Rate     | AMOUNT DUE | Delivered to Date       |         | % of TOTAL         |         | Remaining Deliverables |                         |
|--|----------------------|---------|-----------------------|---------|---------------|------------|-------------------------|---------|--------------------|---------|------------------------|-------------------------|
|  | UOS                  | CLIENTS | UOS                   | CLIENTS |               |            | UOS                     | CLIENTS | UOS                | CLIENTS | UOS                    | CLIENTS                 |
| <b>B-2 School-Based Centers (Balboa) 251984-17156-10031199-0048</b>              |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
| 45/ 1 0 - 19 OS - MH Promotion   | 375                  |         |                       |         | \$ 281.17     | \$ -       | 0.000                   |         | 0.00%              |         |                        | 375.000                 |
| 45/ 20 - 29 OS - Cmnty Client Svcs   | 520                  |         |                       |         | \$ 280.01     | \$ -       | 0.000                   |         | 0.00%              |         |                        | 520.000                 |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
| <b>TOTAL</b>   | 895                  |         | 0.000                 |         |               |            | 0.000                   |         | 0.00%              |         |                        | 895.000                 |
|  |                      |         |                       |         |               |            |                         |         |                    |         |                        |                         |
|  | <b>Budget Amount</b> |         |                       |         | \$ 251,041.00 |            |                         |         |                    |         |                        |                         |
|  |                      |         |                       |         |               |            | <b>Expenses To Date</b> |         | <b>% of Budget</b> |         |                        | <b>Remaining Budget</b> |
|  |                      |         |                       |         |               |            | \$ -                    |         | 0.00%              |         | \$ 251,041.00          |                         |

**SUBTOTAL AMOUNT DUE** \$ -  
**Less: Initial Payment Recovery**  
**(For DPH Use) Other Adjustments**  
**NET REIMBURSEMENT** \$ -

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

**Send to:**  
 Behavioral Health Services-Budget/ Invoice Analyst  
 1380 Howard St., 4th Floor  
 San Francisco, CA 94103  
 Or email to:  
 cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
COST REIMBURSEMENT INVOICE**

Appendix F  
PAGE A

Contract ID#  
1000011308

INVOICE NUMBER: S04 JL 20

**Contractor: Bayview Hunters Point Foundation For Cmmnty Improvement**

Ct. Blanket No.: BPHM N/A

Address: 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94124

User Cd

Ct. PO No.: POHM 0000447691

Tel. No.: (415) 468-5100  
Fax No.: (415) 468-5104



Fund Source: SUD Fed SABG Discretionary

Invoice Period: July 2020

Funding Term: 07/01/2020 - 06/30/2021

Final Invoice: (Check if Yes)

PHP Division: Behavioral Health Services

| Program/Exhibit                               | TOTAL CONTRACTED                  |     | DELIVERED THIS PERIOD |     | DELIVERED TO DATE |     | % OF TOTAL |     | REMAINING DELIVERABLES |     | % OF TOTAL |      |
|---|-----------------------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|------------|------|
|   | UOS                               | UDC | UOS                   | UDC | UOS               | UDC | UOS        | UDC | UOS                    | UDC | UOS        | UDC  |
| <b>B-5 Jelani Family Program PC# - 3816SD</b> | <b>240646-10000-10001681-0003</b> |     |                       |     |                   |     |            |     |                        |     |            |      |
| Res-59 ODS Recovery Residences                | 4,928                             | 15  |                       |     | -                 | -   | 0%         | 0%  | 4,928                  | 15  | 100%       | 100% |

Unduplicated Counts for AIDS Use Only.

| Description                             | BUDGET               | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET  | REMAINING BALANCE    |
|---|----------------------|----------------------|------------------|--------------|----------------------|
| Total Salaries                          | \$ 330,300.00        | \$ -                 | \$ -             | 0.00%        | \$ 330,300.00        |
| Fringe Benefits                         | \$ 99,090.00         | \$ -                 | \$ -             | 0.00%        | \$ 99,090.00         |
| <b>Total Personnel Expenses</b>         | <b>\$ 429,390.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 429,390.00</b> |
| Operating Expenses:                     |                      |                      |                  |              |                      |
| Occupancy                               | \$ 57,000.00         | \$ -                 | \$ -             | 0.00%        | \$ 57,000.00         |
| Materials and Supplies                  | \$ 8,405.00          | \$ -                 | \$ -             | 0.00%        | \$ 8,405.00          |
| General Operating                       | \$ 21,208.00         | \$ -                 | \$ -             | 0.00%        | \$ 21,208.00         |
| Staff Travel                            | \$ 500.00            | \$ -                 | \$ -             | 0.00%        | \$ 500.00            |
| Consultant/ Subcontractor               | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| Other:                                  | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
|   | \$ -                 | \$ -                 | \$ -             | 0.00%        | \$ -                 |
| <b>Total Operating Expenses</b>         | <b>\$ 87,113.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 87,113.00</b>  |
| <b>Capital Expenditures</b>             | <b>\$ -</b>          | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ -</b>          |
| <b>TOTAL DIRECT EXPENSES</b>            | <b>\$ 516,503.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 516,503.00</b> |
| <b>Indirect Expenses</b>                | <b>\$ 77,423.00</b>  | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 77,423.00</b>  |
| <b>TOTAL EXPENSES</b>                   | <b>\$ 593,926.00</b> | <b>\$ -</b>          | <b>\$ -</b>      | <b>0.00%</b> | <b>\$ 593,926.00</b> |
| <b>Less: Initial Payment Recovery</b>   |                      |                      |                  |              |                      |
| <b>Other Adjustments (DPH use only)</b> |                      |                      |                  |              |                      |
| <b>REIMBURSEMENT</b>                    |                      | <b>\$ -</b>          |                  |              |                      |

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Send to:  
Behavioral Health Services-Budget/ Invoice Analyst  
1380 Howard St., 4th Floor  
San Francisco, CA 94103  
  
Or email to:  
cbhsinvoices@sfdph.org

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



