

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

**Fourth Amendment**

THIS **Fourth** AMENDMENT (“Amendment”) is made as of **May 1, 2024**, in San Francisco, California, by and between **SAN FRANCISCO PUBLIC HEALTH FOUNDATION** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

**Recitals**

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the term of the agreement, increase the Not to Exceed amount to capture additional funding, update units of service allocation for additional funding (no change in scopes of work), and update standard contractual clauses; and

WHEREAS, Contractor was competitively selected pursuant to a Request for Qualifications entitled As Needed Project Based Support Services issued through Sourcing Event ID RFQ No. 36-2017 which resulted in a prequalified pool of suppliers from which Contractor was selected as the highest rank proposer after a solicitation by the Department to the prequalified pool, and this Amendment is consistent with the terms of the RFQ and the awarded Contract; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code because funding includes state and federal grants, which disallow local preferences and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, this Amendment is consistent with an approval obtained on May 1, 2023 from the Civil Service Commission under PSC number 46237 - 14/15 which authorizes the award of multiple agreements, the total value of which cannot exceed \$90,352,000 and the individual duration of which cannot exceed 13 years 26 weeks, the total duration approved is from July 1, 2015 through December 31, 2028; and

WHEREAS, the City’s Board of Supervisors previously approved this Contract by Resolution Number 4-22 on January 21, 2022, for a total Not To Exceed amount of \$20,027,567, and is now required to obtain reapproval by City’s Board of Supervisors for this amendment as additional funding has caused the Not To Exceed amount to exceed over \$500,000; and

WHEREAS, this Amendment is consistent with an approval obtained from the City’s Board of Supervisors under \_\_\_\_\_ approved on \_\_\_\_\_ in the amount of \$21,329,720 for the period commencing January 1, 2020 and ending December 31, 2027; and

Now, THEREFORE, the parties agree as follows:

## Article 1 Definitions

The following definitions shall apply to this Amendment:

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

- First Amendment, dated November 1, 2020 (Contract ID# 1000016941), and
- Second Amendment, dated September 1, 2021 (Contract ID# 1000016941), and
- Third Amendment, dated March 1, 2023 (Contract ID# 1000016941).

1.2 **San Francisco Labor and Employment Code.** As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous Prevailing Wage Requirements), 131 (Nondiscrimination in Contracts), 132 (Nondiscrimination in Property Contracts), 141 (Salary History), 111 (Minimum Compensation), 121 (Health Care Accountability), 142 (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 151 (Sweatfree Contracting) of the San Francisco Labor and Employment Code, respectively. Wherever this Agreement refers to San Francisco Administrative Code Chapters 21C, 12B, 12C, 12K, 12P, 12Q, 12T, and 12U, it shall be construed to mean San Francisco Labor and Employment Code Articles 102, 131, 132, 141, 111, 121, 142, and 151, respectively.

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

## Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

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

2.1 The term of this Agreement shall commence on **January 1<sup>st</sup>, 2020**, and expire on **December 31<sup>st</sup>, 2024**, unless earlier terminated as otherwise provided herein.

The City has **three (3)** 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: 01/01/2025 – 12/31/2025

Option 2: 01/01/2026 – 12/31/2026

Option 3: 01/01/2027 – 12/31/2027

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

2.1 The term of this Agreement shall commence on **January 1<sup>st</sup>, 2020**, and expire on **June 30, 2026**, unless earlier terminated as otherwise provided herein.

The City has **four (4)** 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: 01/01/2025 – 12/31/2025    **Exercised**

Option 2: 01/01/2026 – 06/30/2026    **Exercised**

**Option 3: 07/01/2026 – 06/30/2027**

**Option 4: 07/01/2027– 12/31/2027**

2.2 **Financial Matters.** Section 3.3.1 Payment of the Second Amendment 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 Twenty Million **Twenty-Seven Thousand Five Hundred Sixty-Seven DOLLARS (\$20,027,567)**. 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 Twenty Million **Twenty-One Million Three Hundred Twenty-Nine Thousand Seven Hundred Twenty DOLLARS (\$21,329,720)**. 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.

2.3 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B in any place, the true meaning shall be Appendix B, which is a correct and updated version.

2.4 **Appendix B-1e.** Appendix B-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.5 **Appendix B-1f.** Appendix B-1f is hereby added to this Amendment and fully incorporated within the Agreement.

2.6 **Appendix B-2e.** Appendix B-2e is hereby added to this Amendment and fully incorporated within the Agreement.

2.7 **Appendix B-2f.** Appendix B-2f is hereby added to this Amendment and fully incorporated within the Agreement.

2.8 **Appendix B-3e.** Appendix B-3e is hereby added to this Amendment and fully incorporated within the Agreement.

2.9 **Appendix B-3f.** Appendix B-3f is hereby added to this Amendment and fully incorporated within the Agreement.

2.10 **Appendix B-5d.** Appendix B-5d is hereby added to this Amendment and fully incorporated within the Agreement.

2.11 **Appendix B-5e.** Appendix B-5e is hereby added to this Amendment and fully incorporated within the Agreement.

2.12 **Appendix B-8c.** Appendix B-8c is hereby added to this Amendment and fully incorporated within the Agreement.

2.13 **Appendix B-8d.** Appendix B-8d is hereby added to this Amendment and fully incorporated within the Agreement.

2.14 **Appendix B-13c.** Appendix B-13c is hereby added to this Amendment and fully incorporated within the Agreement.

2.15 **Appendix B-13d.** Appendix B-13d is hereby added to this Amendment and fully incorporated within the Agreement.

2.16 **Appendix D.** Appendix D is hereby replaced in its entirety by Appendix D, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix D in any place, the true meaning shall be Appendix D, which is a correct and updated version.

2.17 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v1/10/2024, and Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024, attached to this Amendment and incorporated within the Agreement.

2.18 **Appendix F-1e.** Appendix F-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.19 **Appendix F-1f.** Appendix F-1f is hereby added to this Amendment and fully incorporated within the Agreement.

- 2.20 **Appendix F-2e.** Appendix F-2e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.21 **Appendix F-2f.** Appendix F-2f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.22 **Appendix F-3e.** Appendix F-3e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.23 **Appendix F-3f.** Appendix F-3f is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.24 **Appendix F-5d.** Appendix F-5d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.25 **Appendix F-5e.** Appendix F-5e is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.26 **Appendix F-8c.** Appendix F-8c is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.27 **Appendix F-8d.** Appendix F-8d is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.28 **Appendix F-13c.** Appendix F-13c is hereby added to this Amendment and fully incorporated within the Agreement.
- 2.29 **Appendix F-13d.** Appendix F-13d is hereby added to this Amendment and fully incorporated within the Agreement.

### **Article 3 Updates of Standard Terms to the Agreement**

The Agreement is hereby modified as follows:

3.1 **Section 10.15 Public Access to Nonprofit Records and Meetings.** *Section 10.15 of the Agreement is replaced in its entirety to read as follows:*

#### **10.15 Nonprofit Contractor Requirements.**

**10.15.1 Good Standing.** If Contractor is a nonprofit organization, Contractor represents that it is in good standing with the California Attorney General’s Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City’s request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General’s Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

**10.15.2 Public Access to Nonprofit Records and Meetings.** If Contractor is a nonprofit organization; provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated

beneficiaries); and receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds, Contractor must comply with the City’s Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

3.2 **Section 12.6 Prevention of Fraud, Waste and Abuse.** *The following section is hereby added and incorporated in Article 12 of the Agreement:*

**12.6 Prevention of Fraud, Waste and Abuse.** Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

3.3 **Article 13 Data and Security.** *Article 13 is hereby replaced in its entirety to read as follows:*

**13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

**13.1.1 Protection of Private Information.** If this Agreement requires City to disclose “Private Information” to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

**13.1.2 City Data; Confidential Information.** In the performance of Services, Contractor may have access to, or collect on City’s behalf, City Data, which may include proprietary or Confidential Information that if disclosed to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

**13.2 Reserved. (Payment Card Industry (“PCI”) Requirements)**

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

**The parties acknowledge that CONTRACTOR will:**

- 1.  Do at least one or more of the following:

A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (1-10-2024)
  - 1. SFDPH Attachment 1 Privacy Attestation (06-07-2017)
  - 2. SFDPH Attachment 2 Data Security Attestation (06-07-2017)
  - 3. SFDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)

2.  **NOT do any of the activities listed above in subsection 1;**

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

**13.4 Management of City Data.**

**13.4.1 Use of City Data.** Contractor agrees to hold City Data received from, or created or collected on behalf of, City, in strictest confidence. Contractor shall not use or disclose City Data except as permitted or required by the Agreement or as otherwise authorized in writing by City. Any work by Contractor or its authorized subcontractors using, or sharing or storage of, City Data outside the continental United States is prohibited, absent prior written authorization by City. Access to City Data must be strictly controlled and limited to Contractor’s staff assigned to this project on a need-to-know basis only. City Data shall not be distributed, repurposed, or shared across other applications, environments, or business units of Contractor. Contractor is provided a limited non-exclusive license to use City Data solely for performing its obligations under the Agreement and not for Contractor’s own purposes or later use. Nothing herein shall be construed to confer any license or right to City Data, by implication, estoppel or otherwise, under copyright or other intellectual property

rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data, stored, or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

**13.4.2 Disposition of City Data.** Upon request of City or termination or expiration of this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all City Data given to, or collected or created by Contractor on City’s behalf, which includes all original media. Once Contractor has received written confirmation from City that City Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractor’s environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by “clearing,” “purging” or “physical destruction,” in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

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

**13.6 Loss or Unauthorized Access to City’s Data; Security Breach Notification.**

Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any “Leak”) within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

**13.7 Protected Health Information.** Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.



**Article 4      Effective Date**

Each of the modifications set forth in Articles 2 and 3 shall be effective on and after the date of this Amendment.

**Article 5      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:

\_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Approved as to Form:

David Chiu  
City Attorney

By: \_\_\_\_\_  
Deputy City Attorney

Approved:

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

By: \_\_\_\_\_

CONTRACTOR

**SAN FRANCISCO PUBLIC HEALTH  
FOUNDATION**

DocuSigned by:  
*Jennifer Harrington*  
\_\_\_\_\_  
Jennifer Harrington  
Executive Director  
1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

6/4/2024 | 9:00:33 PDT

City Supplier number: 0000011526

## Appendix B Calculation of Charges

### 1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

### 2. Program Budgets and Final Invoice

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

<b>Appendix B</b>	<b>Budget Summary</b>
Appendix B-1, B-1a, B-1b, B-1c, B-1d, <b>B-1e, B-1f</b>	Program Administration for Community Health Engagement
Appendix B-2, B-2a, B-2b, B-2c, B-2d, <b>B-2e, B-2f</b>	Program Administration for Community Health Engagement
Appendix B-3, B-3a, B-3b, B-3c, B-3d, <b>B-3e, B-3f</b>	Program Administration for Community Health Engagement
Appendix B-4a, B-4a.1, B-4b, B-4b.1, B-4b.2, B-4c, B-4d	Program Administration for Community Health Engagement - COVID-19
Appendix B-5, B-5a, B-5a.1, B-5b, B-5c, B-5d, <b>B-5e</b>	Program Administration for Community Health Engagement – End Hep C SF & Hep C Lab
Appendix B-6	Program Administration for Community Health Engagement – COVID-19 OPS Testing
Appendix B-7, B-7a	Program Administration for Community Health Engagement – Dream Keeper’s Initiative
Appendix B-8, B-8.1, B-8a, B-8b, <b>B-8c, B-8d</b>	Program Administration for Community Health Engagement – End Hep C SF Community Navigator Program
Appendix B-9	Program Administration for Community Health Engagement – District 5 Community Resource HUB
Appendix B-10, B-10a, B-10b	Program Administration for Community Health Engagement – Rebuilding Together SF
Appendix B-11, B-11a	Program Administration for Community Health Engagement – Safe Route to Schools

Appendix B-12

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

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$270,588** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
Original Agreement	01/01/2020 – 06/30/2020	General Fund	\$39,000
Original Agreement	02/01/2020 – 06/30/2020	General Fund	\$10,417
Original Agreement	02/01/2020 – 12/31/2020	CDC	\$22,917
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$615,383
Original Agreement	07/01/2020 – 06/30/2021	General Fund	\$25,000
Original Agreement	01/01/2021 – 12/31/2021	CDC	\$25,000
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$615,383
Original Agreement	07/01/2021 – 06/30/2022	General Fund	\$25,000
Original Agreement	01/01/2022 – 12/31/2022	CDC	\$25,000
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$615,383
Original Agreement	07/01/2022 – 06/30/2023	General Fund	\$25,000
Original Agreement	01/01/2023 – 12/31/2023	CDC	\$25,000
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$615,383
Original Agreement	07/01/2023 – 06/30/2024	General Fund	\$25,000
Original Agreement	01/01/2024 – 12/31/2024	CDC	\$25,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$2,250,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$2,000,000
Amendment #1	08/01/2020 – 06/30/2021	GF – FEMA	\$250,000
Amendment #1	09/01/2020 – 06/30/2021	State	\$1,000,000
Amendment #1	07/01/2020 – 12/31/2024	TBD	\$130,406
Revision to Program Budgets #1	07/01/2020 – 12/31/2024	TBD	-\$130,406
Revision to Program Budgets #1	07/17/2020 – 06/30/2021	CDPH	\$130,406
Revision to Program Budgets #1	12/01/2020 – 06/30/2021	GF	\$125,000
Revision to Program Budgets #1	12/01/2020 – 06/30/2021	Grant	\$300,000
Revision to Program Budgets #2	02/01/2020 – 12/31/2020	CDC	-\$1,042
Revision to Program Budgets #2	07/01/2020 – 06/30/2021	GF	-\$60,970

Revision to Program Budgets #2	07/01/2020 – 06/30/2021	GF	-\$2,084
Revision to Program Budgets #2	08/01/2020 – 06/30/2021	GF – FEMA	-\$926,436
Revision to Program Budgets #2	12/01/2020 – 06/30/2021	Grant	-\$188,931
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF	\$4,667
Revision to Program Budgets #2	07/01/2021 – 04/30/2022	CDC	\$80,000
Revision to Program Budgets #2	07/01/2021 – 04/30/2022	CDC	\$115,000
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF	\$100,000
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	Grant	\$188,931
Revision to Program Budgets #2	07/01/2021 – 06/30/2022	GF – FEMA	\$2,616,664
Revision to Program Budgets #2	01/01/2022 – 12/31/2022	CDC	-\$25,000
Revision to Program Budgets #2	07/01/2022 – 06/30/2023	GF	-\$615,383
Revision to Program Budgets #2	07/01/2022 – 06/30/2023	GF	-\$25,000
Revision to Program Budgets #2	01/01/2023 – 12/31/2023	CDC	-\$25,000
Revision to Program Budgets #2	07/01/2023 – 06/30/2024	GF	-\$615,383
Revision to Program Budgets #2	07/01/2023 – 06/30/2024	GF	-\$25,000
Revision to Program Budgets #2	01/01/2024 – 12/31/2024	CDC	-\$25,000
Amendment #2	07/01/2021 – 06/30/2022	GF – FEMA	\$6,813,386
Amendment #2	07/01/2021 – 06/30/2022	WO	\$175,000
Amendment #2	01/01/2022 – 05/30/2023	CDC	\$779,763
Amendment #2	01/01/2022 – 12/31/2022	CDC	\$25,000
Amendment #2	07/01/2022 – 06/30/2023	GF	\$615,383
Amendment #2	07/01/2022 – 06/30/2023	GF	\$25,000
Amendment #2	01/01/2023 – 12/31/2023	CDC	\$25,000
Amendment #2	07/01/2023 – 06/30/2024	GF	\$615,383
Amendment #2	07/01/2023 – 06/30/2024	GF	\$25,000
Amendment #2	01/01/2024 – 12/31/2024	CDC	\$25,000
Revision to Program Budgets #3	07/01/2021 – 06/30/2022	GF – FEMA	-\$2,694,815
Revision to Program Budgets #3	07/01/2021 – 06/30/2022	CDPH	\$2,145,000
Revision to Program Budgets #3	07/01/2021 – 06/30/2022	CDPH	\$549,815
Revision to Program Budgets #3	12/15/2021 – 03/31/2022	WO	\$10,500
Revision to Program Budgets #3	01/01/2022 - 05/30/2023	CDC	\$179,501
Revision to Program Budgets #3	02/01/2022 - 06/30/2022	WO	\$20,000
Revision to Program Budgets #3	05/01/2022 - 04/30/2023	CDC	\$138,101
Revision to Program Budgets #3	07/01/2022 - 06/30/2023	WO	\$55,000
Revision to Program Budgets #3	05/01/2023 - 04/30/2024	CDC	\$115,000
Revision to Program Budgets #4	01/01/2022 - 05/30/2023	GF	\$ 179,501
Revision to Program Budgets #4	01/01/2022 - 05/30/2023	GF	- \$ 179,501
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 29,469
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 103,000
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 1,000
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 6,765
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	Grant	\$ 100,000
Revision to Program Budgets #4	07/01/2022 - 06/30/2023	GF	\$ 30,000
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 29,469

Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 103,000
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 1,000
Revision to Program Budgets #4	07/01/2023 – 06/30/2024	GF	\$ 6,765
Amendment #3	07/01/2021 – 06/30/2022	GF	-\$61,972
Amendment #3	07/01/2021 – 06/30/2022	GF	-\$4,421
Amendment #3	07/01/2021 – 06/30/2022	Grant	-\$38,592
Amendment #3	07/01/2021 – 06/30/2022	GF – FEMA	-\$404,168
Amendment #3	07/01/2021 – 06/30/2022	Grant	-\$220,942
Amendment #3	07/01/2021 – 06/30/2022	WO	-\$113
Amendment #3	01/01/2022 - 05/30/2023	CDC	-\$ 467,014
Amendment #3	02/01/2022 - 06/30/2022	WO	-\$200
Amendment #3	07/01/2022 - 06/30/2023	GF	\$ 783,750
Amendment #3	11/01/2022 - 06/30/2023	WO	\$ 140,700
Amendment #3	01/01/2023 - 06/30/2023	GF	\$ 50,000
Amendment #3	07/01/2023 - 11/30/2023	WO	\$ 47,522
Amendment #3	07/01/2023 - 06/30/2024	GF	\$ 100,000
Amendment #3	01/01/2022 – 12/31/2022	CDC	-\$12,500
Amendment #3	01/01/2022 – 12/31/2022	CDC	\$12,500
Revision to Program Budgets #5	07/01/2023 - 06/30/2024	GF	\$ 45,000
Revision to Program Budgets #5	05/01/2023 - 04/30/2024	CDC	\$8,421
Revision to Program Budgets #5	01/01/2023 - 05/31/2024	CDC	\$77,211
Revision to Program Budgets #5	07/01/2023 – 06/30/2024	GF	\$ 0
Revision to Program Budgets #6	07/17/2020 – 06/30/2021	CDPH	-\$106,593
Revision to Program Budgets #6	09/01/2020 – 06/30/2021	State (HUB)	-\$330,000
Revision to Program Budgets #6	07/01/2021 – 04/30/2022	CDC	-\$80,000
Revision to Program Budgets #6	07/01/2021 – 04/30/2022	CDC	-\$14,562
Revision to Program Budgets #6	01/01/2022 – 05/30/2023	CDC	-\$54,733
Revision to Program Budgets #6	05/01/2023 - 04/30/2023	CDC	-\$8,539
Revision to Program Budgets #6	07/01/2022 - 06/30/2023	WO	-\$576
Revision to Program Budgets #6	07/01/2022 – 06/30/2023	General Fund	-\$40,249
Revision to Program Budgets #6	07/01/2022 - 06/30/2023	GF	-\$ 6,574
Revision to Program Budgets #6	07/01/2022 - 06/30/2023	GF	-\$ 1,647
Revision to Program Budgets #6	11/01/2022 - 06/30/2023	WO	-\$ 1
Revision to Program Budgets #6	01/01/2023 - 06/30/2023	GF	-\$ 8,851
Revision to Program Budgets #6	01/01/2024 – 12/31/2024	CDC	-\$10,416
<b>Amendment #4</b>	<b>07/01/2024 – 06/30/2025</b>	<b>GF</b>	<b>\$730,019</b>
<b>Amendment #4</b>	<b>07/01/2025 – 06/30/2026</b>	<b>GF</b>	<b>\$751,920</b>
<b>Amendment #4</b>	<b>07/01/2024 – 06/30/2025</b>	<b>GF</b>	<b>\$32,718</b>
<b>Amendment #4</b>	<b>07/01/2025 – 06/30/2026</b>	<b>GF</b>	<b>\$33,700</b>
<b>Amendment #4</b>	<b>08/01/2024 – 05/31/2025</b>	<b>CDC</b>	<b>\$25,000</b>
<b>Amendment #4</b>	<b>06/01/2025 – 05/31/2026</b>	<b>CDC</b>	<b>\$25,000</b>
<b>Amendment #4</b>	<b>05/01/2024 - 04/30/2025</b>	<b>CDC</b>	<b>\$115,000</b>
<b>Amendment #4</b>	<b>05/01/2025 - 04/30/2026</b>	<b>CDC</b>	<b>\$115,000</b>
<b>Amendment #4</b>	<b>07/01/2024 – 06/30/2025</b>	<b>GF</b>	<b>\$107,120</b>

<b>Amendment #4</b>	<b>07/01/2025 – 06/30/2026</b>	<b>GF</b>	<b>\$110,334</b>
<b>Amendment #4</b>	<b>07/01/2024 - 06/30/2025</b>	<b>GF</b>	<b>\$103,000</b>
<b>Amendment #4</b>	<b>07/01/2025 - 06/30/2026</b>	<b>GF</b>	<b>\$106,090</b>
		Total Award Amount:	<u>\$21,059,132</u>
		Contingency:	<u>\$270,588</u>
		(This equals the total NTE) Total:	<u>\$21,329,720</u>

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice clearly marked “FINAL” shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

CID #: 1000016941													1000016941	
DPH Section: <u>CHEP - Community Health Equity and Promotion</u>														
Check one: <input type="checkbox"/> Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets														
Agency/Contractor Name: <u>San Francisco Public Health Foundation</u>														
Program/Provider Name	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	Community Health Engagement	COVID 19 Community Outreach	COVID 19 Community Outreach	Community Health Engagement-End Hep C SF	Community Health Engagement COVID 19 - OPS Testing	Community Health Engagement - Dream Keeper's Initiative	Community Health Engagement	Community Health Engagement	
Appendix Number:	A-1/B-1	A-2/B-2	A-2/B-3	A-1/B-1a	A-2/B-2a	A-2/B-3a	A-4/B4a	A-4/B-4a.1	A-5/B-5	A-6/B-6	A-7/B-7	A-1/B-1b	A-2/B-2b	
Appendix Term:	01/01/2020-06/30/2020	02/01/2020-06/30/2020	02/01/2020-12/31/2020	07/01/2020-06/30/2021	07/01/2020-06/30/2021	01/01/2021-12/31/2021	08/01/2020-06/30/2021	08/01/2020-06/30/2021	7/17/2020-06/30/2021	12/01/2020-06/30/2021	12/01/2020-06/30/2021	07/01/2021-06/30/2022	07/01/2021-06/30/2022	
<b>EXPENSES</b>														
Salaries	\$ -	\$ 8,033	\$ 17,850	\$ -	\$ 18,227	\$ 18,227			\$ 88,000			\$ -	\$ 18,227	
Employee Benefits	\$ -	\$ 1,437	\$ 2,983	\$ -	\$ 4,500	\$ 4,500			\$ 21,940			\$ -	\$ 4,500	
<b>Total Personnel Expenses</b>	\$ -	\$ 9,470	\$ 20,833	\$ -	\$ 22,727	\$ 22,727			\$ 109,940			\$ -	\$ 22,727	
Employee Fringe Benefit Rate	0.0%	17.9%	16.7%	0.0%	24.7%	24.7%	0.0%		24.9%			0.0%	24.7%	
Operating Expense	\$ 35,455	\$ -	\$ -	\$ 559,441	\$ -	\$ -	\$ 4,250,000	\$ 1,000,000	\$ 8,610	\$ 120,000	\$ 285,600	\$ 563,684	\$ -	
Capital Expense (\$5,000 and over)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						\$ -	\$ -	
<b>Subtotal Direct Costs</b>	\$ 35,455	\$ 9,470	\$ 20,833	\$ 559,441	\$ 22,727	\$ 22,727	\$ 4,250,000	\$ 1,000,000	\$ 118,550	\$ 120,000	\$ 285,600	\$ 563,684	\$ 22,727	
Indirect Cost Amount	\$ 3,545	\$ 947	\$ 2,084	\$ 55,942	\$ 2,273	\$ 2,273	\$ 250,000		\$ 11,856	\$ 5,000	\$ 14,400	\$ 56,366	\$ 2,273	
Indirect Cost Rate (%)	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	5.9%	0.0%	10.0%	4.2%	5.0%	10.0%	10.0%	
<b>Reduced Funding</b>		\$ (1,042)	\$ (60,970)	\$ (2,084)	\$ (926,436)	\$ (330,000)	\$ (106,593)	\$ (188,931)	\$ (61,972)					
<b>Total Expenses</b>	\$ 39,000	\$ 10,417	\$ 21,875	\$ 554,413	\$ 22,916	\$ 25,000	\$ 3,573,564	\$ 670,000	\$ 23,813	\$ 125,000	\$ 111,069	\$ 558,078	\$ 25,000	
<b>REVENUES &amp; FUNDING SOURCES</b>														
DPH Funding Sources (select from drop-down list)														
General Fund - Health Education	39,000			615,383								620,050		
General Fund - HIV Prevention		10,417			25,000								25,000	
General Fund - FEMA							4,500,000							
General Fund (GF)														
State-HUB&C								1,000,000						
General Fund - FEMA														
Grant - CDC					25,000									
State/CDPH									130,406					
GR BOS Adback										125,000				
Dream Keeper's Initiative Grant											300,000			
CDC Grant 93,270														
ECN Work Order														
HSA Work Order														
ELC3 Grant PD 157														
ELC2 Grant PD 137														
MTA Work Order														
CDC Grant 93,940			22,917											
Hellman Grant														
<b>Reduced Funding</b>			\$ (1,042)	\$ (60,970)	\$ (2,084)		\$ (926,436)	\$ (330,000)	\$ (106,593)		\$ (188,931)	\$ (61,972)		
<b>Total DPH Revenues</b>	\$ 39,000	\$ 10,417	\$ 21,875	\$ 554,413	\$ 22,916	\$ 25,000	\$ 3,573,564	\$ 670,000	\$ 23,813	\$ 125,000	\$ 111,069	\$ 558,078	\$ 25,000	
<b>Revenues (DPH and Non-DPH)</b>	\$ 39,000	\$ 10,417	\$ 21,875	\$ 554,413	\$ 22,916	\$ 25,000	\$ 3,573,564	\$ 670,000	\$ 23,813	\$ 125,000	\$ 111,069	\$ 558,078	\$ 25,000	
Cost Reimbursement (CR) or Fee For-Service (FFS)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	
Prepared By Penny Eardley Phone # 415-504-6738 ext.101														



1000016941

CHEP

San Francisco Public Health Foundation

Community Health Engagement	COVID 19 Community Outreach	COVID 19 Community Outreach	COVID 19 Community Outreach	Community Health Engagement-End Hep C SF	Community Health Engagement-End Hep C SF	Community Health Engagement - Dream Keeper's Initiative	Community Health Engagement-End Hep C SF	Community Health Engagement-DS Resource Center	Community Health Engagement-Rebuilding Together SF	Safe Routes to School	Community Health Engagement	Community Health Engagement-End Hep C SF	Community Health Engagement-End Hep C SF	Community Health Engagement-COVID 19
A-2/B-3b	A-4/B-4b	A-4/B-4b.1	A-4/B-4b.2	A-5/B-5a	A-5/B-5a.1	A-7/B-7a	A-9/B-9	A-9/B-9	A-10/B-10	A-11/B-11	A-1/B-1c	A-2/B-2c	A-2/B-3c	A-4/B-4c
01/01/2022-12/31/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 04/30/2022	07/01/2021 - 04/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	07/01/2021 - 06/30/2022	02/01/2021 - 06/30/2022	07/01/2022 - 06/30/2023	07/01/2022 - 06/30/2023	01/01/2023-12/31/2023	01/01/2023-5/30/2023
\$ 18,227					\$ 75,000						\$ -	\$ 23,000	\$ 18,124	
\$ 4,500					\$ 16,917						\$ -	\$ 5,878	\$ 4,603	
\$ 22,727	\$ -			\$ -	\$ 91,917						\$ -	\$ 28,878	\$ 22,727	
24.7%					22.6%						0.0%	25.6%	25.4%	
\$ -	\$ 6,414,510	\$ 2,042,857	\$ 523,633	\$ 72,727	\$ 12,629	\$ 179,941	\$ 90,909	\$ 159,100	\$ 9,545	\$ 18,182	\$ 586,232	\$ -	\$ -	\$ 447,500
\$ -											\$ -	\$ -	\$ -	
\$ 22,727	\$ 6,414,510	\$ 2,042,857	\$ 523,633	\$ 72,727	\$ 104,546	\$ 179,941	\$ 90,909	\$ 159,100	\$ 9,545	\$ 18,182	\$ 586,232	\$ 28,878	\$ 22,727	\$ 447,500
\$ 2,273	\$ 320,725	\$ 102,143	\$ 26,182	\$ 7,273	\$ 10,454	\$ 8,990	\$ 9,091	\$ 15,900	\$ 955	\$ 1,818	\$ 58,620	\$ 2,887	\$ 2,273	\$ 44,750
10.0%	5.0%	5.0%	5.0%	10.0%	10.0%	5.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%	10.0%
\$ -	\$ (404,168)	\$ (220,942)		\$ (80,000)	\$ (14,562)	\$ (38,592)	\$ (4,421)	\$ (113)	\$ -	\$ (200)	\$ (40,249)		\$ -	\$ (54,733)
\$ 25,000	\$ 6,331,067	\$ 1,924,058	\$ 549,815	\$ -	\$ 100,438	\$ 150,339	\$ 95,579	\$ 174,887	\$ 10,500	\$ 19,800	\$ 604,603	\$ 31,765	\$ 25,000	\$ 437,517
											644,852			
	6,735,235						100,000					31,765		
	25,000													25,000
						188,931								
					80,000	115,000								
									175,000					
										10,500				
		2,145,000												
			549,815											
													20,000	
														492,250
		(404,168)	(220,942)		(80,000)	(14,562)	(38,592)	(4,421)	(113)		(200)	(40,249)		(54,733)
\$ 25,000	\$ 6,331,067	\$ 1,924,058	\$ 549,815	\$ -	\$ 100,438	\$ 150,339	\$ 95,579	\$ 174,887	\$ 10,500	\$ 19,800	\$ 604,603	\$ 31,765	\$ 25,000	\$ 437,517
\$ 25,000	\$ 6,331,067	\$ 1,924,058	\$ 549,815	\$ -	\$ 100,438	\$ 150,339	\$ 95,579	\$ 174,887	\$ 10,500	\$ 19,800	\$ 604,603	\$ 31,765	\$ 25,000	\$ 437,517
(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)



Hepatitis C Navigation Capacity Building	Community Health Engagement	Community Health Engagement- End Hep C SF	Community Health Engagement-End Hep C SF	End Hep C SF Community Navigator Program	Street Intercept Survey-Springboard Health	End Hep C SF elimination Community Engagement Planning	Community Health Engagement	Community Health Engagement- End Hep C SF	Community Health Engagement-End Hep C SF	End Hep C SF Community Navigator Program	Street Intercept Survey-Springboard Health	End Hep C SF elimination Community Engagement Planning	TOTALS
A-8/B-8.1	A-1-B-1e	A-2/B-2e	A-2/B-3e	A-8/B-9c	A-13/B-13c	A-5/B-5d	A-1/B-1f	A-2/B-2f	A-2/B-3f	A-8/B-8d	A-13/B-13d	A-5/B-5e	
01/01/2023-05/31/2024	7/1/2024-6/30/2025	7/1/2024-6/30/2025	8/1/2024-5/31/2025	7/1/2024-6/30/2025	7/1/2024-6/30/2025	5/1/2024-4/30/2025	7/1/2025-6/30/2026	7/1/2025-6/30/2026	6/1/2025-5/31/2026	7/1/2025-6/30/2026	7/1/2025-6/30/2026	5/1/2025-4/30/2026	
\$ 10,296	\$ -	\$ 23,690	\$ 18,227			\$ 83,636	\$ -	\$ 24,401	\$ 18,227			\$ 83,636	\$ 866,617
\$ 2,769	\$ -	\$ 6,054	\$ 4,500			\$ 20,909	\$ -	\$ 6,235	\$ 4,500			\$ 20,909	\$ 206,843
\$ 13,065	\$ -	\$ 29,744	\$ 22,727	\$ -	\$ -	\$ 104,545	\$ -	\$ 30,636	\$ 22,727	\$ -	\$ -	\$ 104,545	\$ 1,073,460
\$ 0	\$ -	25.6%	24.7%			25.0%	\$ -	25.6%	24.7%			25.0%	
\$ 57,127	\$ 663,654	\$ -	\$ -	\$ 97,382	\$ 93,636	\$ -	\$ 683,564	\$ -	\$ -	\$ 100,304	\$ 96,445	\$ -	\$ 21,086,155
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 70,192	\$ 663,654	\$ 29,744	\$ 22,727	\$ 97,382	\$ 93,636	\$ 104,545	\$ 683,564	\$ 30,636	\$ 22,727	\$ 100,304	\$ 96,445	\$ 104,545	\$ 22,159,615
\$ 7,019	\$ 66,365	\$ 2,974	\$ 2,273	\$ 9,738	\$ 9,364	\$ 10,455	\$ 68,356	\$ 3,064	\$ 2,273	\$ 10,030	\$ 9,645	\$ 10,455	\$ 1,461,713
10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	10%	(2,562,196)
\$ 77,211	\$ 730,019	\$ 32,718	\$ 25,000	\$ 107,120	\$ 103,000	\$ 115,000	\$ 751,920	\$ 33,700	\$ 25,000	\$ 110,334	\$ 106,090	\$ 115,000	\$ 21,059,132
	730,019						751,920						4,091,076
		32,718		107,120	103,000			33,700		110,334	106,090		1,104,909
													12,018,985
													-
													1,000,000
													-
77,211			25,000						25,000				216,795
													130,406
													125,000
													488,931
													456,522
													175,000
													198,722
													2,145,000
													549,815
													75,000
							115,000					115,000	745,167
													100,000
													(2,562,196)
\$ 77,211	\$ 730,019	\$ 32,718	\$ 25,000	\$ 107,120	\$ 103,000	\$ 115,000	\$ 751,920	\$ 33,700	\$ 25,000	\$ 110,334	\$ 106,090	\$ 115,000	\$ 21,059,132
\$ 77,211	\$ 730,019	\$ 32,718	\$ 25,000	\$ 107,120	\$ 103,000	\$ 115,000	\$ 751,920	\$ 33,700	\$ 25,000	\$ 110,334	\$ 106,090	\$ 115,000	\$ 21,059,132
(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)	

**A-1: Community Health Engagement – Program Administration**

**Modality(s)/Intervention(s):**

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

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

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

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

Units of Service (UOS) Description 7/01/2022 to 6/30/2023 (B-1c)	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Administration - 18 Reasons	12	1
Community & Home Injury Prevention Program for Seniors Program Administration – Rebuilding Together SF	12	1
Violence Prevention Program Administration – CARECEN	12	1
Vision Zero Program Administration – Walk SF Foundation Senior and Disability Action Chinatown Community Development Center Curry Senior Center Lighthouse for the Blind and Visually Impaired	60	5
<b>Total UOS Delivered</b>	96 UOS	
<b>Total UDC Served</b>		8

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

Units of Service (UOS) Description 7/01/2024 to 6/30/2025 (B-1e)	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration- 2 Subcontractors	24	2
Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors	12	1
Violence Prevention Program Administration – 1 Subcontractors	12	1
Vision Zero Program Administration - 5 Subcontractors	60	5
<b>Total UOS Delivered</b>	108 UOS	
<b>Total UDC Served</b>		9

Units of Service (UOS) Description 7/01/2025 to 6/30/2026 (B-1f)	Units of Service in months (UOS)	Unduplicated Clients (UDC)
Community Health Engagement Program Administration- 6 Subcontractors 1 TBD	24	2
Community & Home Injury Prevention Program for Seniors Program Administration - 1 Subcontractors	12	1
Violence Prevention Program Administration – 1 Subcontractors	12	1
Subcontractors TBD	60	5
<b>Total UOS Delivered</b>	108 UOS	
<b>Total UDC Served</b>		9

**A-2: Community Health Engagement – Program Administration****Modality(s)/Intervention(s):**

<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>2/01/2020 to 6/30/2020 B-2</b>		
<b>2/01/2020 to 12/31/2020 B-3</b>		
<b>1 UOS = 1 Hour</b>		
Program Administration – hours		
General Fund HIV Prevention – B-2	234	NA
Grant CDC – B-3	520	
<b>Total UOS Delivered</b>	<b>754</b>	
<b>Total UDC Served</b>		
<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>7/01/2020 to 6/30/2021 B-2a</b>		
<b>1/01/2021 to 12/31/2021 B-3a</b>		
<b>1 UOS = 1 Hour</b>		
Program Administration – hours		
General Fund HIV Prevention – B-2a	536	NA
Grant CDC – B-3a	567	
<b>Total UOS Delivered</b>	<b>1103</b>	
<b>Total UDC Served</b>		
<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>7/01/2021 to 6/30/2022 B-2b</b>		
<b>01/01/2022to 12/31/2022 B-3b</b>		
<b>1 UOS = 1 Hour</b>		
Program Administration – hours		
General Fund HIV Prevention – B-2b	454	NA
Grant CDC – B-3b	454	
<b>Total UOS Delivered</b>	<b>908</b>	
<b>Total UDC Served</b>		
<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>7/01/2022 to 6/30/2023 B-2c</b>		
<b>01/01/2023 to 12/31/2023 B-3c</b>		
<b>1 UOS = 1 Hour</b>		
Program Administration – hours		
General Fund HIV Prevention – B-2c	520	NA
Grant CDC – B-3c	416	
<b>Total UOS Delivered</b>	<b>936</b>	
<b>Total UDC Served</b>		
<b>Units of Service (UOS) Description</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
<b>7/01/2023 to 6/30/2024 B-2d</b>		
<b>01/01/2024 to 12/31/2024 B-3d</b>		
<b>1 UOS = 1 Hour</b>		
Program Administration – hours		
General Fund HIV Prevention – B-2d	520	NA
Grant CDC – B-3d	520	
<b>Total UOS Delivered</b>	<b>1,040</b>	
<b>Total UDC Served</b>		

<b>Units of Service (UOS) Description</b> 7/01/2024 to 6/30/2025 (B-2e) 08/01/2024 to 05/31/2025 (B-3e) 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2e	520	NA
Grant CDC – B-3e	520	
<b>Total UOS Delivered</b>	<b>1,040</b>	
<b>Total UDC Served</b>		
<b>Total UDC Served</b>		1
<b>Units of Service (UOS) Description</b> 7/01/2025 to 6/30/2026 (B-2f) 06/01/2025 to 05/31/2026 (B-3f) 1 UOS = 1 Hour	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Program Administration – hours		
General Fund HIV Prevention – B-2f	520	NA
Grant CDC – B-3f	520	
<b>Total UOS Delivered</b>	<b>1,040</b>	
<b>Total UDC Served</b>		
<b>Total UDC Served</b>		1

**A-5: Community Health Engagement – End Hep C SF– Program Administration**

**Modality(s)/Intervention(s):**

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

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

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

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

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

Units of Service (UOS) Description 5/01/2024 to 4/30/2025 (B-5d)	Units of Service (UOS)	Unduplicated Clients (UDC)
1 UOS = 1 Hour		
Program Administration – hours Grant CDC – B-14	520	
<b>Total UOS Delivered</b>	<b>520</b>	
<b>Total UDC Served</b>		
<b>Total UDC Served</b>		

Units of Service (UOS) Description 5/01/2025 to 4/30/2026 (B-5e)	Units of Service (UOS)	Unduplicated Clients (UDC)
1 UOS = 1 Hour		
Program Administration – hours Grant CDC – B-14a	520	
<b>Total UOS Delivered</b>	<b>520</b>	
<b>Total UDC Served</b>		
<b>Total UDC Served</b>		

**A-6: Community Health Engagement - COVID 19 OPS Testing – Program Administration**

**Modality(s)/Intervention(s):**

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
FACES SF/Bayview Child Health Center to provide services to the Bayview Neighborhood 12/1/2020 – 6/30/2021 (B-6)	4	1
<b>Total UOS Delivered</b>	<b>4</b>	
<b>Total UDC Served</b>		<b>1</b>



**A-7: Community Health Engagement - Dream Keeper's Initiative - Program Administration****Modality(s)/Intervention(s):**

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

<b>Units of Service (UOS) Description</b> 12/1/2020 to 6/30/2021 <b>B-7</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
COVID 19 Community Outreach Services – Program Administration 3 subcontractors named in #3 above to provide COVID Support Services and Outreach services from 4/1/2021 – 6/30/2021	9	3
<b>Total UOS Delivered</b>	<b>9</b>	
<b>Total UDC Served</b>		<b>3</b>
<b>Units of Service (UOS) Description</b> 7/1/2021 to 6/30/2022 <b>B-7a</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
2 subcontractors named in #3 above to provide COVID Support Services and Outreach services from 7/1/2021 – 6/30/2022	24	2
<b>Total UOS Delivered</b>	<b>24</b>	
<b>Total UDC Served</b>		<b>2</b>

**A-8: Community Health Engagement - End Hep C SF Community Navigation– Program Administration****Modality(s)/Intervention(s):**

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

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

<b>Units of Service (UOS) Description</b> 7/1/2023 to 6/30/2024 Program Administration 1 UOS = 1 Subcontractor X 6 months <b>B-8b</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
St. James Infirmary (operations ceased 12/31/2023)	0	0
Glide Foundation	6	1
SF Aids Foundation	6	1
SF Community Health Center	6	1
<b>Total UOS Delivered</b>	<b>18</b>	<b>3</b>
<b>Total UDC Served</b>		

Units of Service (UOS) Description 1/1/2023 to 5/31/2024 Program Administration 1 UOS = 1 Month X 6 months B-8.1	Units of Service (UOS)	Unduplicated Clients (UDC)
Program Administration	6	N/A
<b>Total UOS Delivered</b>	<b>6</b>	
<b>Total UDC Served</b>		

Units of Service (UOS) Description 7/1/2024 to 6/30/2025 Program Administration 1 UOS = 1 Subcontractor X 6 months 7/1/2024 to 6/30/2025 (B-8c)	Units of Service (UOS)	Unduplicated Clients (UDC)
St. JamesInfirmiry (operations ceased on 12/31/23)	0	0
Glide Foundation	6	1
SF Aids Foundation	6	1
SF Community Health Center (no longer participating)	0	0
<b>Total UOS Delivered</b>	<b>12</b>	<b>2</b>
<b>Total UDC Served</b>		

Units of Service (UOS) Description 7/1/2025 to 6/30/2026 Program Administration 1 UOS = 1 Subcontractor X 6 months 7/1/2025 to 6/30/2026 (B-8d)	Units of Service (UOS)	Unduplicated Clients (UDC)
St. JamesInfirmiry (operations ceased on 12/31/23)	0	0
Glide Foundation	6	1
SF Aids Foundation	6	1
SF Community Health Center (no longer participating)	0	0
<b>Total UOS Delivered</b>	<b>12</b>	<b>2</b>
<b>Total UDC Served</b>		

**Modality(s)/Intervention(s):**

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

Units of Service (UOS) Description B-9 (7/1/21 – 6/30/22)	Units of Service (UOS)	Unduplicated Clients (UDC)
Collective Impact 7/1/2021 – 6/30/2022 (1 month x 12 months)	12	1
<b>Total UOS Delivered</b>	<b>12</b>	
<b>Total UDC Served</b>		<b>1</b>

**A-10: Community Health Engagement Resource****Modality(s)/Intervention(s):**

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

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

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

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

**A-11: Community Health Engagement Resource****Modality(s)/Intervention(s):**

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

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

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

**A-12: Community Health Engagement – Food as Medicine – Program Administration****Modality(s)/Intervention(s):**

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

**A-13: Community Health Engagement Resource**

**Modality(s)/Intervention(s):**

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

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

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

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

<b>Units of Service (UOS) Description 7/1/24 – 6/30/25 (B-13c)</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Springboard Health	12	1
<b>Total UOS Delivered</b>	<b>12</b>	
<b>Total UDC Served</b>		<b>1</b>

<b>Units of Service (UOS) Description 7/1/25 – 6/30/26 (B-13d) GF - HIV Prevention</b>	<b>Units of Service (UOS)</b>	<b>Unduplicated Clients (UDC)</b>
Springboard Health	12	1
<b>Total UOS Delivered</b>	<b>12</b>	
<b>Total UDC Served</b>		<b>1</b>

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

Appendix: **B-1e**  
 Appendix Term: 7/1/2024-6/30/2025  
 General Fund-Health  
 Funding Source: Education

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Vision Zero - Program Administration		
	-	0%	-	0%	-	0%	-	0%	
<b>Total Personnel Expenses</b>	-	0%	-	0%	-	0%	-	0%	-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	14,956	25%	14,956	25%	14,956	25%	14,956	25%	59,824
<b>Consultants/Subcontractor: (14)</b>									
Community Health Engagement - PA (7)	91,668	100%							91,668
Comm. Home Injury Prev. - PA (1)		0%	148,114	100%		0%		0%	148,114
Violence Prevention-PA (1)		0%		0%	53,560	100%		0%	53,560
Vision Zero - PA (5)		0%		0%		0%	310,488	100%	310,488
<b>Total Operating Expenses</b>	<b>106,624</b>	<b>16%</b>	<b>163,070</b>	<b>25%</b>	<b>68,516</b>	<b>10%</b>	<b>325,444</b>	<b>49%</b>	<b>663,654</b>
<b>Total Direct Expenses</b>	106,624	16%	163,070	25%	68,516	10%	325,444	49%	663,654
<b>Indirect Expenses</b> 10.00%	10,662	16%	16,307	25%	6,852	10%	32,544	49%	66,365
<b>TOTAL EXPENSES</b>	<b>117,286</b>	<b>16%</b>	<b>179,377</b>	<b>25%</b>	<b>75,368</b>	<b>10%</b>	<b>357,989</b>	<b>49%</b>	<b>730,019</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	<b>Subcontractor</b>	
Number of UOS per Service Mode	24	12	12	60					<b>108</b>
Cost Per UOS by Service Mode	\$4,886.94	\$14,948.10	\$6,280.65	\$5,966.49					<b>N/A</b>
Number of UDC/NOC per Service Mode	2	1	1	5					<b>9</b>

**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-1e  
Appendix Term: 7/1/2024-6/30/2025  
Funding Source: GF- Health Education

**2) OPERATING EXPENSES:****General Operating:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Formula</b>	<b>Cost</b>
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.	\$ 4,985.37	\$ 59,824
<b>Total General Operating: \$</b>			<b>59,824</b>

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Month</b>	<b>Cost</b>
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.	\$ 4,068.33	\$ 48,820
18 Reasons	Shapeup capacity building	\$ 3,570.67	\$ 42,848
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.	\$ 4,463.33	\$ 53,560
TBD	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.	\$ 12,342.83	\$ 148,114
Walk SF Foundation - Families for Safe Streets	Families for Safe Streets (FSS) organizes and assists a group of people who have lost loved ones or been victims in traffic collisions; these individuals support the implementation of Vision Zero in San Francisco to prevent future crashes from happening.	\$ 8,924.35	\$ 107,092

Senior and Disability Action - Safe Streets for Seniors	Citywide subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 4,237.42	\$ 50,849
Chinatown Community Development Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 4,237.42	\$ 50,849
Curry Senior Center - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 4,237.42	\$ 50,849
Lighthouse for the Blind and Visually Impaired - Safe Streets for Seniors	Neighborhood subcontract for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 4,237.42	\$ 50,849

**Total Consultants/Subcontractors: \$ 603,830**

**TOTAL OPERATING EXPENSES: \$ 663,654**

**TOTAL DIRECT COSTS: \$ 663,654**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

**Amount**

Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 66,365

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 66,365**

**TOTAL EXPENSES: \$ 730,019**

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

Appendix: **B-1f**  
 Appendix Term: 07/01/2025-06/30/2026  
 General Fund-Health  
 Funding Source: Education

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:	Community Health Engagement - Program Administration		Community Home Injury Prevention - Program Administration		Violence Prevention - Program Administration		Vision Zero - Program Administration		
	-	0%	-	0%	-	0%	-	0%	
<b>Total Personnel Expenses</b>	-	0%	-	0%	-	0%	-	0%	-
<b>Operating Expenses</b>									
	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Expense</b>	<b>%</b>	<b>Totals</b>
<b>Total General Operating</b>	15,405	25%	15,405	25%	15,405	25%	15,404	25%	61,619
<b>Consultants/Subcontractor: (14)</b>									
Community Health Engagement - PA (7)	94,418	100%							94,418
Comm. Home Injury Prev. - PA (1)		0%	152,557	100%		0%		0%	152,557
Violence Prevention-PA (1)		0%		0%	55,167	100%		0%	55,167
Vision Zero - PA (5)		0%		0%		0%	319,803	100%	319,803
<b>Total Operating Expenses</b>	<b>109,823</b>	<b>16%</b>	<b>167,962</b>	<b>25%</b>	<b>70,572</b>	<b>10%</b>	<b>335,207</b>	<b>49%</b>	<b>683,564</b>
<b>Total Direct Expenses</b>									
	109,823	16%	167,962	25%	70,572	10%	335,207	49%	683,564
<b>Indirect Expenses</b> 10.00%	10,982	16%	16,796	25%	7,057	10%	33,521	49%	68,356
<b>TOTAL EXPENSES</b>	<b>120,805</b>	<b>16%</b>	<b>184,758</b>	<b>25%</b>	<b>77,629</b>	<b>10%</b>	<b>368,728</b>	<b>49%</b>	<b>751,920</b>
<b>Unit of Service Type</b>									
	<b>Subcontractor</b>		<b>Subcontractor</b>		<b>Subcontractor</b>		<b>Subcontractor</b>		
Number of UOS per Service Mode	24		12		12		60		<b>108</b>
Cost Per UOS by Service Mode	\$5,033.55		\$15,396.54		\$6,469.07		\$6,145.48		<b>N/A</b>
Number of UDC/NOC per Service Mode	2		1		1		5		<b>9</b>

Rev: 02/18



**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-1f  
Appendix Term: 7/1/2025-6/30/2026  
Funding Source: GF- Health Education

**2) OPERATING EXPENSES:****General Operating:**

<b>Expense Item</b>	<b>Brief Description</b>	<b>Rate/Month</b>	<b>Cost</b>
Community Capacity Building & Engagement	Website maintenance, trainings, data purchases, audio conferencing services, meeting room rentals, surveys and project management software license, and books, office, incentives/'swag', meeting supplies, presentation materials, printing, and other.	\$ 5,134.93	\$ 61,619
<b>Total General Operating: \$</b>			<b>61,619</b>

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Month</b>	<b>Cost</b>
Community Engagement Consultants - TBD	Program, evaluation, fund development and other consultants: Hourly rate to be based on experience and duties. Work to support the development, implementation, monitoring and evaluation of various capacity building projects and services. Includes consultants for Chronic Disease Prevention, Healthy Retail SF, Ped Safety/Active Transportation and other work related towards healthier communities. Consultants and rate to be determined as identified.	\$ 4,190.38	\$ 50,285
18 Reasons	Shapeup capacity building	\$ 3,677.79	\$ 44,133
CARECEN Violence Prev Groups	To provide violence prevention support groups and related activities for girls and young women.	\$ 4,597.23	\$ 55,167
TBD	Supplies and labor costs associated with minor home repairs in seniors' and disabled persons' private residences as referred by DPH CHIPPS staff and associates.	\$ 12,713.12	\$ 152,557
TBD Subcontractors	Citywide subcontractors for work to support the community based education of Vision Zero projects and services for senior and disabled communities.	\$ 26,650.25	\$ 319,803
<b>Total Consultants/Subcontractors: \$</b>			<b>621,945</b>

<b>TOTAL OPERATING EXPENSES: \$</b>	<b>683,564</b>
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<b>TOTAL DIRECT COSTS: \$</b>	<b>683,564</b>
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**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Finance Manager, Accounting Assistant, Executive Director, Program Coordinator, rent, audit, supplies.	\$ 68,356

Indirect Rate: 10.00%

<b>TOTAL INDIRECT COSTS: \$</b>	<b>68,356</b>
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<b>TOTAL EXPENSES: \$</b>	<b>751,920</b>
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**Contractor:** San Francisco Public Health Foundation  
**Program:** Community Health Engagement

**Appendix:** **B-2e**  
**Appendix Term:** 07/01/2024-6/30/2025  
**Funding Source:** GF-HIV Prevention

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration					
Position Titles	Annualized FTE	Salaries	% FTE				Totals
End Hep C SF Project Coordinator	1.00000	23,690	100%				23,690
<b>Total FTE &amp; Salaries</b>	<b>1.00000</b>	<b>23,690</b>	<b>100%</b>				<b>23,690</b>
Fringe Benefits	25.56%	6,054	100%				6,054
<b>Total Personnel Expenses</b>		<b>29,744</b>	<b>100%</b>				<b>29,744</b>
<b>Total Direct Expenses</b>							
		29,744	100%				29,744
<b>Indirect Expenses</b>	10.00%	2,974	100%				2,974
<b>TOTAL EXPENSES</b>		<b>32,718</b>	<b>100%</b>				<b>32,718</b>
<b>Unit of Service Type</b>							
		<b>Hours</b>					
Number of UOS per Service Mode		520					<b>520</b>
Cost Per UOS by Service Mode		\$62.92					<b>N/A</b>
Number of UDC/NOC per Service Mode		N/A					

**BUDGET JUSTIFICATION**

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

Appendix: B-2e  
 Appendix Term: 07/01/2024-6/30/2025  
 Funding Source: General Fund-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	94,760	0.25000	12	1.00000	<b>\$ 23,690</b>

**Total FTE: 1.44468 (B-2d=0.25, B-2e=0.25, B-2f=0.25, B-3d=0.25, B-3e=0.23082, B-3f=0.18675, & B-8.1= 0.02711)**

**Total FTE, Base: 0.25000                      Annualized: 1.00000**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 23,690**

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,812
	Retirement	\$ 920
	Medical	\$ 2,400
	Dental	\$ 240
	Unemployment Insurance	\$ 308
	Disability Insurance	\$ 250
	Paid Time Off	\$ -
	Other (specify):	\$ 124

**Total Fringe Benefit: \$ 6,054**

**Fringe Benefit %: 25.56%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 29,744**

**TOTAL DIRECT COSTS: \$ 29,744**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,974

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,974**

**TOTAL EXPENSES: \$ 32,718**

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

Appendix: **B-2f**  
 Appendix Term: 07/01/2025-6/30/2026  
 Funding Source: GF-HIV Prevention

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration							
Position Titles	Annualized FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
End Hep C SF Project Coordinator	1.00000	24,401	100%		0%		0%	24,401	
<b>Total FTE &amp; Salaries</b>	<b>1.00000</b>	<b>24,401</b>	<b>100%</b>	-	0%	-	0%	<b>24,401</b>	
Fringe Benefits	25.55%	6,235	100%	-	0%	-	0%	6,235	
<b>Total Personnel Expenses</b>		<b>30,636</b>	<b>100%</b>	-	0%	-	0%	<b>30,636</b>	
<b>Total Direct Expenses</b>									
		30,636	100%	-	0%	-	0%	30,636	
<b>Indirect Expenses</b>									
	10.00%	3,064	100%	-	0%	-	0%	3,064	
<b>TOTAL EXPENSES</b>									
		<b>33,700</b>	<b>100%</b>	-	0%	-	0%	<b>33,700</b>	
<b>Unit of Service Type</b>									
		<b>Hours</b>							
Number of UOS per Service Mode		520						<b>520</b>	
Cost Per UOS by Service Mode		\$64.81		\$0.00		\$0.00		<b>N/A</b>	
Number of UDC/NOC per Service Mode		N/A							

**BUDGET JUSTIFICATION**

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

Appendix: B-2f  
 Appendix Term: 07/01/2025-6/30/2026  
 Funding Source: General Fund-HIV Prevention

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	97,603	0.25000	12	1.00000	\$ <b>24,401</b>

**Total FTE: 1.44468 (B-2d=0.25, B-2e=0.25, B-2f=0.25, B-3d=0.25, B-3e=0.23082, B-3f=0.18675, & B-8.1= 0.02711)**

**Total FTE, Base: 0.25000      Annualized: 1.00000**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 24,401**

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,867
	Retirement	\$ 920
	Medical	\$ 2,400
	Dental	\$ 240
	Unemployment Insurance	\$ 308
	Disability Insurance	\$ 250
	Paid Time Off	\$ -
	Other (specify):	\$ 250

**Total Fringe Benefit: \$ 6,235**

**Fringe Benefit %: 25.55%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 30,636**

**TOTAL DIRECT COSTS: \$ 30,636**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 3,064

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 3,064**

**TOTAL EXPENSES: \$ 33,700**

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

Appendix: **B-3e**  
 Appendix Term: **08/1/2024-05/31/2025**  
 Funding Source: **Grant - CDC CFDA#93.940**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration						
Position Titles	Annualized FTE	Salaries	% FTE					Totals
End Hep C SF Project Coordinator	0.83333	18,227	100%					18,227
								-
<b>Total FTE &amp; Salaries</b>	<b>0.83333</b>	<b>18,227</b>	<b>100%</b>					<b>18,227</b>
Fringe Benefits	24.00%	4,500	100%					4,500
<b>Total Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>					<b>22,727</b>
<b>Total Direct Expenses</b>								
		22,727	100%					22,727
<b>Indirect Expenses</b>	10.00%	2,273	100%					2,273
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>					<b>25,000</b>
<b>Unit of Service Type</b>		<b>Hours</b>						
Number of UOS per Service Mode		520						<b>520</b>
Cost Per UOS by Service Mode		\$48.08						<b>N/A</b>
Number of UDC/NOC per Service Mode		N/A						

Rev: 02/18

**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3e  
 Appendix Term: 08/01/2024-05/31/2025  
 Funding Source: Grant - CDC CFDA#93.940

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	94,760	0.23082	10	0.83333	\$ <b>18,227</b>

**Total FTE: 1.44468 (B-2d=0.25, B-2e=0.25, B-2f=0.25, B-3d=0.25, B-3e=0.23082, B-3f=0.18675, & B-8.1= 0.02711))**

**Total FTE, Base: 0.23082                      Annualized: 0.83333**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,227**

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,395
	Retirement	\$ 911
	Medical	\$ 1,636
	Dental	\$ 250
	Unemployment Insurance	\$ 308
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,500**

**Fringe Benefit %: 24.69%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**



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

Appendix: **B-3f**  
 Appendix Term: **06/1/2025-05/31/2026**  
 Funding Source: **Grant - CDC CFDA#93.940**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration						
Position Titles	Annualized FTE	Salaries	% FTE					Totals
End Hep C SF Project Coordinator	1.00000	18,227	100%					18,227
								-
<b>Total FTE &amp; Salaries</b>	<b>1.00000</b>	<b>18,227</b>	<b>100%</b>					<b>18,227</b>
Fringe Benefits	24.69%	4,500	100%					4,500
<b>Total Personnel Expenses</b>		<b>22,727</b>	<b>100%</b>					<b>22,727</b>
<b>Total Direct Expenses</b>		22,727	100%					22,727
<b>Indirect Expenses</b>	10.00%	2,273	100%					2,273
<b>TOTAL EXPENSES</b>		<b>25,000</b>	<b>100%</b>					<b>25,000</b>
<b>Unit of Service Type</b>	<b>Hours</b>							
Number of UOS per Service Mode	520							520
Cost Per UOS by Service Mode	\$48.08							N/A
Number of UDC/NOC per Service Mode	N/A							

Rev: 02/18

**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-3f  
 Appendix Term: 06/01/2025-05/31/2026  
 Funding Source: Grant - CDC CFDA#93.940

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Project Coordinator</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	97,603	0.18675	12	1.00000	\$ <b>18,227</b>

**Total FTE: 1.44468 (B-2d=0.25, B-2e=0.25, B-2f=0.25, B-3d=0.25, B-3e=0.23082, B-3f=0.18675, & B-8.1= 0.02711)**

**Total FTE, Base: 0.18675                      Annualized: 1.00000**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 18,227**

	<b>Component</b>	<b>Cost</b>
	Social Security	\$ 1,395
	Retirement	\$ 911
	Medical	\$ 1,636
	Dental	\$ 250
	Unemployment Insurance	\$ 308
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 4,500**

**Fringe Benefit %: 24.69%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 22,727**

**TOTAL DIRECT COSTS: \$ 22,727**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 2,273

**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 2,273**

**TOTAL EXPENSES: \$ 25,000**

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

Appendix: **B-5d**  
 Appendix Term: **05/01/2024-04/30/2025**  
**Grant - CDC**  
**CFDA#93.270**  
 Funding Source: **PD158**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration						
Position Titles	Annualized FTE	Salaries	% FTE					Totals
End Hep C SF Strategic Director	0.50000	83,636	100%			-		83,636
								-
<b>Total FTE &amp; Salaries</b>	<b>0.50</b>	<b>83,636</b>	<b>100%</b>					<b>83,636</b>
Fringe Benefits	25.00%	20,909	100%					20,909
<b>Total Personnel Expenses</b>		<b>104,545</b>	<b>100%</b>					<b>104,545</b>
<b>Total Direct Expenses</b>								
		104,545	100%					104,545
<b>Indirect Expenses</b>	10.00%	10,455	100%					10,455
<b>TOTAL EXPENSES</b>		<b>115,000</b>	<b>100%</b>					<b>115,000</b>
<b>Unit of Service Type</b>		<b>Hours</b>						
Number of UOS per Service Mode		520						<b>520</b>
Cost Per UOS by Service Mode		\$221.16						<b>N/A</b>
Number of UDC/NOC per Service Mode		N/A						

Rev: 02/18

**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** Community Health Engagement

Appendix: B-5d  
 Appendix Term: 05/01/2024-04/30/2025  
Grant - CDC  
CFDA#93.270  
 Funding Source: PD158

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Strategic Director</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	167,271	1.00000	6	0.50000	<b>\$ 83,636</b>

**Total FTE: 1.52711 (B-2d=0.25, B-3d=0.25, B-5d=0.50, B-5e=0.50, & B-8.1= 0.02711)**

**Total FTE, Base: 1.00000      Annualized: 0.50000**

**1b) EMPLOYEE FRINGE BENEFITS:**

**Total Salaries: \$ 83,636**

	Component	Cost
	Social Security	\$ 8,364
	Retirement	\$ 5,018
	Medical	\$ 3,345
	Dental	\$ 1,673
	Unemployment Insurance	\$ 2,509
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

**Total Fringe Benefit: \$ 20,909**

**Fringe Benefit %: 25.00%**

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 104,545**

**TOTAL DIRECT COSTS: \$ 104,545**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

**Amount**

Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 10,455
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**Indirect Rate: 10.00%**

**TOTAL INDIRECT COSTS: \$ 10,455**

**TOTAL EXPENSES: \$ 115,000**

**Contractor:** San Francisco Public Health Foundation  
**Program:** End Hep C SF Eliminate Community Health Engagement Planning

Appendix: **B-5e**  
 Appendix Term: 05/01/2025-04/30/2026  
 Funding Source: **Grant - CDC CFDA#93.940**

**UOS COST ALLOCATION BY SERVICE MODE**

Service Modes:		Program Administration						
Position Titles	Annualized FTE	Salaries	% FTE					Totals
End Hep C SF Strategic Director	0.50000	83,636	100%					83,636
								-
<b>Total FTE &amp; Salaries</b>	<b>0.50000</b>	<b>83,636</b>	<b>100%</b>					<b>83,636</b>
Fringe Benefits	25.00%	20,909	100%					20,909
<b>Total Personnel Expenses</b>		<b>104,545</b>	<b>100%</b>					<b>104,545</b>
<b>Total Direct Expenses</b>								
		104,545	100%					104,545
<b>Indirect Expenses</b>	10.00%	10,455	100%					10,455
<b>TOTAL EXPENSES</b>		<b>115,000</b>	<b>100%</b>					<b>115,000</b>
<b>Unit of Service Type</b>		<b>Hours</b>						
Number of UOS per Service Mode		520						<b>520</b>
Cost Per UOS by Service Mode		\$221.16						<b>N/A</b>
Number of UDC/NOC per Service Mode		N/A						

Rev: 02/18

**BUDGET JUSTIFICATION**

**Contractor Name** SF Public Health Foundation  
**Program Name:** End Hep C SF Elimination Community Engagement Planning

Appendix: B-5e  
 Appendix Term: 05/01/2025-04/30/2026  
 Funding Source: Grant - CDC CFDA#93.940

**1a) SALARIES**

Staff Position 1	<b>End Hep C SF Strategic Director</b>				
Brief duties related to this program and clients served	Coordinates meetings, communications and events for and between coalition members.				
Degree, license (if applicable), experience	Bachelors degree, two years community health education experience.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	<b>Total</b>
	167,271	1.00000	6	0.50000	<b>\$ 83,636</b>

Total FTE: 1.52711 (B-2d=0.25, B-3d=0.25, B-5d=0.50, B-5e=0.50, & B-8.1= 0.02711)

Total FTE, Base: 1.00000                      Annualized: 0.50000

**1b) EMPLOYEE FRINGE BENEFITS:**

Total Salaries: \$ 83,636

	Component	Cost
	Social Security	\$ 8,364
	Retirement	\$ 5,018
	Medical	\$ 3,345
	Dental	\$ 1,673
	Unemployment Insurance	\$ 2,509
	Disability Insurance	\$ -
	Paid Time Off	\$ -
	Other (specify):	\$ -

Total Fringe Benefit: \$ 20,909

Fringe Benefit %: 25.00%

**TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS: \$ 104,545**

**TOTAL DIRECT COSTS: \$ 104,545**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	Amount
Finance Manager, Accounting Assistant, rent, audit, supplies.	\$ 10,455

Indirect Rate: 10.00%

**TOTAL INDIRECT COSTS: \$ 10,455**

**TOTAL EXPENSES: \$ 115,000**

<b>Contractor: San Francisco Public Health Foundation</b>			Appendix: <b>B-8c</b>		
<b>Program: End Hep C Community Navigation Program</b>			Appendix Term: <b>07/01/2024-06/30/2025</b>		
<b>Full Contract Term: 01/01/2020 to 6/30/2026</b>			Funding Source: <b>GF - HIV Prevention</b>		
<b>UOS COST ALLOCATION BY SERVICE MODE</b>					
<b>Service Modes:</b>	<b>Program Administration</b>				
<b>Personnel Expenses</b>	-	0%			-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>			<b>Totals</b>
<b>Consultants/Subcontractor:</b>					
Glide Foundation	48,691	100%			48,691
SF Aids Foundation	48,691	100%			48,691
<b>Total Operating Expenses</b>	<b>97,382</b>	<b>100%</b>			<b>97,382</b>
<b>Total Direct Expenses</b>	97,382	100%			97,382
<b>Indirect Expenses</b> 5.042%	9,738				9,738
<b>TOTAL EXPENSES</b>	<b>107,120</b>	<b>100%</b>			<b>107,120</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>				
Number of UOS per Service Mode	12				12
Cost Per UOS by Service Mode	\$8,926.65				N/A
umber of UDC/NOC per Service Mode	2				2
Rev: 02/18					

**BUDGET JUSTIFICATION**

Contractor Name San Francisco Public Health Foundation  
 Program Name: End Hep C SF Community Navigation Program

Appendix: B-8c  
 Appendix Term: 07/01/2024-06/30/2025  
 Funding Source: General Fund

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

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Month</b>	<b>Cost</b>
Glide Foundation	Navigator program for Hep C at risk populations including HCV data collection, attendance at meetings, progress reports for 6 months.	\$ 8,115.21	\$ 48,691
San Francisco Aids Foundation	Navigator program for Hep C at risk populations including HCV data collection, attendance at meetings, progress reports for 6 months.	\$ 8,115.21	\$ 48,691
<b>Total Consultants/Subcontractors:</b>			<b>\$ 97,382</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 97,382</b>
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<b>TOTAL DIRECT COSTS:</b>	<b>\$ 97,382</b>
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**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 9,738

**Indirect Rate: 10.0%**

<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 9,738</b>
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<b>TOTAL EXPENSES:</b>	<b>\$ 107,120</b>
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<b>Contractor: San Francisco Public Health Foundation</b>			Appendix: <b>B-8d</b>		
<b>Program: End Hep C Community Navigation Program</b>			Appendix Term: <b>07/01/2025-06/30/2026</b>		
<b>Full Contract Term: 01/01/2020 to 6/30/2026</b>			Funding Source: <b>GF - HIV Prevention</b>		
<b>UOS COST ALLOCATION BY SERVICE MODE</b>					
<b>Service Modes:</b>	<b>Program Administration</b>				
<b>Personnel Expenses</b>	-	0%			-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>			<b>Totals</b>
<b>Consultants/Subcontractor:</b>					
Glide Foundation	50,152	100%			50,152
SF Aids Foundation	50,152	100%			50,152
<b>Total Operating Expenses</b>	<b>100,304</b>	<b>100%</b>			<b>100,304</b>
<b>Total Direct Expenses</b>	100,304	100%			100,304
<b>Indirect Expenses</b> 5.042%	10,030				10,030
<b>TOTAL EXPENSES</b>	<b>110,334</b>	<b>100%</b>			<b>110,334</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>				
Number of UOS per Service Mode	12				12
Cost Per UOS by Service Mode	\$9,194.54				N/A
umber of UDC/NOC per Service Mode	2				2
Rev: 02/18					

**BUDGET JUSTIFICATION**

Contractor Name San Francisco Public Health Foundation  
 Program Name: End Hep C SF Community Navigation Program

Appendix: B-8d  
 Appendix Term: 07/01/2025-06/30/2026  
 Funding Source: General Fund

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

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Month</b>	<b>Cost</b>
Glide Foundation	Navigator program for Hep C at risk populations including HCV data collection, attendance at meetings, progress reports for 6 months.	\$ 8,358.66	50,152
San Francisco Aids Foundation	Navigator program for Hep C at risk populations including HCV data collection, attendance at meetings, progress reports for 6 months.	\$ 8,358.66	50,152
<b>Total Consultants/Subcontractors:</b>			<b>\$ 100,304</b>

<b>TOTAL OPERATING EXPENSES:</b>	<b>\$ 100,304</b>
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<b>TOTAL DIRECT COSTS:</b>	<b>\$ 100,304</b>
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**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 10,030

**Indirect Rate: 10.0%**

<b>TOTAL INDIRECT COSTS:</b>	<b>\$ 10,030</b>
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<b>TOTAL EXPENSES:</b>	<b>\$ 110,334</b>
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<b>Contractor: San Francisco Public Health Foundation</b>			Appendix: <b>B-13c</b>		
<b>Program: Street Intercept Survey (Springboard)</b>			Appendix Term: <b>7/1/2024 - 6/30/2025</b>		
<b>Full Contract Term: 01/01/2020 to 6/30/2026</b>			Funding Source: <b>GF-HIV Prevention</b>		
<b>UOS COST ALLOCATION BY SERVICE MODE</b>					
<b>Service Modes:</b>	<b>Program Administration</b>				
<b>Total Personnel Expenses</b>	-	0%			-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>			<b>Totals</b>
<b>Consultants/Subcontractor:</b>					
Springboard Health	93,636	100%			93,636
					-
		0%			-
<b>Total Operating Expenses</b>	<b>93,636</b>	<b>100%</b>			<b>93,636</b>
<b>Total Direct Expenses</b>		0%			-
<b>Indirect Expenses</b> 10.00%	9,364	100%			9,364
<b>TOTAL EXPENSES</b>	<b>103,000</b>	<b>100%</b>			<b>103,000</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>				
Number of UOS per Service Mode	12				12
Cost Per UOS by Service Mode	\$8,583.33				N/A
Number of UDC/NOC per Service Mode					
Rev: 02/18					

**BUDGET JUSTIFICATION**Contractor Name San Francisco Public Health FoundationProgram Name: Street Intercept Survey -SpringboardAppendix: B-13cAppendix Term: 7/01/2024-06/30/2025Funding Source: GF-HIV Prevention**2) OPERATING EXPENSES:****Consultants/Subcontractors:**

Consult/Subcontractor Name	Service Description	Rate/Month	Cost
Springboard Health	Subcontractor to provide Street Intercept Data Collection services and report.	\$ 7,803.03	93,636

<b>Total Consultants/Subcontractors: \$</b>	<b>93,636</b>
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<b>TOTAL OPERATING EXPENSES: \$</b>	<b>93,636</b>
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<b>TOTAL DIRECT COSTS: \$</b>	<b>93,636</b>
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**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

Amount

Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 9,364
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Indirect Rate: 10.00%

<b>TOTAL INDIRECT COSTS: \$</b>	<b>9,364</b>
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<b>TOTAL EXPENSES: \$</b>	<b>103,000</b>
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<b>Contractor: San Francisco Public Health Foundation</b>			Appendix: <b>B-13d</b>		
<b>Program: Street Intercept Survey (Springboard)</b>			Appendix Term: <b>7/1/2025 - 6/30/2026</b>		
<b>Full Contract Term: 01/01/2020 to 12/31/2024</b>			Funding Source: <b>GF-HIV Prevention</b>		
<b>UOS COST ALLOCATION BY SERVICE MODE</b>					
<b>Service Modes:</b>	<b>Program Administration</b>				
<b>Total Personnel Expenses</b>	-	0%			-
<b>Operating Expenses</b>	<b>Expense</b>	<b>%</b>			<b>Totals</b>
<b>Consultants/Subcontractor:</b>					
Springboard Health	96,445	100%			96,445
					-
		0%			-
<b>Total Operating Expenses</b>	<b>96,445</b>	<b>100%</b>			<b>96,445</b>
<b>Total Direct Expenses</b>		0%			-
<b>Indirect Expenses 10.00%</b>	9,645	100%			9,645
<b>TOTAL EXPENSES</b>	<b>106,090</b>	<b>100%</b>			<b>106,090</b>
<b>Unit of Service Type</b>	<b>Subcontractor</b>				
Number of UOS per Service Mode	12				<b>12</b>
Cost Per UOS by Service Mode	\$8,840.83				<b>N/A</b>
Number of UDC/NOC per Service Mode					
Rev: 02/18					

**BUDGET JUSTIFICATION**

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

Appendix: B-13d  
 Appendix Term: 7/01/2025-06/30/2026  
 Funding Source: GF-HIV Prevention

**2) OPERATING EXPENSES:**

**Consultants/Subcontractors:**

<b>Consult/Subcontractor Name</b>	<b>Service Description</b>	<b>Rate/Month</b>	<b>Cost</b>
Springboard Health	Subcontractor to provide Street Intercept Data Collection services and report.	\$ 8,037.12	96,445
<b>Total Consultants/Subcontractors: \$</b>			<b>96,445</b>

**TOTAL OPERATING EXPENSES: \$ 96,445**

**TOTAL DIRECT COSTS: \$ 96,445**

**4) INDIRECT COSTS**

Personnel and ledger expenses included in shared costs.

	<b>Amount</b>
Director of Finance, Accounting staff, Program Coordinator, rent, audit, supplies, insurance	\$ 9,645

**Indirect Rate: 10.00%**  
**TOTAL INDIRECT COSTS: \$ 9,645**

**TOTAL EXPENSES: \$ 106,090**

**SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH  
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT  
(SAA)**

**TABLE OF CONTENTS**

SECTION 1 - “THIRD PARTY” CATEGORIES ..... 1  
SECTION 2 - DEFINITIONS..... 1  
SECTION 3 – GENERAL REQUIREMENTS ..... 1  
SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS ..... 3  
SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS ..... 4  
SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS ..... 4  
SECTION 7 - DEPARTMENT’S RIGHTS..... 4  
SECTION 8 - DATA BREACH; LOSS OF CITY DATA..... 5  
Attachment 1 to SAA..... 6



## TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

### SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

### SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

### SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk ([dph.helpdesk@sfdph.org](mailto:dph.helpdesk@sfdph.org)) in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy.** Third Party must maintain a password policy based on information security best practices for password length, complexity, and reuse. Third Party credentials used to access Third Party networks and systems must be configured for a password change no greater than every 90 calendar days.

b **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

#### **SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS**

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

## **SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS**

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department’s standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department’s standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User’s access.

## **SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS**

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

## **SECTION 7 - DEPARTMENT’S RIGHTS**

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party’s access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User’s access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

## SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report.** To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

**Attachment 1 to SAA**  
**System Specific Requirements**

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

**A. Department Care Link Requirements:**

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

**II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:**

**A. Department Epic Hyperspace:**

1. Connectivity.
  - a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.
2. Application For Access and Compliance with Epic Terms and Conditions.
  - a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at:  
<https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

**III. For Access to Department myAvatar the following terms shall apply:**

**A. Department myAvatar**

**1. Connectivity.**

- a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

**2. Information Technology (IT) Support.**

- a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

**3. Access Control.**

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:  
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Applicants must complete the myAvatar Account Request Form found at  
[https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar\\_Account\\_Request\\_Form.pdf](https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf)
- c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

**RECITALS**

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

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

**1. Definitions.**

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



## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

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

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

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

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

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

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

## 2. Obligations of Business Associate.

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

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

**3. Termination.**

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

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

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

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

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

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

**4. Amendment to Comply with Law.**

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

**5. Reimbursement for Fines or Penalties.**

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

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

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

Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

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

Contractor Name:		Contractor City Vendor ID	
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## PRIVACY ATTESTATION

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

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

### I. All Contractors.

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

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

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

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

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

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

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

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

#### I. All Contractors.

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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**Attachment 3 to Appendix E**

**Protected Information Destruction Order**

**Purge Certification - Contract ID # 1000016941**

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

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

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

\*\*\*\*\*

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

**So Certified**

DocuSigned by:  
Jennifer Harrington  
Signature

Title: Executive Director  

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Date: 6/4/2024 | 9:00:33 PDT  

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1e 07/01/2024 - 06/30/2025 PAGE A

Contractor: San Francisco Public Health Foundation Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Contract ID # 10000016941 Invoice Number A-1JUL24 Contract Purchase Order #:

Telephone: 415-504-6738 Fax: CHEP Funding Source: General Fund - Health Education Department ID-Authority ID: 251929 | 10000

Program Name: Community Health Engagement Project ID-Activity ID: 10026706 | 0001

ACE Control #: Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

Table with columns: DELIVERABLES, TOTAL CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Rows include Community Health Engagement - Program Administration, Community Home Injury Prevention - Program Administration, Violence Prevention - Program Administration, Vision Zero - Program Administration.

Summary table for Number of Clients for Appendix with columns for NOC and values 108 and 9.

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1e 07/01/2024 - 06/30/2025 PAGE B

Contractor: San Francisco Public Health Foundation Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102 Contract ID # 10000016941 Invoice Number A-1JUL24 Contract Purchase Order #:

Telephone: 415-504-6738 Fax: CHEP Funding Source: General Fund - Health Education Department ID-Authority ID: 251929 | 10000

Program Name: Community Health Engagement Project ID-Activity ID: 10026706 | 0001

ACE Control #: Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Includes a TOTAL SALARIES row.

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1f  
07/01/2025 - 06/30/2026  
PAGE A

Contractor: San Francisco Public Health Foundati  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Contract ID #  
1000016941

Invoice Number  
A-1JUL25

Contract Purchase Order No:

Telephone: 415-504-6738

Fax:

CHEP

Funding Source: General Fund - Health Education

Department ID-Authority ID: 251929 | 10000

Program Name: Community Health Engagement

Project ID-Activity ID: 10026706 | 0001

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

Table with columns: DELIVERABLES, TOTAL CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Rows include Community Health Engagement - Program Administration, Community Home Injury Prevention - Program Administration, Violence Prevention - Program Administration, Vision Zero - Program Administration.

Summary table for Number of Clients for Appendix with columns for NOC and totals.

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1f  
07/01/2025 - 06/30/2026  
PAGE B

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Contract ID #  
A-1JUL25

Contract Purchase Order No:

Telephone: 415-504-6738

Fax:

Fund Source: General Fund - Health Education

Department ID-Authority ID: 251929 | 10000

Program Name: Community Health Engagement

Project ID-Activity ID: 10026706 | 0001

ACE Control #: \_\_\_\_\_

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Includes a row for TOTAL SALARIES.

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2e  
07/01/2024 - 06/30/2025  
PAGE A

Contract ID # **1000016941** Invoice Number **A-1JUL24**  
 Contractor: **San Francisco Public Health Foundation**  
 Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**  
 Contract Purchase Order No: \_\_\_\_\_  
 Telephone: **415-504-6738** Funding Source: **General Fund - Health Education**  
 Fax: \_\_\_\_\_ Department ID-Authority ID: **251929 | 10000**  
**CHEP**  
 Program Name: **Community Health Engagement** Project ID-Activity ID: **10001677 | 0002**  
 ACE Control #: \_\_\_\_\_ Invoice Period: **07/1/24 - 07/31/24**  
 FINAL Invoice  (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Administration	520	N/A							520	
Number of Clients for Appendix										
	520								520	

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$23,690				\$23,690.00
Fringe Benefits	\$6,054				\$6,054.00
<b>Total Personnel Expenses</b>	<b>\$29,744</b>				<b>\$29,744.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$29,744</b>				<b>\$29,744.00</b>
Indirect Expenses	\$2,974				\$2,974.00
<b>TOTAL EXPENSES</b>	<b>\$32,718</b>				<b>\$32,718.00</b>
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

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

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2e  
07/01/2024 - 06/30/2025  
PAGE B

Contract ID # **1000016941** Invoice Number **A-1JUL24**  
 Contractor: **San Francisco Public Health Foundation**  
 Address: **1 Hallidie Plaza, Suite 808**  
**San Francisco, CA 94102**  
 Contract Purchase Order No: \_\_\_\_\_  
 Telephone: **415-504-6738** Fund Source: **General Fund - Health Education**  
 Fax: \_\_\_\_\_ Department ID-Authority ID: **251929 | 10000**  
**CHEP**  
 Program Name: **Community Health Engagement** Project ID-Activity ID: **10001677 | 0002**  
 ACE Control #: \_\_\_\_\_ Invoice Period: **07/1/24 - 07/31/24**  
 FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
End Hep C SF Project Coordinator	1.00000	\$23,690				\$23,690.00
<b>TOTAL SALARIES</b>						
	1.00000	\$23,690				\$23,690.00

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2f  
07/01/2025 - 06/30/2026  
PAGE A

Contractor: San Francisco Public Health Foundati **Contract ID #** 1000016941 **Invoice Number** A-2JUL25  
 Address: 1 Hallidie Plaza, Suite 808  
 San Francisco, CA 94102 **Contract Purchase Order No:** \_\_\_\_\_  
**Telephone:** 415-504-6738 **Funding Source:** General Fund - Health Education  
**Fax:** \_\_\_\_\_ **Department ID-Authority ID:** 251929 | 10000  
**Program Name:** Community Health Engagement **Project ID-Activity ID:** 10001677 | 0002  
**ACE Control #:** \_\_\_\_\_ **Invoice Period:** 07/1/25 - 07/31/25  
**FINAL Invoice**  (check if Yes)



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Administration	520	N/A							520	
Number of Clients for Appendix										
	520								520	

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$24,401				\$24,401.00
Fringe Benefits	\$6,235				\$6,235.00
<b>Total Personnel Expenses</b>	<b>\$30,636</b>				<b>\$30,636.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$30,636</b>				<b>\$30,636.00</b>
Indirect Expenses	\$3,064				\$3,064.00
<b>TOTAL EXPENSES</b>	<b>\$33,700</b>				<b>\$33,700.00</b>
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2f  
07/01/2025 - 06/30/2026  
PAGE B

Contractor: San Francisco Public Health Foundation **Contract ID #** 1000016941 **Invoice Number** A-2JUL25  
 Address: 1 Hallidie Plaza, Suite 808  
 San Francisco, CA 94102 **Contract Purchase Order No:** \_\_\_\_\_  
**Telephone:** 415-504-6738 **Funding Source:** General Fund - Health Education  
**Fax:** \_\_\_\_\_ **Department ID-Authority ID:** 251929 | 10000  
**Program Name:** Community Health Engagement **Project ID-Activity ID:** 10001677 | 0002  
**ACE Control #:** \_\_\_\_\_ **Invoice Period:** 07/1/25 - 07/31/25  
**FINAL Invoice**  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
End Hep C SF Project Coordinator	1.00000	\$24,401				\$24,401.00
<b>TOTAL SALARIES</b>						
	1.00000	\$24,401				\$24,401.00

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3e  
08/01/2024 - 05/31/2025  
PAGE A

Contract ID # 1000016941 Invoice Number A-3AUG24  
 Contractor: San Francisco Public Health Foundation  
 Address: 1 Hallidie Plaza, Suite 808  
 San Francisco, CA 94102  
 Contract Purchase Order No: \_\_\_\_\_  
 Telephone: 415-504-6738  
 Fax: \_\_\_\_\_  
 Funding Source: Grant - CDC  
 CFDA#93.940  
 Department ID-Authority ID: 251929 | 10001  
 Program Name: Community Health Engagement (HepC Program Coordinator)  
 Project ID-Activity ID: TBD | 0001  
 ACE Control #: \_\_\_\_\_  
 Invoice Period: 08/1/24 - 08/31/24  
 FINAL Invoice  (check if Yes)



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
Community Health Engagement - Program Administration	520	N/A							520	
Number of Clients for Appendix										
	520								520	

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
Capital Expenditures					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-3e  
08/01/2024 - 05/31/2025  
PAGE B

Contract ID # 1000016941 Invoice Number A-3AUG24  
 Contractor: San Francisco Public Health Foundation  
 Address: 1 Hallidie Plaza, Suite 808  
 San Francisco, CA 94102  
 Contract Purchase Order No: \_\_\_\_\_  
 Telephone: 415-504-6738  
 Fax: \_\_\_\_\_  
 Fund Source: Grant - CDC  
 CFDA#93.940  
 Department ID-Authority ID: 251929 | 10001  
 Program Name: Community Health Engagement (HepC Program Coordinator)  
 Project ID-Activity ID: TBD | 0001  
 ACE Control #: \_\_\_\_\_  
 Invoice Period: 08/1/24 - 08/31/24  
 FINAL Invoice  (check if Yes)

**DETAIL PERSONNEL EXPENDITURES**

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
End Hep C SF Project Coordinator	0.833333	\$18,227				\$18,227.00
<b>TOTAL SALARIES</b>						
	0.833333	\$18,227				\$18,227.00

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3f  
06/01/2025 - 05/31/2026  
PAGE A

Contract ID # 1000016941 Invoice Number A-3JUN25  
 Contractor: San Francisco Public Health Foundation  
 Address: 1 Hallidie Plaza, Suite 808  
 San Francisco, CA 94102  
 Contract Purchase Order No: \_\_\_\_\_  
 Telephone: 415-504-6738  
 Fax: \_\_\_\_\_  
 Funding Source: Grant - CDC  
 CFDA#93.940  
 Department ID-Authority ID: 251929 | 10001  
 Program Name: Community Health Engagement (HepC Program Coordinator)  
 Project ID-Activity ID: TBD | 0001  
 ACE Control #: \_\_\_\_\_  
 Invoice Period: 06/1/25 - 06/30/25  
 FINAL Invoice  (check if Yes)



DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES															
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC														
Community Health Engagement - Program Administration	520	N/A							520															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2"></th> <th>NOC</th> <th>NOC</th> <th>NOC</th> <th>NOC</th> <th>NOC</th> </tr> </thead> <tbody> <tr> <td colspan="2">Number of Clients for Appendix</td> <td>520</td> <td></td> <td></td> <td></td> <td>520</td> </tr> </tbody> </table>													NOC	NOC	NOC	NOC	NOC	Number of Clients for Appendix		520				520
		NOC	NOC	NOC	NOC	NOC																		
Number of Clients for Appendix		520				520																		

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$18,227				\$18,227.00
Fringe Benefits	\$4,500				\$4,500.00
<b>Total Personnel Expenses</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
<b>Operating Expenses:</b>					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>					
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$22,727</b>				<b>\$22,727.00</b>
Indirect Expenses	\$2,273				\$2,273.00
<b>TOTAL EXPENSES</b>	<b>\$25,000</b>				<b>\$25,000.00</b>
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</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 budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3f  
06/01/2025 - 05/31/2026  
PAGE B

Contract ID # 1000016941 Invoice Number A-3JUN25  
 Contractor: San Francisco Public Health Foundation  
 Address: 1 Hallidie Plaza, Suite 808  
 San Francisco, CA 94102  
 Contract Purchase Order No: \_\_\_\_\_  
 Telephone: 415-504-6738  
 Fax: \_\_\_\_\_  
 Fund Source: Grant - CDC  
 CFDA#93.940  
 Department ID-Authority ID: 251929 | 10001  
 Program Name: Community Health Engagement (HepC Program Coordinator)  
 Project ID-Activity ID: TBD | 0001  
 ACE Control #: \_\_\_\_\_  
 Invoice Period: 06/1/25 - 06/30/25  
 FINAL Invoice  (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
End Hep C SF Project Coordinator	1.00000	\$18,227				\$18,227.00
<b>TOTAL SALARIES</b>						
	1.00000	\$18,227				\$18,227.00

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_



DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-5d  
05/01/2024-04/30/2025  
PAGE A

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Telephone: 415-504-6738  
Fax:



Funding Source: CDC grant  
CFDA#93.270 PD158

Contract ID #: 1000016941  
Invoice Number: A-5MAY24  
Contract Purchase Order #:   
Department ID-Authority ID: TBD  
Project ID-Activity ID: TBD

Program Name: End Hep C SF elimination Community Engagement planning(PS21-2103 CDC Hep C Grant - Comp 2 Prevention)

ACE Control #:   
Invoice Period: 05/1/24 - 05/31/24  
FINAL Invoice: (check if Yes)

Table with columns: DELIVERABLES, CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Row 1: Program Administration, 520, N/A, [blank], [blank], [blank], [blank], [blank], [blank], 520, N/A.

Table with columns: NOC, NOC, NOC, NOC, NOC. Row 1: Number of Clients for Appendix, N/A, [blank], [blank], [blank], [blank].

EXPENDITURES table with columns: BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Total Salaries (\$83,636), Fringe Benefits (\$20,909), Total Personnel Expenses (\$104,545), Operating Expenses, Materials and Supplies, General Operating, Staff Travel, Consultant/Subcontractor, Other, Total Operating Expenses, Capital Expenditures, TOTAL DIRECT EXPENSES (\$104,545), Indirect Expenses (\$10,455), TOTAL EXPENSES (\$115,000), LESS: Initial Payment Recovery, Other Adjustments, REIMBURSEMENT.

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-5d  
05/01/2024-04/30/2025  
PAGE B

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Telephone: 415-504-6738  
Fax:

Fund Source: CDC grant CFDA#93.270  
PD158

Contract ID #: 1000016941  
Invoice Number: A-5MAY24  
Contract Purchase Order #:   
Department ID-Authority ID: TBD  
Project ID-Activity ID: TBD

Program Name: End Hep C SF elimination Community Engagement planning(PS21-2103 CDC Hep C Grant - Comp 2 Prevention)

ACE Control #:   
Invoice Period: 05/1/24 - 05/31/24  
FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Row 1: End Hep C SF Strategic Director, 0.50000, \$83,636, [blank], [blank], [blank], \$83,636.00. Row 2: TOTAL SALARIES, 0.50000, \$83,636, [blank], [blank], [blank], \$83,636.00.

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-5e  
05/01/2025-04/30/2026  
PAGE A

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Telephone: 415-504-6738  
Fax:



Contract ID #: 10000016941  
Invoice Number: A-5MAY25  
Contract Purchase Order No:

Funding Source: CDC grant  
CFDA#93.270 PD158

Department ID-Authority ID: TBD

Program Name: End Hep C SF elimination Community Engagement planning(PS21-2103 CDC Hep C Grant - Comp 2 Prevention)

Project ID-Activity ID: TBD

ACE Control #: [ ]

Invoice Period: 05/1/25 - 05/31/25

FINAL Invoice [ ] (check if Yes)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-5e  
05/01/2025-04/30/2026  
PAGE B

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Telephone: 415-504-6738  
Fax:

Fund Source: CDC grant CFDA#93.270  
PD158

Department ID-Authority ID: TBD

Program Name: End Hep C SF elimination Community Engagement planning(PS21-2103 CDC Hep C Grant - Comp 2)

Project ID-Activity ID: TBD

ACE Control #: [ ]

Invoice Period: 05/1/25 - 05/31/25

FINAL Invoice [ ] (check if Yes)

Table with columns: DELIVERABLES, CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Row 1: Program Administration, 520, N/A, [ ], [ ], [ ], [ ], [ ], [ ], 520, N/A.

Table with columns: NOC, NOC, NOC, NOC, NOC. Row 1: Number of Clients for Appendix, N/A, [ ], [ ], [ ], [ ], N/A.

EXPENDITURES table with columns: BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Total Salaries (\$83,636), Fringe Benefits (\$20,909), Total Personnel Expenses (\$104,545), Operating Expenses, Capital Expenditures, TOTAL DIRECT EXPENSES (\$104,545), Indirect Expenses (\$10,455), TOTAL EXPENSES (\$115,000), LESS: Initial Payment Recovery, Other Adjustments, REIMBURSEMENT.

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

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

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Row 1: End Hep C SF Strategic Director, 0.50000, \$83,636, [ ], [ ], [ ], \$83,636.00. Row 2: TOTAL SALARIES, 0.50000, \$83,636, [ ], [ ], [ ], \$83,636.00.

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

Certified By: \_\_\_\_\_  
Title: \_\_\_\_\_

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



DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-8d  
07/01/2025 - 06/30/2026  
PAGE A

Contractor: San Francisco Public Health Founda  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Telephone: 415-504-6738  
Fax:



Program Name: End Hep C SF Community Navigatorprogram

ACE Control #: \_\_\_\_\_

Contract ID #  
1000016941

Invoice Number  
A-8JUL25

Contract Purchase Order No: \_\_\_\_\_

Funding Source: GF

Department ID-Authority ID: 251929-

Project ID-Activity ID: 10001677-002

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-8d  
07/01/2025 - 06/30/2026  
PAGE B

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Telephone: 415-504-6738  
Fax:

Program Name: End Hep C SF Community Navigatorprogram

ACE Control #: \_\_\_\_\_

Invoice Number  
A-8JUL25

Contract Purchase Order No: \_\_\_\_\_

Fund Source: GF

Department ID-Authority ID: 251929-

Project ID-Activity ID: 10001677-002

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

Table with columns: DELIVERABLES, TOTAL CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Row 1: Program Administration (12, 2, 0, 0, 0, 0, 0, 0, 12, 2)

Table with columns: Number of Clients for Appendix, NOC, NOC, NOC, NOC, NOC. Row 1: (12, 2, 0, 0, 0, 2)

Table with columns: EXPENDITURES, BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Total Salaries, Fringe Benefits, Total Personnel Expenses, Operating Expenses (Occupancy, Materials and Supplies, General Operating, Staff Travel), Consultant/Subcontractor (\$100,304), Other, Total Operating Expenses (\$100,304), Capital Expenditures, TOTAL DIRECT EXPENSES (\$100,304), Indirect Expenses (\$10,030), TOTAL EXPENSES (\$110,334), LESS: Initial Payment Recovery, Other Adjustments, REIMBURSEMENT.

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

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

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

DETAIL PERSONNEL EXPENDITURES

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

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13c  
07/01/2024 - 06/30/2025  
PAGE A

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Contract ID #  
1000016941

Invoice Number  
A-13JUL24

Telephone: 415-504-6738  
Fax:



Contract Purchase Order No:

Funding Source: GF - HIV Prevention

Department ID-Authority ID: 251929-10000

Project ID-Activity ID: 10001677-0002

Program Name: Community Health Engagement - Street Intercept Survey (Springboard)

ACE Control #:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

Table with columns: DELIVERABLES, TOTAL CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Row 1: Program Administration, 12, N/A, 0, 0, 0, 0, 0, 0, 12, 0.

Table with columns: Number of Clients for Appendix, NOC, NOC, NOC, NOC, NOC. Row 1: 12, 0, 0, 0, 0, 0.

EXPENDITURES table with columns: BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Total Salaries, Fringe Benefits, Total Personnel Expenses, Operating Expenses (Occupancy, Materials and Supplies, General Operating, Staff Travel), Consultant/Subcontractor (\$93,636), Other, Total Operating Expenses (\$93,636), Capital Expenditures, TOTAL DIRECT EXPENSES (\$93,636), Indirect Expenses (\$9,364), TOTAL EXPENSES (\$103,000), LESS: Initial Payment Recovery, Other Adjustments, REIMBURSEMENT.

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

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

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13c  
07/01/2024 - 06/30/2025  
PAGE B

Contractor: San Francisco Public Health Foundation  
Address: 1 Hallidie Plaza, Suite 808  
San Francisco, CA 94102

Invoice Number  
A-13JUL24

Telephone: 415-504-6738  
Fax:

Contract Purchase Order No:

Fund Source: GF - HIV Prevention

Department ID-Authority ID: 251929-10000

Program Name: Community Health Engagement - Street Intercept Survey (Springboard)

Project ID-Activity ID: 10001677-0002

ACE Control #:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Includes a row for TOTAL SALARIES.

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

Certified By: \_\_\_\_\_

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13d 07/01/2025 - 06/30/2026 PAGE A

Contractor: San Francisco Public Health Foundation
Contract ID #: 1000016941
Invoice Number: A-13JUL25
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102
Telephone: 415-504-6738
Funding Source: GF - HIV Prevention
Department ID-Authority ID: 251929-10000
Project ID-Activity ID: 10001677-0002
Invoice Period: 07/1/25 - 07/31/25
FINAL Invoice (check if Yes)



Table with columns: DELIVERABLES, TOTAL CONTRACTED UOS, NOC, DELIVERED THIS PERIOD UOS, NOC, DELIVERED TO DATE UOS, NOC, % OF TOTAL UOS, NOC, REMAINING DELIVERABLES UOS, NOC. Includes row for Program Administration and Number of Clients for Appendix.

EXPENDITURES table with columns: BUDGET, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include Total Salaries, Fringe Benefits, Total Personnel Expenses, Operating Expenses (Occupancy, Materials and Supplies, General Operating, Staff Travel), Consultant/Subcontractor, and Other.

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-13d 07/01/2025 - 06/30/2026 PAGE B

Contractor: San Francisco Public Health Foundation
Contract ID #: 1000016941
Invoice Number: A-13JUL25
Address: 1 Hallidie Plaza, Suite 808 San Francisco, CA 94102
Telephone: 415-504-6738
Funding Source: GF - HIV Prevention
Department ID-Authority ID: 251929-10000
Project ID-Activity ID: 10001677-0002
Invoice Period: 07/1/25 - 07/31/25
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Includes a row for TOTAL SALARIES.

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

Certified By: \_\_\_\_\_ Date: \_\_\_\_\_ Title: \_\_\_\_\_