

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

**First Amendment**

THIS **FIRST** AMENDMENT (“Amendment”) is made as of **January 1, 2025**, in San Francisco, California, by and between **Instituto Familiar de la Raza, Inc.** (“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 update standard contractual clauses and modify the Agreement as follows:

- a. Include Attachment 1 – “Standard of Care Service Description for Integrated HIV, HCV, and STD Testing.”
- b. Replace Appendix B with the attached Appendix B dated 01/01/2025.
- c. Replace Appendix B-1b with the attached Appendix B-1b, dated 01/01/2025, to update funding levels, capturing additional funding amounts for FY 24-25.
- d. Add Appendix B-1b.1, dated 01/01/2025, to capture funding amounts for FY 24-25.
- e. Replace Appendix B-1c with the attached Appendix B-1c, dated 01/01/2025, to update funding levels, capturing additional funding amounts for FY 25-26.
- f. Replace Appendix E, “Business Associate Agreement”, with updated OCPA & CAT v1/10/2024, Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024; and
- g. Replace Appendix K, “Data Access and Sharing Terms”, with the “Third party Computer System Access Agreement (SAA)” dated 11/20/2023.

WHEREAS, Contractor was competitively selected pursuant to a Request for Proposals entitled “An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities,” issued on September 12, 2019, through Sourcing Event ID RFP No. 4-2019 and this Amendment is consistent with the terms of the RFP and the awarded Contract; and

WHEREAS this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code 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 June 29, 2016, from the Civil Service Commission under PSC number 2006- 07/08, which authorizes the award of multiple agreements, the total value of which cannot exceed \$210,000,000 for the period commencing on July 1, 2008, and is continuous; 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, 2023, between Contractor and City.

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 **Attachment 1.** Attachment 1 is hereby added to this Amendment and fully incorporated within the Agreement.

2.2 **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.

2.3 **Appendix B-1b.** Appendix B-1b is hereby replaced in its entirety by Appendix B-1b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-1b in any place, the true meaning shall be Appendix B-1b, which is a correct and updated version.

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

2.5 **Appendix B-1c.** Appendix B-1c is hereby replaced in its entirety by Appendix B-1c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-1c in any place, the true meaning shall be Appendix B-1c, which is a correct and updated version.

2.6 **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.

2.7 **Appendix F-1b.** Appendix F-1b is hereby replaced in its entirety by Appendix F-1b, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-1b in any place, the true meaning shall be Appendix F-1b, which is a correct and updated version.

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

2.9 **Appendix F-1c.** Appendix F-1c is hereby replaced in its entirety by Appendix F-1c, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-1c in any place, the true meaning shall be Appendix F-1c, which is a correct and updated version.

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

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

The Agreement is hereby modified as follows:

3.1 **Section 4.2 Qualified Personnel.** *Section 4.2 of the Agreement is replaced in its entirety to read as follows:*

**4.2 Qualified Personnel.** Contractor represents and warrants that it is qualified to perform the Services required by City, and that all Services will be performed by competent personnel with the degree of skill and care required by current and sound professional procedures and practices. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit sufficient resources for timely completion within the project schedule.

3.2 **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.

3.3 **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.

3.4 **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.



**Attachment 1:** Per RFP 4-2019, Exhibit 1 – Standard of Care Service Description for Integrated HIV, HCV, and STD Testing

**Required and Preferred Service Elements:**

| Required Elements   | Preferred Elements  |
|---|---|
| <ul style="list-style-type: none"> <li>• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust.</li> <li>• Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP’s HIV, HCV, and STD Skills Training.</li> <li>• Perform outreach to recruit people for testing – street based, flyers, venue based, and mobile.</li> <li>• Incorporate health education and counseling in integrated testing activities. (See Health Education and Counseling)</li> <li>• Provide confidential testing for all clients.</li> <li>• Obtain written consent from clients for all tests performed.</li> <li>• Provide clients with rapid HIV &amp; HCV testing.</li> <li>• Allow for self-collected oral, rectal, vaginal swabs for gonorrhea &amp; chlamydia testing.</li> <li>• Provide clients with blood draw for syphilis testing.</li> <li>• Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access:                         <ul style="list-style-type: none"> <li>○ Primary care, including HIV care, HCV treatment, and/or PrEP.</li> <li>○ Provider for STD treatment</li> <li>○ Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.)</li> </ul> </li> <li>• Agencies providing STD testing ensure follow up on all clients testing positive to ensure they are adequately treated or referred for treatment.</li> <li>• Provide face-to-face disclosure of HIV, HCV, and Std-positive test results.</li> <li>• Inform clients testing positive for STDs to notify their sex partners to be tested/treated in an effort to avoid re-infection.</li> <li>• Provide DPH with name-based reporting for all tests.</li> <li>• Implement case reporting as required.</li> <li>• Use of DPH laboratory for all testing.</li> <li>• Use of courier service for delivery of specimens to DPH lab.</li> </ul> | <ul style="list-style-type: none"> <li>• Implementation of a “Drop ‘n’ go” or express testing model.</li> <li>• Provide testing at shelters, housing sites, etc.</li> <li>• Testing during late night and weekend hours (8pm-5am = Late, 6am-9am = Early Morning).</li> <li>• Implement a Testing reminder system.</li> <li>• Provide clients with vaccinations for Hep A &amp; Hep B and testing for TB, pregnancy tests, or hormone levels check.</li> <li>• Allow for online results.</li> </ul> |

| Required Elements  | Preferred Elements |
|--|--------------------|
| <ul style="list-style-type: none"> <li>• Ability to provide health education and counseling upon request or clients’ needs. (see health education and counseling section)</li> <li>• Provide mobile testing.</li> <li>• Maintain a rate of 10% unduplicated testing clients.</li> <li>• Allow for geographical diversity with at least 10% of tests conducted done 3 miles from headquarters.</li> <li>• Offer mental health referrals.</li> <li>• Follow DPH Harm Reduction Policy.</li> <li>• Follow DPH HIV, HCV, STD testing Policies and Operations Manual requirements.</li> </ul> |                    |

**Note: All programs must be able report on all required elements and any chosen preferred elements, to DPH upon request.**

**Additional Information**

- Collectively, programs funded in this building block will be expected to provide 50,000 testing experiences for the entire city. An experience is defined as getting at least one of five tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing). For example, a client can receive one test, all five, or anything in between and it’s considered an experience.

**Data Requirements**

1. **Program Performance Measures.** The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
  - **HIV Testing**
    - # of HIV tests to date
    - # of reactive HIV tests to date
  - **HCV Testing**
    - # of HCV tests to date
    - # of reactive HCV antibodies tests
    - # of reactive HCV RNA tests
  - **STD Tests/Screenings**
    - # of syphilis tests
    - # of reactive syphilis tests
    - # of gonorrhea tests
    - # of reactive gonorrhea tests
    - # of chlamydia tests
    - # of reactive chlamydia tests

- 2. Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
- None

### **Opt Out Criteria**

Applicants **must** provide integrated HIV/HCV/STD testing as part of their proposed program, even if the testing is funded all or in part by another source, with the following exceptions:

- There is no opportunity to opt out of the required elements of this building block.

**\*Client-facing staff refers to all those people in an agency or program that may have the opportunity of interacting with a client and can include security guards, front desk staff, volunteers, custodians, and staff providing direct services, coordinators, and directors.**

### **Additional Considerations:**

- CHEP will provide (The awarded contractor will distribute test kits, condoms, lube, and female condoms on behalf of CHEP to members of the public – these items are being provided to the contractor so that they can perform their obligation under this contract. The contractor is required to keep track of the items being distributed in accordance to the specific protocols and procedures set forth in the contract.):
  - HIV/HCV/STD Skills Certification Training
  - Harm Reduction Training
  - Overdose Prevention Training (via its contract with Harm Reduction Coalition’s DOPE Project)
  - Training on STD specimen collection
  - Test kits
  - Condoms, lube, and female condoms
  - Training on Clear Impact Results Scorecard
  - Racial Humility resources
  - Trauma informed systems (TIS) training
  - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
  - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
  - Phlebotomy Training and Certification
  - Condoms and safer sex supplies (if not going through the condom distribution program)
  - Syringe access and disposal supplies (including syringes)

**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.

Appendix B-1, B-1.1, B-1a, B-1a.1, **B-1b, B-1b.1, B-1c** Latinx Health Access Point (LHAP)

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$114,250** 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:

|                               | Term                     | Funding Source      | Amount             |                    |
|-------------------------------|--------------------------|---------------------|--------------------|--------------------|
| Original Agreement            | 01/01/23-06/30/23        | General Fund        | \$1,000,000        | Appx B-1           |
| Original Agreement            | 01/01/23-07/31/23        | Federal CDC         | \$5,000            | Appx B-1.1         |
| Original Agreement            | 07/01/23-06/30/24        | General Fund        | \$2,000,000        | Appx B-1a          |
| Original Agreement            | 07/01/24-06/30/25        | General Fund        | \$2,000,000        | Appx B-1b          |
| Original Agreement            | 07/01/25-06/30/26        | General Fund        | \$2,000,000        | Appx B-1c          |
| Original Agreement            | 07/01/26-06/30/27        | TBD                 | \$0                |                    |
| Revision to Program Budget #1 | 01/01/23-06/30/23        | General Fund        | (\$85,171)         | Appx B-1           |
| Revision to Program Budget #1 | 07/01/23-06/30/24        | General Fund        | \$180,171          | Appx B-1a          |
| Revision to Program Budget #1 | 07/01/24-06/30/25        | General Fund        | \$95,000           | Appx B-1b          |
| Revision to Program Budget #1 | 07/01/25-06/30/26        | General Fund        | \$95,000           | Appx B-1c          |
| Revision to Program Budget #2 | 07/01/23-06/30/24        | General Fund        | \$0                | Appx B-1a          |
| Revision to Program Budget #2 | 08/01/23-07/31/24        | General Fund        | \$150,000          | Appx B-1a.1        |
| <b>Amendment #1</b>           | <b>07/01/24-06/30/25</b> | <b>General Fund</b> | <b>\$139,675</b>   | <b>Appx B-1b</b>   |
| <b>Amendment #1</b>           | <b>07/01/24-06/30/25</b> | <b>General Fund</b> | <b>\$12,000</b>    | <b>Appx B-1b.1</b> |
| <b>Amendment #1</b>           | <b>07/01/25-06/30/26</b> | <b>General Fund</b> | <b>\$139,675</b>   | <b>Appx B-1c</b>   |
|                               |                          | Total Contract      | <b>\$7,731,350</b> |                    |
|                               |                          | Contingency         | <b>\$114,250</b>   |                    |
|                               |                          | NTE Total           | <b>\$7,845,600</b> |                    |

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.

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

|   |                   |                   |                     |                   |                     |                   |                     |                                  |
|---|-------------------|-------------------|---------------------|-------------------|---------------------|-------------------|---------------------|----------------------------------|
| CID: 1000024733   |                   |                   |                     |                   |                     |                   |                     | Appendix B                       |
| DPH Section: Community Health Equity and Promotion (CHEP)   |                   |                   |                     |                   |                     |                   |                     | Contract Term: 01/01/23-06/30/27 |
| Check one: <input type="checkbox"/> Original Agreement <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Revision to Program Budgets |                   |                   |                     |                   |                     |                   |                     |                                  |
| Funding Notification #5: 09/20/2024   |                   |                   |                     |                   |                     |                   |                     |                                  |
| Agency Name: Instituto Familiar de La Raza  |                   |                   |                     |                   |                     |                   |                     |                                  |
| Program/Provider Name:  | LHAP              | LHAP              | LHAP                | LHAP              | LHAP                | LHAP              | LHAP                | TOTALS                           |
| Appendix Number:  | A-1 / B-1         | A-1 / B-1.1       | A-1 / B-1a          | A-1 / B-1a.1      | A-1/ B-1b           | A-1/ B-1b.1       | A-1 / B-1c          |                                  |
| Appendix Term:  | 01/01/23-06/30/23 | 01/01/23-07/31/23 | 07/01/23-06/30/24   | 8/1/23-7/31/24    | 07/01/24-06/30/25   | 07/01/24-06/30/25 | 07/01/25-06/30/26   |                                  |
| <b>EXPENSES</b>   |                   |                   |                     |                   |                     |                   |                     |                                  |
| Salaries  | \$ 262,140        | \$ -              | \$ 560,101          | \$ 32,014         | \$ 617,399          | \$ 1,241          | \$ 617,399          | \$ 2,090,294                     |
| Employee Benefits   | \$ 78,640         | \$ -              | \$ 166,498          | \$ 9,602          | \$ 214,511          | \$ 359            | \$ 214,511          | \$ 684,121                       |
| <b>Total Personnel Expenses</b>   | <b>\$ 340,780</b> |                   | <b>\$ 726,599</b>   | <b>\$ 41,616</b>  | <b>\$ 831,910</b>   | <b>\$ 1,600</b>   | <b>\$ 831,910</b>   | <b>\$ 2,774,415</b>              |
| Employee Fringe Benefit Rate  | 30.00%            | 0.00%             | 29.73%              | 29.99%            | 34.74%              | 28.93%            | 34.74%              | 32.73%                           |
| Operating Expense   | \$ 576,163        | \$ 5,000          | \$ 1,265,361        | \$ 92,313         | \$ 1,204,075        | \$ 9,760          | \$ 1,204,075        | \$ 4,356,746                     |
| <b>Subtotal Direct Costs</b>  | <b>\$ 916,943</b> | <b>\$ 5,000</b>   | <b>\$ 1,991,960</b> | <b>\$ 133,929</b> | <b>\$ 2,035,985</b> | <b>\$ 11,360</b>  | <b>\$ 2,035,985</b> | <b>\$ 7,131,161</b>              |
| Indirect Cost Amount  | \$ 83,057         |                   | \$ 188,211          | \$ 16,071         | \$ 198,690          | \$ 640            | \$ 198,690          | \$ 685,359                       |
| Indirect Cost Rate (%)  | 9.06%             | 0.00%             | 9.45%               | 12.00%            | 9.76%               | 5.63%             | 9.76%               | 9.61%                            |
| Unspent Funds   | (\$85,171)        |                   |                     |                   |                     |                   |                     | \$ (85,171)                      |
| <b>Total Expenses</b>   | <b>\$ 914,829</b> | <b>\$ 5,000</b>   | <b>\$ 2,180,171</b> | <b>\$ 150,000</b> | <b>\$ 2,234,675</b> | <b>\$ 12,000</b>  | <b>\$ 2,234,675</b> | <b>\$ 7,731,350</b>              |
| <b>REVENUES &amp; FUNDING SOURCES</b>   |                   |                   |                     |                   |                     |                   |                     |                                  |
| <b>DPH Funding Sources</b>  |                   |                   |                     |                   |                     |                   |                     |                                  |
| CHEP General Fund   | \$ 1,000,000      |                   | \$ 2,180,171        |                   | \$ 2,234,675        |                   | \$ 2,234,675        | \$ 7,649,521                     |
| PS20-2010 CDC: CFDA 93.940  |                   | \$ 5,000          |                     | \$ 150,000        |                     |                   |                     | \$ 155,000                       |
| Add New Funds   |                   |                   |                     |                   |                     | 12,000            |                     | \$ 12,000                        |
| Unspent Funds   | (\$85,171)        |                   |                     |                   |                     |                   |                     | \$ (85,171)                      |
| <b>Total DPH Revenues</b>   | <b>\$ 914,829</b> | <b>\$ 5,000</b>   | <b>\$ 2,180,171</b> | <b>\$ 150,000</b> | <b>\$ 2,234,675</b> | <b>\$ 12,000</b>  | <b>\$ 2,234,675</b> | <b>\$ 7,731,350</b>              |
| <b>Non-DPH Funding Sources</b>  |                   |                   |                     |                   |                     |                   |                     |                                  |
| This row left blank for funding sources not in drop-down list   |                   |                   |                     |                   |                     |                   |                     |                                  |
| <b>Total Non-DPH Revenues</b>   | <b>\$ -</b>       | <b>\$ -</b>       | <b>\$ -</b>         | <b>\$ -</b>       | <b>\$ -</b>         | <b>\$ -</b>       | <b>\$ -</b>         | <b>\$ -</b>                      |
| <b>Total Revenues (DPH and Non-DPH)</b>   | <b>\$ 914,829</b> | <b>\$ 5,000</b>   | <b>\$ 2,180,171</b> | <b>\$ 150,000</b> | <b>\$ 2,234,675</b> | <b>\$ 12,000</b>  | <b>\$ 2,234,675</b> | <b>\$ 7,731,350</b>              |
| <b>Cost Reimbursement (CR)</b>  | (CR)              | (CR)              | (CR)                | (CR)              | (CR)                | (CR)              | (CR)                | CR                               |
| Prepared By: Benny Ng 415-229-0546  |                   |                   |                     |                   |                     |                   |                     |                                  |

MODALITIES and INTERVENTIONS Units of Service (UOS) and Unduplicated Clients (UDC): reference APP B for UOS and UDC Breakdown.

| Term: 01/01/2023-07/31/2023 (B-1, B-1.1)  |   |           |            |  |
|---|---|-----------|------------|--|
| B-1, B1.1: Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Start-up Planning Activities |   |           |            |  |
| Start Up  |   |           |            |  |
| Period / Funds / App  | Mode of Service/Intervention Description                  | UOS       | UDC        |  |
| <b>IFR</b>  |   |           |            |  |
| Appendix B-1<br>01/01/23-03/31/23<br>Term: 1/1/2023 -6/30/2023<br>General Fund / App A-1  | 1 UOS = 1 month<br>Set up and needs assessment x 3 months | 3         | n/a        |  |
| <b>MNHC</b>   |   |           |            |  |
| Appendix B-1<br>01/01/23-03/31/23   | 1 UOS = 1 month<br>Set up and needs assessment x 3 months | 3         | n/a        |  |
| <b>SFAF</b>   |   |           |            |  |
| Appendix B-1<br>01/01/23-03/31/23   | 1 UOS = 1 month<br>Set up and needs assessment x 3 months | 3         | n/a        |  |
| <b>EI/La Para Translatinas</b>  |   |           |            |  |
| Appendix B-1<br>01/01/23-03/31/23   | 1 UOS = 1 month<br>Set up and needs assessment x 3 months | 3         | n/a        |  |
| <b>Total UOS and UDC</b>  |   | <b>12</b> | <b>n/a</b> |  |

| Integrated HIV, HCV, and STD Testing |   |            |            |            |  |
|--------------------------------------|---|------------|------------|------------|--|
| Period / Funds / App                 | Mode of Service/Intervention Description  | UOS        | UDC        | NOC        |  |
| <b>IFR</b>                           |   |            |            |            |  |
| Appendix B-1<br>01/01/23-06/30/23    | <b>Testing:</b><br>1 UOS = 1 Test<br>16 HIV tests/month x 3 months = 48 + 2 = 50 UOS                                | 50         | 22         | 50         |  |
| <b>MNHC</b>                          |   |            |            |            |  |
| Appendix B-1<br>01/01/23-06/30/23    | <b>Testing:</b><br>1 UOS = 1 Test<br>133 HIV Tests<br>34 Syphilis Tests<br>34 Gonorrhea Tests<br>34 Chlamydia Tests | 234        | 118        | 234        |  |
| <b>EI/La Para Translatinas</b>       |   |            |            |            |  |
| Appendix B-1<br>01/01/23-06/30/23    | <b>Testing:</b><br>1 UOS = 1 Test<br>5 HIV tests/month x 3 months = 15 UOS  | 15         | 5          | 15         |  |
| <b>Total UOS and UDC</b>             |   | <b>299</b> | <b>145</b> | <b>299</b> |  |

| Linkage and Navigation: Recruitment & Linkage, Individual Risk Reduction Counseling, Prevention Case Management |   |     |     |     |  |
|---|---|-----|-----|-----|--|
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS | UDC | NOC |  |
| Appendix B-1<br>01/01/23-06/30/23   | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>52 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 154 UOS approx.<br>52 clients x 12 weeks = 624 NOC approx. | 153 | n/a | 624 |  |
|   | <b>Individual Risk Reduction Counseling</b> (1 UOS =1 hr)<br>131 clients x 2 hr session = 262 UOS<br>131 clients x 2 sessions = 262 NOC   | 262 | 131 | 262 |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>40 clients x 4 sessions x 1 hr = 161 UOS approx.<br>40 clients x 4 sessions = 161 approx. NOC                                | 161 | 40  | 161 |  |

| <b>MNHC</b>   |   |               |            |              |  |
|---|---|---------------|------------|--------------|--|
| <b>Period / Funds / App</b>                             | <b>Mode of Service/Intervention Description</b>   | <b>UOS</b>    | <b>UDC</b> | <b>NOC</b>   |  |
| Appendix B-1<br>01/01/23-06/30/23                       | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>9 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 27 UOS<br>9 participants x 12 weeks = 108 NOC           | 27            | n/a        | 108          |  |
|   | <b>Individual Risk Reduction Counseling</b> (1 UOS =1 hr)<br>30 participants x 1 hr session = 30 UOS<br>30 participants = 30 NOC  | 30            | 30         | 30           |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>22 clients x 2 sessions x 1 hr = 45 UOS approx.<br>22 clients x 2 sessions = 45 approx. NOC                              | 45            | 22         | 45           |  |
| <b>SFAF</b>   |   |               |            |              |  |
| <b>Period / Funds / App</b>                             | <b>Mode of Service/Intervention Description</b>   | <b>UOS</b>    | <b>UDC</b> | <b>NOC</b>   |  |
| Appendix B-1<br>01/01/23-06/30/23                       | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>51 clients weekly x 3 sessions x 1 hour per session = 154 UOS approx.<br>51 clients x 3 sessions = 154 NOC approx         | 154           | n/a        | 154          |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>9 clients x 3 sessions x 1 hr = 26 UOS approx.<br>9 clients x 3 sessions = 26 approx. NOC                                | 26            | 9          | 26           |  |
| <b>El/La para Translatinas</b>                          |   |               |            |              |  |
| <b>Period / Funds / App</b>                             | <b>Mode of Service/Intervention Description</b>   | <b>UOS</b>    | <b>UDC</b> | <b>NOC</b>   |  |
| Appendix B-1<br>01/01/23-06/30/23                       | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>12 clients weekly x 3 sessions x 1 hour per session = 36 UOS approx.<br>12 clients x 3 sessions = 36 NOC approx           | 36            | n/a        | 36           |  |
|   | <b>Individual Risk Reduction Counseling</b> (1 UOS =1 hr)<br>8 clients x 2 sessions x 1 hr x 3 months= 48 UOS approx.<br>8 clients x 2 sessions x 3 months = 48 approx. NOC | 48            | 8          | 48           |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>9 clients x 4 sessions x 1 hr = 36 UOS approx.<br>9 clients x 4 sessions = 36 approx. NOC                                | 36            | 9          | 36           |  |
| <b>Linkage &amp; Navigation UOS Totals:</b>             |   |               |            |              |  |
| TOTAL UOS and UDC: Recruitment & Linkage                |   | 370           | n/a        | 922          |  |
| TOTAL UOS and UDC: Individual Risk Reduction Counseling |   | 340           | 169        | 340          |  |
| TOTAL UOS and UDC: Prevention Case Management           |   | 268           | 80         | 268          |  |
| <b>Condom Distribution</b>                              |   |               |            |              |  |
| <b>Period / Funds / App</b>                             | <b>Mode of Service/Intervention Description</b>   | <b>UOS</b>    | <b>UDC</b> | <b>NOC</b>   |  |
| <b>IFR</b>  |   |               |            |              |  |
| Appendix B-1<br>01/01/23-06/30/23                       | 1 Condom = 1 UOS<br>2,836 units x 3 months = 8,510 UOS approx.  | 8,510         | n/a        | 1,875        |  |
| <b>MNHC</b>   |   |               |            |              |  |
| Appendix B-1<br>01/01/23-06/30/23                       | 1 Condom = 1 UOS<br>4,209 units x 3 months = 12,627 UOS   | 12,627        | n/a        | 3,231        |  |
| <b>SFAF</b>   |   |               |            |              |  |
| Appendix B-1<br>01/01/23-06/30/23                       | 1 Condom = 1 UOS<br>1,548 units x 3 months = 4,643 UOS approx.  | 4,643         | n/a        | 1,161        |  |
| <b>El/La para Translatinas</b>                          |   |               |            |              |  |
| Appendix B-1<br>01/01/23-06/30/23                       | 1 Condom = 1 UOS<br>250 units x 3 months = 749 UOS approx.  | 749           | n/a        | 100          |  |
| <b>Total UOS and UDC</b>                                |   | <b>26,529</b> | <b>n/a</b> | <b>6,367</b> |  |

| Community Engagement & Mobilization: Single Support Group, Events |   |              |            |              |
|---|---|--------------|------------|--------------|
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS          | UDC        | NOC          |
| <b>IFR</b>  |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>Single Support Groups</b> (1 UOS =1 hr)<br>3 groups x 3.25 hours x 12 weeks = 118 hrs approx.<br>3x12 groups x 8 participants = 288 = 288 NOC                        | 118          | 20         | 288          |
|   | <b>Events</b> (1 UOS =1 event)<br>3 events= 3 UOS<br>3 events of 45 clients = 125 NOC   | 3            | n/a        | 125          |
|   | <b>Social Media</b> (1 UOS = 1 Month of Social Media Promotion)   | 3            | n/a        | n/a          |
| <b>MNHC</b>   |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>Single Support Groups</b> (1 UOS =1 hr)<br>2 groups x 3 hours x 9.16 weeks = 55 hrs approx.<br>2 x 9.16 groups x 10 participants = 183 NOC                           | 55           | 10         | 183          |
|   | <b>Events</b> (1 UOS =1 event)<br>1 event= 1 UOS<br>1 event of 160 clients = 160 NOC  | 1            | n/a        | 160          |
| <b>SFAF</b>   |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>Events</b> (1 UOS =1 event)<br>6 events= 6 UOS<br>6 event of 29 clients = 175 NOC approx.  | 6            | n/a        | 175          |
| <b>El/La para Translatinas</b>                                    |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>Single Support Groups</b> (1 UOS =1 hr)<br>2 groups x 1 hour x 3 weeks = 6 hrs approx.<br>6 groups x 5 participants = 30 NOC   | 6            | 10         | 30           |
|   | <b>Events</b> (1 UOS =1 event)<br>1 event= 1 UOS<br>1 event of 36 clients = 36 NOC approx.  | 1            | n/a        | 36           |
| <b>Total UOS and UDC Single Support Groups</b>                    |   | <b>179</b>   | <b>40</b>  | <b>501</b>   |
| <b>Total UOS and UDC Events</b>                                   |   | <b>11</b>    | <b>n/a</b> | <b>496</b>   |
| <b>Total UOS and UDC Social Marketing</b>                         |   | <b>3</b>     | <b>n/a</b> | <b>n/a</b>   |
| <b>Basic Needs</b>  |   |              |            |              |
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS          | UDC        | NOC          |
| <b>IFR</b>  |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit =1 UOS<br>279 kits= 279 UOS<br>4 kits x 70 participants = 279 NOC approx.  | 279          | 75         | 279          |
| <b>MNHC</b>   |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit =1 UOS<br>399 kits= 399 UOS<br>4 kits x 100 participants = 399 NOC approx. | 399          | 100        | 399          |
| <b>SFAF</b>   |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit =1 UOS<br>285 kits= 285 UOS<br>15 kits x 19 participants = 285 NOC approx. | 285          | 19         | 285          |
| <b>El/La para Translatinas</b>                                    |   |              |            |              |
| Appendix B-1<br>01/01/23-06/30/23                                 | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit =1 UOS<br>38 kits= 38 UOS<br>2 kits x 19 participants = 38 NOC approx.     | 38           | 19         | 38           |
| <b>Total UOS and UDC</b>  |   | <b>1,001</b> | <b>213</b> | <b>1,001</b> |

Note: Total UDC is not the sum of UDC from each mode of service

| Start Up                            |  |  |  |            |            |
|-------------------------------------|--|--|--|------------|------------|
| Period / Funds / App                | Mode of Service/Intervention Description   |  |  | UOS        | UDC        |
| <b>IFR</b>                          |  |  |  |            |            |
| Appendix B-1.1<br>01/01/23-07/31/23 | 1 UOS = 1 Hygiene kit<br>302 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. |  |  | 302        | n/a        |
| Appendix B-1.1<br>01/01/23-07/31/23 | 1 UOS = 1 community Engagement Event<br>Events: 1 event, plus 2 pop up events = 3 events total         |  |  | 3          | n/a        |
| <b>Total UOS and UDC</b>            |  |  |  | <b>305</b> | <b>n/a</b> |

**Term: 07/01/2023-07/31/2024 (B-1a, B-1a.1)**  
**Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latin Health Access Point Services**

**B-1a: Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC) & San Francisco AIDS Foundation (SFAF)**

| Integrated HIV, HCV, and STD Testing  |  |  |  |             |            |             |
|---|--|--|--|-------------|------------|-------------|
| Period / Funds / App  | Mode of Service/Intervention Description   |  |  | UOS         | UDC        | NOC         |
| <b>IFR</b>  |  |  |  |             |            |             |
| Appendix B-1a<br>07/01/23-06/30/24  | <b>Testing:</b><br>1 UOS = 1 Test<br>16.6 HIV tests/month x 12 months = 200 UOS approx.  |  |  | 200         | 90         | 200         |
| <b>MNHC</b>   |  |  |  |             |            |             |
| Appendix B-1a<br>07/01/23-06/30/24  | <b>Testing:</b><br>1 UOS = 1 Test<br>588 HIV Tests<br>102 HCV Tests<br>102 Syphilis Tests<br>102 Gonorrhea Tests<br>102 Chlamydia Tests  |  |  | 996         | 500        | 996         |
| <b>Total UOS and UDC</b>  |  |  |  | <b>1196</b> | <b>590</b> | <b>1196</b> |
| Linkage and Navigation: Recruitment & Linkage, Individual Risk Reduction Counseling, Prevention Case Management |  |  |  |             |            |             |
| <b>IFR</b>  |  |  |  |             |            |             |
| Period / Funds / App  | Mode of Service/Intervention Description   |  |  | UOS         | UDC        | NOC         |
| Appendix B-1a<br>07/01/23-06/30/24  | <b>Recruitment &amp; Linkage (1 UOS = 1 hr)</b><br>54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx.<br>54 clients x 46 weeks = 2,484 NOC               |  |  | 624         | n/a        | 2,484       |
|   | <b>Individual Risk Reduction Counseling (1 UOS = 1 hr)</b><br>317 clients x 1 hr session x 3 sessions = 951 UOS<br>317 clients x 3 sessions = 951 NOC                                    |  |  | 951         | 317        | 951         |
|   | <b>Prevention Case Management (1 UOS = 1 hr)</b><br>202 clients x 4 sessions x 1 hr = 808 UOS<br>202 clients x 4 sessions = 808 NOC  |  |  | 808         | 202        | 808         |
| <b>MNHC</b>   |  |  |  |             |            |             |
| Period / Funds / App  | Mode of Service/Intervention Description   |  |  | UOS         | UDC        | NOC         |
| Appendix B-1a<br>07/01/23-06/30/24  | <b>Recruitment &amp; Linkage (1 UOS = 1 hr)</b><br>21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx.<br>21 participants x 48 weeks = 1,008 NOC          |  |  | 255         | n/a        | 1,008       |
|   | <b>Individual Risk Reduction Counseling</b><br>114 participants x 1 hr. per session x 1.9 sessions = 217 UOS approx.<br>114 participants x 1.9 sessions = 217 NOC approx.                |  |  | 217         | 114        | 217         |
|   | <b>Prevention Case Management (1 UOS = 1 hr)</b><br>60 clients x 3 sessions x 1 hr = 180 UOS approx.<br>60 clients x 3 sessions = 180 NOC  |  |  | 180         | 60         | 180         |
| <b>SFAF</b>   |  |  |  |             |            |             |
| Period / Funds / App  | Mode of Service/Intervention Description   |  |  | UOS         | UDC        | NOC         |
| Appendix B-1a<br>07/01/23-06/30/24  | <b>Recruitment &amp; Linkage (1 UOS = 1 hr)</b><br>30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx.<br>30 clients x 2 sessions x 41 weeks = 2,460 NOC |  |  | 616         | n/a        | 2,460       |
|   | <b>Prevention Case Management (1 UOS = 1 hr)</b><br>35 clients x 3 sessions x 1 hr = 105 UOS<br>35 clients x 3 sessions = 105 NOC  |  |  | 105         | 35         | 105         |

|  |  |               |            |
|--|--|---------------|------------|
| TOTAL UOS and UDC Recruitment & Linkage                                    | 1,495  | n/a           | 5,952      |
| TOTAL UOS and UDC Individual Risk Reduction Counseling                     | 1,168  | 431           | 1,168      |
| TOTAL UOS and UDC Prevention Case Management                               | 1,093  | 297           | 1,093      |
| <b>Condom Distribution</b>   |  |               |            |
| <b>Period / Funds / App</b>  |  |               |            |
| <b>Mode of Service/Intervention Description</b>                            |  |               |            |
| <b>UOS</b>   |  |               |            |
| <b>UDC</b>   |  |               |            |
| <b>NOC</b>   |  |               |            |
| <b>IFR</b>   |  |               |            |
| <i>Appendix B-1a</i><br>07/01/23-06/30/24                                  | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,337 condoms + 445.83 lube x 12 months = 21,394 UOS approx.<br>442 clients x 12 months = 5,300 NOC approx. | 21,394        | n/a        |
| <b>MNHC</b>  |  |               |            |
| <i>Appendix B-1a</i><br>07/01/23-06/30/24                                  | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,250 condoms + 416.65 lube x 12 months = 20,000 UOS approx.<br>413 clients x 12 months = 4,950 approx.     | 20,000        | n/a        |
| <b>SFAF</b>  |  |               |            |
| <i>Appendix B-1a</i><br>07/01/23-06/30/24                                  | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,163 condoms + 387.5 lubricant x 12 months = 18,606 approx.<br>383 clients x 12 months = 4,600 NOC approx. | 18,606        | n/a        |
| <b>Total UOS and UDC</b>   |  | <b>60,000</b> | <b>n/a</b> |
| <b>Community Engagement and Mobilization: Single Support Group, Events</b> |  |               |            |

|   |   |            |            |
|---|---|------------|------------|
| <b>(IFR, MNHC &amp; SFAF)</b>                   |   |            |            |
| <b>Period / Funds / App</b>                     |   |            |            |
| <b>Mode of Service/Intervention Description</b> |   |            |            |
| <b>UOS</b>                                      |   |            |            |
| <b>UDC</b>                                      |   |            |            |
| <b>NOC</b>                                      |   |            |            |
| <b>IFR</b>                                      |   |            |            |
| <i>Appendix B-1a</i><br>07/01/23-06/30/24       | <b>Single Support Groups</b> (1 UOS = 1 hr)<br>3 groups x 3.4 hours x 48 weeks = 490 UOS approx.<br>3 groups x 48 weeks x 8.26 participants = 1,190 NOC approx. | 490        | 45         |
|   | <b>Events</b> (1 UOS = 1 event)<br>16 events = 16 UOS<br>16 events of 52.19 clients = 835 NOC approx.   | 16         | n/a        |
|   | <b>Social Media</b> (1 UOS = 1 Month of Social Media Promotion)   | 12         | n/a        |
| <b>MNHC</b>                                     |   |            |            |
| <i>Appendix B-1a</i><br>07/01/23-06/30/24       | <b>Single Support Groups</b> (1 UOS = 1 hr)<br>2 groups x 3 hours x 41.6 weeks = 250 UOS approx.<br>2 groups x 41.6 wks x 10 participants = 832 NOC approx.     | 250        | 30         |
|   | <b>Events</b> (1 UOS = 1 event)<br>2 event = 2 UOS<br>2 events of 100 clients = 200 NOC   | 2          | n/a        |
| <b>SFAF</b>                                     |   |            |            |
| <i>Appendix B-1a</i><br>07/01/23-06/30/24       | <b>Events</b> (1 UOS = 1 event)<br>23 events = 23 UOS<br>23 event of 15 clients average = 345 NOC approx.   | 23         | n/a        |
| <b>Total UOS and UDC Single Support Groups</b>  |   | <b>740</b> | <b>75</b>  |
| <b>Total UOS and UDC Events</b>                 |   | <b>41</b>  | <b>n/a</b> |
| <b>Total UOS and UDC Social Media</b>           |   | <b>12</b>  | <b>n/a</b> |

| Basic Needs                        |   |              |            |              |  |
|------------------------------------|---|--------------|------------|--------------|--|
| Period / Funds / App               | Mode of Service/Intervention Description  | UOS          | UDC        | NOC          |  |
| <b>IFR</b>                         |   |              |            |              |  |
| Appendix B-1a<br>07/01/23-06/30/24 | 1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS<br>299 UOS x 12 months = 3,586 UOS approx.<br>50 clients x 6 kits x 12 months = 3,586 NOC approx. | 3,586        | 600        | 3,586        |  |
| <b>MNHC</b>                        |   |              |            |              |  |
| Appendix B-1a<br>07/01/23-06/30/24 | 1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)<br>1 kit =1 UOS<br>4,032 kits= 4,032 UOS<br>14 kits x 288 participants = 4,032 NOC                 | 4,032        | 288        | 4,032        |  |
| <b>SFAF</b>                        |   |              |            |              |  |
| Appendix B-1a<br>07/01/23-06/30/24 | 1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)<br>1 kit =1 UOS<br>1,135 kits = 1,135 UOS<br>14 kits x 81 participants = 1,135 NOC approx.         | 1,135        | 81         | 1,135        |  |
| <b>Total UOS and UDC</b>           |   | <b>8,753</b> | <b>969</b> | <b>8,753</b> |  |

Note: Total UDC is not the sum of UDC from each mode of service

**B-1a.1: Instituto Familiar de la Raza (\$150K grant)**

| Latinx Collective Impact Project     |   |            |            |            |  |
|--------------------------------------|---|------------|------------|------------|--|
| Period / Funds / App                 | Mode of Service/Intervention Description  | UOS        | UDC        | NOC        |  |
| <b>IFR</b>                           |   |            |            |            |  |
| Appendix B-1a.1<br>02/01/24-07/31/24 | <b>Scope of Work (SOW)</b><br>1 UOS = 1 SOW   | 1          | n/a        | n/a        |  |
|                                      | <b>Phase 1: (1 UOS = 1 hr)</b><br>Stakeholder outreach and convening 40 hrs = 40 UOS<br>Development of Tools 20 hrs = 20 UOS            | 60         | n/a        | n/a        |  |
|                                      | <b>Phase 2: (1 UOS = 1 hr)</b><br>60 hrs = 60 UOS<br>Community Engagement 2.5 clients x 60 hrs = 180 NOC                                | 60         | 150        | 150        |  |
|                                      | <b>Phase 3: Analysis and Reporting (1 UOS =1 hr)</b><br>Data Analysis 40 hrs = 40 UOS<br>Production of the final report 10 hrs = 10 UOS | 50         | n/a        | n/a        |  |
| <b>Total UOS and UDC</b>             |   | <b>171</b> | <b>150</b> | <b>150</b> |  |

| Term: 07/01/2024-06/30/2025 (B-1b)<br>Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services |   |             |            |             |  |
|---|---|-------------|------------|-------------|--|
| Integrated HIV, HCV, and STD testing*   |   |             |            |             |  |
| <b>(IFR &amp; MNHC)</b>   |   |             |            |             |  |
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS         | UDC        | NOC         |  |
| <b>IFR</b>  |   |             |            |             |  |
| Appendix B-1b<br>07/01/24-06/30/25  | <b>Testing:</b><br>1 UOS = 1 Test<br>16.6 HIV tests/month x 12 months = 200 UOS approx.   | 200         | 90         | 200         |  |
| <b>MNHC</b>   |   |             |            |             |  |
| Appendix B-1b<br>07/01/24-06/30/25  | <b>Testing:</b><br>1 UOS = 1 Test<br>588 HIV Tests<br>102 HCV Tests<br>102 Syphilis Tests<br>102 Gonorrhea Tests<br>102 Chlamydia Tests | 996         | 500        | 996         |  |
| <b>Total UOS and UDC</b>  |   | <b>1196</b> | <b>590</b> | <b>1196</b> |  |

| Linkage and Navigation: Recruitment & Linkage, Individual Risk Reduction Counseling, Prevention Case Management |   |               |            |               |  |
|---|---|---------------|------------|---------------|--|
| <b>IFR</b>  |   |               |            |               |  |
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS           | UDC        | NOC           |  |
| Appendix B-1b<br>07/01/24-06/30/25  | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx.<br>54 clients x 46 weeks = 2,484 NOC               | 624           | n/a        | 2,484         |  |
|   | <b>Individual Risk Reduction Counseling</b> (1 UOS =1 hr)<br>317 clients x 1 hr session x 3 sessions = 951 UOS<br>317 clients x 3 sessions = 951 NOC                                    | 951           | 317        | 951           |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>202 clients x 4 sessions x 1 hr = 808 UOS<br>202 clients x 4 sessions = 808 NOC  | 808           | 202        | 808           |  |
| <b>MNHC</b>   |   |               |            |               |  |
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS           | UDC        | NOC           |  |
| Appendix B-1b<br>07/01/24-06/30/25  | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx.<br>21 participants x 48 weeks = 1,008 NOC          | 255           | n/a        | 1,008         |  |
|   | <b>Individual Risk Reduction Counseling</b><br>114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx.<br>114 participants x 1.9 sessions = 217 NOC approx.                | 217           | 114        | 217           |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>60 clients x 3 sessions x 1 hr = 180 UOS approx.<br>60 clients x 3 sessions = 180 NOC  | 180           | 60         | 180           |  |
| <b>SFAF</b>   |   |               |            |               |  |
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS           | UDC        | NOC           |  |
| Appendix B-1b<br>07/01/24-06/30/25  | <b>Recruitment &amp; Linkage</b> (1 UOS =1 hr)<br>30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx.<br>30 clients x 2 sessions x 41 weeks = 2,460 NOC | 616           | n/a        | 2,460         |  |
|   | <b>Prevention Case Management</b> (1 UOS =1 hr)<br>35 clients x 3 sessions x 1 hr = 105 UOS<br>35 clients x 3 sessions = 105 NOC  | 105           | 35         | 105           |  |
| <b>TOTAL UOS and UDC Recruitment &amp; Linkage</b>  |   | <b>1,495</b>  | <b>n/a</b> | <b>5,952</b>  |  |
| <b>TOTAL UOS and UDC Individual Risk Reduction Counseling</b>   |   | <b>1,168</b>  | <b>431</b> | <b>1,168</b>  |  |
| <b>TOTAL UOS and UDC Prevention Case Management</b>   |   | <b>1,093</b>  | <b>297</b> | <b>1,093</b>  |  |
| <b>Condom distribution*</b>   |   |               |            |               |  |
| <b>IFR</b>  |   |               |            |               |  |
| Period / Funds / App  | Mode of Service/Intervention Description  | UOS           | UDC        | NOC           |  |
| Appendix B-1b<br>07/01/24-06/30/25  | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,337 condoms + 446 lube x 12 months = 21,394 UOS approx.<br>442 clients x 12 months = 5,300 NOC approx.                                       | 21,394        | n/a        | 5,300         |  |
| <b>MNHC</b>   |   |               |            |               |  |
| Appendix B-1b<br>07/01/24-06/30/25  | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,250 condoms + 417 lube x 12 months = 20,000 UOS approx.<br>413 clients x 12 months = 4,950 approx.   | 20,000        | n/a        | 4,950         |  |
| <b>SFAF</b>   |   |               |            |               |  |
| Appendix B-1b<br>07/01/24-06/30/25  | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,163 condoms + 388 lubricant x 12 months = 18,606 approx.<br>383 clients x 12 months = 4,600 NOC approx.                                      | 18,606        | n/a        | 4,600         |  |
| <b>Total UOS and UDC</b>  |   | <b>60,000</b> | <b>n/a</b> | <b>14,850</b> |  |

| Community Engagement and Mobilization: Single Support Groups, Events |  |              |            |              |
|--|--|--------------|------------|--------------|
| Period / Funds / App   | Mode of Service/Intervention Description   | UOS          | UDC        | NOC          |
| <i>IFR</i>   |  |              |            |              |
| Appendix B-1b<br>07/01/24-06/30/25                                   | <b>Single Support Groups</b> (1 UOS = 1 hr)<br>3 groups x 3.4 hours x 48 weeks = 490 UOS approx.<br>3 groups x 48 weeks x 8.265 participants = 1,190 NOC approx.                       | 490          | 45         | 1,190        |
|  | <b>Events</b> (1 UOS = 1 event)<br>16 events = 16 UOS<br>16 events of 30 clients = 480 NOC   | 16           | n/a        | 480          |
|  | <b>Social Media</b> (1 UOS = 1 Month of Social Media Promotion)  | 12           | n/a        | n/a          |
| <i>MNHC</i>  |  |              |            |              |
| Appendix B-1b<br>07/01/24-06/30/25                                   | <b>Single Support Groups</b> (1 UOS = 1 hr)<br>2 groups x 3 hours x 41.6 weeks = 250 UOS approx.<br>2 groups x 41.6 wks x 10 participants = 832 NOC approx.                            | 250          | 30         | 832          |
|  | <b>Events</b> (1 UOS = 1 event)<br>2 event = 2 UOS<br>2 events of 100 clients = 200 NOC  | 2            | n/a        | 200          |
| <i>SFAF</i>  |  |              |            |              |
| Appendix B-1b<br>07/01/24-06/30/25                                   | <b>Events</b> (1 UOS = 1 event)<br>23 events = 23 UOS<br>23 event of 15 clients average = 345 NOC approx.  | 23           | n/a        | 345          |
| <b>Total UOS and UDC Single Support Groups</b>                       |  | <b>740</b>   | <b>75</b>  | <b>2,022</b> |
| <b>Total UOS and UDC Events</b>                                      |  | <b>41</b>    | <b>n/a</b> | <b>1,025</b> |
| <b>Total UOS and UDC Social Media</b>                                |  | <b>12</b>    | <b>n/a</b> | <b>n/a</b>   |
| <b>Basic Needs</b>   |  |              |            |              |
| Period / Funds / App   | Mode of Service/Intervention Description   | UOS          | UDC        | NOC          |
| <i>IFR</i>   |  |              |            |              |
| Appendix B-1b<br>07/01/24-06/30/25                                   | <b>1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS</b><br>158 UOS x 12 months = 1,894 UOS approx.<br>26 clients x 6 kits x 12 months = 1,894 NOC approx. | 1,894        | 312        | 1,894        |
| <i>MNHC</i>  |  |              |            |              |
| Appendix B-1b<br>07/01/24-06/30/25                                   | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit = 1 UOS<br>2,471 kits = 2,471 UOS<br>14 kits x 176.5 participants approx. = 2,471 NOC     | 2,471        | 177        | 2,471        |
| <i>SFAF</i>  |  |              |            |              |
| Appendix B-1b<br>07/01/24-06/30/25                                   | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit = 1 UOS<br>1,135 kits = 1,135 UOS<br>14 kits x 81 participants = 1,135 NOC approx.        | 1,135        | 81         | 1,135        |
| <b>Total UOS and UDC</b>   |  | <b>5,500</b> | <b>570</b> | <b>5,500</b> |

Note: Total UDC is not the sum of UDC from each mode of service

**B-1b.1: Instituto Familiar de la Raza/Indigena Health & Wellness (\$12K grant)**

| Overdose Prevention & Treatment Messaging         |   |          |            |            |
|---|---|----------|------------|------------|
| Period / Funds / App                              | Mode of Service/Intervention Description  | UOS      | UDC        | NOC        |
| <i>IFR</i>  |   |          |            |            |
| Appendix B-1a.2 Page 2<br>07/01/2024 - 06/30/2025 | <b>Fentanyl overdose Prevention &amp; Treatment Messaging videos</b><br>1 UOS = 1 Video<br>2 videos in Mayan-Yucatec<br>2 videos in Mayan-Mam<br>2 videos in Mayan-Q'iche<br>2 videos in Maya-T'zetal | 8        | n/a        | n/a        |
| <b>Total UOS and UDC</b>                          |   | <b>8</b> | <b>n/a</b> | <b>n/a</b> |

| Term: 07/01/2025-06/30/2026: (B-1c)   |  |              |            |              |  |
|---|--|--------------|------------|--------------|--|
| Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services |  |              |            |              |  |
| <b>Integrated HIV, HCV, and STD testing*</b>  |  |              |            |              |  |
| <i>(IFR &amp; MNHC)</i>   |  |              |            |              |  |
| Period / Funds / App  | Mode of Service/Intervention Description   | UOS          | UDC        | NOC          |  |
| <i>IFR</i>  |  |              |            |              |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26   | <b>Testing:</b><br>1 UOS = 1 Test<br>16.6 HIV tests/month x 12 months = 200 UOS approx.  | 200          | 90         | 200          |  |
| <i>MNHC</i>   |  |              |            |              |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26   | <b>Testing:</b><br>1 UOS = 1 Test<br>588 HIV Tests<br>102 HCV Tests<br>102 Syphilis Tests<br>102 Gonorrhea Tests<br>102 Chlamydia Tests  | 996          | 500        | 996          |  |
| <b>Total UOS and UDC</b>  |  | <b>1196</b>  | <b>590</b> | <b>1196</b>  |  |
| <b>Linkage &amp; Navigation: Recruitment &amp; Linkage, Individual Risk Reduction Counseling, Prevention Case Management</b>                        |  |              |            |              |  |
| <i>IFR</i>  |  |              |            |              |  |
| Period / Funds / App  | Mode of Service/Intervention Description   | UOS          | UDC        | NOC          |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26   | <b>Recruitment &amp; Linkage (1 UOS=1 hr)</b><br>54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx.<br>54 clients x 46 weeks = 2,484 NOC               | 624          | n/a        | 2,484        |  |
|   | <b>Individual Risk Reduction Counseling (1 UOS=1 hr)</b><br>317 clients x 1 hr session x 3 sessions = 951 UOS<br>317 clients x 3 sessions = 951 NOC                                    | 951          | 317        | 951          |  |
|   | <b>Prevention Case Management (1 UOS=1 hr)</b><br>202 clients x 4 sessions x 1 hr = 808 UOS<br>202 clients x 4 sessions = 808 NOC  | 808          | 202        | 808          |  |
| <i>MNHC</i>   |  |              |            |              |  |
| Period / Funds / App  | Mode of Service/Intervention Description   | UOS          | UDC        | NOC          |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26   | <b>Recruitment &amp; Linkage (1 UOS=1 hr)</b><br>21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx.<br>21 participants x 48 weeks = 1,008 NOC          | 255          | n/a        | 1,008        |  |
|   | <b>Individual Risk Reduction Counseling</b><br>114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx.<br>114 participants x 1.9 sessions = 217 NOC approx.               | 217          | 114        | 217          |  |
|   | <b>Prevention Case Management (1 UOS=1 hr)</b><br>60 clients x 3 sessions x 1 hr = 180 UOS approx.<br>60 clients x 3 sessions = 180 NOC  | 180          | 60         | 180          |  |
| <i>SFAF</i>   |  |              |            |              |  |
| Period / Funds / App  | Mode of Service/Intervention Description   | UOS          | UDC        | NOC          |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26   | <b>Recruitment &amp; Linkage (1 UOS=1 hr)</b><br>30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx.<br>30 clients x 2 sessions x 41 weeks = 2,460 NOC | 616          | n/a        | 2,460        |  |
|   | <b>Prevention Case Management (1 UOS=1 hr)</b><br>35 clients x 3 sessions x 1 hr = 105 UOS<br>35 clients x 3 sessions = 105 NOC  | 105          | 35         | 105          |  |
| <b>TOTAL UOS and UDC Recruitment &amp; Linkage</b>  |  | <b>1,495</b> | <b>n/a</b> | <b>5,952</b> |  |
| <b>TOTAL UOS and UDC Individual Risk Reduction Counseling</b>   |  | <b>1,168</b> | <b>431</b> | <b>1,168</b> |  |
| <b>TOTAL UOS and UDC Prevention Case Management</b>   |  | <b>1,093</b> | <b>297</b> | <b>1,093</b> |  |

| Condom Distribution  |  |               |            |               |  |
|--|--|---------------|------------|---------------|--|
| Period / Funds / App   | Mode of Service/Intervention Description   | UOS           | UDC        | NOC           |  |
| <i>IFR</i>   |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,337 condoms + 446 lube x 12 months = 21,394 UOS approx.<br>442 clients x 12 months = 5,300 NOC approx.                                      | 21,394        | n/a        | 5,300         |  |
| <i>MNHC</i>  |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,250 condoms + 417 lube x 12 months = 20,000 UOS approx.<br>413 clients x 12 months = 4,950 approx.  | 20,000        | n/a        | 4,950         |  |
| <i>SFAF</i>  |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | 1 Condom = 1 UOS; 1 Lubricant = 1 UOS<br>1,163 condoms + 388 lubricant x 12 months = 18,606 approx.<br>383 clients x 12 months = 4,600 NOC approx.                                     | 18,606        | n/a        | 4,600         |  |
| <b>Total UOS and UDC</b>   |  | <b>60,000</b> | <b>n/a</b> | <b>14,850</b> |  |
| Community Engagement & Mobilization: Single Support Groups, Events |  |               |            |               |  |
| Period / Funds / App   | Mode of Service/Intervention Description   | UOS           | UDC        | NOC           |  |
| <i>IFR</i>   |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | <b>Single Support Groups</b> (1 UOS = 1 hr)<br>3 groups x 3.4 hours x 48 weeks = 490 UOS approx.<br>3 groups x 48 weeks x 8,265 participants = 1,190 NOC approx.                       | 490           | 45         | 1,190         |  |
|  | <b>Events</b> (1 UOS = 1 event)<br>16 events = 16 UOS<br>16 events of 30 clients = 480 NOC   | 16            | n/a        | 480           |  |
|  | <b>Social Media</b> (1 UOS = 1 Month of Social Media Promotion)  | 12            | n/a        | n/a           |  |
| <i>MNHC</i>  |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | <b>Single Support Groups</b> (1 UOS = 1 hr)<br>2 groups x 3 hours x 41.6 weeks = 250 UOS approx.<br>2 groups x 41.6 wks x 10 participants = 832 NOC approx.                            | 250           | 30         | 832           |  |
|  | <b>Events</b> (1 UOS = 1 event)<br>2 event = 2 UOS<br>2 events of 100 clients = 200 NOC  | 2             | n/a        | 200           |  |
| <i>SFAF</i>  |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | <b>Events</b> (1 UOS = 1 event)<br>23 events = 23 UOS<br>23 event of 15 clients average = 345 NOC approx.  | 23            | n/a        | 345           |  |
| <b>Total UOS and UDC Single Support Groups</b>                     |  | <b>740</b>    | <b>75</b>  | <b>1,984</b>  |  |
| <b>Total UOS and UDC Events</b>                                    |  | <b>41</b>     | <b>n/a</b> | <b>1,025</b>  |  |
| <b>Total UOS and UDC Social Media</b>                              |  | <b>12</b>     | <b>n/a</b> | <b>n/a</b>    |  |
| Basic Needs  |  |               |            |               |  |
| Period / Funds / App   | Mode of Service/Intervention Description   | UOS           | UDC        | NOC           |  |
| <i>IFR</i>   |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | <b>1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS</b><br>158 UOS x 12 months = 1,894 UOS approx.<br>26 clients x 6 kits x 12 months = 1,894 NOC approx. | 1,894         | 312        | 1,894         |  |
| <i>MNHC</i>  |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit = 1 UOS<br>2,471 kits = 2,471 UOS<br>14 kits x 176.5 participants approx. = 2,471 NOC     | 2,471         | 177        | 2,471         |  |
| <i>SFAF</i>  |  |               |            |               |  |
| <i>Appendix B-1c</i><br>07/01/25-06/30/26                          | <b>1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination)</b><br>1 kit = 1 UOS<br>1,135 kits = 1,135 UOS<br>14 kits x 81 participants = 1,135 NOC approx.        | 1,135         | 81         | 1,135         |  |
| <b>Total UOS and UDC</b>   |  | <b>5,500</b>  | <b>570</b> | <b>5,500</b>  |  |

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

| Service Modes:                           |                | INTEGRATED HIV/HCV/STD TESTING |            | LINKAGE & NAVIGATION Recruitment & Linkage |                  | LINKAGE & NAVIGATION Individual Risk Reduction Counseling |            | LINKAGE & NAVIGATION Prevention Case Management |            | CONDOM DISTRIBUTION |           | COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group |            | COMMUNITY ENGAGEMENT & MOBILIZATION Events |           | COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing |            | Basic Needs    |           | Totals           |
|--|----------------|--------------------------------|------------|--|------------------|---|------------|---|------------|---------------------|-----------|--|------------|--|-----------|--|------------|----------------|-----------|------------------|
| Position Titles                          | Annual FTE     | Salaries                       | % FTE      | Salaries                                   | % FTE            | Salaries  | % FTE      | Salaries  | % FTE      | Salaries            | % FTE     | Salaries   | % FTE      | Salaries                                   | % FTE     | Salaries   | % FTE      | Salaries       | % FTE     | Totals           |
| Director of Programs and Client Services | 0.14286        | 444                            | 2%         | 3,130                                      | 17%              | 4,004   | 21%        | 3,868   | 21%        | 275                 | 1%        | 4,557  | 24%        | 923  | 5%        | 816  | 4%         | 792            | 4%        | 18,810           |
| Director of Integrated Behavioral Health | 0.11429        | 347                            | 2%         | 2,444                                      | 17%              | 3,127   | 21%        | 3,022   | 21%        | 215                 | 1%        | 3,559  | 24%        | 721  | 5%        | 637  | 4%         | 618            | 4%        | 14,690           |
| Program Director                         | 0.74749        | 1,591                          | 2%         | 11,224                                     | 17%              | 14,358  | 21%        | 13,875  | 21%        | 988                 | 1%        | 16,340   | 24%        | 3,311                                      | 5%        | 2,926  | 4%         | 2,839          | 4%        | 67,452           |
| Program Manager                          | 0.93429        | 1,830                          | 2%         | 12,903                                     | 17%              | 16,506  | 21%        | 15,951  | 21%        | 1,135               | 1%        | 18,786   | 24%        | 3,807                                      | 5%        | 3,364  | 4%         | 3,264          | 4%        | 77,546           |
| Case Manager                             | 0.58333        | 688                            | 2%         | 4,853                                      | 17%              | 6,208   | 21%        | 5,999   | 21%        | 426                 | 1%        | 7,065  | 24%        | 1,432                                      | 5%        | 1,265  | 4%         | 1,228          | 4%        | 29,164           |
| Community Health workers                 | 3.74000        | 4,350                          | 2%         | 30,678                                     | 17%              | 39,244  | 21%        | 37,924  | 21%        | 2,700               | 1%        | 44,663   | 24%        | 9,050                                      | 5%        | 7,997  | 4%         | 7,761          | 4%        | 184,367          |
| Clinical Supervisor                      | 0.08571        | 202                            | 2%         | 1,426                                      | 17%              | 1,824   | 21%        | 1,763   | 21%        | 126                 | 1%        | 2,076  | 24%        | 421  | 5%        | 372  | 4%         | 361            | 4%        | 8,571            |
| Prevention Services Coordinator          | 1.00000        | 1,796                          | 2%         | 12,664                                     | 17%              | 16,200  | 21%        | 15,654  | 21%        | 1,114               | 1%        | 18,436   | 24%        | 3,736                                      | 5%        | 3,301  | 4%         | 3,204          | 4%        | 76,105           |
| MH Clinician                             | 0.57500        | 1,072                          | 2%         | 7,559                                      | 17%              | 9,669   | 21%        | 9,344   | 21%        | 665                 | 1%        | 11,004   | 24%        | 2,230                                      | 5%        | 1,970  | 4%         | 1,912          | 4%        | 45,425           |
| Community Health Educators (CHE)         | 0.59234        | 789                            | 2%         | 5,567                                      | 17%              | 7,122   | 21%        | 6,882   | 21%        | 490                 | 1%        | 8,108  | 24%        | 1,642                                      | 5%        | 1,451  | 4%         | 1,408          | 4%        | 33,459           |
| Program Assistants                       | 1.13000        | 1,458                          | 2%         | 10,285                                     | 17%              | 13,157  | 21%        | 12,714  | 21%        | 905                 | 1%        | 14,974   | 24%        | 3,034                                      | 5%        | 2,681  | 4%         | 2,602          | 4%        | 61,810           |
| <b>Total FTE &amp; Salaries</b>          | <b>9.64531</b> | <b>14,567</b>                  | <b>2%</b>  | <b>102,734</b>                             | <b>17%</b>       | <b>131,419</b>  | <b>21%</b> | <b>126,996</b>                                  | <b>21%</b> | <b>9,039</b>        | <b>1%</b> | <b>149,568</b>   | <b>24%</b> | <b>30,307</b>                              | <b>5%</b> | <b>26,780</b>  | <b>4%</b>  | <b>25,989</b>  | <b>4%</b> | <b>617,399</b>   |
| <b>Fringe Benefits</b>                   | <b>34.7%</b>   | <b>5,061</b>                   | <b>2%</b>  | <b>35,694</b>                              | <b>17%</b>       | <b>45,661</b>   | <b>21%</b> | <b>44,124</b>                                   | <b>21%</b> | <b>3,141</b>        | <b>1%</b> | <b>51,966</b>  | <b>24%</b> | <b>10,530</b>                              | <b>5%</b> | <b>9,304</b>   | <b>4%</b>  | <b>9,030</b>   | <b>4%</b> | <b>214,511</b>   |
| <b>Total Personnel Expenses</b>          |                | <b>19,628</b>                  | <b>2%</b>  | <b>138,428</b>                             | <b>17%</b>       | <b>177,080</b>  | <b>21%</b> | <b>171,120</b>                                  | <b>21%</b> | <b>12,180</b>       | <b>1%</b> | <b>201,534</b>   | <b>24%</b> | <b>40,837</b>                              | <b>5%</b> | <b>36,084</b>  | <b>4%</b>  | <b>35,019</b>  | <b>4%</b> | <b>831,910</b>   |
| 1 -1                                     |                |                                |            |  |                  |   |            |   |            |                     |           |  |            |  |           |  |            |                |           |                  |
| Operating Expenses                       |                | Expense                        | %          | Expense                                    | %                | Expense   | %          | Expense   | %          | Expense             | %         | Expense  | %          | Expense                                    | %         | Expense  | %          | Expense        | %         | Totals           |
| Total Occupancy                          |                | 1,973                          | 2%         | 13,916                                     | 17%              | 17,803  | 21%        | 17,204  | 21%        | 1,225               | 1%        | 20,261   | 24%        | 4,106                                      | 5%        | 3,628  | 4%         | 3,521          | 4%        | 83,637           |
| Total Materials and Supplies             |                | 1,000                          | 2%         | 7,051                                      | 17%              | 9,018   | 21%        | 8,716   | 21%        | 620                 | 1%        | 10,265   | 24%        | 2,080                                      | 5%        | 1,838  | 4%         | 1,784          | 4%        | 42,372           |
| Total General Operating                  |                | 297                            | 2%         | 2,094                                      | 17%              | 2,678   | 21%        | 2,588   | 21%        | 184                 | 1%        | 3,048  | 24%        | 618  | 5%        | 546  | 4%         | 530            | 4%        | 12,583           |
| Total Staff Travel                       |                | 52                             | 2%         | 366  | 17%              | 468   | 21%        | 453   | 21%        | 32                  | 1%        | 533  | 24%        | 108  | 5%        | 95   | 4%         | 93             | 4%        | 2,200            |
| <b>Consultants/Subcontractor:</b>        |                |                                |            |  |                  |   |            |   |            |                     |           |  |            |  |           |  |            |                |           |                  |
| MNHC                                     |                | 141,926                        | 25%        | 82,140                                     | 14%              | 58,669  | 10%        | 55,352  | 10%        | 16,605              | 3%        | 149,299  | 26%        | 7,412                                      | 1%        |  | 0%         | 66,262         | 11%       | 577,665          |
| SFAF                                     |                |                                | 0%         | 198,424                                    | 55%              |   | 0%         | 32,289  | 9%         | 15,448              | 4%        |  | 0%         | 85,234                                     | 24%       |  | 0%         | 30,399         | 8%        | 361,794          |
| Fees                                     |                | 204                            | 9%         | 1,440                                      | 17%              | 1,842   | 21%        | 1,780   | 21%        | 127                 | 1%        | 2,096  | 24%        | 425  | 5%        | 376  | 4%         | 364            | 4%        | 8,654            |
| <b>Other (specify):</b>                  |                |                                |            |  |                  |   |            |   |            |                     |           |  |            |  |           |  |            |                |           |                  |
| Food for Groups                          |                | 577                            | 26%        | 4,073                                      | 17%              | 5,210   | 21%        | 5,034   | 21%        | 358                 | 1%        | 5,929  | 24%        | 1,201                                      | 5%        | 1,062  | 4%         | 1,031          | 4%        | 24,475           |
| Incentive/Rewards                        |                | 231                            | 11%        | 1,631                                      | 17%              | 2,086   | 21%        | 2,016   | 21%        | 143                 | 1%        | 2,374  | 24%        | 481  | 5%        | 425  | 4%         | 413            | 4%        | 9,800            |
| HIV Testing Incentives                   |                | 142                            | 6%         | 998  | 17%              | 1,277   | 21%        | 1,234   | 21%        | 88                  | 1%        | 1,454  | 24%        | 295  | 5%        | 260  | 4%         | 252            | 4%        | 6,000            |
| Basic Needs/Hygiene Kits                 |                | 1,331                          | 60%        | 9,384                                      | 17%              | 12,004  | 21%        | 11,600  | 21%        | 826                 | 1%        | 13,662   | 24%        | 2,768                                      | 5%        | 2,446  | 4%         | 2,374          | 4%        | 56,395           |
| Events                                   |                | 436                            | 20%        | 3,078                                      | 17%              | 3,938   | 21%        | 3,805   | 21%        | 271                 | 1%        | 4,482  | 24%        | 908  | 5%        | 802  | 4%         | 780            | 4%        | 18,500           |
|  |                |                                | 0%         |  | 0%               |   | 0%         |   | 0%         |                     | 0%        |  | 0%         |  | 0%        |  | 0%         |                | 0%        | -                |
| <b>Total Operating Expenses</b>          |                | <b>148,169</b>                 | <b>12%</b> | <b>324,595</b>                             |                  | <b>114,993</b>  |            | <b>142,071</b>                                  |            | <b>35,927</b>       |           | <b>213,403</b>   |            | <b>105,636</b>                             |           | <b>11,478</b>  |            | <b>107,803</b> |           | <b>1,204,075</b> |
| <b>Total Direct Expenses</b>             |                | <b>167,797</b>                 | <b>8%</b>  | <b>463,023</b>                             | <b>23%</b>       | <b>292,073</b>  | <b>14%</b> | <b>313,191</b>                                  | <b>15%</b> | <b>48,107</b>       | <b>2%</b> | <b>414,937</b>   | <b>20%</b> | <b>146,473</b>                             | <b>7%</b> | <b>47,562</b>  | <b>2%</b>  | <b>142,822</b> | <b>7%</b> | <b>2,035,985</b> |
| <b>Indirect Expenses</b>                 | <b>9.8%</b>    | <b>4,688</b>                   | <b>3%</b>  | <b>33,062</b>                              | <b>7%</b>        | <b>42,293</b>   | <b>14%</b> | <b>40,870</b>                                   | <b>13%</b> | <b>2,909</b>        | <b>6%</b> | <b>48,133</b>  | <b>12%</b> | <b>9,753</b>                               | <b>7%</b> | <b>8,618</b>   | <b>18%</b> | <b>8,364</b>   | <b>6%</b> | <b>198,690</b>   |
| <b>TOTAL EXPENSES</b>                    |                | <b>172,485</b>                 | <b>8%</b>  | <b>496,085</b>                             | <b>22%</b>       | <b>334,366</b>  | <b>15%</b> | <b>354,061</b>                                  | <b>16%</b> | <b>51,016</b>       | <b>2%</b> | <b>463,070</b>   | <b>21%</b> | <b>156,226</b>                             | <b>7%</b> | <b>56,180</b>  | <b>3%</b>  | <b>151,186</b> | <b>7%</b> | <b>2,234,675</b> |
| Unit of Service Type                     | Test           | Hours                          | Hours      | Hours                                      | Condom/Lubricant | Hours   | Events     | Months  | Kits       |                     |           |  |            |  |           |  |            |                |           |                  |
| Number of UOS per Service Mode           | 1,196          | 1,495                          | 1,168      | 1,093                                      | 60,000           | 740   | 41         | 12  | 5,500      | 71,245              |           |  |            |  |           |  |            |                |           |                  |
| Cost Per UOS by Service Mode             | \$144.22       | \$331.83                       | \$286.28   | \$323.94                                   | \$0.85           | \$625.78  | \$3,810.38 | \$4,681.69                                      | \$27.49    | N/A                 |           |  |            |  |           |  |            |                |           |                  |
| Number of UDC/NOC per Service Mode       | 1,196          | 5,952                          | 1,168      | 1,093                                      | 14,850           | 2,022   | 1,380      | N/A   | 8,753      |                     |           |  |            |  |           |  |            |                |           |                  |

**BUDGET JUSTIFICATION**

Appendix B-1b

**1a) SALARIES**

|   |  |            |               |                            |                  |
|---|--|------------|---------------|----------------------------|------------------|
| <b>Staff Position 1: Director of Programs and Client Services</b> |  |            |               |                            |                  |
| Duties related to this program and UDC served                     | Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.   |            |               |                            |                  |
| Degree, license, experience                                       | Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.  |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 131,670  | 0.14286    | 12            | 0.14286                    | <b>\$ 18,810</b> |
| <b>Staff Position 2: Director of Integrated Behavioral Health</b> |  |            |               |                            |                  |
| Duties related to this program and UDC served                     | Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.   |            |               |                            |                  |
| Degree, license, experience                                       | Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.  |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 128,535  | 0.11429    | 12            | 0.11429                    | <b>\$ 14,690</b> |
| <b>Staff Position 3: Program Director</b>                         |  |            |               |                            |                  |
| Duties re program and UDC served                                  | Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.  |            |               |                            |                  |
| Degree, license exp   | A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 90,238   | 0.74749    | 12            | 0.74749                    | <b>\$ 67,452</b> |
| <b>Staff Position 4: Program Manager</b>                          |  |            |               |                            |                  |
| Duties related to this program and UDC served                     | This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations   |            |               |                            |                  |
| Degree, license, experience                                       | A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for diverse Latinx populations such as people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish  |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 83,000   | 0.93429    | 12            | 0.93429                    | <b>\$ 77,546</b> |

|  |   |            |               |                            |                   |
|--|---|------------|---------------|----------------------------|-------------------|
| <b>Staff Position 5: Case Manager</b>                      |   |            |               |                            |                   |
| Duties re prog/UDC   | Responsible for providing Prevention Case Management and comprehensive support services to Latinx individuals at risk for HIV & STI's including accompaniments to appointments for legal, medical, and other services   |            |               |                            |                   |
| Degree, license exp  | BA in Hlth Ed or related field preferred, a related college degree required; 2 yrs. exp providing case mgmt. to Latinx and HIV impacted populations. Able to work within a multidisciplinary team. Bilingual Spanish speaking required.   |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 49,995  | 1.00000    | 7             | 0.58333                    | <b>\$ 29,164</b>  |
| <b>Staff Position 6: Community Health workers</b>          |   |            |               |                            |                   |
| Duties related to this program and UDC served              | Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff |            |               |                            |                   |
| Degree, license exp  | Minimum 2 years experience with HIV and LGBTQ health and social issues and 1 year experience working with difficult to engage Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.  |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 49,296  | 3.74000    | 12            | 3.74000                    | <b>\$ 184,367</b> |
| <b>Staff Position 7: Clinical Supervisor</b>               |   |            |               |                            |                   |
| Duties re program and UDC served                           | Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements   |            |               |                            |                   |
| Degree, license exp  | Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English  |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 100,000   | 0.08571    | 12            | 0.08571                    | <b>\$ 8,571</b>   |
| <b>Staff Position 8: Prevention Services Coordinator</b>   |   |            |               |                            |                   |
| Duties re program and UDC served                           | Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.   |            |               |                            |                   |
| Degree, license exp  | BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.  |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 76,105  | 1.00000    | 12            | 1.00000                    | <b>\$ 76,105</b>  |
| <b>Staff Position 9: MH Clinician</b>                      |   |            |               |                            |                   |
| Duties re program and UDC served                           | Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.   |            |               |                            |                   |
| Degree, license exp  | Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community   |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 79,000  | 0.57500    | 12            | 0.57500                    | <b>\$ 45,425</b>  |
| <b>Staff Position 10: Community Health Educators (CHE)</b> |   |            |               |                            |                   |
| Duties re program and UDC served                           | Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.  |            |               |                            |                   |
| Degree, license exp  | AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.   |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 56,486  | 0.59234    | 12            | 0.59234                    | <b>\$ 33,459</b>  |

|  |   |                 |                    |                            |                   |
|--|---|-----------------|--------------------|----------------------------|-------------------|
| Staff Position 11: <b>Program Assistants</b> |   |                 |                    |                            |                   |
| Duties re program and UDC served             | Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.        |                 |                    |                            |                   |
| Degree, license exp                          | Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish. |                 |                    |                            |                   |
|  | Annual Salary   | x Base FTE      | x Mos per Yr.      | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 54,699  | 1.13000         | 12                 | 1.13000                    | <b>\$ 61,810</b>  |
| <b>Total FTE, Base:</b>                      |   | <b>10.06198</b> | <b>Annualized:</b> | <b>9.64531</b>             |                   |
|  |   |                 |                    | <b>Total Salaries:</b>     | <b>\$ 617,399</b> |

**1b) EMPLOYEE FRINGE BENEFITS:**

|   |                   |
|---|-------------------|
| Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO |                   |
| Social Security   | \$ 47,231         |
| Retirement  | \$ 30,870         |
| Medical   | \$ 114,502        |
| Dental  | \$ 12,348         |
| Unemployment Insurance  | \$ 7,717          |
| Disability Insurance  | \$ 1,843          |
| Paid Time Off   | \$ -              |
| Life Insurance  | \$ -              |
| <b>Total Fringe Benefit:</b>  | <b>\$ 214,511</b> |
| <b>Fringe Benefit %:</b>  | <b>34.74%</b>     |
| <b>TOTAL SALARIES/BENEFITS:</b>   | <b>\$ 831,910</b> |

**2) OPERATING EXPENSES:**

|  |   |   |                  |
|--|---|---|------------------|
| <b>Occupancy:</b>                      |   |   |                  |
| <b>Expense Item</b>                    | <b>Concise/ Specific Description</b>  | <b>Rate/Formula</b>   | <b>Cost</b>      |
| Building Maintenance and Rent          | Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and share FTE costs building Maintenance at 2919 Mission and utilities/cellphones at 95.16% FTE ratio total  | Rent at \$5,928.08 x 12, and utilities at \$317.17 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance at \$599.50 x 12mos | \$ 83,637        |
| <b>Total Occupancy:</b>                |   |   | <b>\$ 83,637</b> |
| <b>Materials &amp; Supplies:</b>       |   |   |                  |
| <b>Expense Item</b>                    |   | <b>Rate/Formula</b>   | <b>Cost</b>      |
| Program Supplies                       | Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$5,000 for special client events, plus \$1000 for agency share costs for cultural/spiritual events  | \$2,533.33 x 12 months  | \$ 30,400        |
| Office Supplies and Printing           | To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$6,661, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$3,538 to the agency share costs ratio, plus \$1,773 for printing costs | \$997.67 x 12 months  | \$ 11,972        |
| <b>Total Materials &amp; Supplies:</b> |   |   | <b>\$ 42,372</b> |

**General Operating:**

| Expense Item                    | Brief Description  | Rate/Formula         | Cost             |
|---------------------------------|--|----------------------|------------------|
| Insurance                       | Costs at 10.06198 FTE ratio of 11.82% to the agency budget will be for general and professional insurance.   | \$354.67 x 12 months | \$ 4,256         |
| Staff Training                  | Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$6,000. In addition to cover share costs for Agency mandated training and translation costs at \$709 | \$559.08 x 12 months | \$ 6,709         |
| Rental Equipment                | To cover rental of copy machines for both IFR and MNHC program to use at 100% to the total cost \$1,700 x 95.16%   | \$134.83 x 12 months | \$ 1,618         |
| <b>Total General Operating:</b> |  |                      | <b>\$ 12,583</b> |

**Staff Travel:**

| Purpose of Travel          | Location  | Expense Item | Rate/Formula                                    | Cost     |
|----------------------------|---|--------------|---|----------|
| Staff Travel               | Local travel required for staff to provide services and attend program related activities in the City at \$45.83 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs |              | an average of \$45.83 x 12mos/average x 4 staff | \$ 2,200 |
| <b>Total Staff Travel:</b> |   |              | <b>\$ 2,200</b>                                 |          |

**Consultants/Subcontractors:**

| Consult/Subcontractor Name               | Service Description   | Rate/Formula                    | Cost              |
|--|---|---------------------------------|-------------------|
| Sub-Contractors - MHNC                   | 1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events | @ \$48,138.75/month x 12 months | \$ 577,665        |
| Sub-Contractors - SFAF                   | 1) Coordinates LHAP client services; 2) Provides recruitment and linkage services; 3) Conducts events   | @ \$30,149.50/month x 12 months | \$ 361,794        |
| Fees                                     | Audit fees for 10.06198 FTE ratio of 11.82% to the agency budget will contribute towards annual fiscal audit at \$4,729 and payroll services at \$3,925 | @ \$721.17 /month x 12 months   | \$ 8,654          |
| <b>Total Consultants/Subcontractors:</b> |   |                                 | <b>\$ 948,113</b> |

| Other Expenses           |  |  |                   |
|--------------------------|--|--|-------------------|
| Expense Item             | Brief Description  | Rate/Formula   | Cost              |
| Food for Groups          | Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$4,915 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada   | 91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$4,915 = \$24,475            | \$ 24,475         |
| Incentive/Rewards        | Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP. | 2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50                                    | \$ 9,800          |
| HIV Testing Incentives   | Store Gift cards as incentive for 200 TG clients having HIV testing  | \$30 x 200 = \$6,000   | \$ 6,000          |
| Basic Needs/Hygiene Kits | Monthly: 28 Clipper Cards x \$35 = \$980, 23 Store gift card x \$35 for basic needs = \$805, 329 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. at \$8.87 approx. = 2,914.58  | 12 mos x (\$980 Clipper Cards + \$805 Gift Cards + \$2,914.58 Hygiene Kits) = \$56,395 approx. | \$ 56,395         |
| Events                   | Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300  | \$7,200 + \$11,300 = \$18,500  | \$ 18,500         |
| <b>Total Other:</b>      |  |  | <b>\$ 115,170</b> |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| Please list personnel and ledger expenses that are included in shared costs.  |  | <b>TOTAL OPERATING EXPENSES:</b>    | <b>\$ 1,204,075</b>                     |
|   |  | <b>TOTAL DIRECT COSTS:</b>          | <b>\$ 2,035,985</b>                     |
|   |  | <b>Amount</b>                       |   |
| Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract |  |                                     | \$ 198,690                              |
| <b>4) INDIRECT COSTS</b>  |  | <b>Indirect Rate:</b> 9.76%         | <b>TOTAL INDIRECT COSTS:</b> \$ 198,690 |
|   |  | <b>TOTAL EXPENSES:</b> \$ 2,234,675 |   |

General Fund

| Service Modes:                     |                | SF Phearless  |             |               |
|------------------------------------|----------------|---------------|-------------|---------------|
| Position Titles                    | Annual FTE     | Salaries      | % FTE       | Totals        |
| Interpreters Coordinator           | 0.02400        | 1,241         | 2.4%        | 1,241         |
|                                    |                |               |             |               |
| <b>Total FTE &amp; Salaries</b>    | <b>0.02400</b> | <b>1,241</b>  | <b>78%</b>  | <b>1,241</b>  |
| Fringe Benefits                    | 29%            | 359           |             | 359           |
| <b>Total Personnel Expenses</b>    |                | <b>1,600</b>  |             | <b>1,600</b>  |
|                                    |                |               |             |               |
| Operating Expenses                 |                | Expense       | %           | Totals        |
| Occupancy:                         |                |               |             | -             |
| Materials & Supplies:              |                |               |             | -             |
| General Operating:                 |                |               |             | -             |
| Staff Travel:                      |                |               |             | -             |
| Consultants/Subcontractors:        |                |               |             | -             |
| Interpreters (prep)                |                | 640           |             | 640           |
| Interpreters (taping)              |                | 3,200         |             | 3,200         |
| Video Consultant                   |                | 3,840         |             | 3,840         |
|                                    |                |               |             |               |
| <b>Other (specify):</b>            |                |               |             |               |
| Food for Groups                    |                | 800           | 100%        | 800           |
| Incentives                         |                | 1,280         | 100%        | 1,280         |
| <b>Total Operating Expenses</b>    |                | <b>9,760</b>  |             | <b>9,760</b>  |
|                                    |                |               |             |               |
| <b>Total Direct Expenses</b>       |                | <b>11,360</b> | <b>100%</b> | <b>9,760</b>  |
| <b>Indirect Expenses</b> 6%        |                | <b>640</b>    | <b>100%</b> | <b>640</b>    |
| <b>TOTAL EXPENSES</b>              |                | <b>12,000</b> |             | <b>12,000</b> |
|                                    |                |               |             |               |
| Unit of Service Type               |                | Units         |             |               |
| Number of UOS per Service Mode     |                | 8             |             | <b>8</b>      |
| Cost Per UOS by Service Mode       |                | \$1,500.00    |             |               |
| Number of UDC/NOC per Service Mode |                |               |             |               |

**BUDGET JUSTIFICATION**

**1a) SALARIES**

|                                  |   |            |              |                           |                 |
|----------------------------------|---|------------|--------------|---------------------------|-----------------|
| Staff Position 1:                | <b>Interpreters Coordinator</b>   |            |              |                           |                 |
| Duties re program and UDC served | Responsible for recruiting 4 Mayan interpreters and supporting them in translating/interpreting relevant Coordinated Overdose Response and Engagement (CORE) materials before audio-recorded content. Also responsible for coordinating with consultants and focus groups and clearing for distribution through digital media. (2 months/ additional 0.144 FTE /1 hour/day) |            |              |                           |                 |
| Degree, license exp              | Mayan interpreter with proven experience in interpretation services for Indigenous Communities. A community organizer with skills leading language access projects.   |            |              |                           |                 |
|                                  | Annual Salary   | x Base FTE | x Mos per Yr | Annualized FTE if < 12 mo | <b>Total</b>    |
|                                  | 51,722  | 0.14400    | 2            | 0.02400                   | <b>\$ 1,241</b> |

|                         |                |                    |                |                           |              |
|-------------------------|----------------|--------------------|----------------|---------------------------|--------------|
| <b>Total FTE, Base:</b> | <b>0.14400</b> | <b>Annualized:</b> | <b>0.02400</b> | <b>Total Salaries: \$</b> | <b>1,241</b> |
|-------------------------|----------------|--------------------|----------------|---------------------------|--------------|

**1b) EMPLOYEE FRINGE BENEFITS:**

|   |                 |
|---|-----------------|
| Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO |                 |
| Social Security   | \$ 95           |
| Retirement  | \$ 25           |
| Medical   | \$ 199          |
| Dental  | \$ 25           |
| Unemployment Insurance  | \$ -            |
| Disability Insurance  | \$ 16           |
| Paid Time Off   | \$ -            |
| Life Insurance  | \$ -            |
| <b>Total Fringe Benefit:</b>  | <b>\$ 359</b>   |
| <b>Fringe Benefit %:</b>  | <b>29%</b>      |
| <b>TOTAL SALARIES/BENEFITS:</b>   | <b>\$ 1,600</b> |

**2) OPERATING EXPENSES:**

|  |                                      |                     |             |
|--|--------------------------------------|---------------------|-------------|
| <b>Occupancy:</b>                      |                                      |                     |             |
| <b>Expense Item</b>                    | <b>Concise/ Specific Description</b> | <b>Rate/Formula</b> | <b>Cost</b> |
|  |                                      |                     |             |
| <b>Total Occupancy:</b>                |                                      |                     | <b>\$ -</b> |
| <b>Materials &amp; Supplies:</b>       |                                      |                     |             |
| <b>Expense Item</b>                    |                                      | <b>Rate/Formula</b> | <b>Cost</b> |
|  |                                      |                     |             |
| <b>Total Materials &amp; Supplies:</b> |                                      |                     | <b>\$ -</b> |
| <b>General Operating:</b>              |                                      |                     |             |
| <b>Expense Item</b>                    | <b>Brief Description</b>             | <b>Rate/Formula</b> | <b>Cost</b> |
|  |                                      |                     |             |
| <b>Total General Operating:</b>        |                                      |                     | <b>\$ -</b> |

**Staff Travel:**

| Purpose of Travel          | Location | Expense Item | Rate/Formula | Cost        |
|----------------------------|----------|--------------|--------------|-------------|
|                            |          |              |              |             |
| <b>Total Staff Travel:</b> |          |              |              | <b>\$ -</b> |

**Consultants/Subcontractors:**

| Consult/Subcontractor Name               | Service Description   | Rate/Formula   | Cost            |
|--|---|--|-----------------|
| Interpreters (prep)                      | The four (4) Mayan Indigenous interpreters, Mayan-Yucatec, Mayan Q'iche, Mayan Mam, and Mayan T'zetal, prepare their interpretations for the coordinated overdose prevention response and engage existing material. | \$640 for the entirety of the project period during the 4 months for an estimate of \$80/hrs. (\$80 x 8 hrs.)  | \$ 640          |
| Interpreters (taping)                    | Each of the four (4) interpreters tapes two (2) 4-minute videos with coordinated overdose prevention response and engaged messaging.  | \$3,200 for the entirety of the project period during the 4 months for an estimate of \$100/hrs. (\$100 x 32 hrs.), 4 min video (1hr taping) x 2 videos x 4 interpreters                                 | \$ 3,200        |
| Video Consultant                         | Video consultant pre-produces, tapes, and post-produces a total of eight (8) videos, two (2) for each language, with the coordinated overdose prevention response and engaged messaging.                            | \$3,840 for the entirety of the project period during the 4 months for an estimate of \$120/hrs. (\$120 x 32 hrs.), including 1 hr pre-production + 1 hr production + 2 hours post-production x 8 videos | \$ 3,840        |
| <b>Total Consultants/Subcontractors:</b> |   |  | <b>\$ 7,680</b> |

**Other Expenses**

| Expense Item             | Brief Description  | Rate/Formula   | Cost            |
|--------------------------|--|--|-----------------|
| Food for Groups Stipends | Two (2) people from each Mayan Language will be needed to validate video content. Total: eight (8) people, two (2) focus groups. | 4 focus groups x 2 people per language = 8 people x \$100 stipends | \$ 800          |
| Promotion                | The eight (8) videos will be promoted through Facebook/Instagram ads, with running campaigns for at least two (2) months.        | 8 Facebook/instagram running ads x 2 CBOS at \$80/ad               | \$ 1,280        |
| <b>Total Other:</b>      |  |  | <b>\$ 2,080</b> |

|   |                       |                                  |                                     |
|---|-----------------------|----------------------------------|-------------------------------------|
|   |                       | <b>TOTAL OPERATING EXPENSES:</b> | <b>\$ 9,760</b>                     |
|   |                       | <b>TOTAL DIRECT COSTS:</b>       | <b>\$ 11,360</b>                    |
| Please list personnel and ledger expenses that are included in shared costs.  |                       | <b>Amount</b>                    |                                     |
| Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract |                       |                                  | \$ 640                              |
| <b>4) INDIRECT COSTS</b>  | <b>Indirect Rate:</b> | <b>6%</b>                        | <b>TOTAL INDIRECT COSTS: \$ 640</b> |
|   |                       |                                  | <b>TOTAL EXPENSES: \$ 12,000</b>    |

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

| Service Modes:                           |                | INTEGRATED HIV/HCV/STD TESTING |                | LINKAGE & NAVIGATION Recruitment & Linkage |                | LINKAGE & NAVIGATION Individual Risk Reduction Counseling |                | LINKAGE & NAVIGATION Prevention Case Management |                | CONDOM DISTRIBUTION |                | COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group |                | COMMUNITY ENGAGEMENT & MOBILIZATION Events |                | COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing |                | Basic Needs    |                | Totals           |                  |
|--|----------------|--------------------------------|----------------|--|----------------|---|----------------|---|----------------|---------------------|----------------|--|----------------|--|----------------|--|----------------|----------------|----------------|------------------|------------------|
| Position Titles                          | Annual FTE     | Salaries                       | % FTE          | Salaries                                   | % FTE          | Salaries  | % FTE          | Salaries  | % FTE          | Salaries            | % FTE          | Salaries   | % FTE          | Salaries                                   | % FTE          | Salaries   | % FTE          | Salaries       | % FTE          | Totals           |                  |
| Director of Programs and Client Services | 0.14286        | 444                            | 2%             | 3,130                                      | 17%            | 4,004   | 21%            | 3,868   | 21%            | 275                 | 1%             | 4,557  | 24%            | 923  | 5%             | 816  | 4%             | 792            | 4%             | 18,810           |                  |
| Director of Integrated Behavioral Health | 0.11429        | 347                            | 2%             | 2,444                                      | 17%            | 3,127   | 21%            | 3,022   | 21%            | 215                 | 1%             | 3,559  | 24%            | 721  | 5%             | 637  | 4%             | 618            | 4%             | 14,690           |                  |
| Program Director                         | 0.74749        | 1,591                          | 2%             | 11,224                                     | 17%            | 14,358  | 21%            | 13,875  | 21%            | 988                 | 1%             | 16,340   | 24%            | 3,311                                      | 5%             | 2,926  | 4%             | 2,839          | 4%             | 67,452           |                  |
| Program Manager                          | 0.93429        | 1,830                          | 2%             | 12,903                                     | 17%            | 16,506  | 21%            | 15,951  | 21%            | 1,135               | 1%             | 18,786   | 24%            | 3,807                                      | 5%             | 3,364  | 4%             | 3,264          | 4%             | 77,546           |                  |
| Case Manager                             | 0.58333        | 688                            | 2%             | 4,853                                      | 17%            | 6,208   | 21%            | 5,999   | 21%            | 426                 | 1%             | 7,065  | 24%            | 1,432                                      | 5%             | 1,265  | 4%             | 1,228          | 4%             | 29,164           |                  |
| Community Health workers                 | 3.74000        | 4,350                          | 2%             | 30,678                                     | 17%            | 39,244  | 21%            | 37,924  | 21%            | 2,700               | 1%             | 44,663   | 24%            | 9,050                                      | 5%             | 7,997  | 4%             | 7,761          | 4%             | 184,367          |                  |
| Clinical Supervisor                      | 0.08571        | 202                            | 2%             | 1,426                                      | 17%            | 1,824   | 21%            | 1,763   | 21%            | 126                 | 1%             | 2,076  | 24%            | 421  | 5%             | 372  | 4%             | 361            | 4%             | 8,571            |                  |
| Prevention Services Coordinator          | 1.00000        | 1,796                          | 2%             | 12,664                                     | 17%            | 16,200  | 21%            | 15,654  | 21%            | 1,114               | 1%             | 18,436   | 24%            | 3,736                                      | 5%             | 3,301  | 4%             | 3,204          | 4%             | 76,105           |                  |
| MH Clinician                             | 0.57500        | 1,072                          | 2%             | 7,559                                      | 17%            | 9,669   | 21%            | 9,344   | 21%            | 665                 | 1%             | 11,004   | 24%            | 2,230                                      | 5%             | 1,970  | 4%             | 1,912          | 4%             | 45,425           |                  |
| Community Health Educators (CHE)         | 0.59234        | 789                            | 2%             | 5,567                                      | 17%            | 7,122   | 21%            | 6,882   | 21%            | 490                 | 1%             | 8,108  | 24%            | 1,642                                      | 5%             | 1,451  | 4%             | 1,408          | 4%             | 33,459           |                  |
| Program Assistants                       | 1.13000        | 1,458                          | 2%             | 10,285                                     | 17%            | 13,157  | 21%            | 12,714  | 21%            | 905                 | 1%             | 14,974   | 24%            | 3,034                                      | 5%             | 2,681  | 4%             | 2,602          | 4%             | 61,810           |                  |
| <b>Total FTE &amp; Salaries</b>          | <b>9.64531</b> | <b>14,567</b>                  | <b>2%</b>      | <b>102,734</b>                             | <b>17%</b>     | <b>131,419</b>  | <b>21%</b>     | <b>126,996</b>                                  | <b>21%</b>     | <b>9,039</b>        | <b>1%</b>      | <b>149,568</b>   | <b>24%</b>     | <b>30,307</b>                              | <b>5%</b>      | <b>26,780</b>  | <b>4%</b>      | <b>25,989</b>  | <b>4%</b>      | <b>617,399</b>   |                  |
| Fringe Benefits                          | 34.7%          | 5,061                          | 2%             | 35,694                                     | 17%            | 45,661  | 21%            | 44,124  | 21%            | 3,141               | 1%             | 51,966   | 24%            | 10,530                                     | 5%             | 9,304  | 4%             | 9,030          | 4%             | 214,511          |                  |
| <b>Total Personnel Expenses</b>          |                | <b>19,628</b>                  | <b>2%</b>      | <b>138,428</b>                             | <b>17%</b>     | <b>177,080</b>  | <b>21%</b>     | <b>171,120</b>                                  | <b>21%</b>     | <b>12,180</b>       | <b>1%</b>      | <b>201,534</b>   | <b>24%</b>     | <b>40,837</b>                              | <b>5%</b>      | <b>36,084</b>  | <b>4%</b>      | <b>35,019</b>  | <b>4%</b>      | <b>831,910</b>   |                  |
| <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>Expense</b> | <b>%</b>            | <b>Expense</b> | <b>%</b>   | <b>Expense</b> | <b>%</b>                                   | <b>Expense</b> | <b>%</b>   | <b>Expense</b> | <b>%</b>       | <b>Expense</b> | <b>%</b>         | <b>Totals</b>    |
| Total Occupancy                          | 1,973          | 2%                             | 13,916         | 17%  | 17,803         | 21%   | 17,204         | 21%   | 1,225          | 1%                  | 20,261         | 24%  | 4,106          | 5%   | 3,628          | 4%   | 3,521          | 4%             | 3,521          | 4%               | 83,637           |
| Total Materials and Supplies             | 1,000          | 2%                             | 7,051          | 17%  | 9,018          | 21%   | 8,716          | 21%   | 620            | 1%                  | 10,265         | 24%  | 2,080          | 5%   | 1,838          | 4%   | 1,784          | 4%             | 1,784          | 4%               | 42,372           |
| Total General Operating                  | 297            | 2%                             | 2,094          | 17%  | 2,678          | 21%   | 2,588          | 21%   | 184            | 1%                  | 3,048          | 24%  | 618            | 5%   | 546            | 4%   | 530            | 4%             | 530            | 4%               | 12,583           |
| Total Staff Travel                       | 52             | 2%                             | 366            | 17%  | 468            | 21%   | 453            | 21%   | 32             | 1%                  | 533            | 24%  | 108            | 5%   | 95             | 4%   | 93             | 4%             | 93             | 4%               | 2,200            |
| <b>Consultants/Subcontractor:</b>        |                |                                |                |  |                |   |                |   |                |                     |                |  |                |  |                |  |                |                |                |                  |                  |
| MNHC                                     | 141,926        | 25%                            | 82,140         | 14%  | 58,669         | 10%   | 55,352         | 10%   | 16,605         | 3%                  | 149,299        | 26%  | 7,412          | 1%   |                | 0%   | 66,262         | 11%            | 66,262         | 11%              | 577,665          |
| SFAF                                     |                | 0%                             | 198,424        | 55%  |                | 0%  | 32,289         | 9%  | 15,448         | 4%                  |                | 0%   | 85,234         | 24%  |                | 0%   | 30,399         | 8%             | 30,399         | 8%               | 361,794          |
| Fees                                     | 204            | 9%                             | 1,440          | 17%  | 1,842          | 21%   | 1,780          | 21%   | 127            | 1%                  | 2,096          | 24%  | 425            | 5%   | 376            | 4%   | 364            | 4%             | 364            | 4%               | 8,654            |
| <b>Other (specify):</b>                  |                |                                |                |  |                |   |                |   |                |                     |                |  |                |  |                |  |                |                |                |                  |                  |
| Food for Groups                          | 577            | 26%                            | 4,073          | 17%  | 5,210          | 21%   | 5,034          | 21%   | 358            | 1%                  | 5,929          | 24%  | 1,201          | 5%   | 1,062          | 4%   | 1,031          | 4%             | 1,031          | 4%               | 24,475           |
| Incentive/Rewards                        | 231            | 11%                            | 1,631          | 17%  | 2,086          | 21%   | 2,016          | 21%   | 143            | 1%                  | 2,374          | 24%  | 481            | 5%   | 425            | 4%   | 413            | 4%             | 413            | 4%               | 9,800            |
| HIV Testing Incentives                   | 142            | 6%                             | 998            | 17%  | 1,277          | 21%   | 1,234          | 21%   | 88             | 1%                  | 1,454          | 24%  | 295            | 5%   | 260            | 4%   | 252            | 4%             | 252            | 4%               | 6,000            |
| Basic Needs/Hygiene Kits                 | 1,331          | 60%                            | 9,384          | 17%  | 12,004         | 21%   | 11,600         | 21%   | 826            | 1%                  | 13,662         | 24%  | 2,768          | 5%   | 2,446          | 4%   | 2,374          | 4%             | 2,374          | 4%               | 56,395           |
| Events                                   | 436            | 20%                            | 3,078          | 17%  | 3,938          | 21%   | 3,805          | 21%   | 271            | 1%                  | 4,482          | 24%  | 908            | 5%   | 802            | 4%   | 780            | 4%             | 780            | 4%               | 18,500           |
|  |                | 0%                             |                | 0%   |                | 0%  |                | 0%  |                | 0%                  |                | 0%   |                | 0%   |                | 0%   |                |                |                |                  | -                |
| <b>Total Operating Expenses</b>          | <b>148,169</b> | <b>12%</b>                     | <b>324,595</b> |  | <b>114,993</b> |   | <b>142,071</b> |   | <b>35,927</b>  |                     | <b>213,403</b> |  | <b>105,636</b> |  | <b>11,478</b>  |  | <b>107,803</b> |                | <b>107,803</b> |                  | <b>1,204,075</b> |
| <b>Total Direct Expenses</b>             | <b>167,797</b> | <b>8%</b>                      | <b>463,023</b> | <b>23%</b>                                 | <b>292,073</b> | <b>14%</b>  | <b>313,191</b> | <b>15%</b>                                      | <b>48,107</b>  | <b>2%</b>           | <b>414,937</b> | <b>20%</b>   | <b>146,473</b> | <b>7%</b>                                  | <b>47,562</b>  | <b>2%</b>  | <b>142,822</b> | <b>7%</b>      | <b>142,822</b> | <b>7%</b>        | <b>2,035,985</b> |
| <b>Indirect Expenses</b>                 | <b>9.8%</b>    | <b>4,688</b>                   | <b>3%</b>      | <b>33,062</b>                              | <b>7%</b>      | <b>42,293</b>   | <b>14%</b>     | <b>40,870</b>                                   | <b>13%</b>     | <b>2,909</b>        | <b>6%</b>      | <b>48,133</b>  | <b>12%</b>     | <b>9,753</b>                               | <b>7%</b>      | <b>8,618</b>   | <b>18%</b>     | <b>8,364</b>   | <b>6%</b>      | <b>198,690</b>   |                  |
| <b>TOTAL EXPENSES</b>                    |                | <b>172,485</b>                 | <b>8%</b>      | <b>496,085</b>                             | <b>22%</b>     | <b>334,366</b>  | <b>15%</b>     | <b>354,061</b>                                  | <b>16%</b>     | <b>51,016</b>       | <b>2%</b>      | <b>463,070</b>   | <b>21%</b>     | <b>156,226</b>                             | <b>7%</b>      | <b>56,180</b>  | <b>3%</b>      | <b>151,186</b> | <b>7%</b>      | <b>2,234,675</b> |                  |
| <b>Unit of Service Type</b>              | <b>Test</b>    | <b>Hours</b>                   | <b>Hours</b>   | <b>Hours</b>                               | <b>Hours</b>   | <b>Condom/Lube</b>  | <b>Hours</b>   | <b>Events</b>                                   | <b>Months</b>  | <b>Kit</b>          | <b>Totals</b>  |  |                |  |                |  |                |                |                |                  |                  |
| Number of UOS per Service Mode           | 1,196          | 1,495                          | 1,168          | 1,093                                      | 60,000         | 740   | 41             | 12  | 5,500          | 71,245              |                |  |                |  |                |  |                |                |                |                  |                  |
| Cost Per UOS by Service Mode             | \$144.22       | \$331.83                       | \$286.28       | \$323.94                                   | \$0.85         | \$625.78  | \$3,810.38     | \$4,681.69                                      | \$27.49        | N/A                 |                |  |                |  |                |  |                |                |                |                  |                  |
| Number of UDC/NOC per Service Mode       | 1,196          | 5,952                          | 1,168          | 1,093                                      | 14,850         | 2,022   | 1,380          | N/A   | 8,753          |                     |                |  |                |  |                |  |                |                |                |                  |                  |

**BUDGET JUSTIFICATION**

Appendix B-1c

**1a) SALARIES**

| Staff Position 1: <b>Director of Programs and Client Services</b> |  |            |               |                            |                  |
|---|--|------------|---------------|----------------------------|------------------|
| Duties related to this program and UDC served                     | Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.   |            |               |                            |                  |
| Degree, license, experience                                       | Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.  |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 131,670  | 0.14286    | 12            | 0.14286                    | <b>\$ 18,810</b> |
| Staff Position 2: <b>Director of Integrated Behavioral Health</b> |  |            |               |                            |                  |
| Duties related to this program and UDC served                     | Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.   |            |               |                            |                  |
| Degree, license, experience                                       | Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.  |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 128,535  | 0.11429    | 12            | 0.11429                    | <b>\$ 14,690</b> |
| Staff Position 3: <b>Program Director</b>                         |  |            |               |                            |                  |
| Duties re program and UDC served                                  | Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.  |            |               |                            |                  |
| Degree, license exp   | A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 90,238   | 0.74749    | 12            | 0.74749                    | <b>\$ 67,452</b> |
| Staff Position 4: <b>Program Manager</b>                          |  |            |               |                            |                  |
| Duties related to this program and UDC served                     | This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations   |            |               |                            |                  |
| Degree, license, experience                                       | A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for diverse Latinx populations such as people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish  |            |               |                            |                  |
|   | Annual Salary  | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>     |
|   | 83,000   | 0.93429    | 12            | 0.93429                    | <b>\$ 77,546</b> |

|  |   |            |               |                            |                   |
|--|---|------------|---------------|----------------------------|-------------------|
| <b>Staff Position 5: Case Manager</b>                      |   |            |               |                            |                   |
| Duties re prog/UDC   | Responsible for providing Prevention Case Management and comprehensive support services to Latinx individuals at risk for HIV & STI's including accompaniments to appointments for legal, medical, and other services   |            |               |                            |                   |
| Degree, license exp  | BA in Hlth Ed or related field preferred, a related college degree required; 2 yrs. exp providing case mgmt. to Latinx and HIV impacted populations. Able to work within a multidisciplinary team. Bilingual Spanish speaking required.   |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 49,995  | 1.00000    | 7             | 0.58333                    | <b>\$ 29,164</b>  |
| <b>Staff Position 6: Community Health workers</b>          |   |            |               |                            |                   |
| Duties related to this program and UDC served              | Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff |            |               |                            |                   |
| Degree, license exp  | Minimum 2 years experience with HIV and LGBTQ health and social issues and 1 year experience working with difficult to engage Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.  |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 49,296  | 3.74000    | 12            | 3.74000                    | <b>\$ 184,367</b> |
| <b>Staff Position 7: Clinical Supervisor</b>               |   |            |               |                            |                   |
| Duties re program and UDC served                           | Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements   |            |               |                            |                   |
| Degree, license exp  | Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English  |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 100,000   | 0.08571    | 12            | 0.08571                    | <b>\$ 8,571</b>   |
| <b>Staff Position 8: Prevention Services Coordinator</b>   |   |            |               |                            |                   |
| Duties re program and UDC served                           | Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.   |            |               |                            |                   |
| Degree, license exp  | BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.  |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 76,105  | 1.00000    | 12            | 1.00000                    | <b>\$ 76,105</b>  |
| <b>Staff Position 9: MH Clinician</b>                      |   |            |               |                            |                   |
| Duties re program and UDC served                           | Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.   |            |               |                            |                   |
| Degree, license exp  | Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community   |            |               |                            |                   |
|  | Annual Salary   | x Base FTE | x Mos per Yr. | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 79,000  | 0.57500    | 12            | 0.57500                    | <b>\$ 45,425</b>  |
| <b>Staff Position 10: Community Health Educators (CHE)</b> |   |            |               |                            |                   |
| Duties re program and UDC served                           | Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.  |            |               |                            |                   |

|  |   |                 |                    |                            |                   |
|--|---|-----------------|--------------------|----------------------------|-------------------|
| Degree, license exp                          | AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.           |                 |                    |                            |                   |
|  | Annual Salary   | x Base FTE      | x Mos per Yr.      | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 56,486  | 0.59234         | 12                 | 0.59234                    | <b>\$ 33,459</b>  |
| <b>Staff Position 11: Program Assistants</b> |   |                 |                    |                            |                   |
| Duties re program and UDC served             | Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.        |                 |                    |                            |                   |
| Degree, license exp                          | Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish. |                 |                    |                            |                   |
|  | Annual Salary   | x Base FTE      | x Mos per Yr.      | Annualized FTE if < 12 mo. | <b>Total</b>      |
|  | 54,699  | 1.13000         | 12                 | 1.13000                    | <b>\$ 61,810</b>  |
|  | <b>Total FTE, Base:</b>   | <b>10.06198</b> | <b>Annualized:</b> | <b>9.64531</b>             |                   |
|  |   |                 |                    | <b>Total Salaries:</b>     | <b>\$ 617,399</b> |

**1b) EMPLOYEE FRINGE BENEFITS:**

|   |                   |
|---|-------------------|
| Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO |                   |
| Social Security   | \$ 47,231         |
| Retirement  | \$ 30,870         |
| Medical   | \$ 114,502        |
| Dental  | \$ 12,348         |
| Unemployment Insurance  | \$ 7,717          |
| Disability Insurance  | \$ 1,843          |
| Paid Time Off   | \$ -              |
| Life Insurance  | \$ -              |
| <b>Total Fringe Benefit:</b>  | <b>\$ 214,511</b> |
| <b>Fringe Benefit %:</b>  | <b>34.74%</b>     |
| <b>TOTAL SALARIES/BENEFITS:</b>   | <b>\$ 831,910</b> |

**2) OPERATING EXPENSES:**

|                               |  |   |                  |
|-------------------------------|--|---|------------------|
| <b>Occupancy:</b>             |  |   |                  |
| <b>Expense Item</b>           | <b>Concise/ Specific Description</b>   | <b>Rate/Formula</b>   | <b>Cost</b>      |
| Building Maintenance and Rent | Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and share FTE costs building Maintenance at 2919 Mission and utilities/cellphones at 95.16% FTE ratio total | Rent at \$5,928.08 x 12, and utilities at \$317.17 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance at \$599.50 x 12mos | \$ 83,637        |
| <b>Total Occupancy:</b>       |  |   | <b>\$ 83,637</b> |

**Materials & Supplies:**

| Expense Item                           |   | Rate/Formula           | Cost             |
|--|---|------------------------|------------------|
| Program Supplies                       | Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$5,000 for special client events, plus \$1000 for agency share costs for cultural/spiritual events  | \$2,533.33 x 12 months | \$ 30,400        |
| Office Supplies and Printing           | To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$6,661, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$3,538 to the agency share costs ratio, plus \$1,773 for printing costs | \$997.67 x 12 months   | \$ 11,972        |
| <b>Total Materials &amp; Supplies:</b> |   |                        | <b>\$ 42,372</b> |

**General Operating:**

| Expense Item                    | Brief Description  | Rate/Formula         | Cost             |
|---------------------------------|--|----------------------|------------------|
| Insurance                       | Costs at 10.06198 FTE ratio of 11.82% to the agency budget will be for general and professional insurance.   | \$354.67 x 12 months | \$ 4,256         |
| Staff Training                  | Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$6,000. In addition to cover share costs for Agency mandated training and translation costs at \$709 | \$559.08 x 12 months | \$ 6,709         |
| Rental Equipment                | To cover rental of copy machines for both IFR and MNHC program to use at 100% to the total cost \$1,700 x 95.16%   | \$134.83 x 12 months | \$ 1,618         |
| <b>Total General Operating:</b> |  |                      | <b>\$ 12,583</b> |

**Staff Travel:**

| Purpose of Travel          | Location  | Expense Item | Rate/Formula                                    | Cost     |
|----------------------------|---|--------------|---|----------|
| Staff Travel               | Local travel required for staff to provide services and attend program related activities in the City at \$45.83 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs |              | an average of \$45.83 x 12mos/average x 4 staff | \$ 2,200 |
| <b>Total Staff Travel:</b> |   |              | <b>\$ 2,200</b>                                 |          |

**Consultants/Subcontractors:**

| Consult/Subcontractor Name               | Service Description   | Rate/Formula                    | Cost              |
|--|---|---------------------------------|-------------------|
| Sub-Contractors - MHNC                   | 1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events | @ \$48,138.75/month x 12 months | \$ 577,665        |
| Sub-Contractors - SFAF                   | 1) Coordinates LHAP client services; 2) Provides recruitment and linkage services; 3) Conducts events   | @ \$30,149.50/month x 12 months | \$ 361,794        |
| Fees                                     | Audit fees for 10.06198 FTE ratio of 11.82% to the agency budget will contribute towards annual fiscal audit at \$4,729 and payroll services at \$3,925 | @ \$721.17 /month x 12 months   | \$ 8,654          |
| <b>Total Consultants/Subcontractors:</b> |   |                                 | <b>\$ 948,113</b> |

**Other Expenses**

| Expense Item             | Brief Description  | Rate/Formula   | Cost              |
|--------------------------|--|--|-------------------|
| Food for Groups          | Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$4,915 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada   | 91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$4,915 = \$24,475            | \$ 24,475         |
| Incentive/Rewards        | Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP. | 2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50                                    | \$ 9,800          |
| HIV Testing Incentives   | Store Gift cards as incentive for 200 TG clients having HIV testing  | \$30 x 200 = \$6,000   | \$ 6,000          |
| Basic Needs/Hygiene Kits | Monthly: 28 Clipper Cards x \$35 = \$980, 23 Store gift card x \$35 for basic needs = \$805, 329 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. at \$8.87 approx. = 2,914.58  | 12 mos x (\$980 Clipper Cards + \$805 Gift Cards + \$2,914.58 Hygiene Kits) = \$56,395 approx. | \$ 56,395         |
| Events                   | Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300  | \$7,200 + \$11,300 = \$18,500  | \$ 18,500         |
| <b>Total Other:</b>      |  |  | <b>\$ 115,170</b> |

|   |                       |              |                                  |                     |
|---|-----------------------|--------------|----------------------------------|---------------------|
|   |                       |              | <b>TOTAL OPERATING EXPENSES:</b> | <b>\$ 1,204,075</b> |
|   |                       |              | <b>TOTAL DIRECT COSTS:</b>       | <b>\$ 2,035,985</b> |
|   |                       |              | <b>Amount</b>                    |                     |
| Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract |                       |              |                                  | \$ 198,690          |
| <b>4) INDIRECT COSTS</b>  | <b>Indirect Rate:</b> | <b>9.76%</b> | <b>TOTAL INDIRECT COSTS:</b>     | <b>\$ 198,690</b>   |
|   |                       |              | <b>TOTAL EXPENSES:</b>           | <b>\$ 2,234,675</b> |

## 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.

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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

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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 |  |
|------------------|--|---------------------------|--|

### PRIVACY ATTESTATION

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH 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 SFPDH.

**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.**

| <b>DOES YOUR ORGANIZATION...</b> |   |               |  |         |  |        | Yes | No* |  |
|----------------------------------|---|---------------|--|---------|--|--------|-----|-----|--|
| A                                | Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?  |               |  |         |  |        |     |     |  |
| B                                | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?   |               |  |         |  |        |     |     |  |
|                                  | If yes:   | Name & Title: |  | Phone # |  | Email: |     |     |  |
| 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.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]     |               |  |         |  |        |     |     |  |
| 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.]                          |               |  |         |  |        |     |     |  |
| E                                | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?   |               |  |         |  |        |     |     |  |
| F                                | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFPDH Information Security staff?</b> |               |  |         |  |        |     |     |  |

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

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

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

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

**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or [compliance.privacy@sfdph.org](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 |  |
|-------------------------------|--------------|--|-----------|--|------|--|

|                  |  |                           |  |
|------------------|--|---------------------------|--|
| Contractor Name: |  | Contractor City Vendor ID |  |
|------------------|--|---------------------------|--|

### DATA SECURITY ATTESTATION

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

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

**I. All Contractors.**

| 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 |  |
|--|---------------|--|-----------|------|--|

**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 |  |
|-------------------------------|--------------|--|-----------|------|--|

**Attachment 3 to Appendix E**

**Protected Information Destruction Order**

**Purge Certification - Contract ID # 1000024733**

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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, 2023 (“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**

\_\_\_\_\_  
Signature

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

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

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1b  
07/01/24-06/30/25  
PAGE A

Contractor: Instituto Familiar de La Raza  
Address: 2919 Mission Street  
San Francisco, CA 94110

Telephone: 415-229-0523  
Fax: \_\_\_\_\_

Contract ID #: 1000024733  
Invoice Number: A-1JUL24

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

Funding Source: General Fund

Department ID-Authority ID: 251929

Program Name: Latinx Health Access Point (LHAP)

Project ID-Activity ID: 10001677 | 002

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

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

FINAL Invoice  (check if Yes)

**CHEP**

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1b  
07/01/24-06/30/25  
PAGE B

Contractor: Instituto Familiar de La Raza  
Address: 2919 Mission Street  
San Francisco, CA 94110

Telephone: 415-229-0523  
Fax: \_\_\_\_\_

Contract ID #: 1000024733  
Invoice Number: A-1JUL24

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

Funding Source: General Fund

Department ID-Authority ID: 251929

Program Name: Latinx Health Access Point (LHAP)

Project ID-Activity ID: 10001677 | 002

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    |
| INTEGRATED HIV/HCV/STD TESTING                            | 1,196            | 1,196  |                       |     |                   |     |            |     | 1,196                  | 1,196  |
| LINKAGE & NAVIGATION-Recruitment & Linkage                | 1,495            | 5,952  |                       |     |                   |     |            |     | 1,495                  | 5,952  |
| LINKAGE & NAVIGATION-Individual Risk Reduction Counseling | 1,168            | 1,168  |                       |     |                   |     |            |     | 1,168                  | 1,168  |
| LINKAGE & NAVIGATION-Prevention Case Management           | 1,093            | 1,093  |                       |     |                   |     |            |     | 1,093                  | 1,093  |
| CONDOM DISTRIBUTION                                       | 60,000           | 14,850 |                       |     |                   |     |            |     | 60,000                 | 14,850 |
| COMMUNITY ENGAGEMENT- Support Group                       | 740              | 2,022  |                       |     |                   |     |            |     | 740                    | 2,022  |
| COMMUNITY ENGAGEMENT - Events                             | 41               | 1,025  |                       |     |                   |     |            |     | 41                     | 1,025  |
| COMMUNITY ENGAGEMENT - Social Marketing                   | 12               |        |                       |     |                   |     |            |     | 12                     |        |
| Basic Needs   | 5,500            | 5,500  |                       |     |                   |     |            |     | 5,500                  | 5,500  |
| Start Up  |                  |        |                       |     |                   |     |            |     |                        |        |

| Number of Clients for Appendix | NOC    |        | NOC |     | NOC |     | NOC |        |
|--------------------------------|--------|--------|-----|-----|-----|-----|-----|--------|
|                                | UOS    | NOC    | UOS | NOC | UOS | NOC | UOS | NOC    |
|                                | 71,245 | 32,806 |     |     |     |     |     | 32,806 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
|  |                    |                      |                  |             |                       |
| Fringe Benefits  | \$214,511          |                      |                  |             | \$214,511.00          |
| <b>Total Personnel Expenses</b>  | <b>\$831,910</b>   |                      |                  |             | <b>\$831,910.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$83,637           |                      |                  |             | \$83,637.00           |
| Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)      | \$42,372           |                      |                  |             | \$42,372.00           |
| General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)          | \$12,583           |                      |                  |             | \$12,583.00           |
| Staff Travel - (e.g., Local & Out of Town)   | \$2,200            |                      |                  |             | \$2,200.00            |
| Consultant/Subcontractor   | \$948,113          |                      |                  |             | \$948,113.00          |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)                       | \$115,170          |                      |                  |             | \$115,170.00          |
| <b>Total Operating Expenses</b>  | <b>\$1,204,075</b> |                      |                  |             | <b>\$1,204,075.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$2,035,985</b> |                      |                  |             | <b>\$2,035,985.00</b> |
| Indirect Expenses  | \$198,690          |                      |                  |             | \$198,690.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,234,675</b> |                      |                  |             | <b>\$2,234,675.00</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: AidsOffice@sfdph.org

Attn: Accounts Payable

By: \_\_\_\_\_ (DPH Authorized Signatory) Date: \_\_\_\_\_

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL                                | FTE            | BUDGETED SALARY  | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Director of Programs and Client Services | 0.14286        | \$18,810         |                      |                  |             | \$18,810.00         |
| Director of Integrated Behavioral Health | 0.11429        | \$14,690         |                      |                  |             | \$14,690.00         |
| Program Director                         | 0.74749        | \$67,452         |                      |                  |             | \$67,452.00         |
| Program Manager                          | 0.93429        | \$77,546         |                      |                  |             | \$77,546.00         |
| Case Manager                             | 0.58333        | \$29,164         |                      |                  |             | \$29,164.00         |
| Community Health Worker                  | 3.74000        | \$184,367        |                      |                  |             | \$184,367.00        |
| Clinical Supervisor                      | 0.08571        | \$8,571          |                      |                  |             | \$8,571.00          |
| Prevention Services Coordinator          | 1.00000        | \$76,105         |                      |                  |             | \$76,105.00         |
| MH Clinician                             | 0.57500        | \$45,425         |                      |                  |             | \$45,425.00         |
| Community Health Educators (CHE)         | 0.59234        | \$33,459         |                      |                  |             | \$33,459.00         |
| Program Assistants                       | 1.13000        | \$61,810         |                      |                  |             | \$61,810.00         |
| <b>TOTAL SALARIES</b>                    | <b>9.64531</b> | <b>\$617,399</b> |                      |                  |             | <b>\$617,399.00</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.

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

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



DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1c  
07/01/25-06/30/26  
PAGE A

Contract ID #  Invoice Number   
 Contractor: Instituto Familiar de La Raza Address: 2919 Mission Street San Francisco, CA 94110  
 Contract Purchase Order No:   
 Telephone: 415-229-0523 Fax:  **CHEP** Funding Source:   
 Program Name: Latinx Health Access Point (LHAP) Department ID-Authority ID:   
 ACE Control #:  Project ID-Activity ID:   
 Invoice Period:   
 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    |
| INTEGRATED HIV/HCV/STD TESTING                            | 1,196            | 1,196  |                       |     |                   |     |            |     | 1,196                  | 1,196  |
| LINKAGE & NAVIGATION-Recruitment & Linkage                | 1,495            | 5,952  |                       |     |                   |     |            |     | 1,495                  | 5,952  |
| LINKAGE & NAVIGATION-Individual Risk Reduction Counseling | 1,168            | 1,168  |                       |     |                   |     |            |     | 1,168                  | 1,168  |
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| CONDOM DISTRIBUTION                                       | 60,000           | 14,850 |                       |     |                   |     |            |     | 60,000                 | 14,850 |
| COMMUNITY ENGAGEMENT- Support Group                       | 740              | 2,022  |                       |     |                   |     |            |     | 740                    | 2,022  |
| COMMUNITY ENGAGEMENT - Events                             | 41               | 1,025  |                       |     |                   |     |            |     | 41                     | 1,025  |
| COMMUNITY ENGAGEMENT - Social Marketing                   | 12               |        |                       |     |                   |     |            |     | 12                     |        |
| Basic Needs   | 5,500            | 5,500  |                       |     |                   |     |            |     | 5,500                  | 5,500  |
| Start Up  |                  |        |                       |     |                   |     |            |     |                        |        |

| Number of Clients for Appendix | NOC    |        | NOC |     | NOC |     | NOC |        |
|--------------------------------|--------|--------|-----|-----|-----|-----|-----|--------|
|                                | UOS    | NOC    | UOS | NOC | UOS | NOC | UOS | NOC    |
|                                | 71,245 | 32,806 |     |     |     |     |     | 32,806 |

| EXPENDITURES   | BUDGET             | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE     |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B)  | \$617,399          |                      |                  |             | \$617,399.00          |
| Fringe Benefits  | \$214,511          |                      |                  |             | \$214,511.00          |
| <b>Total Personnel Expenses</b>  | <b>\$831,910</b>   |                      |                  |             | <b>\$831,910.00</b>   |
| Operating Expenses:  |                    |                      |                  |             |                       |
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| Consultant/Subcontractor   | \$948,113          |                      |                  |             | \$948,113.00          |
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| <b>Total Operating Expenses</b>  | <b>\$1,204,075</b> |                      |                  |             | <b>\$1,204,075.00</b> |
| Capital Expenditures   |                    |                      |                  |             |                       |
| <b>TOTAL DIRECT EXPENSES</b>   | <b>\$2,035,985</b> |                      |                  |             | <b>\$2,035,985.00</b> |
| Indirect Expenses  | \$198,690          |                      |                  |             | \$198,690.00          |
| <b>TOTAL EXPENSES</b>  | <b>\$2,234,675</b> |                      |                  |             | <b>\$2,234,675.00</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: AidsOffice@sfdph.org  
 Attn: Accounts Payable  
 By: \_\_\_\_\_ (DPH Authorized Signatory) Date: \_\_\_\_\_

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1c  
07/01/25-06/30/26  
PAGE B

Contract ID #  Invoice Number   
 Contractor: Instituto Familiar de La Raza Address: 2919 Mission Street San Francisco, CA 94110  
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 Telephone: 415-229-0523 Fax:  **CHEP** Funding Source:   
 Program Name: Latinx Health Access Point (LHAP) Department ID-Authority ID:   
 ACE Control #:  Project ID-Activity ID:   
 Invoice Period:   
 FINAL Invoice  (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL                                | FTE            | BUDGETED SALARY  | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE   |
|--|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Director of Programs and Client Services | 0.14286        | \$18,810         |                      |                  |             | \$18,810.00         |
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| Community Health Worker                  | 3.74000        | \$184,367        |                      |                  |             | \$184,367.00        |
| Prevention Services Coordinator          | 0.08571        | \$8,571          |                      |                  |             | \$8,571.00          |
| Clinical Supervisor                      | 1.00000        | \$76,105         |                      |                  |             | \$76,105.00         |
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| Community Health Educators (CHE)         | 0.59234        | \$33,459         |                      |                  |             | \$33,459.00         |
| Program Assistants                       | 1.13000        | \$61,810         |                      |                  |             | \$61,810.00         |
| <b>TOTAL SALARIES</b>                    | <b>9.64531</b> | <b>\$617,399</b> |                      |                  |             | <b>\$617,399.00</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.

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

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

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

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## 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.