

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

Third Amendment

THIS AMENDMENT (this “Amendment”) is made as of **January 1st, 2022**, in San Francisco, California, by and between **PROJECT OPEN HAND** (“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 **increase the contract amount, extend the contract term, and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 9-2017 issued on January 30, 2017** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **2005 07/08** on **July 18, 2016**; and

WHEREAS, the City’s **Board of Supervisors** approved this Agreement by **Resolution Number** _____ on _____.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **April 1st, 2017** (**CID# 1000002671 / BPHC17000070**) between Contractor and City, as amended by the:

First Amendment, dated December 1st, 2018 (CID# 1000002671 / BPHC17000070), and

Second Amendment, dated February 1st, 2021 (CID# 1000002671 / BPHC17000070).

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 **Article 1 Definitions**, is hereby amended in its entirety to read as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 **“Agreement”** means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements specifically incorporated into this Agreement by reference as provided herein.

1.2 **“City” or “the City”** means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director’s designated agent, hereinafter referred to as “Purchasing” and **Department of Public Health**.

1.3 **“City Data”** means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of the City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.4 **“CMD”** means the Contract Monitoring Division of the City.

1.5 **“Confidential Information”** means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

1.6 **“Contractor” or “Consultant”** means **Project Open Hand, 730 Polk Street, San Francisco, CA 94109**.

1.7 **“Deliverables”** means Contractor’s work product resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

1.8 **“Mandatory City Requirements”** means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws that impose specific duties and obligations upon Contractor.

1.9 **“Party” and “Parties”** means the City and Contractor either collectively or individually.

1.10 **“Services”** means the work performed by Contractor under this Agreement as specifically described in the “Scope of Services” attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

2.2 **Article 2 Term of the Agreement** of the **2nd Amendment** currently reads as follows

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **April 1, 2017**; or (ii) the Effective Date and expire on **June 30, 2022**, unless earlier terminated as otherwise provided herein.

2.2 The City has **four (4)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

| | | |
|-----------|---------------------|-----------|
| Option 1: | 04/01/21 – 03/31/22 | Exercised |
| Option 2: | 04/01/22 – 03/31/23 | Exercised |
| Option 3: | 04/01/23 – 03/31/24 | |
| Option 4: | 04/01/24 – 03/31/25 | |
| Option 5: | 04/01/25 – 03/31/26 | |
| Option 6: | 04/01/26 – 03/31/27 | |

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

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **April 1, 2017**; or (ii) the Effective Date and expire on **March 31, 2027**, unless earlier terminated as otherwise provided herein.

2.2 The City has **zero (0)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

| | | |
|-----------|---------------------|-----------|
| Option 1: | 04/01/21 – 03/31/22 | Exercised |
| Option 2: | 04/01/22 – 03/31/23 | Exercised |
| Option 3: | 04/01/23 – 03/31/24 | Exercised |
| Option 4: | 04/01/24 – 03/31/25 | Exercised |
| Option 5: | 04/01/25 – 03/31/26 | Exercised |
| Option 6: | 04/01/26 – 03/31/27 | Exercised |

2.3 **Article 3.3.1 Payment** of the **2nd Amendment** currently reads as follows:

Article 3 Financial Matters

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million, Three Hundred Fifty-Seven Thousand, Seven Hundred Five DOLLARS (\$9,357,705)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

Article 3 Financial Matters

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Eighteen Million, Eight Hundred Thousand, Three Hundred Forty-Four DOLLARS (\$18,800,344)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.4 **Article 13 Data and Security**, is hereby amended in its entirety to read as follows:

Article 13 Data and Security

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 Confidential Information. In the performance of Services, Contractor may have access to, or collect on City’s behalf, City’s proprietary or Confidential Information, the disclosure of which 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) (04-12-2018)

1. SFDPH Attestation 1 PRIVACY (06-07-2017)
2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

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

13.5 Management of City Data and Confidential Information.

13.5.1 Use of City Data and Confidential Information. Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Data outside the United States is subject to prior written authorization by the City. Access to City's Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the 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 the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by 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.

13.5.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's 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 subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by 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.

13.6 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.

The Appendices listed below are Amended as follows:

2.5 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and incorporated within the Agreement.

2.6 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and incorporated within the Agreement.

2.7 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and incorporated within the Agreement.

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

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

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

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

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

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

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

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

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

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

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

2.19 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v4-12-18 and Attestation forms 06-07-2017, attached to this Amendment and incorporated within the Agreement.

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

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

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

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

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

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

2.26 **Appendix F-2g.** Appendix F-2g is hereby added to this Amendment and fully incorporated within the Agreement.

2.27 **Appendix F-2h.** Appendix F-2h is hereby added to this Amendment and fully incorporated within the Agreement.

2.28 **Appendix F-2i.** Appendix F-2i is hereby added to this Amendment and fully incorporated within the Agreement.

2.29 **Appendix F-2j.** Appendix F-2j is hereby added to this Amendment and fully incorporated within the Agreement.

2.30 **Appendix K.** Appendix K is hereby added to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY

Recommended by:

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

David Chiu
City Attorney

By: _____
Deputy City Attorney

Approved:

Sailaja Kurella
Director of the Office of Contract
Administration and Purchaser

By: _____

CONTRACTOR
PROJECT OPEN HAND

DocuSigned by:

Paul Heffer

PAUL HEPFER
Chief Executive Officer
730 Polk Street
San Francisco, CA 94109

City Supplier number: **0000012810**

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

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

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and subcontractors as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of its employees, agents, subcontractors and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and subcontractors, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Assurance:

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

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

P. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- Appendix A-1 **HIV/AIDS Food and Nutrition Services**
- Appendix A-2 **HIV/AIDS Food and Nutrition Services – Getting to Zero**
- Appendix A-3 **HIV/AIDS Food and Nutrition Services**

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

**Project Open Hand
HIV / AIDS Food and Nutrition Services**

**Appendix A
04/01/17 - 03/31/27**

Ryan White Part A (RWPA) RW Part B / General Fund

SUMMARY

| | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------|-----------------|------------|------------------|------------|--------------------------------|------------|-----------------|------------|-----------------|-----------|--|------------|-----------------|------------|------------------|------------|-----------------|------------|----------------|------------|--|--|
| Contractor/Provider | PROJECT OPEN HAND | | | | | | | | | | | | | | | | | | | | | | | |
| Total Contract | \$ 17,565,165 | | | | | | | | | | | | | | | | | | | | | | | |
| Funding | Ryan White Part B (X07/X08) / General Fund (GTZ) / RWPA (COVID) | | | | | | | | | | | | | | | | | | | | | | | |
| Program Name | HIV / AIDS Food and Nutrition Services | | | | | | | | | | | | | | | | | | | | | | | |
| System of Care | HIV Health Services (HHS) | | | | | | | | | | | | | | | | | | | | | | | |
| Address/Phone | 730 Polk Street, San Francisco, California 94109, Phone: 415-447-2300 Fax: 415-447-2490 | | | | | | | | | | | | | | | | | | | | | | | |
| Contact Person | Paul Hepfer, CEO, 415-447-2321, phepfer@openhand.org; Serena Ngo, Program Director, 415-447-2462, sngo@openhand.org | | | | | | | | | | | | | | | | | | | | | | | |
| Funding | Ryan White Part B (RWPB) | | | | | | | | | | | | General Fund (GTZ) | | | | | | | | | | | |
| Appendices | A-1 / B-1 | | A- 1/ B-1a | | A-1 / B-1b | | A-1 / B-1c | | A-1 / B-1d | | A-2 / B-2 | | A-2 / B-2a | | A-2 / B-2b | | A-2 / B-2c | | A-2 / B-2d | | A-2 / B-2e | | | |
| Amount | \$1,278,279 | | \$1,278,279 | | \$1,426,235 | | \$1,398,831 | | \$1,408,026 | | \$61,500 | | \$341,500 | | \$341,500 | | \$351,745 | | \$351,745 | | \$373,166 | | | |
| Funding Term | 4/01/17-3/31/18 | | 4/01/18-3/31/19 | | 4/1/19 - 3/31/20 | | 4/1/20 - 3/31/21 | | 4/01/21-3/31/22 | | 4/01/17-6/30/17 | | 7/01/17-6/30/18 | | 7/01/18-6/30/19 | | 7/1/19 - 6/30/20 | | 7/01/20-6/30/21 | | 7/1/21-6/30/22 | | | |
| Number / Type - UOS/UDC * | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | | |
| Prepared Meals | 85,822 | 800 | 83,285 | 800 | 68,039 | 800 | 66,750 | 800 | 66,149 | 800 | 4,205 | 30 | 23,350 | 120 | 23,350 | 120 | 22,040 | 120 | 22,782 | 120 | 19,186 | 120 | | |
| Grocery Bags | 9,607 | 800 | 9,323 | 800 | 15,589 | 800 | 12,680 | 800 | 12,930 | 800 | 471 | 30 | 2,614 | 120 | 2,614 | 120 | 3,062 | 120 | 2,551 | 120 | 2,994 | 120 | | |
| Nutrition Couns Hrs | 250 | 175 | 250 | 175 | 247 | 175 | 247 | 175 | 380 | 175 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| Coord/Deliver Food (COVID) Visits | N/A | N/A | N/A | N/A | N/A | N/A | 700 | 50 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| Totals | 95,679 | 800 | 92,858 | 800 | 83,875 | 800 | 80,377 | 800 | 79,459 | 800 | 4,676 | 30 | 25,964 | 120 | 25,964 | 120 | 25,102 | 120 | 25,333 | 120 | 22,180 | 120 | | |
| Funding | RWPB X08 | | | | | | RW Part A (COVID/CarryForward) | | | | | | * NOTE: Total UDC is not a sum of the UDC from each mode of service; many clients receive more than one service. | | | | | | | | | | | |
| Appendices | A-1 / B-1.1 | | A-1 / B-1.1a | | A-1 / B-1.1b | | A-3 / B-3 | | A-3 / B-3a | | | | | | | | | | | | | | | |
| Amount | \$72,000 | | \$70,000 | | \$145,395 | | \$53,000 | | \$102,000 | | | | | | | | | | | | | | | |
| Funding Term | 4/01/17-9/29/17 | | 9/30/17-9/29/18 | | 9/30/18-9/29/19 | | 4/1/20 - 3/31/21 | | 8/1/20-2/28/21 | | | | | | | | | | | | | | | |
| Number / Type - UOS/UDC * | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | | | | | | | | | | | | | | |
| Prepared Meals | 4,923 | 40 | 4,647 | 18 | 4,900 | 55 | 3,219 | 40 | 4,660 | 60 | | | | | | | | | | | | | | |
| Grocery Bags | 551 | 40 | 565 | 20 | 1,000 | 65 | 294 | 40 | 1,300 | 60 | | | | | | | | | | | | | | |
| Totals | 5,474 | 40 | 5,212 | 20 | 5,900 | 75 | 3,513 | 40 | 5,960 | 60 | | | | | | | | | | | | | | |
| Target Population | Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of low-income PLWHA from anywhere in SF with the majority living in the Tenderloin, South of Market and other low-income areas of the city. | | | | | | | | | | | | | | | | | | | | | | | |
| Description of Services | Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling. | | | | | | | | | | | | | | | | | | | | | | | |

**Project Open Hand
HIV / AIDS Food and Nutrition Services**

**Appendix A
04/01/17 - 03/31/27**

Ryan White Part A (RWPA) RW Part B / General Fund

SUMMARY

| | | | | | | | | | | | | | | | | | | | | |
|----------------------------------|--|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|--------------------|------------|-------------------|------------|-------------------|------------|-------------------|------------|--------------------------|------------|
| Contractor/Provider | PROJECT OPEN HAND | | | | | | | | | | | | | | | | | | | |
| Total Contract | \$ 17,565,165 | | | | | | | | | | | | | | | | | | | |
| Funding | Ryan White Part B / General Fund (GTZ) | | | | | | | | | | | | | | | | | | | |
| Program Name | HIV / AIDS Food and Nutrition Services | | | | | | | | | | | | | | | | | | | |
| System of Care | HIV Health Services (HHS) | | | | | | | | | | | | | | | | | | | |
| Address/Phone | 730 Polk Street, San Francisco, California 94109, Phone: 415-447-2300 Fax: 415-447-2490 | | | | | | | | | | | | | | | | | | | |
| Contact Person | Paul Hepfer, CEO, 415-447-2321, phepfer@openhand.org; Serena Ngo, Program Director, 415-447-2462, sngo@openhand.org | | | | | | | | | | | | | | | | | | | |
| Funding | Ryan White Part B (RWPB) | | | | | | | | | | General Fund (GTZ) | | | | | | | | | |
| Appendices | A-1 / B-1e | | A- 1/ B-1f | | A-1 / B-1g | | A-1 / B-1h | | A-1 / B-1i | | A-2 / B-2f | | A-2 / B-2g | | A-2 / B-2h | | A-2 / B-2i | | A-2 / B-2j | |
| Amount | \$1,347,885 | | \$1,347,885 | | \$1,347,885 | | \$1,347,885 | | \$1,347,885 | | \$373,166 | | \$373,166 | | \$373,166 | | \$373,166 | | \$279,875 | |
| Funding Term | 4/1/22-3/31/23 | | 4/1/23-3/31/24 | | 4/1/24-3/31/25 | | 4/1/25-3/31/26 | | 4/1/26-3/31/27 | | 7/1/22-6/30/23 | | 7/1/23-6/30/24 | | 7/1/24-6/30/25 | | 7/1/25-6/30/26 | | 7/1/26-3/31/27 (9mos) | |
| Number / Type - UOS/UDC * | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Prepared Meals | 64,077 | 775 | 64,077 | 775 | 64,077 | 775 | 64,077 | 775 | 64,077 | 775 | 19,186 | 120 | 19,186 | 120 | 19,186 | 120 | 19,186 | 120 | 14,389 | 120 |
| Grocery Bags | 12,555 | 775 | 12,555 | 775 | 12,555 | 775 | 12,555 | 775 | 12,555 | 775 | 2,994 | 120 | 2,994 | 80 | 2,994 | 80 | 2,994 | 80 | 2,245 | 80 |
| Nutrition Couns Hrs | 330 | 175 | 330 | 175 | 330 | 175 | 330 | 175 | 330 | 175 | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| Totals | 76,962 | 775 | 76,962 | 775 | 76,962 | 775 | 76,962 | 775 | 76,962 | 775 | 22,180 | 120 | 22,180 | 120 | 22,180 | 120 | 22,180 | 120 | 16,634 | 120 |
| Funding | | | | | | | | | | | | | | | | | | | | |
| Appendices | | | | | | | | | | | | | | | | | | | | |
| Amount | | | | | | | | | | | | | | | | | | | | |
| Funding Term | | | | | | | | | | | | | | | | | | | | |
| Number / Type - UOS/UDC * | | | | | | | | | | | | | | | | | | | | |
| Prepared Meals | | | | | | | | | | | | | | | | | | | | |
| Grocery Bags | | | | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | | | | |
| | <i>* NOTE: Total UDC is not a sum of the UDC from each mode of service; many clients receive more than one service.</i> | | | | | | | | | | | | | | | | | | | |
| Target Population | Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of low-income PLWHA from anywhere in SF with the majority living in the Tenderloin, South of Market and other low-income areas of the city. | | | | | | | | | | | | | | | | | | | |
| Description of Services | Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling. | | | | | | | | | | | | | | | | | | | |

Project Open Hand
HIV / AIDS Food and Nutrition Services

Appendix A-1
04/01/2017 – 03/31/2027
Ryan White Part B (RWPB) / RWPB-X08

1. PROGRAM NAME / ADDRESS Project Open Hand / HIV/AIDS Food and Nutrition Services

730 Polk Street, San Francisco, California 94109
 415-447-2300 Fax: 415-447-2490, www.openhand.org

Contacts / Phone

Holly Calhoun, Director, Wellness Program, hcalhoun@openhand.org, 415-447-2415
 Ana Ayala, VP of Programs, aayala@opengand.org, 415-447-2330

2. NATURE OF DOCUMENT Amendment

3. GOAL STATEMENT

To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.

4. TARGET POPULATION

Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market, and other low-income areas of the city.

POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low-income status is defined as 500% of Federal Poverty Level as defined by the US Department of Health and Human Services

A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter and must be documented in the client's file or in ARIES

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

****Total UDC is not the sum of UDC from each mode of service**

| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
|---|--|---------------|------------|
| A-1 / B-1: 04/01/17 – 03/31/18 RWPB | Food: Prepared Meals 800 clients x ~9 meals / mo. x 12 mos. | 85,822 | 800 |
| | Food: Grocery Bags 800 clients x ~1 grocery bag / mo. x 12 mos. | 9,607 | 800 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort | 250 | 175 |
| Total UOS and Total UDC | | 95,679 | 800 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1.1 / 04/01/17 – 09/29/17 RWPB-X08 | Food: Prepared Meals 40 clients x ~21 meals/month x 6 mos. | 4,923 | 40 |
| | Food: Grocery Bags 40 clients x ~2.3 grocery bags / mo. x 6 mos. | 551 | 40 |
| Total UOS and Total UDC | | 5,474 | 40 |

Project Open Hand
HIV / AIDS Food and Nutrition Services

Appendix A-1
04/01/2017 – 03/31/2027
Ryan White Part B (RWPB) / RWPB-X08

| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
|--|---|---------------|------------|
| A-1 / B-1.1a / 09/30/17 – 09/29/18 RWPB-X08 | Food: Prepared Meals 18 clients x ~21 - 22 meals / mo. x 12 mos. | 4,647 | 18 |
| | Food: Grocery Bags 20 clients x ~2.3 grocery bags / mo. x 12 mos. | 565 | 20 |
| Total UOS and Total UDC | | 5,212 | 20 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1a: 04/01/18 – 03/31/19 RWPB | Food: Prepared Meals 800 clients x ~8 - 9 meals / mo. x 12 mos. | 83,285 | 800 |
| | Food: Grocery Bags 800 clients x ~1 (.97) grocery bag / mo. x 12 mos. | 9,323 | 800 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort | 250 | 175 |
| Total UOS and Total UDC | | 92,858 | 800 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1.1b / 09/30/18 – 09/29/19 RWPB-X08 | Food: Prepared Meals 55 clients x ~7 - 8 meals / mo. x 12 mos. | 4,900 | 55 |
| | Food: Grocery Bags 65 clients x ~1.28 grocery bags / mo. x 12 mos. | 1,000 | 65 |
| Total UOS and Total UDC | | 5,900 | 75 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1b: 04/01/19 – 03/31/20 RWPB | Food: Prepared Meals 800 clients x ~7 – 8 (7.09) meals/mo. x 12 mos. | 68,039 | 800 |
| | Food: Grocery Bags 800 clients x ~1 (1.6) grocery bag / mo. x 12 mos. | 15,589 | 800 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort | 247 | 175 |
| Total UOS and Total UDC | | 83,875 | 800 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1c: 04/01/20 – 03/31/21 RWPB | Food: Prepared Meals 800 clients x ~7 (6.9) meals/mo. x 12 mos. | 66,750 | 800 |
| | Food: Grocery Bags 800 clients x ~1 (1.3) grocery bag / mo. x 12 mos. | 12,680 | 800 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort | 247 | 175 |
| | Coordinate & Deliver Food (COVID) - Visits 50 clients x 1 weekly grocery delivery x 14 wks. | 700 | 50 |
| Total UOS and Total UDC | | 80,377 | 800 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1d: 04/01/21 – 03/31/22 RWPB | Food: Prepared Meals 800 clients x ~7 (6.89) meals/mo. x 12 mos. | 66,149 | 800 |
| | Food: Grocery Bags 800 clients x ~1 (1.347) grocery bag / mo. x 12 mos. | 12,930 | 800 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 98.7% effort | 380 | 175 |
| Total UOS and Total UDC | | 79,459 | 800 |

Project Open Hand
HIV / AIDS Food and Nutrition Services

Appendix A-1
04/01/2017 – 03/31/2027
Ryan White Part B (RWPB) / RWPB-X08

| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
|---|--|---------------|------------|
| A-1 / B-1e: 04/01/22 – 03/31/23 RWPB | Food: Prepared Meals 775 clients x ~7 (6.89) meals/mo. x 12 mos. | 64,077 | 775 |
| | Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos. | 12,555 | 775 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort | 330 | 175 |
| Total UOS and Total UDC | | 76,962 | 775 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1f: 04/01/23 – 03/31/24 RWPB | Food: Prepared Meals 775 clients x ~7 (6.89) meals/mo. x 12 mos. | 64,077 | 775 |
| | Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos. | 12,555 | 775 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort | 330 | 175 |
| Total UOS and Total UDC | | 76,962 | 775 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1g: 04/01/24 – 03/31/25 RWPB | Food: Prepared Meals 775 clients x ~7 (6.89) meals/mo. x 12 mos. | 64,077 | 775 |
| | Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos. | 12,555 | 775 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort | 330 | 175 |
| Total UOS and Total UDC | | 76,962 | 775 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1h: 04/01/25 – 03/31/26 RWPB | Food: Prepared Meals 775 clients x ~7 (6.89) meals/mo. x 12 mos. | 64,077 | 775 |
| | Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos. | 12,555 | 775 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort | 330 | 175 |
| Total UOS and Total UDC | | 76,962 | 775 |
| Appendix / Period / Funds | Units of Service Description | UOS | UDC |
| A-1 / B-1i: 04/01/26 – 03/31/27 RWPB | Food: Prepared Meals 775 clients x ~7 (6.89) meals/mo. x 12 mos. | 64,077 | 775 |
| | Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos. | 12,555 | 775 |
| | Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort | 330 | 175 |
| Total UOS and Total UDC | | 76,962 | 775 |

****Total UDC is not the sum of UDC from each mode of service**

6. METHODOLOGY

POH serves over 350,000 meals and over 70,000 grocery bags to approximately 2,800 People Living with HIV/AIDS (PLWHA) annually. There is no charge for services, and POH does not have a waiting list for eligible clients. The scope of service POH provides PLWHA far exceeds the funds received from government contracts. Private donations account for most of the funds needed to support POH's HIV program, and last year, volunteers donated over 161,000 hours to help POH meet service goals.

Developing a new client referral network: POH maintains relationships with key points of access inside and outside of the HIV service system, including Ward 86, emergency rooms, substance abuse treatment programs, detox centers, adult and juvenile probation, HIV counseling and testing, mental health programs, and homeless shelters. POH Bilingual Outreach Coordinators participate in more than 100 health fairs, speaking opportunities, and neighborhood events each year. POH leadership participates actively in the HIV/AIDS Providers Network, Getting to Zero, Food Security Task Force and Food Is Medicine Coalition. The POH Medical Advisory Council, consisting of Physicians and Researchers from the San Francisco medical community, advises on trends in client needs and medications.

Ensuring service meets client needs and determining eligibility: Service eligibility requires certification from a medical provider. Many clients will engage with their medical team to access POH's delicious meals. With physician input and following HRSA eligibility criteria, POH developed a certification form that identifies PLWHA who need services based on their medical condition and food insecurity. Clients qualify for multiple services based on food insecurity and health acuity. This programmatic nuance provides the most comprehensive service possible to PLWHA who are the sickest and maintains a baseline of food and nutrition for clients whose health and food security are stable. A client can receive up to 100% of daily nutritional requirements from POH.

Services may begin immediately if a prospective client submits a valid letter of diagnosis specifying HIV+ status, proof of residency, insurance, and income. The latter two documents verify 'payer of last resort' status, but in no way affect their access to services. Newly referred clients meet with a POH caseworker to discuss services, the annual recertification process, to collect demographic information, confirm eligibility, and initiate service. Clients are required to meet with a Registered Dietician (RD) to discuss specific dietary needs. Every client receives a "Welcome Packet", which includes their rights and responsibilities, consent to treatment, assurance of confidentiality, and grievance policy.

Clients must visit their medical provider every six months to recertify. This allows caseworkers and RDs to gather information from providers on how POH's nutrition service helps clients comply with medication, manage chronic conditions, ensure adequate access to nutrition, prevent deterioration of health, and provides Medical Nutrition Therapy.

Complete Food and Nutrition Intervention: POH bases its intervention model on 32 years of working with the nutritional needs of PLWHA. Recently published research in the Journal of Urban Health by the UCSF School of Medicine confirmed the POH model of care by demonstrating that services vastly improve the physical and mental health of clients.

Delicious Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for PLWHA. RDs work with chefs to develop menus, evaluate food appropriateness, and monitor the macronutrients and ensure all meals are low fat and heart healthy. Clients may also select from no dairy, vegetarian, renal, mechanical soft, pescatarian, bland, and diabetic meals. Volunteers help the staff prepare and package meals. Three daily volunteer shifts in the kitchen equate to 27,000 hours of volunteer time annually. Although the kitchen prepares meals every day of the week, clients choose the number of meals to receive, and how to receive them - a daily, hot meal or up to seven frozen meals. If they are unable to pick up their meals at the Grocery Center, they may have either meal plan delivered to their home or surrogate.

POH delivers meals throughout the city every day within a two-hour window of time. Staff delivery drivers use vans equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures in accordance with standards set by the California Retail Food Code. Volunteers (donating over 6,400 hours yearly) deliver meals on eight routes throughout San Francisco. These hand-delivered meals not only provide clients with nourishment, but also a compassionate and social point of contact. For many homebound clients, POH staff and volunteers may be the only person they interact with that day which is an important engagement that allows POH to spot obvious health changes.

The POH **Grocery Center**, unlike most food pantries, which exist solely to address hunger, provides food that meets the nutritional needs and medical regimens of PLWHA. As the dietary needs of PLWHA are different from others due to medications and disease progression, POH offers a variety of fresh, high-quality food items, including proteins, dairy, fruits, vegetables, and grains. The grocery bag service provides a minimum of one-third of the weekly nutritional requirements. Each week, clients who access the Grocery Center may select the specific items that they want from a variety of choices (retail value of a bag of groceries is \$80). For marginally housed clients without cooking facilities, POH offers a pre-packed bag of groceries with “no-cook” items that are ready-to-eat. Approximately 1,800 clients shop at the Grocery Center weekly. Volunteers contribute approximately 115,000 hours annually assisting clients, packaging groceries, and helping with inventory.

The Grocery Center not only provides food, but it also provides a communal space for clients to gather. It is a resource hub too, where housing, workforce development, medical, mental health, case management, and legal services are brought on site to meet client needs while they are shopping. Additionally, POH provides up-to-date guides for HIV nutrition related issues and additional, less-intensive food resources such as Food Pantries, Congregate Dining Centers and CalFresh/SNAP program for eligible and interested clients. As clients stabilize and leave POH, they are better able to sustain their health, and they are better connected to healthy food resources in San Francisco. POH maintains secure client files permanently to facilitate easy re-engagement with POH should their needs change.

Dietetic and Nutritional Counseling is an instrumental part of POH services. Each RD is an expert in the nutritional aspects of HIV disease management and ART adherence. They teach and counsel POH clients. New clients are required to meet with an RD during the intake process to evaluate specific nutritional needs. Recommendations build upon eating nutritionally dense foods that complement their medicinal regimens, using food to combat metabolic syndrome, and managing their individual symptoms, such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems. During the initial session, high-need clients are identified, and follow-up appointments are made to monitor progress. Caseworkers and RD meet with clients at least every six months to monitor nutrition impact and behavior change.

Any client may schedule an infinite number of sessions and a RD is always on staff during Grocery Center hours for drop-ins. In addition to individual counseling sessions, RD are responsible for nutrition education activities that aid clients in meal program adherence. These activities include cooking demonstrations, recipes, written tips on monthly menus and educational handouts. POH provides all the necessary educational materials for clients to feel empowered to make their own informed, healthy eating choices in their own communities. Throughout client engagement, RD measure improvement in nutrition choices, paying specific attention to increases in knowledge and self-advocacy. This measurement allows RD to create a more individualized approach to their work, helping each client brainstorm specific solutions to reach their individual health goals.

Addressing Client Needs and Barriers to Access: While the program ensures accurate service levels and addresses the medical nutrition needs of PLWHA, there are many clients that have trouble engaging in care due to cultural, organizational, and geographical barriers. To breakdown these barriers, POH has taken many additional steps to provide an inclusive environment. There are bilingual and ASL client service staff and translated materials, such as recipes, nutrition handouts, and community flyers. Menus include culturally competent diets for all population groups. POH actively recruits a diversified workforce and holds quarterly client town halls. Through this, POH can garner ground level perspectives on obstacles experienced by clients. For clients that have limited cooking instruments and experience food storage limitations, there are multiple quantity options, frozen/fresh/hot meals, groceries, no-cook items, and spices. Most importantly, POH realizes that many clients are physically unable to travel to POH. For clients who are homebound, the distribution team delivers services to their doorstep. For those who enjoy participating in a more communal setting, POH has two vans equipped with warming ovens, freezers, and grocery shelves to bring services into their communities four days a week. This year POH is also exploring co-location opportunities inside the Bayview YMCA, Mission Neighborhood Health Center, and other community centers.

Client Satisfaction and Feedback: Satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, the Grocery Center services, and POH overall customer service. Ongoing feedback is gathered not only through surveys, but also on a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings. POH measures client satisfaction with food and services, client medication adherence, nutrition knowledge, medical engagement, resource access and mental health status. If not on the spot, POH responds within 24 hours to client challenges and complaints directly and on the Feedback Board in the Grocery Center.

Continuous Quality Improvement: POH operations follow federal, state, local and agency standards for food sanitation and safety, infection control and universal precautions. To ensure continuous quality improvement, internal departments meet regularly to evaluate kitchen operations, menus, and nutrition goals. More detail is available in the Data Collection and Quality Assurance Plan section.

POH tracking of service utilization, invoicing, and maintaining compliance: As the first and largest provider of food and nutrition for PLWHA in the United States, POH built a database to monitor service utilization more closely. Each client interaction is recorded in the system. Analysis of the data allows POH to identify access barriers and shifting client needs. With this system, POH can match and confirm that clients are fully registered in ARIES. If the client is not registered in ARIES, Caseworkers register the client and update the information regularly. Staff uploads secure files into ARIES monthly to ensure all information in ARIES is current and accurate. The system details the volume of Units of Service (UOS) and Unduplicated Clients (UDC) served, which is invoiced through the template system created by SFDPH. Invoices are submitted in accordance with the monthly deadline.

The MIP Accounting System and Functional Allocation Models allow POH to track each expenditure from tofu purchases to delivery driver salaries. Each expenditure is tied to a service, invoice, and contract engaged. This segregation of funding sources allows POH to ensure that for RWCA contracted UOS and UDC, there are no other funders or vice versa. These contract dollars are specifically allocated to UOS provision and not toward capital items or other expenditures. However, it is important to recognize that the funding received in this contract would only pay for a portion of the service provided. The remainder of the funds are privately raised. As a means of continuous evaluation, and to anticipate modification requirements, POH reviews utilization weekly and expenditures monthly. All methods are in accordance with OMB, A122, and A133, and POH has significant internal process audits to evaluate policy and procedure adherence in all areas.

ARIES Database

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

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

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

7. OBJECTIVES and MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled "*HHS Performance Objectives.*"

8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in "Making the Connection: Standards of Care for Client-Centered Services. POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of the kitchen and food storage operations. RD reviews nutrition goals.

Food storage, preparation, and services are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the SFDPH. These include guidelines for proper temperature control, cleaning, sanitizing, food service worker hygiene, and safe worker habits. All staff are ServSafe certified, and RD are credentialed by the Commission on Dietetic Registration.

POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. These procedures address:

- Communicable disease (i.e., all food handlers must be free of communicable disease to prevent transmission to clients with compromised immune systems.) TB clearances for all staff and food service volunteers are required annually.
- Protective clothing – head & hand coverings are required to prevent contamination.
- Food handler hygiene standards, including hand washing, are enforced.
- First Aid procedures are in place for treating cuts, abrasions, falls, etc.
- Precautions are taken to prevent the spread of HIV through proper handling of blood, body substances, or infectious waste.
- Staff in-service trainings are conducted addressing safe and sanitary habits in the kitchen to prevent food-borne illness and on-the-job injuries.

The Manager of Wellness Programs ensures the quality of services at POH. The current, Board of Directors approved plan includes all quality assurance areas throughout the proposal and the following:

- Annual staff performance plans and evaluations.
- Annual review and update of personnel policies and procedures.
- Annual review of Wellness Program (HIV Services) policies and procedures.

9. REQUIRED LANGUAGE

- | | |
|------------------------------------|---------------------------------|
| a) Third Party Reimbursement: | See Target Population, Page 1 |
| b) Enrollment Priority/Low Income: | See Target Population, Page 1 |
| c) Client Eligibility: | See Target Population, Page 1 |
| d) Client Retention: | N/A |
| e) Vouchers: | N/A |
| f) ARIES Database: | See Methodology, ARIES, Pages 5 |
| g) Performance Objectives | See Objectives, Page 5 |
| h) Standards of Care: | See CQI, Page 5 |
| i) Subcontractors & Consultants: | N/A |
| j) <u>Termination of Services</u> | |

If Project Open Hand decides that it can no longer provide the services for which it has contracted under this agreement POH will send a written notice to HIV Health Services, no less than 90 days prior to the date it wishes to terminate the services. In addition, POH will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

Project Open Hand (POH)
HIV/AIDS Food and Nutrition Services – GTZ

Appendix: A-2
04/01/2017 – 03/31/2027
General Fund GTZ

- 1. PROGRAM NAME / ADDRESS:** **Project Open Hand**
HIV / AIDS Food and Nutrition Services – Getting to Zero
 730 Polk Street, San Francisco, California 94109
 415-447-2300 Fax: 415-447-2490, www.openhand.org
- Contact Name / Phone:** Holly Calhoun, Director, Wellness Program hcalhoun@openhand.org
- 2. NATURE OF DOCUMENT:** **Amendment**

3. GOAL STATEMENT:

The Getting to Zero (GTZ) program aims to combat stigma associated with HIV and to improve the HIV Health, and more specifically the Nutritional Health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments, education, and other food and nutrition services.

1. Expand and ensure food access for underserved new clients based on poverty and food insecurity by distributing food at off-site locations in communities severely impacted by HIV.
2. Combined expanded capacity to combat food insecurity beyond clients already served by POH and follow up on client referrals from other GTZ funded programs.

4. TARGET POPULATION

Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of HIV+ unengaged and/or under engaged residents, most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement.

The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter and must be documented in the client file or in ARIES

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

****Total UDC is not the sum of UDC from each mode of service**

| Goal # 1: Food Access for Underserved Clients | | | | |
|--|------------------------|-------------------------|--------------|------------|
| Appendix / Term | UOS Description | | UOS | UDC |
| A-2 / B-2: 04/01/17 – 06/30/17 | Delivered Meals | 1 UOS = 1 prepared meal | 1,388 | 10 |
| | Grocery Bags | 1 UOS = 1 grocery bag | 155 | 10 |
| Goal 1 Total UOS and Total UDC | | | 1,543 | 10 |

Project Open Hand (POH)
HIV/AIDS Food and Nutrition Services – GTZ

Appendix: A-2
04/01/2017 – 03/31/2027
General Fund GTZ

| Goal # 2: Expand Capacity | | | | | |
|---|--|------------------------|-------------------------|---------------|------------|
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2: 04/01/17 – 06/30/17 | | Delivered Meals | 1 UOS = 1 prepared meal | 1,051 | 10 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 118 | 10 |
| Goal 2 Total UOS and Total UDC | | | | 1,169 | 10 |
| Goal # 3: Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2: 04/01/17 – 06/30/17 | | Delivered Meals | 1 UOS = 1 prepared meal | 1,766 | 10 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 198 | 10 |
| Goal 3 Total UOS and Total UDC | | | | 1,964 | 10 |
| Total UOS and UDC (04/01/17 – 06/30/17) | | | | 4,676 | 30 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2a: 07/01/17 – 06/30/18 | | Delivered Meals | 1 UOS = 1 prepared meal | 7,706 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 863 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 8,569 | 40 |
| Goal # 2: Expand Capacity | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2a: 07/01/17 – 06/30/18 | | Delivered Meals | 1 UOS = 1 prepared meal | 5,838 | 30 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 653 | 30 |
| Goal 2 Total UOS and Total UDC | | | | 6,491 | 30 |
| Goal # 3: Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2a: 07/01/17 – 06/30/18 | | Delivered Meals | 1 UOS = 1 prepared meal | 9,806 | 50 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 1,098 | 50 |
| Goal 3 Total UOS and Total UDC | | | | 10,904 | 50 |
| Total UOS and UDC (07/01/17 – 06/30/18) | | | | 25,964 | 120 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2b: 07/01/18 – 06/30/19 | | Delivered Meals | 1 UOS = 1 prepared meal | 7,706 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 863 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 8,569 | 40 |
| Goal # 2: Expand Capacity | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2b: 07/01/18 – 06/30/19 | | Delivered Meals | 1 UOS = 1 prepared meal | 5,838 | 30 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 653 | 30 |
| Goal 2 Total UOS and Total UDC | | | | 6,491 | 30 |
| Goal # 3: Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2b: 07/01/18 – 06/30/19 | | Delivered Meals | 1 UOS = 1 prepared meal | 9,806 | 50 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 1,098 | 50 |
| Goal 3 Total UOS and Total UDC | | | | 10,904 | 50 |
| Total UOS and UDC (07/01/18 – 06/30/19) | | | | 25,964 | 120 |

Project Open Hand (POH)
HIV/AIDS Food and Nutrition Services – GTZ

Appendix: A-2
04/01/2017 – 03/31/2027
General Fund GTZ

| Goal # 1: Food Access for Underserved Clients | | | | | |
|---|--|------------------------|-------------------------|---------------|------------|
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2c: 07/01/19 – 06/30/20 | | Delivered Meals | 1 UOS = 1 prepared meal | 6,585 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 1,291 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 7,876 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2c: 07/01/19 – 06/30/20 | | Delivered Meals | 1 UOS = 1 prepared meal | 15,455 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 1,771 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 17,226 | 80 |
| Total UOS and UDC (07/01/19 – 06/30/20) | | | | 25,102 | 120 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2d: 07/01/20 – 06/30/21 | | Delivered Meals | 1 UOS = 1 prepared meal | 5,645 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 694 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 6,339 | 40 |
| Goal # 2: Expand Capacity | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2d: 07/01/20 – 06/30/21 | | Delivered Meals | 1 UOS = 1 prepared meal | 5,838 | 30 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 653 | 30 |
| Goal 2 Total UOS and Total UDC | | | | 6,491 | 30 |
| Goal # 3: Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2d: 07/01/20 – 06/30/21 | | Delivered Meals | 1 UOS = 1 prepared meal | 11,299 | 50 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 1,204 | 50 |
| Goal 3 Total UOS and Total UDC | | | | 12,503 | 50 |
| Total UOS and UDC (07/01/20 – 06/30/21) | | | | 25,333 | 120 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2e: 07/01/21 – 06/30/22 | | Delivered Meals | 1 UOS = 1 prepared meal | 4,895 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 707 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 5,602 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2e: 07/01/21 – 06/30/22 | | Delivered Meals | 1 UOS = 1 prepared meal | 14,291 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 2,287 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 16,578 | 80 |
| Total UOS and UDC (07/01/21 – 06/30/22) | | | | 22,180 | 120 |

Project Open Hand (POH)
HIV/AIDS Food and Nutrition Services – GTZ

Appendix: A-2
04/01/2017 – 03/31/2027
General Fund GTZ

| Goal # 1: Food Access for Underserved Clients | | | | | |
|---|--|------------------------|-------------------------|---------------|------------|
| Appendix / Term | | UOS Description | | UOS | UDC |
| <i>A-2 / B-2f: 07/01/22 – 06/30/23</i> | | Delivered Meals | 1 UOS = 1 prepared meal | 4,895 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 707 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 5,602 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| <i>A-2 / B-2f: 07/01/22 – 06/30/23</i> | | Delivered Meals | 1 UOS = 1 prepared meal | 14,291 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 2,287 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 16,578 | 80 |
| Total UOS and UDC (07/01/22 – 06/30/23) | | | | 22,180 | 120 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| <i>A-2 / B-2g: 07/01/23 – 06/30/24</i> | | Delivered Meals | 1 UOS = 1 prepared meal | 4,895 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 707 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 5,602 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| <i>A-2 / B-2g: 07/01/23 – 06/30/24</i> | | Delivered Meals | 1 UOS = 1 prepared meal | 14,291 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 2,287 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 16,578 | 80 |
| Total UOS and UDC (07/01/23 – 06/30/24) | | | | 22,180 | 120 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| <i>A-2 / B-2h: 07/01/24 – 06/30/25</i> | | Delivered Meals | 1 UOS = 1 prepared meal | 4,895 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 707 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 5,602 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| <i>A-2 / B-2h: 07/01/24 – 06/30/25</i> | | Delivered Meals | 1 UOS = 1 prepared meal | 14,291 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 2,287 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 16,578 | 80 |
| Total UOS and UDC (07/01/24 – 06/30/25) | | | | 22,180 | 120 |

| Goal # 1: Food Access for Underserved Clients | | | | | |
|---|--|------------------------|-------------------------|---------------|------------|
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2i: 07/01/25 – 06/30/26 | | Delivered Meals | 1 UOS = 1 prepared meal | 4,895 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 707 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 5,602 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2i: 07/01/25 – 06/30/26 | | Delivered Meals | 1 UOS = 1 prepared meal | 14,291 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 2,287 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 16,578 | 80 |
| Total UOS and UDC (07/01/25 – 06/30/26) | | | | 22,180 | 120 |
| Goal # 1: Food Access for Underserved Clients | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2j: 07/01/26 – 03/31/27 | | Delivered Meals | 1 UOS = 1 prepared meal | 3,671 | 40 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 530 | 40 |
| Goal 1 Total UOS and Total UDC | | | | 4,201 | 40 |
| Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals | | | | | |
| Appendix / Term | | UOS Description | | UOS | UDC |
| A-2 / B-2j: 07/01/26 – 03/31/27 | | Delivered Meals | 1 UOS = 1 prepared meal | 10,718 | 80 |
| | | Grocery Bags | 1 UOS = 1 grocery bag | 1,715 | 80 |
| Goal 2 Total UOS and Total UDC | | | | 12,433 | 80 |
| Total UOS and UDC (07/01/26 – 03/31/27) | | | | 16,634 | 120 |

****Total UDC is not the sum of UDC from each mode of service**

6. METHODOLOGY

Goal # 1: Food Access for Underserved Clients

A. Outreach, Recruitment and Promotion

POH nutrition outreach coordinators and caseworkers will develop and implement communication and education programs focusing on navigation centers, SROs, needle exchange programs, mobile health services, city and free clinics, mobile laundry/bathing/bathroom services, etc.

Where food and client safety can be established, POH will establish remote sites and/or colocations with existing, trusted service providers to these populations. These remote delivery models will bring food to the clients.

Greater outreach resources will be required in the program's first year to build inroads and trust, and to process client flow, as this population of under/unengaged HIV+ individuals is sometimes reluctant or unable to engage. POH will utilize outreach and engagement strategies effective in the Food Insecure populations with these HIV+ clients to address access, stigma, eligibility, documentation and culture.

In addition to street-level and direct population outreach, POH will work with existing, trusted providers including MNHC, 3rd Street Youth Clinic, Southeast Health Center, Instituto de la Raza, AAHI, Bayview Hunters Point Foundation, Visitation Valley Community Center, incarceration release programs, places of worship and others. The client outreach program will educate providers, community centers, places of worship, pantries, and all potential points of contact about POH services and access points. Clients will receive incentives such as hygiene kits, daily living kits, food vouchers, etc. as necessary to encourage engagement.

Project Open Hand (POH)**HIV/AIDS Food and Nutrition Services – GTZ****Appendix: A-2****04/01/2017 – 03/31/2027****General Fund GTZ****B. Admission, Enrollment and/or Intake Criteria**

Newly referred clients meet with a POH caseworker to discuss POH services, the annual recertification process, specific dietary needs, symptom management, and to collect demographic information and confirm all documents are in place to trigger service. The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

Throughout each 6 month period of enrolment, POH staff supports engagement in medical care, but it is not a required enrollment criteria. POH staff builds a relationship with the client to encourage trust and care. If a client falls out of care, POH supports reengagement while providing nutrition as the stabilizing service.

C. Service Delivery Model

The POH intervention model that has proven to engage clients, increase adherence and improve health includes the following three key elements:

- 1) medically tailored nutrition
- 2) nutrition education
- 3) medical engagement

POH will introduce its existing service model to communities in addition to current services. Working with existing community based organizations, SF/Marin Food Bank pantries and through a mobile POH Meal-Mobile, POH will meet clients where they are already connecting to services or in their neighborhoods.

The POH mobile delivery vehicle will provide clients with privacy for intake, a pantry to shop from, and a choice of frozen or hot meals. This additional engagement structure will be required to address and mitigate stigma, transportation, access and housing stability in this un/under engaged population.

POH will establish remote distribution through the following modalities: grocery/meal home delivery, colocation with existing trusted community partners, text-popups in client population centers (notifying clients who have provided cellular contact info that POH will be in their neighborhood or at their community center/clinic) colocation with existing pantry systems, and expanded congregate dining opportunities in key communities.

All clients must receive nutrition education through in-person or remote medium (texted video, GIFs, etc.) and will participate in nutrition education workshops or individual sessions with the Dietician to develop sustainable nutrition behaviors that address food security and disease symptoms. This engagement must happen at least semi-annually for clients to remain eligible.

Prepared Meals

Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. These medically tailored meals not only meet nutrition requirements of HIV+ clients but address most detrimental symptoms and common comorbid diagnoses associated with HIV, and aging with HIV, such as anal cancer, HCV, diabetes and heart disease.

The Registered Dietitian (funded elsewhere) works with the chefs to develop menus, evaluate food appropriateness, and monitor the nutritional content of the meals. In addition to the regular menu, clients can select from low-fat/no dairy, vegetarian, renal, mechanical soft, bland, and diabetic meals. Culturally appropriate meal requirements and client preferences are addressed whenever possible.

Although the kitchen prepares meals every day of the week, clients choose the number of meals to be received and how to receive them. Clients may pick up 4-7 packs of frozen meals or request a weekly delivery of four to seven frozen meals. And clients may pick up a daily hot or frozen meal at POH, or have it delivered to their homes. POH staff and volunteers deliver meals throughout the city every weekday and clients can expect to receive meals within a two hour window of time. Staff delivery drivers use vans that have been equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures.

Whenever possible POH delivery and client contact staff perform informal health-checks when meals are delivered to clients participating in the Medical Model Program. Health checks consist of simple inquiries of the clients and observation of the clients

to assess the client's presentation, food consumption, food storage safety, and other indications of general health and service adherence during these visits. This information assists POH with program utilization and with the general well-being of the client.

The health check is an amended version of the evidence-based Mini Nutritional Assessment (MNA). It includes the following observations and questions:

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

Grocery Center

The POH Grocery Center is unlike food pantries that address hunger, but not necessarily nutrition. Given that the dietary needs of people with HIV are different than others because of medications and disease progression, POH strives to offer a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. POH has a goal of providing a minimum of one-third of the weekly nutritional requirements for people with HIV.

Each week approximately 1,200 clients shop at the POH Grocery Center and may select the specific items they want. The retail value of a bag of groceries from POH is approximately \$80. A pre-packed bag of groceries with "no-cook" items that are ready-to-eat is offered to homeless clients and those who are marginally-housed without cooking facilities. POH also offers referrals to other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

The Registered Dietician is responsible for nutrition education activities and cooking demonstrations to help clients learn healthy eating habits. In addition to Nutritional Counseling the Dietitian helps clients to eat well, stay healthy, and control symptoms such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems through written nutrition tips on monthly menus, flyers, educational materials in the Grocery Center and recipes.

Periodic satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, satisfaction with the Grocery Center, and agency overall customer service. Ongoing feedback is gathered through a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings.

Volunteer Services

Volunteers contribute over 6,400 hours each year delivering meals on eight routes including both driving and walking delivery routes. Volunteers also staff the POH Tenderloin distribution site where clients who live nearby may choose to pick up meals instead of waiting for delivery. Three daily volunteer shifts in the kitchen translate into 27,000 hours of volunteer time contributed annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria and Process

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management. Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available but not required of the GTZ clients.

E. Program Staff

Nutrition Outreach Coordinator (bilingual) – this position develops and implements outreach strategies to underserved and un/under engaged GTZ target populations. This position has direct recruitment and engagement responsibilities at all remote opportunities for clients.

Caseworker – this position performs intakes, case management, meal and grocery program changes, treatment team coordination and referrals.

Registered Dietitians – in addition to evaluating all meal recipes for nutrition requirements and maintaining current knowledge regarding disease management and ART adherence, this position engages directly with the client and the client's treatment team to provide education about the integration of food and nutrition into daily care and the impact on adherence.

Van Drivers – this position engages directly with remote clients to provide safe delivery of food and nutrition and to, through simple observations and inquiries, assess apparent changes in client care, health and safety.

Wellness Manager – this position manages all aspects of the service development and delivery, processes grievances, reports program metrics and evaluates impact of interventions.

Additionally, the remaining POH workforce includes Development (fundraising), Communications (information dissemination), Programs (client services), Production (preparation of meals), Nutrition Services (diet planning, USDA standards, menu development) and Distribution (meal and service delivery).

Goal # 2: Expanded Capacity Combined(with Link, Track & F/U): to combat food insecurity and follow-up on referrals from GTZ funded programs

A. Outreach, Recruitment and Promotion

POH Wellness Manager, Caseworkers and Dietitians will continue the referral process with HHS Behavior Health and DPH Service Providers to bring under or unengaged food insecure individuals into the POH model of care. Wellness Manager and Caseworkers will also accept referrals from other GTZ programs.

B. Admission, Enrollment and/or Intake Criteria and Process

The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

Throughout each 6 month period of enrolment, POH staff supports engagement in medical care, but it is not a required enrollment criteria. POH staff builds a relationship with the client to encourage trust and care. If a client falls out of care, POH supports reengagement while providing nutrition as the stabilizing service.

Every client receives a "Welcome Packet" that includes rights and responsibilities as well as the POH grievance policy. Clients work with caseworkers to identify immediate, stabilizing and longer-term nutrition strategies and supplemental nutrition options. The Caseworker gathers client demographics and confirms eligibility through ARIES verification at the POH location. Additionally, prospective clients may provide eligibility documentation on site. Where eligibility isn't immediately available, clients will receive one provisional service until eligibility is confirmed. Caseworkers facilitate connections to housing, legal services, mental health services, substance abuse services, and pharmacy services. SNAP and CalFresh eligibility is confirmed via SSDI status and via Medi-Cal expansion eligible clients. If the client is not registered in ARIES but presents documentation, the caseworker creates a new client record in ARIES according to ARIES policies and procedures.

Throughout the first 6 months of service (initial period), the Caseworker conducts an assessment of the client's needs including medical treatment, food security, housing, symptoms, medication, labs and other contributing factors of activities of daily living. At end of the first 6 month period the client is able to renew for another 6 months of service with simple attestations to eligibility. The Caseworker continues to build engagement in the POH model whenever possible, but will not require client participation in the full model to receive food and nutrition services. At end of the 2nd period, clients will be required to meet all standard intake criteria for the POH medical model.

C. Service Delivery Model

Prepared Meals

Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. These medically tailored meals not only meet nutrition requirements of HIV+ clients but address most detrimental symptoms and common comorbid diagnoses associated with HIV, and aging with HIV, such as anal cancer, HCV, diabetes and heart disease.

Project Open Hand (POH)**HIV/AIDS Food and Nutrition Services – GTZ****Appendix: A-2****04/01/2017 – 03/31/2027****General Fund GTZ**

The Registered Dietitian (funded elsewhere) works with the chefs to develop menus, evaluate food appropriateness, and monitor the nutritional content of the meals. In addition to the regular menu, clients can select from low-fat/no dairy, vegetarian, renal, mechanical soft, bland, and diabetic meals. Culturally appropriate meal requirements and client preferences are addressed whenever possible.

Although the kitchen prepares meals every day of the week, clients choose the number of meals to be received and how to receive them. Clients may pick up 4-7 packs of frozen meals or request a weekly delivery of four to seven frozen meals. And clients may pick up a daily hot or frozen meal at POH, or have it delivered to their homes.

POH staff and volunteers deliver meals throughout the city every weekday and clients can expect to receive meals within a two hour window of time. Staff delivery drivers use vans that have been equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures.

Whenever possible POH delivery and client contact staff perform informal health-checks when meals are delivered to clients participating in the Medical Model Program. Health checks consist of simple inquiries of the clients and observation of the clients to assess the client's presentation, food consumption, food storage safety, and other indications of general health and service adherence during these visits. This information assists POH with program utilization and with the general well-being of the client.

The health check is an amended version of the evidence-based Mini Nutritional Assessment (MNA). It includes the following observations and questions:

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

Grocery Center

The POH Grocery Center is unlike food pantries that address hunger, but not necessarily nutrition. Given that the dietary needs of people with HIV are different than others because of medications and disease progression, POH strives to offer a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. POH has a goal of providing a minimum of one-third of the weekly nutritional requirements for people with HIV.

Each week approximately 1,200 clients shop at the POH Grocery Center and may select the specific items they want. The retail value of a bag of groceries from POH is approximately \$80. A pre-packed bag of groceries with "no-cook" items that are ready-to-eat is offered to homeless clients and those who are marginally-housed without cooking facilities. POH also offers referrals to other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

The Registered Dietician is responsible for nutrition education activities and cooking demonstrations to help clients learn healthy eating habits. In addition to Nutritional Counseling the Dietitian helps clients to eat well, stay healthy, and control symptoms such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems through written nutrition tips on monthly menus, flyers, educational materials in the Grocery Center and recipes.

Periodic satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, satisfaction with the Grocery Center, and agency overall customer service. Ongoing feedback is gathered through a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings.

Volunteer Services

Volunteers contribute over 6,400 hours each year delivering meals on eight routes including both driving and walking delivery routes. Volunteers also staff the POH Tenderloin distribution site where clients who live nearby may choose to pick up meals instead of waiting for delivery. Three daily volunteer shifts in the kitchen translate into 27,000 hours of volunteer time contributed

annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management. Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available to, but not required of the GTZ clients.

E. Program Staff

Caseworker – this position performs intakes, case management, meal and grocery program changes, treatment team coordination and referrals.

Registered Dietitians – in addition to evaluating all meal recipes for nutrition requirements and maintaining current knowledge regarding disease management and ART adherence, this position engages directly with the client and the client's treatment team to provide education about the integration of food and nutrition into daily care and the impact on adherence.

Van Drivers – this position engages directly with remote clients to provide safe delivery of food and nutrition and to, through simple observations and inquiries, assess apparent changes in client care, health and safety.

Wellness Manager – this position manages all aspects of the service development and delivery, processes grievances, reports program metrics and evaluates impact of interventions.

Additionally, the remaining POH workforce includes Development (fundraising), Communications (information dissemination), Programs (client services), Production (preparation of meals), Nutrition Services (diet planning, USDA standards, menu development) and Distribution (meal and service delivery).

7. OBJECTIVES AND MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the DPH document entitled *HHS Performance Objectives*.

8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. The Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of kitchen and food storage operations. The R.D. reviews nutrition goals periodically.

Food storage, preparation, and service activities are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the San Francisco Department of Public Health and the Office on Aging. These include guidelines for proper temperature control, cleaning and sanitizing, food service worker hygiene, and safe worker habits. Eight staff members are ServSafe certified and the R.D. is credentialed by the Commission on Dietetic Registration.

POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. Procedures address:

- Communicable disease (i.e., all food handlers must be free of communicable disease to prevent transmission to clients with compromised immune systems.) TB clearances for all staff and food service volunteers are required annually.
- Protective clothing – head and hand coverings are required to prevent contamination of foods and utensils.
- Food handler hygiene standards, including hand washing, are enforced.
- First Aid procedures are in place for treating cuts, abrasions, falls, etc.
- Precautions are taken to prevent the spread of HIV through proper handling of blood, body substances, or infectious waste.

- Staff trainings are conducted addressing safe and sanitary habits in the kitchen to prevent food-borne illness and on-the-job injuries.

ARIES Database

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

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

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

HIPAA Compliance

The DPH Privacy Policy is integrated into the POH governing policies and procedures regarding client privacy and confidentiality. Evidence that the policy and procedures abide by the rules outlined in the DPH Privacy Policy and have been adopted, approved and implemented. All staff that handles patient health information are trained (including new hires), and annually updated in the program's privacy/confidentiality policies and procedures. Staff signs documentation when the training occurs.

A written Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided to all clients served in their threshold and other languages. If document is not available in the client's relevant language, a verbal translation is provided. Evidence exists in client file that client was given notice. A Summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility. Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian are provided.)

Each disclosure of client health information for purposes other than treatment, payment or operations is documented and placed in the client file. Authorization for disclosure of client health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in the client file.

9. REQUIRED LANGUAGE

- | | |
|------------------------------------|-------------------------------|
| a) Third Party Reimbursement: | See Target Population, Page 1 |
| b) Low Income: | See Target Population, Page 1 |
| c) Client Eligibility: | See Target Population, Page 1 |
| d) Client Retention: | N/A |
| e) Vouchers: | N/A |
| f) Performance Objectives: | See Objectives, Page 8 |
| g) ARIES Database: | See Methodology, Page 9 |
| h) Standards of Care: | See CQI, Page 9 |
| i) <u>Termination of Services:</u> | |

**Project Open Hand (POH)
HIV/AIDS Food and Nutrition Services – GTZ**

**Appendix: A-2
04/01/2017 – 03/31/2027
General Fund GTZ**

If POH decides that it can no longer provide the services for which it has contracted under this agreement it will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, POH will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

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 | Budget Summary |
| Appendix B-1, B-1.1, B-1a, B-1.1a, B-1b, B-1.1b, B-1c, B-1d, B-1e, B-1f, B-1g, B-1h, B-1i | HIV/AIDS Food and Nutrition Services |
| Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e, B-2f, B-2g, B-2h, B-2i, B-2j | HIV/AIDS Food and Nutrition Services – Getting to Zero |
| Appendix B-3, B-3a | HIV/AIDS Food and Nutrition Services |

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,235,179** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

| | <u>Term</u> | <u>Funding Source</u> | <u>Amount</u> |
|--------------------|---------------------|--------------------------------|---------------|
| Original Agreement | 04/01/17 – 03/31/18 | SAM/State RWPB | \$1,278,279 |
| Original Agreement | 04/01/17 – 09/29/17 | SAM/State RWPB Supplemental | \$72,000 |
| Original Agreement | 04/01/17 – 06/30/17 | General Fund | \$61,500 |
| Original Agreement | 07/01/17 – 06/30/18 | General Fund | \$341,500 |
| Original Agreement | 04/01/18 – 03/31/19 | SAM/State RWPB | \$1,278,279 |
| Original Agreement | 04/01/19 – 03/31/20 | SAM/State RWPB | \$1,278,279 |
| Original Agreement | 04/01/20 – 03/31/21 | SAM/State RWPB | \$1,278,279 |

| | | | |
|--------------------------------|--------------------------------|-------------------------------------|---------------------|
| Internal Contract Revision #1 | 09/30/17 – 09/29/18 | SAM/State RWPB Supplemental | \$70,000 |
| Amendment #1 | 07/01/18 – 06/30/19 | General Fund | \$341,500 |
| Amendment #1 | 09/30/18 – 09/29/19 | SAM/State RWPB | \$145,395 |
| Amendment #1 | 07/01/19 – 06/30/20 | General Fund | \$341,500 |
| Amendment #1 | 07/01/20 – 06/30/21 | General Fund | \$341,500 |
| Revision to Program Budgets #2 | 09/30/18 – 09/29/19 | SAM/State RWPB | \$0 |
| Revision to Program Budgets #3 | 07/01/19 – 06/30/20 | General Fund | \$10,245 |
| Revision to Program Budgets #3 | 07/01/20 – 06/30/21 | General Fund | \$19,039 |
| Revision to Program Budgets #3 | 04/01/19 – 03/31/20 | SAM/State RWPB | \$147,956 |
| Revision to Program Budgets #3 | 04/01/20 – 03/31/21 | SAM/State RWPB | \$28,036 |
| Revision to Program Budgets #4 | 04/01/2019 – 03/31/2020 | SAM/State RWPB | \$0 |
| Revision to Program Budgets #4 | 07/01/2019 – 06/30/2020 | General Fund | \$0 |
| Revision to Program Budgets #4 | 04/01/2020 – 03/31/2021 | SAM/State RWPB | \$0 |
| Revision to Program Budgets #5 | 04/01/2020 – 03/31/2021 | SAM/State RWPB | \$68,100 |
| Revision to Program Budgets #6 | 04/01/2020 – 03/31/2021 | RWPA | \$53,000 |
| Revision to Program Budgets #6 | 07/01/2020 – 06/30/2021 | General Fund | -\$8,794 |
| Revision to Program Budgets #7 | 08/01/2020 – 02/28/2021 | RWPA | \$102,000 |
| Amendment #2 | 04/01/2020 – 03/31/2021 | SAM/State RWPB | \$24,416 |
| Amendment #2 | 04/01/2021 – 03/31/2022 | SAM/State RWPB | \$1,306,315 |
| Amendment #2 | 07/01/2021 – 06/30/2022 | General Fund | \$351,745 |
| Revision to Program Budgets #8 | 04/01/2021 – 03/31/2022 | SAM/State RWPB | \$101,711 |
| Revision to Program Budgets #8 | 07/01/2021 – 06/30/2022 | General Fund | \$21,421 |
| Amendment #3 | 04/01/2022 – 03/31/2023 | SAM/State RWPB | \$1,347,885 |
| Amendment #3 | 07/01/2022 – 06/30/2023 | General Fund | \$373,166 |
| Amendment #3 | 04/01/2023 – 03/31/2024 | SAM/State RWPB | \$1,347,885 |
| Amendment #3 | 07/01/2023 – 06/30/2024 | General Fund | \$373,166 |
| Amendment #3 | 04/01/2024 – 03/31/2025 | SAM/State RWPB | \$1,347,885 |
| Amendment #3 | 07/01/2024 – 06/30/2025 | General Fund | \$373,166 |
| Amendment #3 | 04/01/2025 – 03/31/2026 | SAM/State RWPB | \$1,347,885 |
| Amendment #3 | 07/01/2025 – 06/30/2026 | General Fund | \$373,166 |
| Amendment #3 | 04/01/2026 – 03/31/2027 | SAM/State RWPB | \$1,347,885 |
| Amendment #3 | 07/01/2026 – 03/31/2027 | General Fund | \$279,875 |
| | | Total Award | <u>\$17,565,165</u> |
| | | Contingency (04/01/21 – 03/31/2027) | <u>\$1,235,179</u> |
| | | Not-to-Exceed Amount | <u>\$18,800,344</u> |

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

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

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

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

| CID# 100002671 | | | | | | | | | | | | | | | | Appendix B, Page 4 | |
|---|--------------------------------|-------------------------------------|--------------------------------|------------------|-------------------------------------|--------------------------------|-------------------------------------|--------------------------------|-------------------------------------|--------------------------------|---|--------------------------------|------------------|-------------------|---------------------|-------------------------------------|---------------------------|
| DPH Section HIV Health Services | | | | | | | | | | | Prepared by: Darin Raffaelli, draffaelli@openhand.org, 415-447-2481 | | | | | 04/01/17 - 3/31/27 | |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Contract Amendment <input type="checkbox"/> Revision to Program Budgets | | | | | | | | | | | | | | | | FY 2016-27 | |
| Org/Contractor Name PROJECT OPEN HAND | | | | | | | | | | | | | | | | Current Fund Notice: n/a | |
| Program/Provider Name | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | | | | HIV/AIDS Food & Nutrition Svcs(GTZ) | SUB- TOTALS for this page |
| | Appendix Number | B-1.1 | B-2 | B-1 | B-1.1a | B-2a | B-1.1b | B-2b | B-1a | B-2c | B-1b | B-2d | B-1c | B-3 | B-3a | B-1d | |
| Appendix Term | 4/01/17-9/29/17 | 4/01/17-6/30/17 | 4/01/17-3/31/18 | 9/30/17-9/29/18 | 7/01/17-6/30/18 | 9/30/18-9/29/19 | 7/01/18-6/30/19 | 4/01/18-3/31/19 | 7/01/19-6/30/20 | 4/01/19-3/31/20 | 7/01/20-6/30/21 | 4/01/20-3/31/21 | 4/01/20-3/31/21 | 8/01/20-2/28/21 | 4/01/21-3/31/22 | 7/1/21-6/30/22 | |
| EXPENSES | | | | | | | | | | | | | | | | | |
| Salaries | \$ 21,562 | \$ 45,505 | \$ 672,375 | \$ 21,562 | \$ 164,475 | \$ 68,852 | \$ 164,475 | \$ 679,132 | \$ 164,475 | \$ 725,717 | \$ 152,849 | \$ 699,102 | \$ 25,604 | \$ 48,525 | \$ 663,768 | \$ 162,453 | \$ 4,480,431 |
| Employee Benefits | \$ 7,579 | \$ 15,995 | \$ 236,340 | \$ 7,579 | \$ 57,813 | \$ 24,201 | \$ 57,813 | \$ 238,715 | \$ 57,813 | \$ 255,090 | \$ 53,726 | \$ 245,734 | \$ 9,000 | \$ 17,057 | \$ 252,896 | \$ 61,894 | \$ 1,599,245 |
| Total Personnel | \$ 29,141 | \$ 61,500 | \$ 908,715 | \$ 29,141 | \$ 222,288 | \$ 93,053 | \$ 222,288 | \$ 917,847 | \$ 222,288 | \$ 980,807 | \$ 206,575 | \$ 944,836 | \$ 34,604 | \$ 65,582 | \$ 916,664 | \$ 224,347 | \$ 6,079,676 |
| Operating Expense | \$ 42,859 | \$ - | \$ 369,564 | \$ 40,859 | \$ 119,212 | \$ 45,603 | \$ 119,212 | \$ 360,432 | \$ 119,212 | \$ 378,246 | \$ 117,030 | \$ 363,456 | \$ 14,020 | \$ 27,996 | \$ 374,694 | \$ 117,112 | \$ 2,609,507 |
| Subtotal Direct Costs | \$ 72,000 | \$ 61,500 | \$ 1,278,279 | \$ 70,000 | \$ 341,500 | \$ 138,656 | \$ 341,500 | \$ 1,278,279 | \$ 341,500 | \$ 1,359,053 | \$ 323,605 | \$ 1,308,292 | \$ 48,624 | \$ 93,578 | \$ 1,291,358 | \$ 341,459 | \$ 8,689,183 |
| Indirect Cost Amount | \$ - | \$ - | \$ - | \$ - | \$ 6,739 | \$ - | \$ - | \$ 10,245 | \$ 67,182 | \$ 28,140 | \$ 90,539 | \$ 4,376 | \$ 8,422 | \$ 116,668 | \$ 31,707 | \$ 364,018 | |
| Indirect Cost Rate (%) | 0% | 0% | 0% | 0% | 0% | 4.9% | 0% | 0% | 3% | 4.9% | 8.696% | 6.9% | 9.0% | 9.0% | 9.0% | 9.3% | |
| Total Expenses | \$ 72,000 | \$ 61,500 | \$ 1,278,279 | \$ 70,000 | \$ 341,500 | \$ 145,395 | \$ 341,500 | \$ 1,278,279 | \$ 351,745 | \$ 1,426,235 | \$ 351,745 | \$ 1,398,831 | \$ 53,000 | \$ 102,000 | \$ 1,408,026 | \$ 373,166 | \$ 9,053,201 |
| REVENUES & FUNDING SOURCES | | | | | | | | | | | | | | | | | |
| DPH Funding Sources | | | | | | | | | | | | | | | | | |
| RWPB CFDA 93.917 | | | \$ 1,278,279 | | | | | \$ 1,278,279 | | \$ 1,426,235 | | \$ 1,398,831 | | | \$ 1,408,026 | | \$ 6,789,650 |
| GTZ - General Fund | | \$ 61,500 | | | \$ 341,500 | | \$ 341,500 | | \$ 351,745 | | \$ 351,745 | | | | | \$ 373,166 | \$ 1,821,156 |
| RWPB X08 CFDA 93.917 | \$ 72,000 | | | \$ 70,000 | | \$ 145,395 | | | | | | | | | | | \$ 287,395 |
| RWPA COVID 93.914 | | | | | | | | | | | | \$ 53,000 | | | | | \$ 53,000 |
| RWPA CarryFow 93.914 | | | | | | | | | | | | | \$ 102,000 | | | | \$ 102,000 |
| Total DPH Revenues | \$ 72,000 | \$ 61,500 | \$ 1,278,279 | \$ 70,000 | \$ 341,500 | \$ 145,395 | \$ 341,500 | \$ 1,278,279 | \$ 351,745 | \$ 1,426,235 | \$ 351,745 | \$ 1,398,831 | \$ 53,000 | \$ 102,000 | \$ 1,408,026 | \$ 373,166 | \$ 9,053,201 |
| Total (DPH/Non-DPH) | \$ 72,000 | \$ 61,500 | \$ 1,278,279 | \$ 70,000 | \$ 341,500 | \$ 145,395 | \$ 341,500 | \$ 1,278,279 | \$ 351,745 | \$ 1,426,235 | \$ 351,745 | \$ 1,398,831 | \$ 53,000 | \$ 102,000 | \$ 1,408,026 | \$ 373,166 | \$ 9,053,201 |
| Payment Method | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR |

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

| CID# 100002671 | | | | | | | | | | | Appendix B, Page 5 | | | | |
|--|--------------------------------|-------------------------------------|--------------------------------|-------------------------------------|--------------------------------|-------------------------------------|---|-------------------------------------|--------------------------------|-------------------------------------|---------------------|------|------|--------------------------|----------------------|
| DPH Section HIV Health Services | | | | | | | Prepared by: Darin Raffaelli, draffaelli@openhand.org, 415-447-2481 | | | | 04/01/22 - 03/31/27 | | | | |
| Check one: <input type="checkbox"/> Original <input checked="" type="checkbox"/> Contract Amendment <input type="checkbox"/> Revision to Program Budgets | | | | | | | | | | | FY 2022-27 | | | | |
| Org/Contractor Name PROJECT OPEN HAND | | | | | | | | | | | | | | | |
| Program/Provider Name | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | HIV/AIDS Food & Nutrition Svcs | HIV/AIDS Food & Nutrition Svcs(GTZ) | | | | SUB-TOTALS for this page | TOTALS page 4 & 5 |
| Appendix Number | B-1e | B-2f | B-1f | B-2g | B-1g | B-2h | B-1h | B-2i | B-1i | B-2j | | | | | |
| Appendix Term | 4/1/22-3/31/23 | 7/1/22-6/30/23 | 4/1/23-3/31/24 | 7/1/23-6/30/24 | 4/1/24-3/31/25 | 7/1/24-6/30/25 | 4/1/25-3/31/26 | 7/1/25-6/30/26 | 4/1/26-3/31/27 | 7/1/26-3/31/27 | | | | | |
| EXPENSES | | | | | | | | | | | | | | | |
| Salaries | \$ 622,975 | \$ 162,453 | \$ 622,975 | \$ 162,453 | \$ 622,975 | \$ 162,453 | \$ 622,975 | \$ 162,453 | \$ 622,975 | \$ 121,839 | | | | \$ 3,886,526 | \$ 8,366,957 |
| Employee Benefits | \$ 237,353 | \$ 61,894 | \$ 237,353 | \$ 61,894 | \$ 237,353 | \$ 61,894 | \$ 237,353 | \$ 61,894 | \$ 237,353 | \$ 46,420 | | | | \$ 1,480,761 | \$ 3,080,006 |
| Total Personnel | \$ 860,328 | \$ 224,347 | \$ 860,328 | \$ 224,347 | \$ 860,328 | \$ 224,347 | \$ 860,328 | \$ 224,347 | \$ 860,328 | \$ 168,259 | | | | \$ 5,367,287 | \$ 11,446,963 |
| Operating Expense | \$ 370,888 | \$ 117,112 | \$ 370,888 | \$ 117,112 | \$ 370,888 | \$ 117,112 | \$ 370,888 | \$ 117,112 | \$ 370,888 | \$ 87,835 | | | | \$ 2,410,723 | \$ 5,020,230 |
| Subtotal Direct Costs | \$ 1,231,216 | \$ 341,459 | \$ 1,231,216 | \$ 341,459 | \$ 1,231,216 | \$ 341,459 | \$ 1,231,216 | \$ 341,459 | \$ 1,231,216 | \$ 256,094 | \$ - | \$ - | \$ - | \$ 7,778,010 | \$ - |
| Indirect Cost Amount | \$ 116,669 | \$ 31,707 | \$ 116,669 | \$ 31,707 | \$ 116,669 | \$ 31,707 | \$ 116,669 | \$ 31,707 | \$ 116,669 | \$ 23,781 | | | | \$ 733,954 | \$ 1,097,972 |
| Indirect Cost Rate (%) | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | 9% | | | | | |
| Total Expenses | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 279,875 | \$ - | \$ - | \$ - | \$ 8,511,964 | \$ - |
| REVENUES & FUNDING SOURCES | | | | | | | | | | | | | | | |
| DPH Funding Sources | | | | | | | | | | | | | | | |
| RWPB CFDA 93.917 | \$ 1,347,885 | | \$ 1,347,885 | | \$ 1,347,885 | | \$ 1,347,885 | | \$ 1,347,885 | | | | | \$ 6,739,425 | \$ 13,529,075 |
| GTZ - General Fund | | \$ 373,166 | | \$ 373,166 | | \$ 373,166 | | \$ 373,166 | | \$ 279,875 | | | | \$ 1,772,539 | \$ 3,593,695 |
| RWPB X08 CFDA 93.917 | | | | | | | | | | | | | | \$ - | \$ 287,395 |
| RWPA COVID 93.914 | | | | | | | | | | | | | | \$ - | \$ 53,000 |
| RWPA CarryForw 93.914 | | | | | | | | | | | | | | \$ - | \$ 102,000 |
| Total DPH Revenues | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 279,875 | \$ - | \$ - | \$ - | \$ 8,511,965 | \$ - |
| Total (DPH/Non-DPH) | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 373,166 | \$ 1,347,885 | \$ 279,875 | \$ - | \$ - | \$ - | \$ 8,511,965 | \$ - |
| Payment Method | CR | CR | CR | CR | CR | CR | CR | CR | CR | CR | | | | | |

HIV Food and Nutrition Services

UOS COST ALLOCATION BY SERVICE MODE

| Personnel Expenses | FTE | Prepared Meals | | Grocery Bags | | Nutrition Counseling Hours | | Contract Totals |
|---------------------------------------|-----------------|----------------|------------|----------------|------------|----------------------------|-----------|------------------|
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Wellness Prog Coor (Caseworker) | 0.73702 | 30,362 | 71% | 12,423 | 29% | | | 42,785 |
| Wellness Prog Coor (Caseworker) | - | - | 0% | - | 0% | | | - |
| Client Engagement Specialist | 0.84219 | 14,516 | 71% | 5,940 | 29% | | | 20,456 |
| Outreach Coordinator | 0.17991 | 7,602 | 71% | 3,110 | 29% | | | 10,712 |
| Manager, Wellness Programs | 0.60292 | 32,892 | 71% | 13,458 | 29% | | | 46,350 |
| Cook I | 0.84842 | 22,579 | 71% | 9,238 | 29% | | | 31,817 |
| Cook II | 0.84380 | 25,856 | 71% | 10,579 | 29% | | | 36,435 |
| Cook II | 0.80128 | 21,928 | 71% | 8,972 | 29% | | | 30,900 |
| Inventory Operations Coordinator II | 0.47045 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Porter | 0.84697 | 22,603 | 71% | 9,248 | 29% | | | 31,851 |
| Porter | 0.51641 | 12,966 | 71% | 5,305 | 29% | | | 18,271 |
| Driver | 0.95166 | 25,692 | 71% | 10,512 | 29% | | | 36,204 |
| Dispatcher | 0.69318 | 24,596 | 71% | 10,063 | 29% | | | 34,659 |
| Director, Distribution | 0.64389 | 37,627 | 71% | 15,396 | 29% | | | 53,023 |
| Director, Nutrition Services | 0.12000 | | | | | 11,400 | 100% | 11,400 |
| Registered Dietician | 0.26312 | | | | | 18,515 | 100% | 18,515 |
| Director, Operations | 0.25122 | 16,045 | 71% | 6,565 | 29% | | | 22,610 |
| Purchasing Supervisor | 0.60433 | 25,898 | 71% | 10,596 | 29% | | | 36,494 |
| Kitchen Logistics Supervisor | 0.39056 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Volunteer Coordinators | 0.33876 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Volunteer Coordinators | 0.34898 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Director, Volunteer Services | 0.56797 | 35,626 | 71% | 14,576 | 29% | | | 50,202 |
| Director, Wellness Programs | 0.45435 | 13,616 | 71% | 5,571 | 29% | | | 19,187 |
| Total FTE & Total Salaries | 12.31739 | 420,864 | 68% | 172,196 | 28% | 29,915 | 5% | 622,975 |
| Fringe Benefits | 38.10% | 160,349 | 68% | 65,607 | 28% | 11,397 | 5% | 237,353 |
| Total Personnel Expenses | | 581,213 | 68% | 237,803 | 28% | 41,312 | 5% | 860,328 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 47,297 | 71% | 19,352 | 29% | | | 66,649 |
| Total Materials and Supplies | | 215,902 | 71% | 88,337 | 29% | | | 304,239 |
| Total Operating Expenses | | 263,199 | 71% | 107,689 | 29% | - | - | 370,888 |
| Total Direct Expenses | | 844,412 | 69% | 345,492 | 28% | 41,312 | 3% | 1,231,216 |
| Indirect Expenses | 9.4759% | 82,794 | 71% | 33,875 | 29% | | | 116,669 |
| TOTAL EXPENSES | | 927,206 | 69% | 379,367 | 28% | 41,312 | 3% | 1,347,885 |
| UOS per Service Mode | | 64,077 | | 12,555 | | 330 | | 76,962 |
| Cost / UOS by Service Mode | | \$14.48 | | \$30.22 | | \$125.19 | | N/A |
| UDC per Service Mode | | 775 | | 775 | | 175 | | 775 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--------------------|---|---------------|---------------------------|----------------------------------|--------------|
| Staff Position 1: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | <i>Annual Salary:</i> | <i>x FTE:</i> | <i>x Months per Year:</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$58,052.00 | 0.73702 | 12 | 1.00 | \$ 42,785 |
| Staff Position 2: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | \$57,990.00 | - | 12 | 1.00 | \$ - |
| Staff Position 3: | Client Engagement Specialist | | | | |
| Brief Duties | Responsible for greeting clients, helping clients navigate services and recording client service data. | | | | |
| Min Quals | Previous experience as receptionist and working with vulnerable populations, HIV and critically ill. | | | | |
| | \$24,289.00 | 0.84219 | 12 | 1.00 | \$ 20,456 |
| Staff Position 4: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | \$59,540.00 | 0.17991 | 12 | 1.00 | \$ 10,712 |
| Staff Position 5: | Manager, Wellness Programs | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues. | | | | |
| | \$76,875.00 | 0.60292 | 12 | 1.00 | \$ 46,350 |
| Staff Position 7: | Cook I | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$37,502.00 | 0.84842 | 12 | 1.00 | \$ 31,817 |
| Staff Position 8: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$43,180.00 | 0.84380 | 12 | 1.00 | \$ 36,435 |
| Staff Position 9: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$38,563.00 | 0.80128 | 12 | 1.00 | \$ 30,900 |
| Staff Position 10: | Inventory Operations Coordinator II | | | | |
| Brief Duties | Responsible for inventory management of raw goods and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$40,269.00 | 0.47045 | 12 | 1.00 | \$ 18,944 |
| Staff Position 11: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$37,606.00 | 0.84697 | 12 | 1.00 | \$ 31,851 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1e, Page 3
04/01/22 - 03/31/23
Ryan White Part B

| | | | | | |
|--------------------|--|---------|----|------|-----------|
| Staff Position 12: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$35,381.00 | 0.51641 | 12 | 1.00 | \$ 18,271 |
| Staff Position 13: | Driver | | | | |
| Brief Duties | Responsible for driving agency vehicles to deliver meals and groceries. | | | | |
| Min Quals | Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs. | | | | |
| | \$38,043.00 | 0.95166 | 12 | 1.00 | \$ 36,204 |
| Staff Position 14: | Dispatcher | | | | |
| Brief Duties | Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers. | | | | |
| Min Quals | 3 yrs experience supervising staff and volunteers. | | | | |
| | \$50,000.00 | 0.69318 | 12 | 1.00 | \$ 34,659 |
| Staff Position 15: | Director, Distribution | | | | |
| Brief Duties | Responsible for scheduling and supervising drivers and distribution staff and volunteers. | | | | |
| Min Quals | BA in Social Services or related field, experience in food services distribution and supervision of staff. | | | | |
| | \$82,348.00 | 0.64389 | 12 | 1.00 | \$ 53,023 |
| Staff Position 16: | Director, Nutrition Services | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$95,000.00 | 0.12 | 12 | 1.00 | \$ 11,400 |
| Staff Position 17: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.26312 | 12 | 1.00 | \$ 18,515 |
| Staff Position 18: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 3 yrs experience managing staff and inventory for food distribution programs. | | | | |
| | \$90,000.00 | 0.25122 | 12 | 1.00 | \$ 22,610 |
| Staff Position 19: | Purchasing Supervisor | | | | |
| Brief Duties | Responsible for purchasing and inventory management of food and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$60,388.00 | 0.60433 | 12 | 1.00 | \$ 36,494 |
| Staff Position 20: | Kitchen Logistics Supervisor | | | | |
| Brief Duties | Responsible for meal inventory storage logistics. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$48,506.00 | 0.39056 | 12 | 1.00 | \$ 18,944 |
| Staff Position 21: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$49,025.00 | 0.33876 | 12 | 1.00 | \$ 16,608 |
| Staff Position 22: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$47,590.00 | 0.34898 | 12 | 1.00 | \$ 16,608 |
| Staff Position 23: | Director, Volunteer Services | | | | |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1e, Page 4

04/01/22 - 03/31/23

Ryan White Part B

| | | | | | |
|--------------|---|---------|----|------|-----------|
| Brief Duties | Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator. | | | | |
| Min Quals | BA in Social Services related field and 2 yrs experience managing volunteers and staff. | | | | |
| | \$88,387.00 | 0.56797 | 12 | 1.00 | \$ 50,202 |

| | | | | | |
|--------------------|---|---------|---|------|-----------|
| Staff Position 24: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$84,460.00 | 0.45435 | 6 | 1.00 | \$ 19,187 |

| | | | | |
|-------------------|-----------------|--|------------------------|-------------------|
| Total FTE: | 12.31739 | | Total Salaries: | \$ 622,975 |
|-------------------|-----------------|--|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost | |
|-------------------------------|--|---------------|--------------------------------------|
| | Payroll Tax | \$ 56,690.73 | |
| | Employee Health Benefits | \$ 135,808.55 | |
| | Retirement Plan Employer Contributions | \$ 8,098.68 | |
| | Commuter Benefits | \$ 3,737.85 | |
| | Workers Compensation | \$ 33,017.68 | |
| | Fringe Benefit %: | 38.10% | Total Fringe Benefit: 237,353 |
| | TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS | | 860,328 |

2) OPERATING EXPENSES:

| Occupancy: | Brief Description | Rate | Cost |
|------------------|--|----------------------------------|---------------|
| Telephone | Agency: \$97,880 / 83.9 total prog FTE = 1,166.63 | = | 14,370 |
| Internet | Agency: \$16,000 / 83.9 total prog FTE = 190.71 | \$190.71 x 12.31 Program FTE = | 2,349 |
| Gas/Electric | Agency: \$196,000 / 83.9 total prog FTE = 2,336.12 | = | 28,775 |
| Water | Agency: \$50,000 / 83.9 total prog FTE = \$595.95 | \$595.95 x 12.31 Program FTE = | 7,341 |
| Garbage Disposal | Agency: \$94100 / 83.9 total prog FTE = \$1,121.58 | \$1,121.58 x 12.31 Program FTE = | 13,815 |
| | | Total Occupancy: | 66,649 |

| Materials/Supplies: | Brief Description | Rate | Cost |
|----------------------|--|--|------------------|
| Food/Packaging Meals | direct cost of food/packaging per meal. | ~ \$3.02 per meal X 64,077 UOS = | 193,817 |
| Food/Pack Groceries | direct cost of food/packaging costs per grocery bag. | ~ \$8.80 per bag X 12,555 UOS = | 110,422 |
| | | Total Materials & Supplies: | 304,239 |
| | | TOTAL OPERATING EXPENSES: | 370,888 |
| | | TOTAL DIRECT COSTS: | 1,231,216 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.4759% | |
|---|----------------|------------------------------|------------------|
| Director, Finance (Annual Salary \$128,125 @ .16 FTE + 38% Fringe Benefits) | | | 29,146 |
| Chief Executive Officer (Annual Salary \$235,000 @ .09 FTE + 38% Fringe Benefits) | | | 29,146 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .23FTE + 38% Fringe Benefits) | | | 29,228 |
| Vice President, Programs (Annual Salary \$117,260 @ .18 FTE + 38% Fringe Benefits) | | | 29,146 |
| | | TOTAL INDIRECT COSTS: | 116,669 |
| | | TOTAL EXPENSES: | 1,347,885 |

HIV Food and Nutrition Services

04/01/23 - 03/31/24

Ryan White Part B

UOS COST ALLOCATION BY SERVICE MODE

| Personnel Expenses | FTE | Prepared Meals | | Grocery Bags | | Nutrition Counseling Hours | | Contract Totals |
|---------------------------------------|-----------------|----------------|------------|----------------|------------|----------------------------|-----------|------------------|
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Wellness Prog Coor (Caseworker) | 0.73702 | 30,362 | 71% | 12,423 | 29% | | | 42,785 |
| Wellness Prog Coor (Caseworker) | - | - | 0% | - | 0% | | | - |
| Client Engagement Specialist | 0.84219 | 14,516 | 71% | 5,940 | 29% | | | 20,456 |
| Outreach Coordinator | 0.17991 | 7,602 | 71% | 3,110 | 29% | | | 10,712 |
| Manager, Wellness Programs | 0.60292 | 32,892 | 71% | 13,458 | 29% | | | 46,350 |
| Cook I | 0.84842 | 22,579 | 71% | 9,238 | 29% | | | 31,817 |
| Cook II | 0.84380 | 25,856 | 71% | 10,579 | 29% | | | 36,435 |
| Cook II | 0.80128 | 21,928 | 71% | 8,972 | 29% | | | 30,900 |
| Inventory Operations Coordinator II | 0.47045 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Porter | 0.84697 | 22,603 | 71% | 9,248 | 29% | | | 31,851 |
| Porter | 0.51641 | 12,966 | 71% | 5,305 | 29% | | | 18,271 |
| Driver | 0.95166 | 25,692 | 71% | 10,512 | 29% | | | 36,204 |
| Dispatcher | 0.69318 | 24,596 | 71% | 10,063 | 29% | | | 34,659 |
| Director, Distribution | 0.64389 | 37,627 | 71% | 15,396 | 29% | | | 53,023 |
| Director, Nutrition Services | 0.12000 | | | | | 11,400 | 100% | 11,400 |
| Registered Dietician | 0.26312 | | | | | 18,515 | 100% | 18,515 |
| Director, Operations | 0.25122 | 16,045 | 71% | 6,565 | 29% | | | 22,610 |
| Purchasing Supervisor | 0.60433 | 25,898 | 71% | 10,596 | 29% | | | 36,494 |
| Kitchen Logistics Supervisor | 0.39056 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Volunteer Coordinators | 0.33876 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Volunteer Coordinators | 0.34898 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Director, Volunteer Services | 0.56797 | 35,626 | 71% | 14,576 | 29% | | | 50,202 |
| Director, Wellness Programs | 0.45435 | 13,616 | 71% | 5,571 | 29% | | | 19,187 |
| Total FTE & Total Salaries | 12.31739 | 420,864 | 68% | 172,196 | 28% | 29,915 | 5% | 622,975 |
| Fringe Benefits | 38.10% | 160,349 | 68% | 65,607 | 28% | 11,397 | 5% | 237,353 |
| Total Personnel Expenses | | 581,213 | 68% | 237,803 | 28% | 41,312 | 5% | 860,328 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 47,297 | 71% | 19,352 | 29% | | | 66,649 |
| Total Materials and Supplies | | 215,902 | 71% | 88,337 | 29% | | | 304,239 |
| Total Operating Expenses | | 263,199 | 71% | 107,689 | 29% | - | - | 370,888 |
| Total Direct Expenses | | 844,412 | 69% | 345,492 | 28% | 41,312 | 3% | 1,231,216 |
| Indirect Expenses | 9.4759% | 82,794 | 71% | 33,875 | 29% | | | 116,669 |
| TOTAL EXPENSES | | 927,206 | 69% | 379,367 | 28% | 41,312 | 3% | 1,347,885 |
| UOS per Service Mode | | 64,077 | | 12,555 | | 330 | | 76,962 |
| Cost / UOS by Service Mode | | \$14.48 | | \$30.22 | | \$125.19 | | N/A |
| UDC per Service Mode | | 775 | | 775 | | 175 | | 775 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--------------------|---|---------------|---------------------------|----------------------------------|--------------|
| Staff Position 1: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | <i>Annual Salary:</i> | <i>x FTE:</i> | <i>x Months per Year:</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$58,052.00 | 0.73702 | 12 | 1.00 | \$ 42,785 |
| Staff Position 2: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | \$57,990.00 | - | 12 | 1.00 | \$ - |
| Staff Position 3: | Client Engagement Specialist | | | | |
| Brief Duties | Responsible for greeting clients, helping clients navigate services and recording client service data. | | | | |
| Min Quals | Previous experience as receptionist and working with vulnerable populations, HIV and critically ill. | | | | |
| | \$24,289.00 | 0.84219 | 12 | 1.00 | \$ 20,456 |
| Staff Position 4: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | \$59,540.00 | 0.17991 | 12 | 1.00 | \$ 10,712 |
| Staff Position 5: | Manager, Wellness Programs | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues. | | | | |
| | \$76,875.00 | 0.60292 | 12 | 1.00 | \$ 46,350 |
| Staff Position 7: | Cook I | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$37,502.00 | 0.84842 | 12 | 1.00 | \$ 31,817 |
| Staff Position 8: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$43,180.00 | 0.84380 | 12 | 1.00 | \$ 36,435 |
| Staff Position 9: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$38,563.00 | 0.80128 | 12 | 1.00 | \$ 30,900 |
| Staff Position 10: | Inventory Operations Coordinator II | | | | |
| Brief Duties | Responsible for inventory management of raw goods and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$40,269.00 | 0.47045 | 12 | 1.00 | \$ 18,944 |
| Staff Position 11: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$37,606.00 | 0.84697 | 12 | 1.00 | \$ 31,851 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1f, Page 3
04/01/23 - 03/31/24
Ryan White Part B

| | | | | | |
|--------------------|--|---------|----|------|-----------|
| Staff Position 12: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$35,381.00 | 0.51641 | 12 | 1.00 | \$ 18,271 |
| Staff Position 13: | Driver | | | | |
| Brief Duties | Responsible for driving agency vehicles to deliver meals and groceries. | | | | |
| Min Quals | Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs. | | | | |
| | \$38,043.00 | 0.95166 | 12 | 1.00 | \$ 36,204 |
| Staff Position 14: | Dispatcher | | | | |
| Brief Duties | Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers. | | | | |
| Min Quals | 3 yrs experience supervising staff and volunteers. | | | | |
| | \$50,000.00 | 0.69318 | 12 | 1.00 | \$ 34,659 |
| Staff Position 15: | Director, Distribution | | | | |
| Brief Duties | Responsible for scheduling and supervising drivers and distribution staff and volunteers. | | | | |
| Min Quals | BA in Social Services or related field, experience in food services distribution and supervision of staff. | | | | |
| | \$82,348.00 | 0.64389 | 12 | 1.00 | \$ 53,023 |
| Staff Position 16: | Director, Nutrition Services | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients | | | | |
| | \$95,000.00 | 0.12 | 12 | 1.00 | \$ 11,400 |
| Staff Position 17: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.26312 | 12 | 1.00 | \$ 18,515 |
| Staff Position 18: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 3 yrs experience managing staff and inventory for food distribution programs. | | | | |
| | \$90,000.00 | 0.25122 | 12 | 1.00 | \$ 22,610 |
| Staff Position 19: | Purchasing Supervisor | | | | |
| Brief Duties | Responsible for purchasing and inventory management of food and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$60,388.00 | 0.60433 | 12 | 1.00 | \$ 36,494 |
| Staff Position 20: | Kitchen Logistics Supervisor | | | | |
| Brief Duties | Responsible for meal inventory storage logistics. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$48,506.00 | 0.39056 | 12 | 1.00 | \$ 18,944 |
| Staff Position 21: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$49,025.00 | 0.33876 | 12 | 1.00 | \$ 16,608 |
| Staff Position 22: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$47,590.00 | 0.34898 | 12 | 1.00 | \$ 16,608 |
| Staff Position 23: | Director, Volunteer Services | | | | |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1f, Page 4

04/01/23 - 03/31/24

Ryan White Part B

| | | | | | |
|--------------|---|---------|----|------|-----------|
| Brief Duties | Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator. | | | | |
| Min Quals | BA in Social Services related field and 2 yrs experience managing volunteers and staff. | | | | |
| | \$88,387.00 | 0.56797 | 12 | 1.00 | \$ 50,202 |

| | | | | | |
|--------------------|---|---------|---|------|-----------|
| Staff Position 24: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$84,460.00 | 0.45435 | 6 | 1.00 | \$ 19,187 |

| | | | | | |
|--|-------------------|-----------------|--|------------------------|-------------------|
| | Total FTE: | 12.31739 | | Total Salaries: | \$ 622,975 |
|--|-------------------|-----------------|--|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost | |
|-------------------------------|--|---------------|--------------------------------------|
| | Payroll Tax | \$ 56,690.73 | |
| | Employee Health Benefits | \$ 135,808.55 | |
| | Retirement Plan Employer Contributions | \$ 8,098.68 | |
| | Commuter Benefits | \$ 3,737.85 | |
| | Workers Compensation | \$ 33,017.68 | |
| | Fringe Benefit %: | 38.10% | Total Fringe Benefit: 237,353 |
| | TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS | | 860,328 |

2) OPERATING EXPENSES:

| Occupancy: | Brief Description | Rate | Cost |
|------------------|--|----------------------------------|---------------|
| Telephone | Agency: \$97,880 / 83.9 total prog FTE = 1,166.63 | = | 14,370 |
| Internet | Agency: \$16,000 / 83.9 total prog FTE = 190.71 | \$190.71 x 12.31 Program FTE = | 2,349 |
| Gas/Electric | Agency: \$196,000 / 83.9 total prog FTE = 2,336.12 | = | 28,775 |
| Water | Agency: \$50,000 / 83.9 total prog FTE = \$595.95 | \$595.95 x 12.31 Program FTE = | 7,341 |
| Garbage Disposal | Agency: \$94100 / 83.9 total prog FTE = \$1,121.58 | \$1,121.58 x 12.31 Program FTE = | 13,815 |
| | | Total Occupancy: | 66,649 |

| Materials/Supplies: | Brief Description | Rate | Cost |
|----------------------|--|--|------------------|
| Food/Packaging Meals | direct cost of food/packaging per meal. | ~ \$3.02 per meal X 64,077 UOS = | 193,817 |
| Food/Pack Groceries | direct cost of food/packaging costs per grocery bag. | ~ \$8.80 per bag X 12,555 UOS = | 110,422 |
| | | Total Materials & Supplies: | 304,239 |
| | | TOTAL OPERATING EXPENSES: | 370,888 |
| | | TOTAL DIRECT COSTS: | 1,231,216 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.4759% | |
|---|----------------|------------------------------|------------------|
| Director, Finance (Annual Salary \$128,125 @ .16 FTE + 38% Fringe Benefits) | | | 29,146 |
| Chief Executive Officer (Annual Salary \$235,000 @ .09 FTE + 38% Fringe Benefits) | | | 29,146 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .23FTE + 38% Fringe Benefits) | | | 29,228 |
| Vice President, Programs (Annual Salary \$117,260 @ .18 FTE + 38% Fringe Benefits) | | | 29,146 |
| | | TOTAL INDIRECT COSTS: | 116,669 |
| | | TOTAL EXPENSES: | 1,347,885 |

HIV Food and Nutrition Services

UOS COST ALLOCATION BY SERVICE MODE

| Personnel Expenses | FTE | Prepared Meals | | Grocery Bags | | Nutrition Counseling Hours | | Contract Totals |
|---------------------------------------|-----------------|----------------|------------|----------------|------------|----------------------------|-----------|------------------|
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Wellness Prog Coor (Caseworker) | 0.73702 | 30,362 | 71% | 12,423 | 29% | | | 42,785 |
| Wellness Prog Coor (Caseworker) | - | - | 0% | - | 0% | | | - |
| Client Engagement Specialist | 0.84219 | 14,516 | 71% | 5,940 | 29% | | | 20,456 |
| Outreach Coordinator | 0.17991 | 7,602 | 71% | 3,110 | 29% | | | 10,712 |
| Manager, Wellness Programs | 0.60292 | 32,892 | 71% | 13,458 | 29% | | | 46,350 |
| Cook I | 0.84842 | 22,579 | 71% | 9,238 | 29% | | | 31,817 |
| Cook II | 0.84380 | 25,856 | 71% | 10,579 | 29% | | | 36,435 |
| Cook II | 0.80128 | 21,928 | 71% | 8,972 | 29% | | | 30,900 |
| Inventory Operations Coordinator II | 0.47045 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Porter | 0.84697 | 22,603 | 71% | 9,248 | 29% | | | 31,851 |
| Porter | 0.51641 | 12,966 | 71% | 5,305 | 29% | | | 18,271 |
| Driver | 0.95166 | 25,692 | 71% | 10,512 | 29% | | | 36,204 |
| Dispatcher | 0.69318 | 24,596 | 71% | 10,063 | 29% | | | 34,659 |
| Director, Distribution | 0.64389 | 37,627 | 71% | 15,396 | 29% | | | 53,023 |
| Director, Nutrition Services | 0.12000 | | | | | 11,400 | 100% | 11,400 |
| Registered Dietician | 0.26312 | | | | | 18,515 | 100% | 18,515 |
| Director, Operations | 0.25122 | 16,045 | 71% | 6,565 | 29% | | | 22,610 |
| Purchasing Supervisor | 0.60433 | 25,898 | 71% | 10,596 | 29% | | | 36,494 |
| Kitchen Logistics Supervisor | 0.39056 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Volunteer Coordinators | 0.33876 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Volunteer Coordinators | 0.34898 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Director, Volunteer Services | 0.56797 | 35,626 | 71% | 14,576 | 29% | | | 50,202 |
| Director, Wellness Programs | 0.45435 | 13,616 | 71% | 5,571 | 29% | | | 19,187 |
| Total FTE & Total Salaries | 12.31739 | 420,864 | 68% | 172,196 | 28% | 29,915 | 5% | 622,975 |
| Fringe Benefits | 38.10% | 160,349 | 68% | 65,607 | 28% | 11,397 | 5% | 237,353 |
| Total Personnel Expenses | | 581,213 | 68% | 237,803 | 28% | 41,312 | 5% | 860,328 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 47,297 | 71% | 19,352 | 29% | | | 66,649 |
| Total Materials and Supplies | | 215,902 | 71% | 88,337 | 29% | | | 304,239 |
| Total Operating Expenses | | 263,199 | 71% | 107,689 | 29% | - | - | 370,888 |
| Total Direct Expenses | | 844,412 | 69% | 345,492 | 28% | 41,312 | 3% | 1,231,216 |
| Indirect Expenses | 9.4759% | 82,794 | 71% | 33,875 | 29% | | | 116,669 |
| TOTAL EXPENSES | | 927,206 | 69% | 379,367 | 28% | 41,312 | 3% | 1,347,885 |
| UOS per Service Mode | | 64,077 | | 12,555 | | 330 | | 76,962 |
| Cost / UOS by Service Mode | | \$14.48 | | \$30.22 | | \$125.19 | | N/A |
| UDC per Service Mode | | 775 | | 775 | | 175 | | 775 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--------------------|---|---------------|---------------------------|----------------------------------|--------------|
| Staff Position 1: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | <i>Annual Salary:</i> | <i>x FTE:</i> | <i>x Months per Year:</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$58,052.00 | 0.73702 | 12 | 1.00 | \$ 42,785 |
| Staff Position 2: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | \$57,990.00 | - | 12 | 1.00 | \$ - |
| Staff Position 3: | Client Engagement Specialist | | | | |
| Brief Duties | Responsible for greeting clients, helping clients navigate services and recording client service data. | | | | |
| Min Quals | Previous experience as receptionist and working with vulnerable populations, HIV and critically ill. | | | | |
| | \$24,289.00 | 0.84219 | 12 | 1.00 | \$ 20,456 |
| Staff Position 4: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | \$59,540.00 | 0.17991 | 12 | 1.00 | \$ 10,712 |
| Staff Position 5: | Manager, Wellness Programs | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues. | | | | |
| | \$76,875.00 | 0.60292 | 12 | 1.00 | \$ 46,350 |
| Staff Position 7: | Cook I | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$37,502.00 | 0.84842 | 12 | 1.00 | \$ 31,817 |
| Staff Position 8: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$43,180.00 | 0.84380 | 12 | 1.00 | \$ 36,435 |
| Staff Position 9: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$38,563.00 | 0.80128 | 12 | 1.00 | \$ 30,900 |
| Staff Position 10: | Inventory Operations Coordinator II | | | | |
| Brief Duties | Responsible for inventory management of raw goods and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$40,269.00 | 0.47045 | 12 | 1.00 | \$ 18,944 |
| Staff Position 11: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$37,606.00 | 0.84697 | 12 | 1.00 | \$ 31,851 |

Project Open Hand
HIV Food and Nutrition Services

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04/01/24 - 03/31/25
Ryan White Part B

| | | | | | |
|--------------------|--|---------|----|------|-----------|
| Staff Position 12: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$35,381.00 | 0.51641 | 12 | 1.00 | \$ 18,271 |
| Staff Position 13: | Driver | | | | |
| Brief Duties | Responsible for driving agency vehicles to deliver meals and groceries. | | | | |
| Min Quals | Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs. | | | | |
| | \$38,043.00 | 0.95166 | 12 | 1.00 | \$ 36,204 |
| Staff Position 14: | Dispatcher | | | | |
| Brief Duties | Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers. | | | | |
| Min Quals | 3 yrs experience supervising staff and volunteers. | | | | |
| | \$50,000.00 | 0.69318 | 12 | 1.00 | \$ 34,659 |
| Staff Position 15: | Director, Distribution | | | | |
| Brief Duties | Responsible for scheduling and supervising drivers and distribution staff and volunteers. | | | | |
| Min Quals | BA in Social Services or related field, experience in food services distribution and supervision of staff. | | | | |
| | \$82,348.00 | 0.64389 | 12 | 1.00 | \$ 53,023 |
| Staff Position 16: | Director, Nutrition Services | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$95,000.00 | 0.12 | 12 | 1.00 | \$ 11,400 |
| Staff Position 17: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.26312 | 12 | 1.00 | \$ 18,515 |
| Staff Position 18: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 3 yrs experience managing staff and inventory for food distribution programs. | | | | |
| | \$90,000.00 | 0.25122 | 12 | 1.00 | \$ 22,610 |
| Staff Position 19: | Purchasing Supervisor | | | | |
| Brief Duties | Responsible for purchasing and inventory management of food and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$60,388.00 | 0.60433 | 12 | 1.00 | \$ 36,494 |
| Staff Position 20: | Kitchen Logistics Supervisor | | | | |
| Brief Duties | Responsible for meal inventory storage logistics. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$48,506.00 | 0.39056 | 12 | 1.00 | \$ 18,944 |
| Staff Position 21: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$49,025.00 | 0.33876 | 12 | 1.00 | \$ 16,608 |
| Staff Position 22: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$47,590.00 | 0.34898 | 12 | 1.00 | \$ 16,608 |
| Staff Position 23: | Director, Volunteer Services | | | | |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1g, Page 4

04/01/24 - 03/31/25

Ryan White Part B

| | | | | | |
|--------------|---|---------|----|------|-----------|
| Brief Duties | Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator. | | | | |
| Min Quals | BA in Social Services related field and 2 yrs experience managing volunteers and staff. | | | | |
| | \$88,387.00 | 0.56797 | 12 | 1.00 | \$ 50,202 |

| | | | | | |
|--------------------|---|---------|---|------|-----------|
| Staff Position 24: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$84,460.00 | 0.45435 | 6 | 1.00 | \$ 19,187 |

| | | | | | |
|--|-------------------|-----------------|--|------------------------|-------------------|
| | Total FTE: | 12.31739 | | Total Salaries: | \$ 622,975 |
|--|-------------------|-----------------|--|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost | |
|-------------------------------|--|---------------|--------------------------------------|
| | Payroll Tax | \$ 56,690.73 | |
| | Employee Health Benefits | \$ 135,808.55 | |
| | Retirement Plan Employer Contributions | \$ 8,098.68 | |
| | Commuter Benefits | \$ 3,737.85 | |
| | Workers Compensation | \$ 33,017.68 | |
| | Fringe Benefit %: | 38.10% | Total Fringe Benefit: 237,353 |
| | TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS | | 860,328 |

2) OPERATING EXPENSES:

| Occupancy: | Brief Description | Rate | Cost |
|------------------|--|----------------------------------|---------------|
| Telephone | Agency: \$97,880 / 83.9 total prog FTE = 1,166.63 | = | 14,370 |
| Internet | Agency: \$16,000 / 83.9 total prog FTE = 190.71 | \$190.71 x 12.31 Program FTE = | 2,349 |
| Gas/Electric | Agency: \$196,000 / 83.9 total prog FTE = 2,336.12 | = | 28,775 |
| Water | Agency: \$50,000 / 83.9 total prog FTE = \$595.95 | \$595.95 x 12.31 Program FTE = | 7,341 |
| Garbage Disposal | Agency: \$94100 / 83.9 total prog FTE = \$1,121.58 | \$1,121.58 x 12.31 Program FTE = | 13,815 |
| | | Total Occupancy: | 66,649 |

| Materials/Supplies: | Brief Description | Rate | Cost |
|----------------------|--|--|------------------|
| Food/Packaging Meals | direct cost of food/packaging per meal. | ~ \$3.02 per meal X 64,077 UOS = | 193,817 |
| Food/Pack Groceries | direct cost of food/packaging costs per grocery bag. | ~ \$8.80 per bag X 12,555 UOS = | 110,422 |
| | | Total Materials & Supplies: | 304,239 |
| | | TOTAL OPERATING EXPENSES: | 370,888 |
| | | TOTAL DIRECT COSTS: | 1,231,216 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.4759% | |
|---|----------------|------------------------------|------------------|
| Director, Finance (Annual Salary \$128,125 @ .16 FTE + 38% Fringe Benefits) | | | 29,146 |
| Chief Executive Officer (Annual Salary \$235,000 @ .09 FTE + 38% Fringe Benefits) | | | 29,146 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .23FTE + 38% Fringe Benefits) | | | 29,228 |
| Vice President, Programs (Annual Salary \$117,260 @ .18 FTE + 38% Fringe Benefits) | | | 29,146 |
| | | TOTAL INDIRECT COSTS: | 116,669 |
| | | TOTAL EXPENSES: | 1,347,885 |

HIV Food and Nutrition Services

UOS COST ALLOCATION BY SERVICE MODE

| Personnel Expenses | FTE | Prepared Meals | | Grocery Bags | | Nutrition Counseling Hours | | | Contract Totals |
|---------------------------------------|-----------------|----------------|------------|----------------|------------|----------------------------|-----------|----------|------------------|
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | | |
| Wellness Prog Coor (Caseworker) | 0.73702 | 30,362 | 71% | 12,423 | 29% | | | | 42,785 |
| Wellness Prog Coor (Caseworker) | - | - | 0% | - | 0% | | | | - |
| Client Engagement Specialist | 0.84219 | 14,516 | 71% | 5,940 | 29% | | | | 20,456 |
| Outreach Coordinator | 0.17991 | 7,602 | 71% | 3,110 | 29% | | | | 10,712 |
| Manager, Wellness Programs | 0.60292 | 32,892 | 71% | 13,458 | 29% | | | | 46,350 |
| Cook I | 0.84842 | 22,579 | 71% | 9,238 | 29% | | | | 31,817 |
| Cook II | 0.84380 | 25,856 | 71% | 10,579 | 29% | | | | 36,435 |
| Cook II | 0.80128 | 21,928 | 71% | 8,972 | 29% | | | | 30,900 |
| Inventory Operations Coordinator II | 0.47045 | 13,444 | 71% | 5,500 | 29% | | | | 18,944 |
| Porter | 0.84697 | 22,603 | 71% | 9,248 | 29% | | | | 31,851 |
| Porter | 0.51641 | 12,966 | 71% | 5,305 | 29% | | | | 18,271 |
| Driver | 0.95166 | 25,692 | 71% | 10,512 | 29% | | | | 36,204 |
| Dispatcher | 0.69318 | 24,596 | 71% | 10,063 | 29% | | | | 34,659 |
| Director, Distribution | 0.64389 | 37,627 | 71% | 15,396 | 29% | | | | 53,023 |
| Director, Nutrition Services | 0.12000 | | | | | 11,400 | 100% | | 11,400 |
| Registered Dietician | 0.26312 | | | | | 18,515 | 100% | | 18,515 |
| Director, Operations | 0.25122 | 16,045 | 71% | 6,565 | 29% | | | | 22,610 |
| Purchasing Supervisor | 0.60433 | 25,898 | 71% | 10,596 | 29% | | | | 36,494 |
| Kitchen Logistics Supervisor | 0.39056 | 13,444 | 71% | 5,500 | 29% | | | | 18,944 |
| Volunteer Coordinators | 0.33876 | 11,786 | 71% | 4,822 | 29% | | | | 16,608 |
| Volunteer Coordinators | 0.34898 | 11,786 | 71% | 4,822 | 29% | | | | 16,608 |
| Director, Volunteer Services | 0.56797 | 35,626 | 71% | 14,576 | 29% | | | | 50,202 |
| Director, Wellness Programs | 0.45435 | 13,616 | 71% | 5,571 | 29% | | | | 19,187 |
| Total FTE & Total Salaries | 12.31739 | 420,864 | 68% | 172,196 | 28% | 29,915 | 5% | - | 622,975 |
| Fringe Benefits | 38.10% | 160,349 | 68% | 65,607 | 28% | 11,397 | 5% | - | 237,353 |
| Total Personnel Expenses | | 581,213 | 68% | 237,803 | 28% | 41,312 | 5% | - | 860,328 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | | Total |
| Total Occupancy | | 47,297 | 71% | 19,352 | 29% | | | | 66,649 |
| Total Materials and Supplies | | 215,902 | 71% | 88,337 | 29% | | | | 304,239 |
| Total Operating Expenses | | 263,199 | 71% | 107,689 | 29% | - | - | - | 370,888 |
| Total Direct Expenses | | 844,412 | 69% | 345,492 | 28% | 41,312 | 3% | - | 1,231,216 |
| Indirect Expenses | 9.4759% | 82,794 | 71% | 33,875 | 29% | | | | 116,669 |
| TOTAL EXPENSES | | 927,206 | 69% | 379,367 | 28% | 41,312 | 3% | - | 1,347,885 |
| UOS per Service Mode | | 64,077 | | 12,555 | | 330 | | | 76,962 |
| Cost / UOS by Service Mode | | \$14.48 | | \$30.22 | | \$125.19 | | | N/A |
| UDC per Service Mode | | 775 | | 775 | | 175 | | | 775 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--------------------|---|---------------|---------------------------|----------------------------------|--------------|
| Staff Position 1: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | <i>Annual Salary:</i> | <i>x FTE:</i> | <i>x Months per Year:</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$58,052.00 | 0.73702 | 12 | 1.00 | \$ 42,785 |
| Staff Position 2: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | \$57,990.00 | - | 12 | 1.00 | \$ - |
| Staff Position 3: | Client Engagement Specialist | | | | |
| Brief Duties | Responsible for greeting clients, helping clients navigate services and recording client service data. | | | | |
| Min Quals | Previous experience as receptionist and working with vulnerable populations, HIV and critically ill. | | | | |
| | \$24,289.00 | 0.84219 | 12 | 1.00 | \$ 20,456 |
| Staff Position 4: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | \$59,540.00 | 0.17991 | 12 | 1.00 | \$ 10,712 |
| Staff Position 5: | Manager, Wellness Programs | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues. | | | | |
| | \$76,875.00 | 0.60292 | 12 | 1.00 | \$ 46,350 |
| Staff Position 7: | Cook I | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$37,502.00 | 0.84842 | 12 | 1.00 | \$ 31,817 |
| Staff Position 8: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$43,180.00 | 0.84380 | 12 | 1.00 | \$ 36,435 |
| Staff Position 9: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$38,563.00 | 0.80128 | 12 | 1.00 | \$ 30,900 |
| Staff Position 10: | Inventory Operations Coordinator II | | | | |
| Brief Duties | Responsible for inventory management of raw goods and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$40,269.00 | 0.47045 | 12 | 1.00 | \$ 18,944 |
| Staff Position 11: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$37,606.00 | 0.84697 | 12 | 1.00 | \$ 31,851 |

Project Open Hand
HIV Food and Nutrition Services

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Ryan White Part B

| | | | | | |
|--------------------|--|---------|----|------|-----------|
| Staff Position 12: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$35,381.00 | 0.51641 | 12 | 1.00 | \$ 18,271 |
| Staff Position 13: | Driver | | | | |
| Brief Duties | Responsible for driving agency vehicles to deliver meals and groceries. | | | | |
| Min Quals | Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs. | | | | |
| | \$38,043.00 | 0.95166 | 12 | 1.00 | \$ 36,204 |
| Staff Position 14: | Dispatcher | | | | |
| Brief Duties | Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers. | | | | |
| Min Quals | 3 yrs experience supervising staff and volunteers. | | | | |
| | \$50,000.00 | 0.69318 | 12 | 1.00 | \$ 34,659 |
| Staff Position 15: | Director, Distribution | | | | |
| Brief Duties | Responsible for scheduling and supervising drivers and distribution staff and volunteers. | | | | |
| Min Quals | BA in Social Services or related field, experience in food services distribution and supervision of staff. | | | | |
| | \$82,348.00 | 0.64389 | 12 | 1.00 | \$ 53,023 |
| Staff Position 16: | Director, Nutrition Services | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients | | | | |
| | \$95,000.00 | 0.12 | 12 | 1.00 | \$ 11,400 |
| Staff Position 17: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.26312 | 12 | 1.00 | \$ 18,515 |
| Staff Position 18: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 3 yrs experience managing staff and inventory for food distribution programs. | | | | |
| | \$90,000.00 | 0.25122 | 12 | 1.00 | \$ 22,610 |
| Staff Position 19: | Purchasing Supervisor | | | | |
| Brief Duties | Responsible for purchasing and inventory management of food and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$60,388.00 | 0.60433 | 12 | 1.00 | \$ 36,494 |
| Staff Position 20: | Kitchen Logistics Supervisor | | | | |
| Brief Duties | Responsible for meal inventory storage logistics. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$48,506.00 | 0.39056 | 12 | 1.00 | \$ 18,944 |
| Staff Position 21: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$49,025.00 | 0.33876 | 12 | 1.00 | \$ 16,608 |
| Staff Position 22: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$47,590.00 | 0.34898 | 12 | 1.00 | \$ 16,608 |
| Staff Position 23: | Director, Volunteer Services | | | | |

Project Open Hand
HIV Food and Nutrition Services

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04/01/25 - 03/31/26

Ryan White Part B

| | | | | | |
|--------------|---|---------|----|------|-----------|
| Brief Duties | Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator. | | | | |
| Min Quals | BA in Social Services related field and 2 yrs experience managing volunteers and staff. | | | | |
| | \$88,387.00 | 0.56797 | 12 | 1.00 | \$ 50,202 |

| | | | | | |
|--------------------|---|---------|---|------|-----------|
| Staff Position 24: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication | | | | |
| | \$84,460.00 | 0.45435 | 6 | 1.00 | \$ 19,187 |

| | | | | |
|-------------------|-----------------|--|------------------------|-------------------|
| Total FTE: | 12.31739 | | Total Salaries: | \$ 622,975 |
|-------------------|-----------------|--|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost | |
|-------------------------------|--|---------------|--------------------------------------|
| | Payroll Tax | \$ 56,690.73 | |
| | Employee Health Benefits | \$ 135,808.55 | |
| | Retirement Plan Employer Contributions | \$ 8,098.68 | |
| | Commuter Benefits | \$ 3,737.85 | |
| | Workers Compensation | \$ 33,017.68 | |
| | Fringe Benefit %: | 38.10% | Total Fringe Benefit: 237,353 |
| | TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS | | 860,328 |

2) OPERATING EXPENSES:

| Occupancy: | Brief Description | Rate | Cost |
|------------------|--|----------------------------------|---------------|
| Telephone | Agency: \$97,880 / 83.9 total prog FTE = 1,166.63 | = | 14,370 |
| Internet | Agency: \$16,000 / 83.9 total prog FTE = 190.71 | \$190.71 x 12.31 Program FTE = | 2,349 |
| Gas/Electric | Agency: \$196,000 / 83.9 total prog FTE = 2,336.12 | = | 28,775 |
| Water | Agency: \$50,000 / 83.9 total prog FTE = \$595.95 | \$595.95 x 12.31 Program FTE = | 7,341 |
| Garbage Disposal | Agency: \$94100 / 83.9 total prog FTE = \$1,121.58 | \$1,121.58 x 12.31 Program FTE = | 13,815 |
| | Total Occupancy: | | 66,649 |

| Materials/Supplies: | Brief Description | Rate | Cost |
|----------------------|--|----------------------------------|------------------|
| Food/Packaging Meals | direct cost of food/packaging per meal. | ~ \$3.02 per meal X 64,077 UOS = | 193,817 |
| Food/Pack Groceries | direct cost of food/packaging costs per grocery bag. | ~ \$8.80 per bag X 12,555 UOS = | 110,422 |
| | Total Materials & Supplies: | | 304,239 |
| | TOTAL OPERATING EXPENSES: | | 370,888 |
| | TOTAL DIRECT COSTS: | | 1,231,216 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.4759% | |
|---|------------------------------|---------|------------------|
| Director, Finance (Annual Salary \$128,125 @ .16 FTE + 38% Fringe Benefits) | | | 29,146 |
| Chief Executive Officer (Annual Salary \$235,000 @ .09 FTE + 38% Fringe Benefits) | | | 29,146 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .23FTE + 38% Fringe Benefits) | | | 29,228 |
| Vice President, Programs (Annual Salary \$117,260 @ .18 FTE + 38% Fringe Benefits) | | | 29,146 |
| | TOTAL INDIRECT COSTS: | | 116,669 |
| | TOTAL EXPENSES: | | 1,347,885 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1i, Page 1
04/01/26 - 03/31/27
Ryan White Part B

UOS COST ALLOCATION BY SERVICE MODE

| Personnel Expenses | FTE | Prepared Meals | | Grocery Bags | | Nutrition Counseling Hours | | Contract Totals |
|---------------------------------------|-----------------|----------------|------------|----------------|------------|----------------------------|-----------|------------------|
| | | Salaries | % FTE | Salaries | % FTE | Salaries | % FTE | |
| Wellness Prog Coor (Caseworker) | 0.73702 | 30,362 | 71% | 12,423 | 29% | | | 42,785 |
| Wellness Prog Coor (Caseworker) | - | - | 0% | - | 0% | | | - |
| Client Engagement Specialist | 0.84219 | 14,516 | 71% | 5,940 | 29% | | | 20,456 |
| Outreach Coordinator | 0.17991 | 7,602 | 71% | 3,110 | 29% | | | 10,712 |
| Manager, Wellness Programs | 0.60292 | 32,892 | 71% | 13,458 | 29% | | | 46,350 |
| Cook I | 0.84842 | 22,579 | 71% | 9,238 | 29% | | | 31,817 |
| Cook II | 0.84380 | 25,856 | 71% | 10,579 | 29% | | | 36,435 |
| Cook II | 0.80128 | 21,928 | 71% | 8,972 | 29% | | | 30,900 |
| Inventory Operations Coordinator II | 0.47045 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Porter | 0.84697 | 22,603 | 71% | 9,248 | 29% | | | 31,851 |
| Porter | 0.51641 | 12,966 | 71% | 5,305 | 29% | | | 18,271 |
| Driver | 0.95166 | 25,692 | 71% | 10,512 | 29% | | | 36,204 |
| Dispatcher | 0.69318 | 24,596 | 71% | 10,063 | 29% | | | 34,659 |
| Director, Distribution | 0.64389 | 37,627 | 71% | 15,396 | 29% | | | 53,023 |
| Director, Nutrition Services | 0.12000 | | | | | 11,400 | 100% | 11,400 |
| Registered Dietician | 0.26312 | | | | | 18,515 | 100% | 18,515 |
| Director, Operations | 0.25122 | 16,045 | 71% | 6,565 | 29% | | | 22,610 |
| Purchasing Supervisor | 0.60433 | 25,898 | 71% | 10,596 | 29% | | | 36,494 |
| Kitchen Logistics Supervisor | 0.39056 | 13,444 | 71% | 5,500 | 29% | | | 18,944 |
| Volunteer Coordinators | 0.33876 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Volunteer Coordinators | 0.34898 | 11,786 | 71% | 4,822 | 29% | | | 16,608 |
| Director, Volunteer Services | 0.56797 | 35,626 | 71% | 14,576 | 29% | | | 50,202 |
| Director, Wellness Programs | 0.45435 | 13,616 | 71% | 5,571 | 29% | | | 19,187 |
| Total FTE & Total Salaries | 12.31739 | 420,864 | 68% | 172,196 | 28% | 29,915 | 5% | 622,975 |
| Fringe Benefits | 38.10% | 160,349 | 68% | 65,607 | 28% | 11,397 | 5% | 237,353 |
| Total Personnel Expenses | | 581,213 | 68% | 237,803 | 28% | 41,312 | 5% | 860,328 |
| Operating Expenses | | Expense | % | Expense | % | Expense | % | Total |
| Total Occupancy | | 47,297 | 71% | 19,352 | 29% | | | 66,649 |
| Total Materials and Supplies | | 215,902 | 71% | 88,337 | 29% | | | 304,239 |
| Total Operating Expenses | | 263,199 | 71% | 107,689 | 29% | - | - | 370,888 |
| Total Direct Expenses | | 844,412 | 69% | 345,492 | 28% | 41,312 | 3% | 1,231,216 |
| Indirect Expenses | 9.4759% | 82,794 | 71% | 33,875 | 29% | | | 116,669 |
| TOTAL EXPENSES | | 927,206 | 69% | 379,367 | 28% | 41,312 | 3% | 1,347,885 |
| UOS per Service Mode | | 64,077 | | 12,555 | | 330 | | 76,962 |
| Cost / UOS by Service Mode | | \$14.48 | | \$30.22 | | \$125.19 | | N/A |
| UDC per Service Mode | | 775 | | 775 | | 175 | | 775 |

BUDGET JUSTIFICATION**1a) SALARIES**

| | | | | | |
|--------------------|---|---------------|---------------------------|----------------------------------|--------------|
| Staff Position 1: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | <i>Annual Salary:</i> | <i>x FTE:</i> | <i>x Months per Year:</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$58,052.00 | 0.73702 | 12 | 1.00 | \$ 42,785 |
| Staff Position 2: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. Bi-lingual preferred. | | | | |
| | \$57,990.00 | - | 12 | 1.00 | \$ - |
| Staff Position 3: | Client Engagement Specialist | | | | |
| Brief Duties | Responsible for greeting clients, helping clients navigate services and recording client service data. | | | | |
| Min Quals | Previous experience as receptionist and working with vulnerable populations, HIV and critically ill. | | | | |
| | \$24,289.00 | 0.84219 | 12 | 1.00 | \$ 20,456 |
| Staff Position 4: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | \$59,540.00 | 0.17991 | 12 | 1.00 | \$ 10,712 |
| Staff Position 5: | Manager, Wellness Programs | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues. | | | | |
| | \$76,875.00 | 0.60292 | 12 | 1.00 | \$ 46,350 |
| Staff Position 7: | Cook I | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$37,502.00 | 0.84842 | 12 | 1.00 | \$ 31,817 |
| Staff Position 8: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$43,180.00 | 0.84380 | 12 | 1.00 | \$ 36,435 |
| Staff Position 9: | Cook II | | | | |
| Brief Duties | Responsible for daily meal preparations with other food service staff and volunteers. | | | | |
| Min Quals | 3 yrs cooking in a high volume food service operation, and food protection manager certification. | | | | |
| | \$38,563.00 | 0.80128 | 12 | 1.00 | \$ 30,900 |
| Staff Position 10: | Inventory Operations Coordinator II | | | | |
| Brief Duties | Responsible for inventory management of raw goods and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$40,269.00 | 0.47045 | 12 | 1.00 | \$ 18,944 |
| Staff Position 11: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$37,606.00 | 0.84697 | 12 | 1.00 | \$ 31,851 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1i, Page 3
04/01/26 - 03/31/27
Ryan White Part B

| | | | | | |
|--------------------|--|---------|----|------|-----------|
| Staff Position 12: | Porter | | | | |
| Brief Duties | Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen. | | | | |
| Min Quals | Requires previous experience working in high-volume kitchen operations. | | | | |
| | \$35,381.00 | 0.51641 | 12 | 1.00 | \$ 18,271 |
| Staff Position 13: | Driver | | | | |
| Brief Duties | Responsible for driving agency vehicles to deliver meals and groceries. | | | | |
| Min Quals | Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs. | | | | |
| | \$38,043.00 | 0.95166 | 12 | 1.00 | \$ 36,204 |
| Staff Position 14: | Dispatcher | | | | |
| Brief Duties | Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers. | | | | |
| Min Quals | 3 yrs experience supervising staff and volunteers. | | | | |
| | \$50,000.00 | 0.69318 | 12 | 1.00 | \$ 34,659 |
| Staff Position 15: | Director, Distribution | | | | |
| Brief Duties | Responsible for scheduling and supervising drivers and distribution staff and volunteers. | | | | |
| Min Quals | BA in Social Services or related field, experience in food services distribution and supervision of staff. | | | | |
| | \$82,348.00 | 0.64389 | 12 | 1.00 | \$ 53,023 |
| Staff Position 16: | Director, Nutrition Services | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients | | | | |
| | \$95,000.00 | 0.12 | 12 | 1.00 | \$ 11,400 |
| Staff Position 17: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.26312 | 12 | 1.00 | \$ 18,515 |
| Staff Position 18: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 3 yrs experience managing staff and inventory for food distribution programs. | | | | |
| | \$90,000.00 | 0.25122 | 12 | 1.00 | \$ 22,610 |
| Staff Position 19: | Purchasing Supervisor | | | | |
| Brief Duties | Responsible for purchasing and inventory management of food and supplies. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$60,388.00 | 0.60433 | 12 | 1.00 | \$ 36,494 |
| Staff Position 20: | Kitchen Logistics Supervisor | | | | |
| Brief Duties | Responsible for meal inventory storage logistics. | | | | |
| Min Quals | Previous experience in warehouse operations and inventory control. | | | | |
| | \$48,506.00 | 0.39056 | 12 | 1.00 | \$ 18,944 |
| Staff Position 21: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$49,025.00 | 0.33876 | 12 | 1.00 | \$ 16,608 |
| Staff Position 22: | Volunteer Coordinators | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$47,590.00 | 0.34898 | 12 | 1.00 | \$ 16,608 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-1i, Page 4
04/01/26 - 03/31/27
Ryan White Part B

| | | | | | |
|--------------------|---|---------|----|------|-----------|
| Staff Position 23: | Director, Volunteer Services | | | | |
| Brief Duties | Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator. | | | | |
| Min Quals | BA in Social Services related field and 2 yrs experience managing volunteers and staff. | | | | |
| | \$88,387.00 | 0.56797 | 12 | 1.00 | \$ 50,202 |

| | | | | | |
|--------------------|---|---------|---|------|-----------|
| Staff Position 24: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$84,460.00 | 0.45435 | 6 | 1.00 | \$ 19,187 |

| | | | | |
|-------------------|-----------------|--|------------------------|-------------------|
| Total FTE: | 12.31739 | | Total Salaries: | \$ 622,975 |
|-------------------|-----------------|--|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost | |
|-------------------------------|--|---------------|--------------------------------------|
| | Payroll Tax | \$ 56,690.73 | |
| | Employee Health Benefits | \$ 135,808.55 | |
| | Retirement Plan Employer Contributions | \$ 8,098.68 | |
| | Commuter Benefits | \$ 3,737.85 | |
| | Workers Compensation | \$ 33,017.68 | |
| | Fringe Benefit %: | 38.10% | Total Fringe Benefit: 237,353 |
| | TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS | | 860,328 |

2) OPERATING EXPENSES:

| Occupancy: | Brief Description | Rate | Cost |
|------------------|--|----------------------------------|---------------|
| Telephone | Agency: \$97,880 / 83.9 total prog FTE = 1,166.63 | = | 14,370 |
| Internet | Agency: \$16,000 / 83.9 total prog FTE = 190.71 | \$190.71 x 12.31 Program FTE = | 2,349 |
| Gas/Electric | Agency: \$196,000 / 83.9 total prog FTE = 2,336.12 | = | 28,775 |
| Water | Agency: \$50,000 / 83.9 total prog FTE = \$595.95 | \$595.95 x 12.31 Program FTE = | 7,341 |
| Garbage Disposal | Agency: \$94100 / 83.9 total prog FTE = \$1,121.58 | \$1,121.58 x 12.31 Program FTE = | 13,815 |
| | | Total Occupancy: | 66,649 |

| Materials/Supplies: | Brief Description | Rate | Cost |
|---------------------|--|--|------------------|
| Food/Packaging | direct cost of food/packaging per meal. | ~ \$3.02 per meal X 64,077 UOS = | 193,817 |
| Meals | direct cost of food/packaging costs per grocery bag. | ~ \$8.80 per bag X 12,555 UOS = | 110,422 |
| Food/Pack Groceries | | | |
| | | Total Materials & Supplies: | 304,239 |
| | | TOTAL OPERATING EXPENSES: | 370,888 |
| | | TOTAL DIRECT COSTS: | 1,231,216 |

4) INDIRECT COSTS **Indirect Rate:** **9.4759%**

| | |
|---|--------------------------------------|
| Director, Finance (Annual Salary \$128,125 @ .16 FTE + 38% Fringe Benefits) | 29,146 |
| Chief Executive Officer (Annual Salary \$235,000 @ .09 FTE + 38% Fringe Benefits) | 29,146 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .23FTE + 38% Fringe Benefits) | 29,228 |
| Vice President, Programs (Annual Salary \$117,260 @ .18 FTE + 38% Fringe Benefits) | 29,146 |
| | TOTAL INDIRECT COSTS: 116,669 |
| | TOTAL EXPENSES: 1,347,885 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2f, Page 1
07/01/2022 - 06/30/2023
General Fund GTZ

UOS COST ALLOCATION BY SERVICE MODE

| SERVICE MODES - Goal # 1: Food Access for Underserved Clients | | | | | | | |
|---|----------------|-------------------------|------------|-----------------------|------------|--|------------------------|
| Personnel Expenses | | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | | |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | | B-2f, p 1 Total |
| Outreach Coordinator | 0.08233 | 3,765 | 77% | 1,137 | 23% | | 4,902 |
| Manager, Wellness Program | 0.05034 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Wellness Prog Coor (Caseworker) | 0.08888 | 3,963 | 77% | 1,197 | 23% | | 5,160 |
| Cook II | 0.05264 | 1,559 | 77% | 471 | 23% | | 2,030 |
| Porter | 0.04375 | 1,189 | 77% | 359 | 23% | | 1,548 |
| Grocery Center Supervisor | 0.07508 | 3,059 | 77% | 923 | 23% | | 3,982 |
| Grocery Center Operations Coord. II | 0.09907 | 3,064 | 77% | 925 | 23% | | 3,989 |
| Registered Dietician | 0.05131 | 2,773 | 77% | 837 | 23% | | 3,610 |
| Volunteer Coordinator | 0.05421 | 1,880 | 77% | 568 | 23% | | 2,448 |
| Director, Operations | 0.04405 | 3,045 | 77% | 919 | 23% | | 3,964 |
| Kitchen Operations Coordinator II | 0.09828 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Director, Wellness Programs | 0.06226 | 1,012 | 77% | 305 | 23% | | 1,317 |
| Total FTE & Total Salaries | 0.80220 | 31,255 | 77% | 9,435 | 23% | | 40,690 |
| Fringe Benefits | 38.10% | 11,908 | 77% | 3,595 | 23% | | 15,503 |
| Total Personnel Expenses | | 43,163 | 77% | 13,030 | 23% | | 56,193 |
| Operating Expenses | | Expense | % | Expense | % | | B-2f, p 1 Total |
| Total Occupancy | | | | | | | - |
| Total Materials and Supplies | | 15,735 | 77% | 4,750 | 23% | | 20,485 |
| Total General Operating | | 6,797 | 77% | 2,052 | 23% | | 8,849 |
| Total Staff Travel | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | - |
| Other (specify): | | | | | | | - |
| | | | | | | | - |
| Total Operating Expenses | | 22,532 | 77% | 6,802 | 23% | | 29,334 |
| Total Direct Expenses | | 65,695 | 77% | 19,832 | 23% | | 85,527 |
| Indirect Expenses | 9.286% | 6,101 | 77% | 1,842 | 23% | | 7,943 |
| TOTAL EXPENSES | | 71,796 | 77% | 21,674 | 23% | | 93,470 |
| UOS per Service Mode | | 4,895 | | 707 | | | 5,602 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.66 | | | N/A |
| UDC per Service Mode | | 40 | | 40 | | | 40 |

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined | | | | Grand Total | | |
|---------------------------------------|----------------|--|------------|-----------------------|------------|-------------------------|----------------|-------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | B-2f, p 2 Totals | Total FTE | GTZ Totals |
| | | Salaries | % FTE | Salaries | % FTE | | | |
| Outreach Coordinator | 0.24636 | 10,992 | 75% | 3,676 | 25% | 14,668 | 0.32869 | 19,570 |
| Manager, Wellness Program | 0.15064 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.20097 | 15,450 |
| Wellness Prog Coor (Caseworker) | 0.26597 | 11,571 | 75% | 3,869 | 25% | 15,440 | 0.35485 | 20,600 |
| Cook II | 0.15751 | 4,552 | 75% | 1,522 | 25% | 6,074 | 0.21014 | 8,104 |
| Porter | 0.13092 | 3,471 | 75% | 1,161 | 25% | 4,632 | 0.17467 | 6,180 |
| Grocery Center Supervisor | 0.22467 | 8,931 | 75% | 2,986 | 25% | 11,917 | 0.29975 | 15,899 |
| Grocery Center Operations Coord. II | 0.29645 | 8,947 | 75% | 2,991 | 25% | 11,938 | 0.39552 | 15,927 |
| Registered Dietician | 0.15354 | 8,097 | 75% | 2,707 | 25% | 10,804 | 0.20485 | 14,414 |
| Volunteer Coordinator | 0.16222 | 5,489 | 75% | 1,836 | 25% | 7,325 | 0.21643 | 9,773 |
| Director, Operations | 0.13181 | 8,890 | 75% | 2,973 | 25% | 11,863 | 0.17585 | 15,827 |
| Kitchen Operations Coordinator II | 0.29410 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.39239 | 15,450 |
| Director, Wellness Programs | 0.06226 | 2,954 | 75% | 988 | 25% | 3,942 | 0.12452 | 5,259 |
| Total FTE & Total Salaries | 2.27644 | 91,250 | 56% | 30,513 | 19% | 121,763 | 3.07863 | 162,453 |
| Fringe Benefits | 38.10% | 34,766 | 75% | 11,625 | 25% | 46,391 | | 61,894 |
| Total Personnel Expenses | | 126,016 | 75% | 42,138 | 25% | 168,154 | | 224,347 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | B-2f, p 2 Totals | | GTZ Totals |
| Total Occupancy | | | | | | | | - |
| Total Materials and Supplies | | 45,938 | 75% | 15,361 | 25% | 61,299 | | 81,784 |
| Total General Operating | | 19,844 | 75% | 6,635 | 25% | 26,479 | | 35,328 |
| Total Staff Travel | | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | | - |
| Other (specify): | | | | | | | | - |
| | | | | | | | | - |
| Total Operating Expenses | | 65,782 | 56% | 21,996 | 19% | 87,778 | | 117,112 |
| Total Direct Expenses | | 191,798 | 75% | 64,134 | 25% | 255,932 | | 341,459 |
| Indirect Expenses | 9.286% | 17,810 | 56% | 5,954 | 19% | 23,764 | | 31,707 |
| TOTAL EXPENSES | | 209,608 | 75% | 70,088 | 25% | 279,696 | | 373,166 |
| UOS per Service Mode | | 14,291 | | 2,287 | | 16,578 | | 22,180 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.65 | | N/A | | N/A |
| UDC per Service Mode | | 80 | | 80 | | 80 | | 120 |

BUDGET JUSTIFICATION

| 1a) SALARIES | | | | | |
|---------------------|---|--------------|---------------------|----------------------------------|--------------|
| Staff Position 1: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | <i>Annual Salary</i> | <i>x FTE</i> | <i>x Mos per Yr</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$59,540.00 | 0.32869 | 12 | 1.00 | \$ 19,570 |
| Staff Position 2: | Manager, Wellness Program | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$76,875.00 | 0.20097 | 12 | 1 | \$ 15,450 |
| Staff Position 3: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. | | | | |
| | \$58,052.00 | 0.35485 | 12 | 1.00 | \$ 20,600 |
| Staff Position 5: | Cook II | | | | |
| Brief Duties | Meal design and preparation. | | | | |
| Min Quals | 3+ years in social service or public service. | | | | |
| | \$38,563.00 | 0.21014 | 12 | 1.00 | \$ 8,104 |
| Staff Position 6: | Porter | | | | |
| Brief Duties | Kitchen preparation and maintenance. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$35,381.00 | 0.17467 | 12 | 1.00 | \$ 6,180 |
| Staff Position 7: | Grocery Center Supervisor | | | | |
| Brief Duties | Fulfills weekly grocery orders. | | | | |
| Min Quals | 2+ years' experience managing process and procedures for warehouse or kitchen operations. | | | | |
| | \$53,040.00 | 0.29975 | 12 | 1.00 | \$ 15,899 |
| Staff Position 8: | Grocery Center Operations Coord. II | | | | |
| Brief Duties | Responsible for grocery center inventory & storage. | | | | |
| Min Quals | 1-3 years' experience working in a commercial kitchen or industrial warehouse. | | | | |
| | \$40,268.00 | 0.39552 | 12 | 1.00 | \$ 15,927 |
| Staff Position 9: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.20485 | 12 | 1.00 | \$ 14,414 |
| Staff Position 10: | Volunteer Coordinator | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$45,156.00 | 0.21643 | 12 | 1.00 | \$ 9,773 |
| Staff Position 11: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$90,000.00 | 0.17585 | 12 | 1.00 | \$ 15,827 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2f, Page 4

07/01/22 - 06/30/23

General Fund GTZ

| | | | | | |
|--------------------|---|---------|----|------|-----------|
| Staff Position 12: | Kitchen Operations Coordinator II | | | | |
| Brief Duties | Provides inventory and storage support for the kitchen. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$39,374.00 | 0.39239 | 12 | 1.00 | \$ 15,450 |

| | | | | | |
|--------------------|---|---------|---|------|----------|
| Staff Position 13: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication | | | | |
| | \$84,460.00 | 0.12452 | 6 | 1.00 | \$ 5,259 |

| | | | |
|-------------------|----------------|------------------------|-------------------|
| Total FTE: | 3.07863 | Total Salaries: | \$ 162,453 |
|-------------------|----------------|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost |
|--------------------------------------|--|----------------|
| | Payroll Tax | \$ 14,783 |
| | Employee Health Benefits | \$ 35,415 |
| | Retirement Plan Employer Contributions | \$ 2,112 |
| | Commuter Benefits | \$ 975 |
| | Workers Compensation | \$ 8,610 |
| | Fringe Benefit %: | 38.10% |
| | Total Fringe Benefit: | 61,894 |
| | TOTAL SALARIES & BENEFITS: | 224,347 |

2) OPERATING EXPENSES:

| Materials & Supplies: | Brief Description | Rate | Cost |
|----------------------------------|--|-----------------------|---------------|
| Food / Packaging Meals | Direct food and packaging costs per meal. | \$2.93 / UOS x 19,186 | 56,215 |
| Food / Packaging Groceries | Direct food and packaging costs per grocery bag. | \$8.54 / UOS x 2,994 | 25,569 |
| | Total Materials & Supplies: | | 81,784 |

| General Operating: | Brief Description | Rate | Cost |
|---|---|---------------------------------|----------------|
| Utilities- <small>phone, PGE, Garbage, Water</small> | Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE | \$5,226.26 x 3.08 Program FTE = | 16,071 |
| Bldg Mainten. <small>i.e., repairs, pest Control, Security/Alarm, Fire Safe</small> | Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE | \$1,600.50 x 3.08 Program FTE = | 4,927 |
| Supplies - <small>Facilities, Janitorial, Office</small> | Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE | \$1,005.96 x 3.08 Program FTE = | 3,097 |
| Other Exps - <small>books, dues, postage subscriptions, data communication</small> | Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE | \$1,007.26 x 3.08 Program FTE = | 3,101 |
| General Liability Insurance | Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE | \$1,013.11 x 3.08 Program FTE = | 3,119 |
| Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking | Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE | \$1,199.05 x 3.08 Program FTE = | 3,691 |
| Staff Training/Transportation | Ann Agency Budget: 36,000 / 83.9 prog FTE = \$429.08 / FTE | \$429.08 x 3.08 Program FTE = | 1,321 |
| | Total General Operating: | | 35,328 |
| | TOTAL OPERATING EXPENSES: | | 117,112 |
| | TOTAL DIRECT COSTS: | | 341,459 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.286% | Amount |
|--|------------------------------|---------------|----------------|
| Vice President, Programs (Annual Salary \$117,260 @ .10 FTE + 38% Fringe Benefits) | | | 15,853 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .12 FTE + 38% Fringe Benefits) | | | 15,853 |
| | TOTAL INDIRECT COSTS: | | 31,707 |
| | TOTAL EXPENSES: | | 373,166 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2g, Page 1
07/01/2023 - 06/30/2024
General Fund GTZ

UOS COST ALLOCATION BY SERVICE MODE

| SERVICE MODES - Goal # 1: Food Access for Underserved Clients | | | | | | | |
|---|----------------|-------------------------|------------|-----------------------|------------|--|------------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | | B-2g, p 1 Total |
| | | Salaries | % FTE | Salaries | % FTE | | |
| Outreach Coordinator | 0.08233 | 3,765 | 77% | 1,137 | 23% | | 4,902 |
| Manager, Wellness Program | 0.05034 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Wellness Prog Coor (Caseworker) | 0.08888 | 3,963 | 77% | 1,197 | 23% | | 5,160 |
| Cook II | 0.05264 | 1,559 | 77% | 471 | 23% | | 2,030 |
| Porter | 0.04375 | 1,189 | 77% | 359 | 23% | | 1,548 |
| Grocery Center Supervisor | 0.07508 | 3,059 | 77% | 923 | 23% | | 3,982 |
| Grocery Center Operations Coord. II | 0.09907 | 3,064 | 77% | 925 | 23% | | 3,989 |
| Registered Dietician | 0.05131 | 2,773 | 77% | 837 | 23% | | 3,610 |
| Volunteer Coordinator | 0.05421 | 1,880 | 77% | 568 | 23% | | 2,448 |
| Director, Operations | 0.04405 | 3,045 | 77% | 919 | 23% | | 3,964 |
| Kitchen Operations Coordinator II | 0.09828 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Director, Wellness Programs | 0.06226 | 1,012 | 77% | 305 | 23% | | 1,317 |
| Total FTE & Total Salaries | 0.80220 | 31,255 | 77% | 9,435 | 23% | | 40,690 |
| Fringe Benefits | 38.10% | 11,908 | 77% | 3,595 | 23% | | 15,503 |
| Total Personnel Expenses | | 43,163 | 77% | 13,030 | 23% | | 56,193 |
| Operating Expenses | | Expense | % | Expense | % | | B-2g, p 1 Total |
| Total Occupancy | | | | | | | - |
| Total Materials and Supplies | | 15,735 | 77% | 4,750 | 23% | | 20,485 |
| Total General Operating | | 6,797 | 77% | 2,052 | 23% | | 8,849 |
| Total Staff Travel | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | - |
| Other (specify): | | | | | | | - |
| | | | | | | | - |
| Total Operating Expenses | | 22,532 | 77% | 6,802 | 23% | | 29,334 |
| Total Direct Expenses | | 65,695 | 77% | 19,832 | 23% | | 85,527 |
| Indirect Expenses | 9.286% | 6,101 | 77% | 1,842 | 23% | | 7,943 |
| TOTAL EXPENSES | | 71,796 | 77% | 21,674 | 23% | | 93,470 |
| UOS per Service Mode | | 4,895 | | 707 | | | 5,602 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.66 | | | N/A |
| UDC per Service Mode | | 40 | | 40 | | | 40 |

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined | | | | Grand Total | | |
|---------------------------------------|----------------|--|------------|-----------------------|------------|-------------------------|----------------|-------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | B-2g, p 2 Totals | Total FTE | GTZ Totals |
| | | Salaries | % FTE | Salaries | % FTE | | | |
| Outreach Coordinator | 0.24636 | 10,992 | 75% | 3,676 | 25% | 14,668 | 0.32869 | 19,570 |
| Manager, Wellness Program | 0.15064 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.20097 | 15,450 |
| Wellness Prog Coor (Caseworker) | 0.26597 | 11,571 | 75% | 3,869 | 25% | 15,440 | 0.35485 | 20,600 |
| Cook II | 0.15751 | 4,552 | 75% | 1,522 | 25% | 6,074 | 0.21014 | 8,104 |
| Porter | 0.13092 | 3,471 | 75% | 1,161 | 25% | 4,632 | 0.17467 | 6,180 |
| Grocery Center Supervisor | 0.22467 | 8,931 | 75% | 2,986 | 25% | 11,917 | 0.29975 | 15,899 |
| Grocery Center Operations Coord. II | 0.29645 | 8,947 | 75% | 2,991 | 25% | 11,938 | 0.39552 | 15,927 |
| Registered Dietician | 0.15354 | 8,097 | 75% | 2,707 | 25% | 10,804 | 0.20485 | 14,414 |
| Volunteer Coordinator | 0.16222 | 5,489 | 75% | 1,836 | 25% | 7,325 | 0.21643 | 9,773 |
| Director, Operations | 0.13181 | 8,890 | 75% | 2,973 | 25% | 11,863 | 0.17585 | 15,827 |
| Kitchen Operations Coordinator II | 0.29410 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.39239 | 15,450 |
| Director, Wellness Programs | 0.06226 | 2,954 | 75% | 988 | 25% | 3,942 | 0.12452 | 5,259 |
| Total FTE & Total Salaries | 2.27644 | 91,250 | 56% | 30,513 | 19% | 121,763 | 3.07863 | 162,453 |
| Fringe Benefits | 38.10% | 34,766 | 75% | 11,625 | 25% | 46,391 | | 61,894 |
| Total Personnel Expenses | | 126,016 | 75% | 42,138 | 25% | 168,154 | | 224,347 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | B-2g, p 2 Totals | | GTZ Totals |
| Total Occupancy | | | | | | | | - |
| Total Materials and Supplies | | 45,938 | 75% | 15,361 | 25% | 61,299 | | 81,784 |
| Total General Operating | | 19,844 | 75% | 6,635 | 25% | 26,479 | | 35,328 |
| Total Staff Travel | | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | | - |
| Other (specify): | | | | | | | | - |
| | | | | | | | | - |
| Total Operating Expenses | | 65,782 | 56% | 21,996 | 19% | 87,778 | | 117,112 |
| Total Direct Expenses | | 191,798 | 75% | 64,134 | 25% | 255,932 | | 341,459 |
| Indirect Expenses | 9.286% | 17,810 | 56% | 5,954 | 19% | 23,764 | | 31,707 |
| TOTAL EXPENSES | | 209,608 | 75% | 70,088 | 25% | 279,696 | | 373,166 |
| UOS per Service Mode | | 14,291 | | 2,287 | | 16,578 | | 22,180 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.65 | | N/A | | N/A |
| UDC per Service Mode | | 80 | | 80 | | 80 | | 120 |

BUDGET JUSTIFICATION

| 1a) SALARIES | | | | | |
|---------------------|---|--------------|---------------------|----------------------------------|--------------|
| Staff Position 1: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | <i>Annual Salary</i> | <i>x FTE</i> | <i>x Mos per Yr</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$59,540.00 | 0.32869 | 12 | 1.00 | \$ 19,570 |
| Staff Position 2: | Manager, Wellness Program | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$76,875.00 | 0.20097 | 12 | 1 | \$ 15,450 |
| Staff Position 3: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. | | | | |
| | \$58,052.00 | 0.35485 | 12 | 1.00 | \$ 20,600 |
| Staff Position 5: | Cook II | | | | |
| Brief Duties | Meal design and preparation. | | | | |
| Min Quals | 3+ years in social service or public service. | | | | |
| | \$38,563.00 | 0.21014 | 12 | 1.00 | \$ 8,104 |
| Staff Position 6: | Porter | | | | |
| Brief Duties | Kitchen preparation and maintenance. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$35,381.00 | 0.17467 | 12 | 1.00 | \$ 6,180 |
| Staff Position 7: | Grocery Center Supervisor | | | | |
| Brief Duties | Fulfills weekly grocery orders. | | | | |
| Min Quals | 2+ years' experience managing process and procedures for warehouse or kitchen operations. | | | | |
| | \$53,040.00 | 0.29975 | 12 | 1.00 | \$ 15,899 |
| Staff Position 8: | Grocery Center Operations Coord. II | | | | |
| Brief Duties | Responsible for grocery center inventory & storage. | | | | |
| Min Quals | 1-3 years' experience working in a commercial kitchen or industrial warehouse. | | | | |
| | \$40,268.00 | 0.39552 | 12 | 1.00 | \$ 15,927 |
| Staff Position 9: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.20485 | 12 | 1.00 | \$ 14,414 |
| Staff Position 10: | Volunteer Coordinator | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$45,156.00 | 0.21643 | 12 | 1.00 | \$ 9,773 |
| Staff Position 11: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$90,000.00 | 0.17585 | 12 | 1.00 | \$ 15,827 |

**Project Open Hand
HIV Food and Nutrition Services**

| | | | | | |
|--------------------|---|---------|----|------|-----------|
| Staff Position 12: | Kitchen Operations Coordinator II | | | | |
| Brief Duties | Provides inventory and storage support for the kitchen. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$39,374.00 | 0.39239 | 12 | 1.00 | \$ 15,450 |

| | | | | | |
|--------------------|---|---------|---|------|----------|
| Staff Position 13: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication | | | | |
| | \$84,460.00 | 0.12452 | 6 | 1.00 | \$ 5,259 |

| | | | |
|-------------------|----------------|------------------------|-------------------|
| Total FTE: | 3.07863 | Total Salaries: | \$ 162,453 |
|-------------------|----------------|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost |
|--------------------------------------|--|----------------|
| | Payroll Tax | \$ 14,783 |
| | Employee Health Benefits | \$ 35,415 |
| | Retirement Plan Employer Contributions | \$ 2,112 |
| | Commuter Benefits | \$ 975 |
| | Workers Compensation | \$ 8,610 |
| | Fringe Benefit %: | 38.10% |
| | Total Fringe Benefit: | 61,894 |
| | TOTAL SALARIES & BENEFITS: | 224,347 |

2) OPERATING EXPENSES:

| Materials & Supplies: | Brief Description | Rate | Cost |
|----------------------------------|--|-----------------------|---------------|
| Food / Packaging Meals | Direct food and packaging costs per meal. | \$2.93 / UOS x 19,186 | 56,215 |
| Food / Packaging Groceries | Direct food and packaging costs per grocery bag. | \$8.54 / UOS x 2,994 | 25,569 |
| | Total Materials & Supplies: | | 81,784 |

| General Operating: | Brief Description | Rate | Cost |
|---|---|---------------------------------|----------------|
| Utilities- <small>phone, PGE, Garbage, Water</small> | Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE | \$5,226.26 x 3.08 Program FTE = | 16,071 |
| Bldg Mainten. <small>i.e., repairs, pest Control, Security/Alarm, Fire Safe</small> | Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE | \$1,600.50 x 3.08 Program FTE = | 4,927 |
| Supplies - <small>Facilities, Janitorial, Office</small> | Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE | \$1,005.96 x 3.08 Program FTE = | 3,097 |
| Other Exps - <small>books, dues, postage subscriptions, data communication</small> | Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE | \$1,007.26 x 3.08 Program FTE = | 3,101 |
| General Liability Insurance | Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE | \$1,013.11 x 3.08 Program FTE = | 3,119 |
| Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking | Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE | \$1,199.05 x 3.08 Program FTE = | 3,691 |
| Staff Training/Transportation | Ann Agency Budget: 36,000 / 83.9 prog FTE = \$429.08 / FTE | \$429.08 x 3.08 Program FTE = | 1,321 |
| | Total General Operating: | | 35,328 |
| | TOTAL OPERATING EXPENSES: | | 117,112 |
| | TOTAL DIRECT COSTS: | | 341,459 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.286% | Amount |
|--|------------------------------|---------------|----------------|
| Vice President, Programs (Annual Salary \$117,260 @ .10 FTE + 38% Fringe Benefits) | | | 15,853 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .12 FTE + 38% Fringe Benefits) | | | 15,853 |
| | TOTAL INDIRECT COSTS: | | 31,707 |
| | TOTAL EXPENSES: | | 373,166 |

UOS COST ALLOCATION BY SERVICE MODE

| SERVICE MODES - Goal # 1: Food Access for Underserved Clients | | | | | | | |
|---|----------------|-------------------------|------------|-----------------------|------------|--|------------------------|
| Personnel Expenses | | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | | |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | | B-2h, p 1 Total |
| Outreach Coordinator | 0.08233 | 3,765 | 77% | 1,137 | 23% | | 4,902 |
| Manager, Wellness Program | 0.05034 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Wellness Prog Coor (Caseworker) | 0.08888 | 3,963 | 77% | 1,197 | 23% | | 5,160 |
| Cook II | 0.05264 | 1,559 | 77% | 471 | 23% | | 2,030 |
| Porter | 0.04375 | 1,189 | 77% | 359 | 23% | | 1,548 |
| Grocery Center Supervisor | 0.07508 | 3,059 | 77% | 923 | 23% | | 3,982 |
| Grocery Center Operations Coord. II | 0.09907 | 3,064 | 77% | 925 | 23% | | 3,989 |
| Registered Dietician | 0.05131 | 2,773 | 77% | 837 | 23% | | 3,610 |
| Volunteer Coordinator | 0.05421 | 1,880 | 77% | 568 | 23% | | 2,448 |
| Director, Operations | 0.04405 | 3,045 | 77% | 919 | 23% | | 3,964 |
| Kitchen Operations Coordinator II | 0.09828 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Director, Wellness Programs | 0.06226 | 1,012 | 77% | 305 | 23% | | 1,317 |
| Total FTE & Total Salaries | 0.80220 | 31,255 | 77% | 9,435 | 23% | | 40,690 |
| Fringe Benefits | 38.10% | 11,908 | 77% | 3,595 | 23% | | 15,503 |
| Total Personnel Expenses | | 43,163 | 77% | 13,030 | 23% | | 56,193 |
| Operating Expenses | | Expense | % | Expense | % | | B-2h, p 1 Total |
| Total Occupancy | | | | | | | - |
| Total Materials and Supplies | | 15,735 | 77% | 4,750 | 23% | | 20,485 |
| Total General Operating | | 6,797 | 77% | 2,052 | 23% | | 8,849 |
| Total Staff Travel | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | - |
| Other (specify): | | | | | | | - |
| | | | | | | | - |
| Total Operating Expenses | | 22,532 | 77% | 6,802 | 23% | | 29,334 |
| Total Direct Expenses | | 65,695 | 77% | 19,832 | 23% | | 85,527 |
| Indirect Expenses | 9.286% | 6,101 | 77% | 1,842 | 23% | | 7,943 |
| TOTAL EXPENSES | | 71,796 | 77% | 21,674 | 23% | | 93,470 |
| UOS per Service Mode | | 4,895 | | 707 | | | 5,602 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.66 | | | N/A |
| UDC per Service Mode | | 40 | | 40 | | | 40 |

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined | | | | Grand Total | | |
|---------------------------------------|----------------|--|------------|-----------------------|------------|-------------------------|----------------|-------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | B-2h, p 2 Totals | Total FTE | GTZ Totals |
| | | Salaries | % FTE | Salaries | % FTE | | | |
| Outreach Coordinator | 0.24636 | 10,992 | 75% | 3,676 | 25% | 14,668 | 0.32869 | 19,570 |
| Manager, Wellness Program | 0.15064 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.20097 | 15,450 |
| Wellness Prog Coor (Caseworker) | 0.26597 | 11,571 | 75% | 3,869 | 25% | 15,440 | 0.35485 | 20,600 |
| Cook II | 0.15751 | 4,552 | 75% | 1,522 | 25% | 6,074 | 0.21014 | 8,104 |
| Porter | 0.13092 | 3,471 | 75% | 1,161 | 25% | 4,632 | 0.17467 | 6,180 |
| Grocery Center Supervisor | 0.22467 | 8,931 | 75% | 2,986 | 25% | 11,917 | 0.29975 | 15,899 |
| Grocery Center Operations Coord. II | 0.29645 | 8,947 | 75% | 2,991 | 25% | 11,938 | 0.39552 | 15,927 |
| Registered Dietician | 0.15354 | 8,097 | 75% | 2,707 | 25% | 10,804 | 0.20485 | 14,414 |
| Volunteer Coordinator | 0.16222 | 5,489 | 75% | 1,836 | 25% | 7,325 | 0.21643 | 9,773 |
| Director, Operations | 0.13181 | 8,890 | 75% | 2,973 | 25% | 11,863 | 0.17585 | 15,827 |
| Kitchen Operations Coordinator II | 0.29410 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.39239 | 15,450 |
| Director, Wellness Programs | 0.06226 | 2,954 | 75% | 988 | 25% | 3,942 | 0.12452 | 5,259 |
| Total FTE & Total Salaries | 2.27644 | 91,250 | 56% | 30,513 | 19% | 121,763 | 3.07863 | 162,453 |
| Fringe Benefits | 38.10% | 34,766 | 75% | 11,625 | 25% | 46,391 | | 61,894 |
| Total Personnel Expenses | | 126,016 | 75% | 42,138 | 25% | 168,154 | | 224,347 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | B-2h, p 2 Totals | | GTZ Totals |
| Total Occupancy | | | | | | | | - |
| Total Materials and Supplies | | 45,938 | 75% | 15,361 | 25% | 61,299 | | 81,784 |
| Total General Operating | | 19,844 | 75% | 6,635 | 25% | 26,479 | | 35,328 |
| Total Staff Travel | | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | | - |
| Other (specify): | | | | | | | | - |
| | | | | | | | | - |
| Total Operating Expenses | | 65,782 | 56% | 21,996 | 19% | 87,778 | | 117,112 |
| Total Direct Expenses | | 191,798 | 75% | 64,134 | 25% | 255,932 | | 341,459 |
| Indirect Expenses | 9.286% | 17,810 | 56% | 5,954 | 19% | 23,764 | | 31,707 |
| TOTAL EXPENSES | | 209,608 | 75% | 70,088 | 25% | 279,696 | | 373,166 |
| UOS per Service Mode | | 14,291 | | 2,287 | | 16,578 | | 22,180 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.65 | | N/A | | N/A |
| UDC per Service Mode | | 80 | | 80 | | 80 | | 120 |

BUDGET JUSTIFICATION

| 1a) SALARIES | | | | | |
|---------------------|---|--------------|---------------------|----------------------------------|--------------|
| Staff Position 1: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | <i>Annual Salary</i> | <i>x FTE</i> | <i>x Mos per Yr</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$59,540.00 | 0.32869 | 12 | 1.00 | \$ 19,570 |
| Staff Position 2: | Manager, Wellness Program | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$76,875.00 | 0.20097 | 12 | 1 | \$ 15,450 |
| Staff Position 3: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. | | | | |
| | \$58,052.00 | 0.35485 | 12 | 1.00 | \$ 20,600 |
| Staff Position 5: | Cook II | | | | |
| Brief Duties | Meal design and preparation. | | | | |
| Min Quals | 3+ years in social service or public service. | | | | |
| | \$38,563.00 | 0.21014 | 12 | 1.00 | \$ 8,104 |
| Staff Position 6: | Porter | | | | |
| Brief Duties | Kitchen preparation and maintenance. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$35,381.00 | 0.17467 | 12 | 1.00 | \$ 6,180 |
| Staff Position 7: | Grocery Center Supervisor | | | | |
| Brief Duties | Fulfills weekly grocery orders. | | | | |
| Min Quals | 2+ years' experience managing process and procedures for warehouse or kitchen operations. | | | | |
| | \$53,040.00 | 0.29975 | 12 | 1.00 | \$ 15,899 |
| Staff Position 8: | Grocery Center Operations Coord. II | | | | |
| Brief Duties | Responsible for grocery center inventory & storage. | | | | |
| Min Quals | 1-3 years' experience working in a commercial kitchen or industrial warehouse. | | | | |
| | \$40,268.00 | 0.39552 | 12 | 1.00 | \$ 15,927 |
| Staff Position 9: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.20485 | 12 | 1.00 | \$ 14,414 |
| Staff Position 10: | Volunteer Coordinator | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$45,156.00 | 0.21643 | 12 | 1.00 | \$ 9,773 |
| Staff Position 11: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$90,000.00 | 0.17585 | 12 | 1.00 | \$ 15,827 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2h, Page 4
07/01/24 - 06/30/25
General Fund GTZ

| | | | | | |
|--------------------|---|---------|----|------|-----------|
| Staff Position 12: | Kitchen Operations Coordinator II | | | | |
| Brief Duties | Provides inventory and storage support for the kitchen. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$39,374.00 | 0.39239 | 12 | 1.00 | \$ 15,450 |

| | | | | | |
|--------------------|---|---------|---|------|----------|
| Staff Position 13: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication | | | | |
| | \$84,460.00 | 0.12452 | 6 | 1.00 | \$ 5,259 |

| | | | |
|-------------------|----------------|------------------------|-------------------|
| Total FTE: | 3.07863 | Total Salaries: | \$ 162,453 |
|-------------------|----------------|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost |
|--------------------------------------|--|----------------|
| | Payroll Tax | \$ 14,783 |
| | Employee Health Benefits | \$ 35,415 |
| | Retirement Plan Employer Contributions | \$ 2,112 |
| | Commuter Benefits | \$ 975 |
| | Workers Compensation | \$ 8,610 |
| | Fringe Benefit %: | 38.10% |
| | Total Fringe Benefit: | 61,894 |
| | TOTAL SALARIES & BENEFITS: | 224,347 |

2) OPERATING EXPENSES:

| Materials & Supplies: | Brief Description | Rate | Cost |
|----------------------------------|--|-----------------------|---------------|
| Food / Packaging Meals | Direct food and packaging costs per meal. | \$2.93 / UOS x 19,186 | 56,215 |
| Food / Packaging Groceries | Direct food and packaging costs per grocery bag. | \$8.54 / UOS x 2,994 | 25,569 |
| | Total Materials & Supplies: | | 81,784 |

| General Operating: | Brief Description | Rate | Cost |
|---|---|---------------------------------|----------------|
| Utilities- <small>phone, PGE, Garbage, Water</small> | Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE | \$5,226.26 x 3.08 Program FTE = | 16,071 |
| Bldg Mainten. <small>i.e., repairs, pest Control, Security/Alarm, Fire Safe</small> | Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE | \$1,600.50 x 3.08 Program FTE = | 4,927 |
| Supplies - <small>Facilities, Janitorial, Office</small> | Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE | \$1,005.96 x 3.08 Program FTE = | 3,097 |
| Other Exps - <small>books, dues, postage subscriptions, data communication</small> | Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE | \$1,007.26 x 3.08 Program FTE = | 3,101 |
| General Liability Insurance | Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE | \$1,013.11 x 3.08 Program FTE = | 3,119 |
| Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking | Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE | \$1,199.05 x 3.08 Program FTE = | 3,691 |
| Staff Training/Transportation | Ann Agency Budget: 36,000 / 83.9 prog FTE = \$429.08 / FTE | \$429.08 x 3.08 Program FTE = | 1,321 |
| | Total General Operating: | | 35,328 |
| | TOTAL OPERATING EXPENSES: | | 117,112 |
| | TOTAL DIRECT COSTS: | | 341,459 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.286% | Amount |
|--|------------------------------|---------------|----------------|
| Vice President, Programs (Annual Salary \$117,260 @ .10 FTE + 38% Fringe Benefits) | | | 15,853 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .12 FTE + 38% Fringe Benefits) | | | 15,853 |
| | TOTAL INDIRECT COSTS: | | 31,707 |
| | TOTAL EXPENSES: | | 373,166 |

UOS COST ALLOCATION BY SERVICE MODE

| SERVICE MODES - Goal # 1: Food Access for Underserved Clients | | | | | | | |
|---|----------------|-------------------------|------------|-----------------------|------------|--|------------------------|
| Personnel Expenses | | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | | |
| Position Titles | FTE | Salaries | % FTE | Salaries | % FTE | | B-2i, p 1 Total |
| Outreach Coordinator | 0.08233 | 3,765 | 77% | 1,137 | 23% | | 4,902 |
| Manager, Wellness Program | 0.05034 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Wellness Prog Coor (Caseworker) | 0.08888 | 3,963 | 77% | 1,197 | 23% | | 5,160 |
| Cook II | 0.05264 | 1,559 | 77% | 471 | 23% | | 2,030 |
| Porter | 0.04375 | 1,189 | 77% | 359 | 23% | | 1,548 |
| Grocery Center Supervisor | 0.07508 | 3,059 | 77% | 923 | 23% | | 3,982 |
| Grocery Center Operations Coord. II | 0.09907 | 3,064 | 77% | 925 | 23% | | 3,989 |
| Registered Dietician | 0.05131 | 2,773 | 77% | 837 | 23% | | 3,610 |
| Volunteer Coordinator | 0.05421 | 1,880 | 77% | 568 | 23% | | 2,448 |
| Director, Operations | 0.04405 | 3,045 | 77% | 919 | 23% | | 3,964 |
| Kitchen Operations Coordinator II | 0.09828 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Director, Wellness Programs | 0.06226 | 1,012 | 77% | 305 | 23% | | 1,317 |
| Total FTE & Total Salaries | 0.80220 | 31,255 | 77% | 9,435 | 23% | | 40,690 |
| Fringe Benefits | 38.10% | 11,908 | 77% | 3,595 | 23% | | 15,503 |
| Total Personnel Expenses | | 43,163 | 77% | 13,030 | 23% | | 56,193 |
| Operating Expenses | | Expense | % | Expense | % | | B-2i, p 1 Total |
| Total Occupancy | | | | | | | - |
| Total Materials and Supplies | | 15,735 | 77% | 4,750 | 23% | | 20,485 |
| Total General Operating | | 6,797 | 77% | 2,052 | 23% | | 8,849 |
| Total Staff Travel | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | - |
| Other (specify): | | | | | | | - |
| | | | | | | | - |
| Total Operating Expenses | | 22,532 | 77% | 6,802 | 23% | | 29,334 |
| Total Direct Expenses | | 65,695 | 77% | 19,832 | 23% | | 85,527 |
| Indirect Expenses | 9.286% | 6,101 | 77% | 1,842 | 23% | | 7,943 |
| TOTAL EXPENSES | | 71,796 | 77% | 21,674 | 23% | | 93,470 |
| UOS per Service Mode | | 4,895 | | 707 | | | 5,602 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.66 | | | N/A |
| UDC per Service Mode | | 40 | | 40 | | | 40 |

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined | | | | Grand Total | | |
|---------------------------------------|----------------|--|------------|-----------------------|------------|-------------------------|----------------|-------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | B-2i, p 2 Totals | Total FTE | GTZ Totals |
| | | Salaries | % FTE | Salaries | % FTE | | | |
| Outreach Coordinator | 0.24636 | 10,992 | 75% | 3,676 | 25% | 14,668 | 0.32869 | 19,570 |
| Manager, Wellness Program | 0.15064 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.20097 | 15,450 |
| Wellness Prog Coor (Caseworker) | 0.26597 | 11,571 | 75% | 3,869 | 25% | 15,440 | 0.35485 | 20,600 |
| Cook II | 0.15751 | 4,552 | 75% | 1,522 | 25% | 6,074 | 0.21014 | 8,104 |
| Porter | 0.13092 | 3,471 | 75% | 1,161 | 25% | 4,632 | 0.17467 | 6,180 |
| Grocery Center Supervisor | 0.22467 | 8,931 | 75% | 2,986 | 25% | 11,917 | 0.29975 | 15,899 |
| Grocery Center Operations Coord. II | 0.29645 | 8,947 | 75% | 2,991 | 25% | 11,938 | 0.39552 | 15,927 |
| Registered Dietician | 0.15354 | 8,097 | 75% | 2,707 | 25% | 10,804 | 0.20485 | 14,414 |
| Volunteer Coordinator | 0.16222 | 5,489 | 75% | 1,836 | 25% | 7,325 | 0.21643 | 9,773 |
| Director, Operations | 0.13181 | 8,890 | 75% | 2,973 | 25% | 11,863 | 0.17585 | 15,827 |
| Kitchen Operations Coordinator II | 0.29410 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.39239 | 15,450 |
| Director, Wellness Programs | 0.06226 | 2,954 | 75% | 988 | 25% | 3,942 | 0.12452 | 5,259 |
| Total FTE & Total Salaries | 2.27644 | 91,250 | 56% | 30,513 | 19% | 121,763 | 3.07863 | 162,453 |
| Fringe Benefits | 38.10% | 34,766 | 75% | 11,625 | 25% | 46,391 | | 61,894 |
| Total Personnel Expenses | | 126,016 | 75% | 42,138 | 25% | 168,154 | | 224,347 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | B-2i, p 2 Totals | | GTZ Totals |
| Total Occupancy | | | | | | | | - |
| Total Materials and Supplies | | 45,938 | 75% | 15,361 | 25% | 61,299 | | 81,784 |
| Total General Operating | | 19,844 | 75% | 6,635 | 25% | 26,479 | | 35,328 |
| Total Staff Travel | | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | | - |
| Other (specify): | | | | | | | | - |
| | | | | | | | | - |
| Total Operating Expenses | | 65,782 | 56% | 21,996 | 19% | 87,778 | | 117,112 |
| Total Direct Expenses | | 191,798 | 75% | 64,134 | 25% | 255,932 | | 341,459 |
| Indirect Expenses | 9.286% | 17,810 | 56% | 5,954 | 19% | 23,764 | | 31,707 |
| TOTAL EXPENSES | | 209,608 | 75% | 70,088 | 25% | 279,696 | | 373,166 |
| UOS per Service Mode | | 14,291 | | 2,287 | | 16,578 | | 22,180 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.65 | | N/A | | N/A |
| UDC per Service Mode | | 80 | | 80 | | 80 | | 120 |

BUDGET JUSTIFICATION

| 1a) SALARIES | | | | | |
|---------------------|---|--------------|---------------------|----------------------------------|--------------|
| Staff Position 1: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | <i>Annual Salary</i> | <i>x FTE</i> | <i>x Mos per Yr</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$59,540.00 | 0.32869 | 12 | 1.00 | \$ 19,570 |
| Staff Position 2: | Manager, Wellness Program | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$76,875.00 | 0.20097 | 12 | 1 | \$ 15,450 |
| Staff Position 3: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. | | | | |
| | \$58,052.00 | 0.35485 | 12 | 1.00 | \$ 20,600 |
| Staff Position 5: | Cook II | | | | |
| Brief Duties | Meal design and preparation. | | | | |
| Min Quals | 3+ years in social service or public service. | | | | |
| | \$38,563.00 | 0.21014 | 12 | 1.00 | \$ 8,104 |
| Staff Position 6: | Porter | | | | |
| Brief Duties | Kitchen preparation and maintenance. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$35,381.00 | 0.17467 | 12 | 1.00 | \$ 6,180 |
| Staff Position 7: | Grocery Center Supervisor | | | | |
| Brief Duties | Fulfills weekly grocery orders. | | | | |
| Min Quals | 2+ years' experience managing process and procedures for warehouse or kitchen operations. | | | | |
| | \$53,040.00 | 0.29975 | 12 | 1.00 | \$ 15,899 |
| Staff Position 8: | Grocery Center Operations Coord. II | | | | |
| Brief Duties | Responsible for grocery center inventory & storage. | | | | |
| Min Quals | 1-3 years' experience working in a commercial kitchen or industrial warehouse. | | | | |
| | \$40,268.00 | 0.39552 | 12 | 1.00 | \$ 15,927 |
| Staff Position 9: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.20485 | 12 | 1.00 | \$ 14,414 |
| Staff Position 10: | Volunteer Coordinator | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$45,156.00 | 0.21643 | 12 | 1.00 | \$ 9,773 |
| Staff Position 11: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$90,000.00 | 0.17585 | 12 | 1.00 | \$ 15,827 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2i, Page 4
07/01/25 - 06/30/26
General Fund GTZ

| | | | | | |
|--------------------|---|---------|----|------|-----------|
| Staff Position 12: | Kitchen Operations Coordinator II | | | | |
| Brief Duties | Provides inventory and storage support for the kitchen. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$39,374.00 | 0.39239 | 12 | 1.00 | \$ 15,450 |

| | | | | | |
|--------------------|---|---------|---|------|----------|
| Staff Position 13: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication | | | | |
| | \$84,460.00 | 0.12452 | 6 | 1.00 | \$ 5,259 |

| | | | |
|-------------------|----------------|------------------------|-------------------|
| Total FTE: | 3.07863 | Total Salaries: | \$ 162,453 |
|-------------------|----------------|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost |
|--------------------------------------|--|----------------|
| | Payroll Tax | \$ 14,783 |
| | Employee Health Benefits | \$ 35,415 |
| | Retirement Plan Employer Contributions | \$ 2,112 |
| | Commuter Benefits | \$ 975 |
| | Workers Compensation | \$ 8,610 |
| | Fringe Benefit %: | 38.10% |
| | Total Fringe Benefit: | 61,894 |
| | TOTAL SALARIES & BENEFITS: | 224,347 |

2) OPERATING EXPENSES:

| Materials & Supplies: | Brief Description | Rate | Cost |
|----------------------------------|--|-----------------------|---------------|
| Food / Packaging Meals | Direct food and packaging costs per meal. | \$2.93 / UOS x 19,186 | 56,215 |
| Food / Packaging Groceries | Direct food and packaging costs per grocery bag. | \$8.54 / UOS x 2,994 | 25,569 |
| | Total Materials & Supplies: | | 81,784 |

| General Operating: | Brief Description | Rate | Cost |
|---|---|---------------------------------|----------------|
| Utilities- <small>phone, PGE, Garbage, Water</small> | Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE | \$5,226.26 x 3.08 Program FTE = | 16,071 |
| Bldg Mainten. <small>i.e., repairs, pest Control, Security/Alarm, Fire Safe</small> | Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE | \$1,600.50 x 3.08 Program FTE = | 4,927 |
| Supplies - <small>Facilities, Janitorial, Office</small> | Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE | \$1,005.96 x 3.08 Program FTE = | 3,097 |
| Other Exps - <small>books, dues, postage subscriptions, data communication</small> | Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE | \$1,007.26 x 3.08 Program FTE = | 3,101 |
| General Liability Insurance | Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE | \$1,013.11 x 3.08 Program FTE = | 3,119 |
| Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking | Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE | \$1,199.05 x 3.08 Program FTE = | 3,691 |
| Staff Training/Transportation | Ann Agency Budget: 36,000 / 83.9 prog FTE = \$429.08 / FTE | \$429.08 x 3.08 Program FTE = | 1,321 |
| | Total General Operating: | | 35,328 |
| | TOTAL OPERATING EXPENSES: | | 117,112 |
| | TOTAL DIRECT COSTS: | | 341,459 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.286% | Amount |
|--|------------------------------|---------------|----------------|
| Vice President, Programs (Annual Salary \$117,260 @ .10 FTE + 38% Fringe Benefits) | | | 15,853 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .12 FTE + 38% Fringe Benefits) | | | 15,853 |
| | TOTAL INDIRECT COSTS: | | 31,707 |
| | TOTAL EXPENSES: | | 373,166 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2j, Page 1
07/01/2026 - 03/31/2027
General Fund GTZ

UOS COST ALLOCATION BY SERVICE MODE

| SERVICE MODES - Goal # 1: Food Access for Underserved Clients | | | | | | | |
|---|----------------|-------------------------|------------|-----------------------|------------|--|------------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | | B-2j, p 1 Total |
| | | Salaries | % FTE | Salaries | % FTE | | |
| Outreach Coordinator | 0.08233 | 2,824 | 77% | 852 | 23% | | 3,676 |
| Manager, Wellness Program | 0.05034 | 2,229 | 77% | 673 | 23% | | 2,902 |
| Wellness Prog Coor (Caseworker) | 0.08888 | 2,973 | 77% | 897 | 23% | | 3,870 |
| Cook II | 0.05264 | 1,169 | 77% | 353 | 23% | | 1,522 |
| Porter | 0.04375 | 892 | 77% | 269 | 23% | | 1,161 |
| Grocery Center Supervisor | 0.07508 | 2,294 | 77% | 693 | 23% | | 2,987 |
| Grocery Center Operations Coord. II | 0.09907 | 2,298 | 77% | 694 | 23% | | 2,992 |
| Registered Dietician | 0.05131 | 2,080 | 77% | 628 | 23% | | 2,708 |
| Volunteer Coordinator | 0.05421 | 1,410 | 77% | 426 | 23% | | 1,836 |
| Director, Operations | 0.04405 | 2,284 | 77% | 689 | 23% | | 2,973 |
| Kitchen Operations Coordinator II | 0.09828 | 2,229 | 77% | 673 | 23% | | 2,902 |
| Director, Wellness Programs | 0.06226 | 759 | 77% | 229 | 23% | | 988 |
| Total FTE & Total Salaries | 0.80220 | 23,441 | 77% | 7,076 | 23% | | 30,517 |
| Fringe Benefits | 38.10% | 8,931 | 77% | 2,696 | 23% | | 11,627 |
| Total Personnel Expenses | | 32,372 | 77% | 9,771 | 23% | | 42,144 |
| Operating Expenses | | Expense | % | Expense | % | | B-2j, p 1 Total |
| Total Occupancy | | | | | | | - |
| Total Materials and Supplies | | 11,801 | 77% | 3,563 | 23% | | 15,364 |
| Total General Operating | | 5,098 | 77% | 1,539 | 23% | | 6,637 |
| Total Staff Travel | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | - |
| Other (specify): | | | | | | | - |
| | | | | | | | - |
| Total Operating Expenses | | 16,899 | 77% | 5,102 | 23% | | 22,001 |
| Total Direct Expenses | | 49,271 | 77% | 14,874 | 23% | | 64,145 |
| Indirect Expenses | 9.286% | 4,575 | 77% | 1,382 | 23% | | 5,957 |
| TOTAL EXPENSES | | 53,846 | 77% | 16,256 | 23% | | 70,102 |
| UOS per Service Mode | | 3,671 | | 530 | | | 4,201 |
| Cost / UOS by Service Mode | | \$14.68 | | \$30.68 | | | N/A |
| UDC per Service Mode | | 40 | | 40 | | | 40 |

UOS COST ALLOCATION BY SERVICE MODE

| | | SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined | | | | Grand Total | | |
|---------------------------------------|----------------|--|------------|-----------------------|------------|-------------------------|----------------|-------------------|
| Personnel Expenses | FTE | HIV/AIDS Prepared Meals | | HIV/AIDS Grocery Bags | | B-2j, p 2 Totals | Total FTE | GTZ Totals |
| | | Salaries | % FTE | Salaries | % FTE | | | |
| Outreach Coordinator | 0.24636 | 8,244 | 75% | 2,757 | 25% | 11,001 | 0.32869 | 14,677 |
| Manager, Wellness Program | 0.15064 | 6,508 | 75% | 2,176 | 25% | 8,684 | 0.20097 | 11,586 |
| Wellness Prog Coor (Caseworker) | 0.26597 | 8,678 | 75% | 2,902 | 25% | 11,580 | 0.35485 | 15,450 |
| Cook II | 0.15751 | 3,414 | 75% | 1,142 | 25% | 4,556 | 0.21014 | 6,078 |
| Porter | 0.13092 | 2,604 | 75% | 871 | 25% | 3,475 | 0.17467 | 4,636 |
| Grocery Center Supervisor | 0.22467 | 6,698 | 75% | 2,240 | 25% | 8,938 | 0.29975 | 11,925 |
| Grocery Center Operations Coord. II | 0.29645 | 6,711 | 75% | 2,243 | 25% | 8,954 | 0.39552 | 11,946 |
| Registered Dietician | 0.15354 | 6,074 | 75% | 2,031 | 25% | 8,105 | 0.20485 | 10,813 |
| Volunteer Coordinator | 0.16222 | 4,116 | 75% | 1,377 | 25% | 5,493 | 0.21643 | 7,329 |
| Director, Operations | 0.13181 | 6,667 | 75% | 2,229 | 25% | 8,896 | 0.17585 | 11,869 |
| Kitchen Operations Coordinator II | 0.29410 | 6,508 | 75% | 2,176 | 25% | 8,684 | 0.39239 | 11,586 |
| Director, Wellness Programs | 0.06226 | 2,215 | 75% | 741 | 25% | 2,956 | 0.12452 | 3,944 |
| Total FTE & Total Salaries | 2.27644 | 68,437 | 56% | 22,885 | 19% | 91,322 | 3.07863 | 121,839 |
| Fringe Benefits | 38.10% | 26,074 | 75% | 8,719 | 25% | 34,793 | | 46,420 |
| Total Personnel Expenses | | 94,511 | 75% | 31,604 | 25% | 126,115 | | 168,259 |
| Operating Expenses | | | | | | | | |
| | | Expense | % | Expense | % | B-2j, p 2 Totals | | GTZ Totals |
| Total Occupancy | | | | | | | | - |
| Total Materials and Supplies | | 34,454 | 75% | 11,520 | 25% | 45,974 | | 61,338 |
| Total General Operating | | 14,883 | 75% | 4,977 | 25% | 19,860 | | 26,497 |
| Total Staff Travel | | | | | | | | - |
| Consultants/Subcontractor: | | | | | | | | - |
| Other (specify): | | | | | | | | - |
| | | | | | | | | - |
| Total Operating Expenses | | 49,337 | 56% | 16,497 | 19% | 65,834 | | 87,835 |
| Total Direct Expenses | | 143,848 | 75% | 48,101 | 25% | 191,949 | | 256,094 |
| Indirect Expenses | 9.286% | 13,357 | 56% | 4,467 | 19% | 17,824 | | 23,781 |
| TOTAL EXPENSES | | 157,205 | 75% | 52,568 | 25% | 209,773 | | 279,875 |
| UOS per Service Mode | | 10,718 | | 1,715 | | 12,433 | | 18,035 |
| Cost / UOS by Service Mode | | \$14.67 | | \$30.66 | | N/A | | N/A |
| UDC per Service Mode | | 80 | | 80 | | 80 | | 120 |

BUDGET JUSTIFICATION

| 1a) SALARIES | | | | | |
|---------------------|---|--------------|---------------------|----------------------------------|--------------|
| Staff Position 1: | Outreach Coordinator | | | | |
| Brief Duties | Community Outreach, Client and Partner Engagement, program communication and barrier analysis. | | | | |
| Min Quals | B.A., case management experience. Bil-lingual Spanish. | | | | |
| | <i>Annual Salary</i> | <i>x FTE</i> | <i>x Mos per Yr</i> | <i>Annualized if < 12 mos</i> | Total |
| | \$59,540.00 | 0.32869 | 12 | 0.75 | \$ 14,677 |
| Staff Position 2: | Manager, Wellness Program | | | | |
| Brief Duties | Responsible for management of all client-related issues including setting service policies and supervising staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$76,875.00 | 0.20097 | 12 | 0.75 | \$ 11,586 |
| Staff Position 3: | Wellness Prog Coor (Caseworker) | | | | |
| Brief Duties | Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients. | | | | |
| Min Quals | B.A. Case management experience. | | | | |
| | \$58,052.00 | 0.35485 | 12 | 0.75 | \$ 15,450 |
| Staff Position 5: | Cook II | | | | |
| Brief Duties | Meal design and preparation. | | | | |
| Min Quals | 3+ years in social service or public service. | | | | |
| | \$38,563.00 | 0.21014 | 12 | 0.75 | \$ 6,078 |
| Staff Position 6: | Porter | | | | |
| Brief Duties | Kitchen preparation and maintenance. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$35,381.00 | 0.17467 | 12 | 0.75 | \$ 4,636 |
| Staff Position 7: | Grocery Center Supervisor | | | | |
| Brief Duties | Fulfills weekly grocery orders. | | | | |
| Min Quals | 2+ years' experience managing process and procedures for warehouse or kitchen operations. | | | | |
| | \$53,040.00 | 0.29975 | 12 | 0.75 | \$ 11,925 |
| Staff Position 8: | Grocery Center Operations Coord. II | | | | |
| Brief Duties | Responsible for grocery center inventory & storage. | | | | |
| Min Quals | 1-3 years' experience working in a commercial kitchen or industrial warehouse. | | | | |
| | \$40,268.00 | 0.39552 | 12 | 0.75 | \$ 11,946 |
| Staff Position 9: | Registered Dietician | | | | |
| Brief Duties | Responsible for direct client engagement and assessment and for nutrition education and quality assurance. | | | | |
| Min Quals | Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients. | | | | |
| | \$70,366.00 | 0.20485 | 12 | 0.75 | \$ 10,813 |
| Staff Position 10: | Volunteer Coordinator | | | | |
| Brief Duties | Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center. | | | | |
| Min Quals | Requires 3 years experience managing volunteers. | | | | |
| | \$45,156.00 | 0.21643 | 12 | 0.75 | \$ 7,329 |
| Staff Position 11: | Director, Operations | | | | |
| Brief Duties | Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$90,000.00 | 0.17585 | 12 | 0.75 | \$ 11,869 |

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2j, Page 4
07/01/26 - 03/31/27
General Fund GTZ

| | | | | | |
|--------------------|---|---------|----|------|-----------|
| Staff Position 12: | Kitchen Operations Coordinator II | | | | |
| Brief Duties | Provides inventory and storage support for the kitchen. | | | | |
| Min Quals | 2+ years experience in similar roles. | | | | |
| | \$39,374.00 | 0.39239 | 12 | 0.75 | \$ 11,586 |

| | | | | | |
|--------------------|---|---------|---|------|----------|
| Staff Position 13: | Director, Wellness Programs | | | | |
| Brief Duties | Oversees all Wellness Program activities and staff. | | | | |
| Min Quals | B.A., Communication. | | | | |
| | \$84,460.00 | 0.12452 | 6 | 0.75 | \$ 3,944 |

| | | | |
|-------------------|----------------|------------------------|-------------------|
| Total FTE: | 3.07863 | Total Salaries: | \$ 121,839 |
|-------------------|----------------|------------------------|-------------------|

| 1b) EMPLOYEE FRINGE BENEFITS: | Component | Cost |
|--------------------------------------|--|----------------|
| | Payroll Tax | \$ 11,087 |
| | Employee Health Benefits | \$ 26,561 |
| | Retirement Plan Employer Contributions | \$ 1,584 |
| | Commuter Benefits | \$ 731 |
| | Workers Compensation | \$ 6,457 |
| | Fringe Benefit %: | 38.10% |
| | Total Fringe Benefit: | 46,420 |
| | TOTAL SALARIES & BENEFITS: | 168,259 |

2) OPERATING EXPENSES:

| Materials & Supplies: | Brief Description | Rate | Cost |
|----------------------------------|--|-----------------------|---------------|
| Food / Packaging Meals | Direct food and packaging costs per meal. | \$2.93 / UOS x 14,389 | 42,161 |
| Food / Packaging Groceries | Direct food and packaging costs per grocery bag. | \$8.54 / UOS x 2,245 | 19,177 |
| | Total Materials & Supplies: | | 61,338 |

| General Operating: | Brief Description | Rate | Cost |
|---|---|---------------------------------|----------------|
| Utilities- <small>phone, PGE, Garbage, Water</small> | Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE | \$5,226.26 x 3.08 Program FTE = | 12,054 |
| Bldg Mainten. <small>i.e., repairs, pest Control, Security/Alarm, Fire Safe</small> | Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE | \$1,600.50 x 3.08 Program FTE = | 3,696 |
| Supplies - <small>Facilities, Janitorial, Office</small> | Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE | \$1,005.96 x 3.08 Program FTE = | 2,323 |
| Other Exps - <small>books, dues, postage subscriptions, data communication</small> | Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE | \$1,007.26 x 3.08 Program FTE = | 2,326 |
| General Liability Insurance | Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE | \$1,013.11 x 3.08 Program FTE = | 2,339 |
| Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking | Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE | \$1,199.05 x 3.08 Program FTE = | 2,769 |
| Staff Training/Transportation | Ann Agency Budget: 36,000 / 83.9 prog FTE = \$429.08 / FTE | \$429.08 x 3.08 Program FTE = | 991 |
| | Total General Operating: | | 26,497 |
| | TOTAL OPERATING EXPENSES: | | 87,835 |
| | TOTAL DIRECT COSTS: | | 256,094 |

| 4) INDIRECT COSTS | Indirect Rate: | 9.286% | Amount |
|--|------------------------------|---------------|----------------|
| Vice President, Programs (Annual Salary \$117,260 @ .10 FTE + 38% Fringe Benefits) | | | 11,890 |
| Director, Statewide Initiatives (Annual Salary \$92,250 @ .12 FTE + 38% Fringe Benefits) | | | 11,890 |
| | TOTAL INDIRECT COSTS: | | 23,781 |
| | TOTAL EXPENSES: | | 279,875 |

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 (“SFPDH”), 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:

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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.

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

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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 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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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.

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

APPENDIX E



San Francisco Department of Public Health
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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 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

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San Francisco Department of Public Health

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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.

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

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San Francisco Department of Public Health
Business Associate Agreement

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)]

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

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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.

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).

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

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San Francisco Department of Public Health
Business Associate Agreement

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

5. Reimbursement for Fines or Penalties.

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

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

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

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

| | | | |
|------------------|--|---------------------------|--|
| 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.

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

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

| If Applicable: DOES YOUR ORGANIZATION... | | | | | | | 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? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| H | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.) | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| I | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| J | Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| K | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information? | | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

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

| | | | | | | |
|-------------------------------|--------------|--|-----------|--|------|--|
| EXCEPTION(S) APPROVED 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 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 | |
|-------------------------------|--------------|--|-----------|--|------|--|

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

APPENDIX F-1e
04/01/22 - 03/31/23
PAGE A

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-1APR22 | Contract Purchase Order No: _____ Funding Source: RWPB/SAM Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 04/1/22 - 04/30/22 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|----------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food: Prepared Meals | 64,077 | 775 | | | | | | | 64,077 | 775 |
| Food: Grocery Bags | 12,555 | 775 | | | | | | | 12,555 | 775 |
| Nutrition Counseling Hours | 330 | 175 | | | | | | | 330 | 175 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 775 | | | 775 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B) | \$622,975 | | | | \$622,975.00 |
| Fringe Benefits | \$237,353 | | | | \$237,353.00 |
| Total Personnel Expenses | \$860,328 | | | | \$860,328.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$66,649 | | | | \$66,649.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$304,239 | | | | \$304,239.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$370,888 | | | | \$370,888.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$1,231,216 | | | | \$1,231,216.00 |
| Indirect Expenses | \$116,669 | | | | \$116,669.00 |
| TOTAL EXPENSES | \$1,347,885 | | | | \$1,347,885.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-1e
04/01/22 - 03/31/23
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

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 |
|-------------------------------------|-----------------|------------------|----------------------|------------------|-------------|---------------------|
| Wellness Prog Coord (Case Worker) | 0.73702 | \$42,785 | | | | \$42,785.00 |
| Wellness Prog Coord (Case Worker) | | | | | | |
| Client Engagement Specialist | 0.84219 | \$20,456 | | | | \$20,456.00 |
| Outreach Coordinator | 0.17991 | \$10,712 | | | | \$10,712.00 |
| Manager, Wellness Programs | 0.60292 | \$46,350 | | | | \$46,350.00 |
| Cook I | 0.84842 | \$31,817 | | | | \$31,817.00 |
| Cook II | 0.84380 | \$36,435 | | | | \$36,435.00 |
| Cook II | 0.80128 | \$30,900 | | | | \$30,900.00 |
| Inventory Operations Coordinator II | 0.47045 | \$18,944 | | | | \$18,944.00 |
| Porter | 0.84697 | \$31,851 | | | | \$31,851.00 |
| Porter | 0.51641 | \$18,271 | | | | \$18,271.00 |
| Driver | 0.95166 | \$36,204 | | | | \$36,204.00 |
| Dispatcher | 0.69318 | \$34,659 | | | | \$34,659.00 |
| Director, Distribution | 0.64389 | \$53,023 | | | | \$53,023.00 |
| Director, Nutrition Services | 0.12 | \$11,400 | | | | \$11,400.00 |
| Registered Dietician | 0.26312 | \$18,515 | | | | \$18,515.00 |
| Director, Operations | 0.25122 | \$22,610 | | | | \$22,610.00 |
| Purchasing Supervisor | 0.60433 | \$36,494 | | | | \$36,494.00 |
| Kitchen Logistics Supervisor | 0.39056 | \$18,944 | | | | \$18,944.00 |
| Volunteer Coordinators | 0.33876 | \$16,608 | | | | \$16,608.00 |
| Volunteer Coordinators | 0.34898 | \$16,608 | | | | \$16,608.00 |
| Director, Volunteer Services | 0.56797 | \$50,202 | | | | \$50,202.00 |
| Director, Wellness Programs | 0.45435 | \$19,187 | | | | \$19,187.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL SALARIES | 12.31739 | \$622,975 | | | | \$622,975.00 |

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

Certified By: _____
Title: _____

Date: _____

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

APPENDIX F-1f
04/01/23 - 03/31/24
PAGE A

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-1APR23 | Contract Purchase Order No: _____ Funding Source: RWPB/SAM Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 04/1/23 - 04/30/23 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|----------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food: Prepared Meals | 64,077 | 775 | | | | | | | 64,077 | 775 |
| Food: Grocery Bags | 12,555 | 775 | | | | | | | 12,555 | 775 |
| Nutrition Counseling Hours | 330 | 175 | | | | | | | 330 | 175 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|--|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 775 | | | 775 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B) | \$622,975 | | | | \$622,975.00 |
| Fringe Benefits | \$237,353 | | | | \$237,353.00 |
| Total Personnel Expenses | \$860,328 | | | | \$860,328.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$66,649 | | | | \$66,649.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$304,239 | | | | \$304,239.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$370,888 | | | | \$370,888.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$1,231,216 | | | | \$1,231,216.00 |
| Indirect Expenses | \$116,669 | | | | \$116,669.00 |
| TOTAL EXPENSES | \$1,347,885 | | | | \$1,347,885.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-1f
04/01/23 - 03/31/24
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number
A-1APR23

Contract Purchase Order No:

Fund Source: **RWPB/SAM**

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: **04/1/23 - 04/30/23**

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-------------------------------------|-----------------|------------------------|-----------------------------|-------------------------|--------------------|--------------------------|
| Wellness Prog Coord (Case Worker) | 0.73702 | \$42,785 | | | | \$42,785.00 |
| Wellness Prog Coord (Case Worker) | | | | | | |
| Client Engagement Specialist | 0.84219 | \$20,456 | | | | \$20,456.00 |
| Outreach Coordinator | 0.17991 | \$10,712 | | | | \$10,712.00 |
| Manager, Wellness Programs | 0.60292 | \$46,350 | | | | \$46,350.00 |
| Cook I | 0.84842 | \$31,817 | | | | \$31,817.00 |
| Cook II | 0.84380 | \$36,435 | | | | \$36,435.00 |
| Cook II | 0.80128 | \$30,900 | | | | \$30,900.00 |
| Inventory Operations Coordinator II | 0.47045 | \$18,944 | | | | \$18,944.00 |
| Porter | 0.84697 | \$31,851 | | | | \$31,851.00 |
| Porter | 0.51641 | \$18,271 | | | | \$18,271.00 |
| Driver | 0.95166 | \$36,204 | | | | \$36,204.00 |
| Dispatcher | 0.69318 | \$34,659 | | | | \$34,659.00 |
| Director, Distribution | 0.64389 | \$53,023 | | | | \$53,023.00 |
| Director, Nutrition Services | 0.12 | \$11,400 | | | | \$11,400.00 |
| Registered Dietician | 0.26312 | \$18,515 | | | | \$18,515.00 |
| Director, Operations | 0.25122 | \$22,610 | | | | \$22,610.00 |
| Purchasing Supervisor | 0.60433 | \$36,494 | | | | \$36,494.00 |
| Kitchen Logistics Supervisor | 0.39056 | \$18,944 | | | | \$18,944.00 |
| Volunteer Coordinators | 0.33876 | \$16,608 | | | | \$16,608.00 |
| Volunteer Coordinators | 0.34898 | \$16,608 | | | | \$16,608.00 |
| Director, Volunteer Services | 0.56797 | \$50,202 | | | | \$50,202.00 |
| Director, Wellness Programs | 0.45435 | \$19,187 | | | | \$19,187.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL SALARIES | 12.31739 | \$622,975 | | | | \$622,975.00 |

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

Certified By: _____

Date: _____

Title: _____

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

APPENDIX F-1g
04/01/24 - 03/31/25
PAGE A

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-1APR24 | Contract Purchase Order No: _____ Funding Source: RWPB/SAM Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 04/1/24 - 04/30/24 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|----------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food: Prepared Meals | 64,077 | 775 | | | | | | | 64,077 | 775 |
| Food: Grocery Bags | 12,555 | 775 | | | | | | | 12,555 | 775 |
| Nutrition Counseling Hours | 330 | 175 | | | | | | | 330 | 175 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 775 | | | 775 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B) | \$622,975 | | | | \$622,975.00 |
| Fringe Benefits | \$237,353 | | | | \$237,353.00 |
| Total Personnel Expenses | \$860,328 | | | | \$860,328.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$66,649 | | | | \$66,649.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$304,239 | | | | \$304,239.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$370,888 | | | | \$370,888.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$1,231,216 | | | | \$1,231,216.00 |
| Indirect Expenses | \$116,669 | | | | \$116,669.00 |
| TOTAL EXPENSES | \$1,347,885 | | | | \$1,347,885.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-1g
04/01/24 - 03/31/25
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

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 |
|-------------------------------------|-----------------|------------------|----------------------|------------------|-------------|---------------------|
| Wellness Prog Coord (Case Worker) | 0.73702 | \$42,785 | | | | \$42,785.00 |
| Wellness Prog Coord (Case Worker) | | | | | | |
| Client Engagement Specialist | 0.84219 | \$20,456 | | | | \$20,456.00 |
| Outreach Coordinator | 0.17991 | \$10,712 | | | | \$10,712.00 |
| Manager, Wellness Programs | 0.60292 | \$46,350 | | | | \$46,350.00 |
| Cook I | 0.84842 | \$31,817 | | | | \$31,817.00 |
| Cook II | 0.84380 | \$36,435 | | | | \$36,435.00 |
| Cook II | 0.80128 | \$30,900 | | | | \$30,900.00 |
| Inventory Operations Coordinator II | 0.47045 | \$18,944 | | | | \$18,944.00 |
| Porter | 0.84697 | \$31,851 | | | | \$31,851.00 |
| Porter | 0.51641 | \$18,271 | | | | \$18,271.00 |
| Driver | 0.95166 | \$36,204 | | | | \$36,204.00 |
| Dispatcher | 0.69318 | \$34,659 | | | | \$34,659.00 |
| Director, Distribution | 0.64389 | \$53,023 | | | | \$53,023.00 |
| Director, Nutrition Services | 0.12 | \$11,400 | | | | \$11,400.00 |
| Registered Dietician | 0.26312 | \$18,515 | | | | \$18,515.00 |
| Director, Operations | 0.25122 | \$22,610 | | | | \$22,610.00 |
| Purchasing Supervisor | 0.60433 | \$36,494 | | | | \$36,494.00 |
| Kitchen Logistics Supervisor | 0.39056 | \$18,944 | | | | \$18,944.00 |
| Volunteer Coordinators | 0.33876 | \$16,608 | | | | \$16,608.00 |
| Volunteer Coordinators | 0.34898 | \$16,608 | | | | \$16,608.00 |
| Director, Volunteer Services | 0.56797 | \$50,202 | | | | \$50,202.00 |
| Director, Wellness Programs | 0.45435 | \$19,187 | | | | \$19,187.00 |
| | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL SALARIES | 12.31739 | \$622,975 | | | | \$622,975.00 |

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

Certified By: _____

Date: _____

Title: _____

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

APPENDIX F-1h
04/01/25 - 03/31/26
PAGE A

| | | | |
|---|-----------------------------|--|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-1APR25 | Contract Purchase Order No: _____ Funding Source: RWPB/SAM Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 04/1/25 - 04/30/25 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; display: inline-block; font-size: 24px; font-weight: bold;">HHS</div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|----------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food: Prepared Meals | 64,077 | 775 | | | | | | | 64,077 | 775 |
| Food: Grocery Bags | 12,555 | 775 | | | | | | | 12,555 | 775 |
| Nutrition Counseling Hours | 330 | 175 | | | | | | | 330 | 175 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 775 | | | 775 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B) | \$622,975 | | | | \$622,975.00 |
| Fringe Benefits | \$237,353 | | | | \$237,353.00 |
| Total Personnel Expenses | \$860,328 | | | | \$860,328.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$66,649 | | | | \$66,649.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$304,239 | | | | \$304,239.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$370,888 | | | | \$370,888.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$1,231,216 | | | | \$1,231,216.00 |
| Indirect Expenses | \$116,669 | | | | \$116,669.00 |
| TOTAL EXPENSES | \$1,347,885 | | | | \$1,347,885.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-1h
04/01/25 - 03/31/26
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

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 |
|-------------------------------------|-----------------|------------------|----------------------|------------------|-------------|---------------------|
| Wellness Prog Coord (Case Worker) | 0.73702 | \$42,785 | | | | \$42,785.00 |
| Wellness Prog Coord (Case Worker) | | | | | | |
| Client Engagement Specialist | 0.84219 | \$20,456 | | | | \$20,456.00 |
| Outreach Coordinator | 0.17991 | \$10,712 | | | | \$10,712.00 |
| Manager, Wellness Programs | 0.60292 | \$46,350 | | | | \$46,350.00 |
| Cook I | 0.84842 | \$31,817 | | | | \$31,817.00 |
| Cook II | 0.84380 | \$36,435 | | | | \$36,435.00 |
| Cook II | 0.80128 | \$30,900 | | | | \$30,900.00 |
| Inventory Operations Coordinator II | 0.47045 | \$18,944 | | | | \$18,944.00 |
| Porter | 0.84697 | \$31,851 | | | | \$31,851.00 |
| Porter | 0.51641 | \$18,271 | | | | \$18,271.00 |
| Driver | 0.95166 | \$36,204 | | | | \$36,204.00 |
| Dispatcher | 0.69318 | \$34,659 | | | | \$34,659.00 |
| Director, Distribution | 0.64389 | \$53,023 | | | | \$53,023.00 |
| Director, Nutrition Services | 0.12 | \$11,400 | | | | \$11,400.00 |
| Registered Dietician | 0.26312 | \$18,515 | | | | \$18,515.00 |
| Director, Operations | 0.25122 | \$22,610 | | | | \$22,610.00 |
| Purchasing Supervisor | 0.60433 | \$36,494 | | | | \$36,494.00 |
| Kitchen Logistics Supervisor | 0.39056 | \$18,944 | | | | \$18,944.00 |
| Volunteer Coordinators | 0.33876 | \$16,608 | | | | \$16,608.00 |
| Volunteer Coordinators | 0.34898 | \$16,608 | | | | \$16,608.00 |
| Director, Volunteer Services | 0.56797 | \$50,202 | | | | \$50,202.00 |
| Director, Wellness Programs | 0.45435 | \$19,187 | | | | \$19,187.00 |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| TOTAL SALARIES | 12.31739 | \$622,975 | | | | \$622,975.00 |

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

Certified By: _____
Title: _____

Date: _____

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

APPENDIX F-1i
04/01/26 - 03/31/27
PAGE A

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-1APR26 | Contract Purchase Order No: _____ Funding Source: RWPB/SAM Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 04/1/26 - 04/30/26 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|----------------------------|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food: Prepared Meals | 64,077 | 775 | | | | | | | 64,077 | 775 |
| Food: Grocery Bags | 12,555 | 775 | | | | | | | 12,555 | 775 |
| Nutrition Counseling Hours | 330 | 175 | | | | | | | 330 | 175 |
| | | | | | | | | | | |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 775 | | | 775 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|--|--------------------|----------------------|------------------|-------------|-----------------------|
| Total Salaries (See Page B) | \$622,975 | | | | \$622,975.00 |
| Fringe Benefits | \$237,353 | | | | \$237,353.00 |
| Total Personnel Expenses | \$860,328 | | | | \$860,328.00 |
| Operating Expenses: | | | | | |
| Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | \$66,649 | | | | \$66,649.00 |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$304,239 | | | | \$304,239.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | | | | | |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$370,888 | | | | \$370,888.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$1,231,216 | | | | \$1,231,216.00 |
| Indirect Expenses | \$116,669 | | | | \$116,669.00 |
| TOTAL EXPENSES | \$1,347,885 | | | | \$1,347,885.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-1i
04/01/26 - 03/31/27
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

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 |
|-------------------------------------|-----------------|------------------|----------------------|------------------|-------------|---------------------|
| Wellness Prog Coord (Case Worker) | 0.73702 | \$42,785 | | | | \$42,785.00 |
| Wellness Prog Coord (Case Worker) | | | | | | |
| Client Engagement Specialist | 0.84219 | \$20,456 | | | | \$20,456.00 |
| Outreach Coordinator | 0.17991 | \$10,712 | | | | \$10,712.00 |
| Manager, Wellness Programs | 0.60292 | \$46,350 | | | | \$46,350.00 |
| Cook I | 0.84842 | \$31,817 | | | | \$31,817.00 |
| Cook II | 0.84380 | \$36,435 | | | | \$36,435.00 |
| Cook II | 0.80128 | \$30,900 | | | | \$30,900.00 |
| Inventory Operations Coordinator II | 0.47045 | \$18,944 | | | | \$18,944.00 |
| Porter | 0.84697 | \$31,851 | | | | \$31,851.00 |
| Porter | 0.51641 | \$18,271 | | | | \$18,271.00 |
| Driver | 0.95166 | \$36,204 | | | | \$36,204.00 |
| Dispatcher | 0.69318 | \$34,659 | | | | \$34,659.00 |
| Director, Distribution | 0.64389 | \$53,023 | | | | \$53,023.00 |
| Director, Nutrition Services | 0.12 | \$11,400 | | | | \$11,400.00 |
| Registered Dietician | 0.26312 | \$18,515 | | | | \$18,515.00 |
| Director, Operations | 0.25122 | \$22,610 | | | | \$22,610.00 |
| Purchasing Supervisor | 0.60433 | \$36,494 | | | | \$36,494.00 |
| Kitchen Logistics Supervisor | 0.39056 | \$18,944 | | | | \$18,944.00 |
| Volunteer Coordinators | 0.33876 | \$16,608 | | | | \$16,608.00 |
| Volunteer Coordinators | 0.34898 | \$16,608 | | | | \$16,608.00 |
| Director, Volunteer Services | 0.56797 | \$50,202 | | | | \$50,202.00 |
| Director, Wellness Programs | 0.45435 | \$19,187 | | | | \$19,187.00 |
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| TOTAL SALARIES | 12.31739 | \$622,975 | | | | \$622,975.00 |

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

Certified By: _____
Title: _____

Date: _____

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

APPENDIX F-2f
07/01/2022 - 06/30/2023
PAGE A

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-2JUL22 | Contract Purchase Order No: _____ Funding Source: GTZ GF Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 07/1/22 - 07/31/22 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food Access: Prepared Meals | 4,895 | 40 | | | | | | | 4,895 | 40 |
| Food Access: Grocery Bags | 707 | 40 | | | | | | | 707 | 40 |
| Expanded Capacity & Link. Track, F/U: Prepared | 14,291 | 80 | | | | | | | 14,291 | 80 |
| Expanded Capacity & Link. Track, F/U: Grocery B | 2,287 | 80 | | | | | | | 2,287 | 80 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 120 | | | 120 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$162,453 | | | | \$162,453.00 |
| Fringe Benefits | \$61,894 | | | | \$61,894.00 |
| Total Personnel Expenses | \$224,347 | | | | \$224,347.00 |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$81,784 | | | | \$81,784.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$35,328 | | | | \$35,328.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$117,112 | | | | \$117,112.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$341,459 | | | | \$341,459.00 |
| Indirect Expenses | \$31,707 | | | | \$31,707.00 |
| TOTAL EXPENSES | \$373,166 | | | | \$373,166.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES: _____

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-2f
07/01/2022 - 06/30/2023
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

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 |
|-------------------------------------|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Outreach Coordinator | 0.32869 | \$19,570 | | | | \$19,570.00 |
| Manager, Wellness Program | 0.20097 | \$15,450 | | | | \$15,450.00 |
| Wellness Prog Coord (Caseworker) | 0.35485 | \$20,600 | | | | \$20,600.00 |
| Cook II | 0.21014 | \$8,104 | | | | \$8,104.00 |
| Porter | 0.17467 | \$6,180 | | | | \$6,180.00 |
| Grocery Center Supervisor | 0.29975 | \$15,899 | | | | \$15,899.00 |
| Grocery Center Operations Coord. II | 0.39552 | \$15,927 | | | | \$15,927.00 |
| Registered Dietician | 0.20485 | \$14,414 | | | | \$14,414.00 |
| Volunteer Coordinator | 0.21643 | \$9,773 | | | | \$9,773.00 |
| Director, Operations | 0.17585 | \$15,827 | | | | \$15,827.00 |
| Kitchen Operations Coordinator II | 0.39239 | \$15,450 | | | | \$15,450.00 |
| Director, Wellness Programs | 0.12452 | \$5,259 | | | | \$5,259.00 |
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| TOTAL SALARIES | 3.07863 | \$162,453 | | | | \$162,453.00 |

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

Certified By: _____
 Title: _____

Date: _____

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

APPENDIX F-2g
07/01/2023 - 06/30/2024
PAGE A

| | | | |
|---|-----------------------------|----------------------------|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-2JUL23 | Contract Purchase Order No: _____ Funding Source: GTZ GF Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 07/1/23 - 07/31/23 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food Access: Prepared Meals | 4,895 | 40 | | | | | | | 4,895 | 40 |
| Food Access: Grocery Bags | 707 | 40 | | | | | | | 707 | 40 |
| Expanded Capacity & Link. Track, F/U: Prepared | 14,291 | 80 | | | | | | | 14,291 | 80 |
| Expanded Capacity & Link. Track, F/U: Grocery B | 2,287 | 80 | | | | | | | 2,287 | 80 |
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| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 120 | | | 120 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$162,453 | | | | \$162,453.00 |
| Fringe Benefits | \$61,894 | | | | \$61,894.00 |
| Total Personnel Expenses | \$224,347 | | | | \$224,347.00 |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$81,784 | | | | \$81,784.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$35,328 | | | | \$35,328.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$117,112 | | | | \$117,112.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$341,459 | | | | \$341,459.00 |
| Indirect Expenses | \$31,707 | | | | \$31,707.00 |
| TOTAL EXPENSES | \$373,166 | | | | \$373,166.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-2g
07/01/2023 - 06/30/2024
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

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 |
|-------------------------------------|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Outreach Coordinator | 0.32869 | \$19,570 | | | | \$19,570.00 |
| Manager, Wellness Program | 0.20097 | \$15,450 | | | | \$15,450.00 |
| Wellness Prog Coord (Caseworker) | 0.35485 | \$20,600 | | | | \$20,600.00 |
| Cook II | 0.21014 | \$8,104 | | | | \$8,104.00 |
| Porter | 0.17467 | \$6,180 | | | | \$6,180.00 |
| Grocery Center Supervisor | 0.29975 | \$15,899 | | | | \$15,899.00 |
| Grocery Center Operations Coord. II | 0.39552 | \$15,927 | | | | \$15,927.00 |
| Registered Dietician | 0.20485 | \$14,414 | | | | \$14,414.00 |
| Volunteer Coordinator | 0.21643 | \$9,773 | | | | \$9,773.00 |
| Director, Operations | 0.17585 | \$15,827 | | | | \$15,827.00 |
| Kitchen Operations Coordinator II | 0.39239 | \$15,450 | | | | \$15,450.00 |
| Director, Wellness Programs | 0.12452 | \$5,259 | | | | \$5,259.00 |
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| TOTAL SALARIES | 3.07863 | \$162,453 | | | | \$162,453.00 |

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

Certified By: _____ Date: _____
Title: _____

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

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

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-2JUL24 | Contract Purchase Order No: _____ Funding Source: GTZ GF Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 07/1/24 - 07/31/24 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food Access: Prepared Meals | 4,895 | 40 | | | | | | | 4,895 | 40 |
| Food Access: Grocery Bags | 707 | 40 | | | | | | | 707 | 40 |
| Expanded Capacity & Link. Track, F/U: Prepared | 14,291 | 80 | | | | | | | 14,291 | 80 |
| Expanded Capacity & Link. Track, F/U: Grocery B | 2,287 | 80 | | | | | | | 2,287 | 80 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 120 | | | 120 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$162,453 | | | | \$162,453.00 |
| Fringe Benefits | \$61,894 | | | | \$61,894.00 |
| Total Personnel Expenses | \$224,347 | | | | \$224,347.00 |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$81,784 | | | | \$81,784.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$35,328 | | | | \$35,328.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$117,112 | | | | \$117,112.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$341,459 | | | | \$341,459.00 |
| Indirect Expenses | \$31,707 | | | | \$31,707.00 |
| TOTAL EXPENSES | \$373,166 | | | | \$373,166.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

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

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
 Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number

Contract Purchase Order No:

Fund Source:

Department ID-Authority ID:

Project ID-Activity ID:

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

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-------------------------------------|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Outreach Coordinator | 0.32869 | \$19,570 | | | | \$19,570.00 |
| Manager, Wellness Program | 0.20097 | \$15,450 | | | | \$15,450.00 |
| Wellness Prog Coord (Caseworker) | 0.35485 | \$20,600 | | | | \$20,600.00 |
| Cook II | 0.21014 | \$8,104 | | | | \$8,104.00 |
| Porter | 0.17467 | \$6,180 | | | | \$6,180.00 |
| Grocery Center Supervisor | 0.29975 | \$15,899 | | | | \$15,899.00 |
| Grocery Center Operations Coord. II | 0.39552 | \$15,927 | | | | \$15,927.00 |
| Registered Dietician | 0.20485 | \$14,414 | | | | \$14,414.00 |
| Volunteer Coordinator | 0.21643 | \$9,773 | | | | \$9,773.00 |
| Director, Operations | 0.17585 | \$15,827 | | | | \$15,827.00 |
| Kitchen Operations Coordinator II | 0.39239 | \$15,450 | | | | \$15,450.00 |
| Director, Wellness Programs | 0.12452 | \$5,259 | | | | \$5,259.00 |
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| TOTAL SALARIES | 3.07863 | \$162,453 | | | | \$162,453.00 |

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

Certified By: _____
 Title: _____

Date: _____

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

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

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-2JUL25 | Contract Purchase Order No: _____ Funding Source: <u>GTZ GF</u> Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: <u>07/1/25 - 07/31/25</u> FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food Access: Prepared Meals | 4,895 | 40 | | | | | | | 4,895 | 40 |
| Food Access: Grocery Bags | 707 | 40 | | | | | | | 707 | 40 |
| Expanded Capacity & Link. Track, F/U: Prepared | 14,291 | 80 | | | | | | | 14,291 | 80 |
| Expanded Capacity & Link. Track, F/U: Grocery B | 2,287 | 80 | | | | | | | 2,287 | 80 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|--|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 120 | | | 120 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$162,453 | | | | \$162,453.00 |
| Fringe Benefits | \$61,894 | | | | \$61,894.00 |
| Total Personnel Expenses | \$224,347 | | | | \$224,347.00 |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$81,784 | | | | \$81,784.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$35,328 | | | | \$35,328.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$117,112 | | | | \$117,112.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$341,459 | | | | \$341,459.00 |
| Indirect Expenses | \$31,707 | | | | \$31,707.00 |
| TOTAL EXPENSES | \$373,166 | | | | \$373,166.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109
Telephone: 415-447-2300
Fax: 415-447-2490
Program Name: HIV/AIDS Food and Nutrition Services
ACE Control #:

Invoice Number: A-2JUL25
Contract Purchase Order No:
Fund Source: GTZ GF
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 07/1/25 - 07/31/25
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

Table with columns: PERSONNEL, FTE, BUDGETED SALARY, EXPENSES THIS PERIOD, EXPENSES TO DATE, % OF BUDGET, REMAINING BALANCE. Rows include various roles like Outreach Coordinator, Manager, Wellness Program, etc., with a total salaries row at the bottom.

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

Certified By:
Title:

Date:

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

APPENDIX F-2j
07/01/2026 - 03/31/2027
PAGE A

| | | | |
|---|-----------------------------|---|--|
| Contractor: Project Open Hand Address: 730 Polk Street San Francisco, CA 94109 Telephone: 415-447-2300 Fax: 415-447-2490 | Contract ID # 1000002671 | Invoice Number A-2JUL26 | Contract Purchase Order No: _____ Funding Source: GTZ GF Department ID-Authority ID: _____ Project ID-Activity ID: _____ Invoice Period: 07/1/26 - 07/31/26 FINAL Invoice <input type="checkbox"/> (check if Yes) |
| Program Name: HIV/AIDS Food and Nutrition Services ACE Control #: _____ | | <div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div> | |

| DELIVERABLES | TOTAL CONTRACTED | | DELIVERED THIS PERIOD | | DELIVERED TO DATE | | % OF TOTAL | | REMAINING DELIVERABLES | |
|---|------------------|-----|-----------------------|-----|-------------------|-----|------------|-----|------------------------|-----|
| | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC | UOS | UDC |
| Food Access: Prepared Meals | 3,671 | 40 | | | | | | | 3,671 | 40 |
| Food Access: Grocery Bags | 530 | 40 | | | | | | | 530 | 40 |
| Expanded Capacity & Link. Track, F/U: Prepared | 10,718 | 80 | | | | | | | 10,718 | 80 |
| Expanded Capacity & Link. Track, F/U: Grocery B | 1,715 | 80 | | | | | | | 1,715 | 80 |
| | | | | | | | | | | |

| | UDC | UDC | UDC | UDC | UDC |
|-----------------------------------|-----|-----|-----|-----|-----|
| Unduplicated Clients for Appendix | | 120 | | | 120 |

| EXPENDITURES | BUDGET | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|---|------------------|----------------------|------------------|-------------|---------------------|
| Total Salaries (See Page B) | \$121,839 | | | | \$121,839.00 |
| Fringe Benefits | \$46,420 | | | | \$46,420.00 |
| Total Personnel Expenses | \$168,259 | | | | \$168,259.00 |
| Operating Expenses: | | | | | |
| Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs) | | | | | |
| Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies) | \$61,338 | | | | \$61,338.00 |
| General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance) | \$26,497 | | | | \$26,497.00 |
| Staff Travel - (e.g., Local & Out of Town) | | | | | |
| Consultant/Subcontractor | | | | | |
| Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators) | | | | | |
| Total Operating Expenses | \$87,835 | | | | \$87,835.00 |
| Capital Expenditures | | | | | |
| TOTAL DIRECT EXPENSES | \$256,094 | | | | \$256,094.00 |
| Indirect Expenses | \$23,781 | | | | \$23,781.00 |
| TOTAL EXPENSES | \$279,875 | | | | \$279,875.00 |
| LESS: Initial Payment Recovery | | | | | |
| Other Adjustments (Enter as negative, if appropriate) | | | | | |
| REIMBURSEMENT | | | | | |

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the 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 | By: _____ (DPH Authorized Signatory) | Date: _____ |
|-------------------------------|---|-------------|

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

APPENDIX F-2j
07/01/2026 - 03/31/2027
PAGE B

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Invoice Number
A-2JUL26

Contract Purchase Order No:

Fund Source: **GTZ GF**

Department ID-Authority ID:

Project ID-Activity ID:

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Period: **07/1/26 - 07/31/26**

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

| PERSONNEL | FTE | BUDGETED SALARY | EXPENSES THIS PERIOD | EXPENSES TO DATE | % OF BUDGET | REMAINING BALANCE |
|-------------------------------------|----------------|------------------|----------------------|------------------|-------------|---------------------|
| Outreach Coordinator | 0.32869 | \$14,677 | | | | \$14,677.00 |
| Manager, Wellness Program | 0.20097 | \$11,586 | | | | \$11,586.00 |
| Wellness Prog Coord (Caseworker) | 0.35485 | \$15,450 | | | | \$15,450.00 |
| Cook II | 0.21014 | \$6,078 | | | | \$6,078.00 |
| Porter | 0.17467 | \$4,636 | | | | \$4,636.00 |
| Grocery Center Supervisor | 0.29975 | \$11,925 | | | | \$11,925.00 |
| Grocery Center Operations Coord. II | 0.39552 | \$11,946 | | | | \$11,946.00 |
| Registered Dietician | 0.20485 | \$10,813 | | | | \$10,813.00 |
| Volunteer Coordinator | 0.21643 | \$7,329 | | | | \$7,329.00 |
| Director, Operations | 0.17585 | \$11,869 | | | | \$11,869.00 |
| Kitchen Operations Coordinator II | 0.39239 | \$11,586 | | | | \$11,586.00 |
| Director, Wellness Programs | 0.12452 | \$3,944 | | | | \$3,944.00 |
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| | | | | | | |
| TOTAL SALARIES | 3.07863 | \$121,839 | | | | \$121,839.00 |

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

Certified By: _____
Title: _____

Date: _____

APPENDIX K

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

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

1.2 Primary and Alternate Agency Site Administrator.

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

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

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

1.4 Deprovisioning Schedule.

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

1.5 Active Directory.

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

1.6 Role Based Access.

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

1.7 Training Requirements.

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

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

1.8 Agency Data User Confidentiality Agreement.

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

1.9 Corrective Action.

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

1.10 User ID and Password.

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

1.11 Notification of Compromised Password.

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

1.12 Multi Factor Authentication.

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

1.13 Qualified Personnel.

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

1.14 Workstation/Laptop encryption.

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

1.15 Server Security.

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

1.16 Removable media devices.

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

1.17 Antivirus software.

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

1.18 Patch Management.

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

1.19 System Timeout.

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

1.20 Warning Banners.

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

1.21 Transmission encryption.

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

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

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

of the City.

1.24 Security of PHI.

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

1.25 Data Security and City Data

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

1.26 Data Privacy and Information Security Program.

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

1.27 Disaster Recovery.

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

1.28 Supervision of Data.

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

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law,

the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

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

1.31 City Audit of Agency and Agency Data Users.

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

1.32 Minimum Necessary.

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

1.33 No Re-Disclosure or Reporting.

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

1.34 Health Information Exchange.

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

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor

to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data breach in the same manner in which Agency would be so obligated, (2) provide cyber insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

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

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

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

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

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

3.2 Data Breach; Loss of City Data.

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

Agency shall take:

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

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

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

**Attachment 1 to Appendix K
System Specific Requirements**

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

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

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

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

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

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

2. Application For Access and Compliance with Epic Terms and Conditions.

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

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

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

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

3. Access Control.

- a. Access to the BHS Electronic 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. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER (MP) Heffernan Insurance Brokers 1460B O'Brien Drive Menlo Park CA 94025 License#: 0564249 PROJOPE-02 | CONTACT NAME: PHONE (A/C, No, Ext): 650-842-5200 FAX (A/C, No): 650-842-5201 E-MAIL ADDRESS: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Insurance Company</td> <td>18058</td> </tr> <tr> <td>INSURER B: Redwood Fire & Casualty Insurance Company</td> <td>11673</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: Philadelphia Indemnity Insurance Company | 18058 | INSURER B: Redwood Fire & Casualty Insurance Company | 11673 | INSURER C: | | INSURER D: | | INSURER E: | | INSURER F: | |
|--|--|-------------------------------|--------|--|-------|---|-------|-------------------|--|-------------------|--|-------------------|--|-------------------|--|
| INSURER(S) AFFORDING COVERAGE | NAIC # | | | | | | | | | | | | | | |
| INSURER A: Philadelphia Indemnity Insurance Company | 18058 | | | | | | | | | | | | | | |
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| INSURER C: | | | | | | | | | | | | | | | |
| INSURER D: | | | | | | | | | | | | | | | |
| INSURER E: | | | | | | | | | | | | | | | |
| INSURER F: | | | | | | | | | | | | | | | |
| INSURED Project Open Hand 730 Polk St. San Francisco CA 94109 | | | | | | | | | | | | | | | |

COVERAGES
CERTIFICATE NUMBER: 1392954340
REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: | Y | | PHPK2294089 | 7/1/2021 | 7/1/2022 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 LIQUOR LIABILITY \$ \$1M Per Occ/Agg |
| A | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY | Y | | PHPK2294089 | 7/1/2021 | 7/1/2022 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ |
| A | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$ | | | PHUB774698 | 7/1/2021 | 7/1/2022 | EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | PRWC230559 | 7/1/2021 | 7/1/2022 | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |
| A | Social Service Prof. Liability Social Service Prof. Liability | | | PHPK2294089 | 7/1/2021 | 7/1/2022 | Occurrence Limit 1,000,000 Aggregate Limit 3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Umbrella Policy #PHUB774698 - Sexual Abuse and Professional Liability are limited to \$2M within the Umbrella.
 Re: As Per Contract or Agreement on File with Insured. City & County of San Francisco, its officers, employees and agents are included as an additional insured (and primary) on General Liability policy and additional insured on Automobile Liability policy per the attached endorsements, if required.

CERTIFICATE HOLDER**CANCELLATION**

| | |
|--|--|
| City & County of San Francisco Attn: Contracts Unit, SF Dept. Of Public Health 101 Grove Street, Room 402 San Francisco, CA 94102 | <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
|--|--|

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4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under Coverages **A** or **B** of this Coverage Part, our obligations are limited as follows:

a. Primary Insurance

This insurance is primary except when Paragraph **b.** below applies. If this insurance is primary, our obligations are not affected unless any of the other insurance is also primary. Then, we will share with all that other insurance by the method described in Paragraph **c.** below.

b. Excess Insurance

(1) This insurance is excess over:

(a) Any of the other insurance, whether primary, excess, contingent or on any other basis:

(i) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";

(ii) That is Fire insurance for premises rented to you or temporarily occupied by you with permission of the owner;

(iii) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises rented to you or temporarily occupied by you with permission of the owner; or

(iv) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion **g.** of Section **I** – Coverage **A** – Bodily Injury And Property Damage Liability.

(b) Any other primary insurance available to you covering liability for damages arising out of the premises or operations, or the products and completed operations, for which you have been added as an additional insured.

(2) When this insurance is excess, we will have no duty under Coverages **A** or **B** to defend the insured against any "suit" if any other insurer has a duty to defend the insured against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the insured's rights against all those other insurers.

(3) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:

(a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and

(b) The total of all deductible and self-insured amounts under all that other insurance.

(4) We will share the remaining loss, if any, with any other insurance that is not described in this Excess Insurance provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Method Of Sharing

If all of the other insurance permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any of the other insurance does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

5. Premium Audit

a. We will compute all premiums for this Coverage Part in accordance with our rules and rates.

b. Premium shown in this Coverage Part as advance premium is a deposit premium only. At the close of each audit period we will compute the earned premium for that period and send notice to the first Named Insured. The due date for audit and retrospective premiums is the date shown as the due date on the bill. If the sum of the advance and audit premiums paid for the policy period is greater than the earned premium, we will return the excess to the first Named Insured.

c. The first Named Insured must keep records of the information we need for premium computation, and send us copies at such times as we may request.

6. Representations

By accepting this policy, you agree:

a. The statements in the Declarations are accurate and complete;

- b. Those statements are based upon representations you made to us; and
- c. We have issued this policy in reliance upon your representations.

7. Separation Of Insureds

Except with respect to the Limits of Insurance, and any rights or duties specifically assigned in this Coverage Part to the first Named Insured, this insurance applies:

- a. As if each Named Insured were the only Named Insured; and
- b. Separately to each insured against whom claim is made or "suit" is brought.

8. Transfer Of Rights Of Recovery Against Others To Us

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

9. When We Do Not Renew

If we decide not to renew this Coverage Part, we will mail or deliver to the first Named Insured shown in the Declarations written notice of the nonrenewal not less than 30 days before the expiration date.

If notice is mailed, proof of mailing will be sufficient proof of notice.

SECTION V – DEFINITIONS

1. "Advertisement" means a notice that is broadcast or published to the general public or specific market segments about your goods, products or services for the purpose of attracting customers or supporters. For the purposes of this definition:
 - a. Notices that are published include material placed on the Internet or on similar electronic means of communication; and
 - b. Regarding web sites, only that part of a web site that is about your goods, products or services for the purposes of attracting customers or supporters is considered an advertisement.
2. "Auto" means:
 - a. A land motor vehicle, trailer or semitrailer designed for travel on public roads, including any attached machinery or equipment; or
 - b. Any other land vehicle that is subject to a compulsory or financial responsibility law or other motor vehicle insurance law where it is licensed or principally garaged.

However, "auto" does not include "mobile equipment".

3. "Bodily injury" means bodily injury, sickness or disease sustained by a person, including death resulting from any of these at any time.
4. "Coverage territory" means:
 - a. The United States of America (including its territories and possessions), Puerto Rico and Canada;
 - b. International waters or airspace, but only if the injury or damage occurs in the course of travel or transportation between any places included in Paragraph a. above; or
 - c. All other parts of the world if the injury or damage arises out of:
 - (1) Goods or products made or sold by you in the territory described in Paragraph a. above;
 - (2) The activities of a person whose home is in the territory described in Paragraph a. above, but is away for a short time on your business; or
 - (3) "Personal and advertising injury" offenses that take place through the Internet or similar electronic means of communication;

provided the insured's responsibility to pay damages is determined in a "suit" on the merits, in the territory described in Paragraph a. above or in a settlement we agree to.

5. "Employee" includes a "leased worker". "Employee" does not include a "temporary worker".
6. "Executive officer" means a person holding any of the officer positions created by your charter, constitution, bylaws or any other similar governing document.
7. "Hostile fire" means one which becomes uncontrollable or breaks out from where it was intended to be.
8. "Impaired property" means tangible property, other than "your product" or "your work", that cannot be used or is less useful because:
 - a. It incorporates "your product" or "your work" that is known or thought to be defective, deficient, inadequate or dangerous; or
 - b. You have failed to fulfill the terms of a contract or agreement;

if such property can be restored to use by the repair, replacement, adjustment or removal of "your product" or "your work" or your fulfilling the terms of the contract or agreement.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**GENERAL LIABILITY DELUXE ENDORSEMENT:
HUMAN SERVICES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

| Coverage Applicable | Limit of Insurance | Page # |
|---|---------------------------|---------------|
| Extended Property Damage | Included | 2 |
| Limited Rental Lease Agreement Contractual Liability | \$50,000 limit | 2 |
| Non-Owned Watercraft | Less than 58 feet | 2 |
| Damage to Property You Own, Rent, or Occupy | \$30,000 limit | 2 |
| Damage to Premises Rented to You | \$1,000,000 | 3 |
| HIPAA | Clarification | 4 |
| Medical Payments | \$20,000 | 5 |
| Medical Payments – Extended Reporting Period | 3 years | 5 |
| Athletic Activities | Amended | 5 |
| Supplementary Payments – Bail Bonds | \$5,000 | 5 |
| Supplementary Payment – Loss of Earnings | \$1,000 per day | 5 |
| Employee Indemnification Defense Coverage | \$25,000 | 5 |
| Key and Lock Replacement – Janitorial Services Client Coverage | \$10,000 limit | 6 |
| Additional Insured – Newly Acquired Time Period | Amended | 6 |
| Additional Insured – Medical Directors and Administrators | Included | 7 |
| Additional Insured – Managers and Supervisors (with Fellow Employee Coverage) | Included | 7 |
| Additional Insured – Broadened Named Insured | Included | 7 |
| Additional Insured – Funding Source | Included | 7 |
| Additional Insured – Home Care Providers | Included | 7 |
| Additional Insured – Managers, Landlords, or Lessors of Premises | Included | 7 |
| Additional Insured – Lessor of Leased Equipment | Included | 7 |
| Additional Insured – Grantor of Permits | Included | 8 |
| Additional Insured – Vendor | Included | 8 |
| Additional Insured – Franchisor | Included | 9 |
| Additional Insured – When Required by Contract | Included | 9 |
| Additional Insured – Owners, Lessees, or Contractors | Included | 9 |
| Additional Insured – State or Political Subdivisions | Included | 10 |

| | | |
|---|---------------|----|
| Duties in the Event of Occurrence, Claim or Suit | Included | 10 |
| Unintentional Failure to Disclose Hazards | Included | 10 |
| Transfer of Rights of Recovery Against Others To Us | Clarification | 10 |
| Liberalization | Included | 11 |
| Bodily Injury – includes Mental Anguish | Included | 11 |
| Personal and Advertising Injury – includes Abuse of Process, Discrimination | Included | 11 |

A. Extended Property Damage

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection **2. Exclusions**, Paragraph **a.** is deleted in its entirety and replaced by the following:

a. Expected or Intended Injury

“Bodily injury” or property damage” expected or intended from the standpoint of the insured. This exclusion does not apply to “bodily injury” or “property damage” resulting from the use of reasonable force to protect persons or property.

B. Limited Rental Lease Agreement Contractual Liability

SECTION I – COVERAGES, COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection **2. Exclusions**, Paragraph **b. Contractual Liability** is amended to include the following:

- (3) Based on the named insured’s request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to \$50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter’s liability insurance of the client.

C. Non-Owned Watercraft

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY, Subsection **2. Exclusions**, Paragraph **g. (2)** is deleted in its entirety and replaced by the following:

- (2) A watercraft you do not own that is:
- (a) Less than 58 feet long; and
 - (b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE

LIABILITY, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a \$30,000 limit. A client is defined as a person under your direct care and supervision.

E. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

- a. The last paragraph of **SECTION I – COVERAGES, COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**; is deleted in its entirety and replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

- b. **SECTION III – LIMITS OF INSURANCE**, Paragraph 6. is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

- c. **SECTION V – DEFINITIONS**, Paragraph 9.a., is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. **SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS**, Subsection **4. Other Insurance**, Paragraph **b. Excess Insurance**, **(1) (a) (ii)** is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

- a. \$1,000,000; or
- b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

F. HIPAA

SECTION I – COVERAGES, COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY, is amended as follows:

1. Paragraph **1. Insuring Agreement** is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a “violation(s)” of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any “suit,” “investigation,” or “civil proceeding” seeking these damages. However, we will have no duty to defend the insured against any “suit” seeking damages, “investigation,” or “civil proceeding” to which this insurance does not apply.

2. Paragraph **2. Exclusions** is amended to include the following additional exclusions:

This insurance does not apply to:

- a. **Intentional, Willful, or Deliberate Violations**

Any willful, intentional, or deliberate “violation(s)” by any insured.

- b. **Criminal Acts**

Any “violation” which results in any criminal penalties under the HIPAA.

- c. **Other Remedies**

Any remedy other than monetary damages for penalties assessed.

- d. **Compliance Reviews or Audits**

Any compliance reviews by the Department of Health and Human Services.

3. **SECTION V – DEFINITIONS** is amended to include the following additional definitions:

- a. “Civil proceeding” means an action by the Department of Health and Human Services (HHS) arising out of “violations.”
- b. “Investigation” means an examination of an actual or alleged “violation(s)” by HHS. However, “investigation” does not include a Compliance Review.
- c. “Violation” means the actual or alleged failure to comply with the regulations included in the HIPAA.

G. Medical Payments – Limit Increased to \$20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:
 - a. \$20,000; or
 - b. The Medical Expense Limit shown in the Declarations of this Coverage Part.
2. **SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS**, Subsection 1. **Insuring Agreement**, a. (3) (b) is deleted in its entirety and replaced by the following:
 - (b) The expenses are incurred and reported to us within three years of the date of the accident.

H. Athletic Activities

SECTION I – COVERAGES, COVERAGE C MEDICAL PAYMENTS, Subsection 2. **Exclusions**, Paragraph e. **Athletic Activities** is deleted in its entirety and replaced with the following:

e. Athletic Activities

To a person injured while taking part in athletics.

I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

1. b. is deleted in its entirety and replaced by the following:
 1. b. Up to \$5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.
- 1.d. is deleted in its entirety and replaced by the following:
 1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to \$1,000 a day because of time off from work.

J. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B the following is added:

We will pay, on your behalf, defense costs incurred by an “employee” in a criminal proceeding occurring in the course of employment.

The most we will pay for any “employee” who is alleged to be directly involved in a criminal proceeding is \$25,000 regardless of the numbers of “employees,” claims or “suits” brought or persons or organizations making claims or bringing “suits.”

K. Key and Lock Replacement – Janitorial Services Client Coverage**SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B** is

amended to include the following:

We will pay for the cost to replace keys and locks at the “clients” premises due to theft or other loss to keys entrusted to you by your “client,” up to a \$10,000 limit per occurrence and \$10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, “employees”, “managers”, directors, trustees, authorized representatives or any one to whom you entrust the keys of a “client” for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.

b. "Employee" means:

(1) Any natural person:

(a) While in your service or for 30 days after termination of service;

(b) Who you compensate directly by salary, wages or commissions; and

(c) Who you have the right to direct and control while performing services for you; or

(2) Any natural person who is furnished temporarily to you:

(a) To substitute for a permanent "employee" as defined in Paragraph (1) above, who is on leave; or

(b) To meet seasonal or short-term workload conditions;

while that person is subject to your direction and control and performing services for you.

(3) "Employee" does not mean:

(a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or

(b) Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."

c. "Manager" means a person serving in a directorial capacity for a limited liability company.

L. Additional Insureds

SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

Coverage Part, Paragraph **3.a.** is deleted in its entirety and replaced by the following:

- a. Coverage under this provision is afforded until the end of the policy period.
2. Each of the following is also an insured:
- a. **Medical Directors and Administrators** – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.
 - b. **Managers and Supervisors** – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your “employees” are also insureds for “bodily injury” to a co-“employee” while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

- c. **Broadened Named Insured** – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.
- d. **Funding Source** – Any person or organization with respect to their liability arising out of:
 - (1) Their financial control of you; or
 - (2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

- e. **Home Care Providers** – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.
- f. **Managers, Landlords, or Lessors of Premises** – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

- (1) Any “occurrence” which takes place after you cease to be a tenant in that premises; or
 - (2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.
- g. **Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You** – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

organization is an insured only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person's or organization's status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any "occurrence" which takes place after the equipment lease expires.

- h. Grantors of Permits** – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:
- (1)** This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:
 - (a)** The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;
 - (b)** The construction, erection, or removal of elevators; or
 - (c)** The ownership, maintenance, or use of any elevators covered by this insurance.
- i. Vendors** – Only with respect to "bodily injury" or "property damage" arising out of "your products" which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:
- (1)** The insurance afforded the vendor does not apply to:
 - (a)** "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;
 - (b)** Any express warranty unauthorized by you;
 - (c)** Any physical or chemical change in the product made intentionally by the vendor;
 - (d)** Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;
 - (e)** Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;
 - (f)** Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

- (g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or
- (h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:
 - (i) The exceptions contained in Sub-paragraphs (d) or (f); or
 - (ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.
- (2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.
- j. **Franchisor** – Any person or organization with respect to their liability as the grantor of a franchise to you.
- k. **As Required by Contract** – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations
- l. **Owners, Lessees or Contractors** – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:
 - (1) Your acts or omissions; or
 - (2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

- (a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
- (b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

m. State or Political Subdivisions – Any state or political subdivision as required, subject to the following provisions:

- (1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.
- (2) This insurance does not apply to:
 - (a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or
 - (b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

M. Duties in the Event of Occurrence, Claim or Suit

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph 2. is amended as follows:

a. is amended to include:

This condition applies only when the "occurrence" or offense is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or "suit" is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of

Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

P. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

Q. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph 3. Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

- a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and
- b. Except for mental anguish, includes death resulting from the foregoing (Item a. above) at any time.

R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. **SECTION V – DEFINITIONS**, Paragraph 14.b. is deleted in its entirety and replaced by the following:

- b. Malicious prosecution or abuse of process;

2. **SECTION V – DEFINITIONS**, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

- a. Done intentionally by or at the direction of, or with the knowledge or consent of:
 - (1) Any insured; or
 - (2) Any executive officer, director, stockholder, partner or member of the insured;
- b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

- c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or
- d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**COMMERCIAL AUTOMOBILE ELITE ENDORSEMENT**

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

Following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

| Coverage Applicable | Limit of Insurance | Page # |
|--|---|---------------|
| Who is An Insured | | 2 |
| Board Members | Included | |
| Newly Acquired Entities | Included | |
| Designated Insured | Included | |
| Lessor of Leased Autos | Included | |
| Cost of Bail Bonds | \$5,000 | 2 |
| Reasonable Expenses – Loss of Earnings | \$500 per day | 2 |
| Fellow Employee Coverage | Amended | 3 |
| Towing | \$100 per disablement | 3 |
| Glass Breakage (Windshields and Windows) | No deductible applies | 3 |
| Transportation Expenses | \$100 per day / \$3,000 maximum | 3 |
| Hired Auto Physical Damage – Loss of Use | \$100 per day / \$1,000 maximum | 3 |
| Hired Auto Physical Damage | ACV or repair or replacement of the vehicle whichever is less | 4 |
| Personal Effects | \$500 | 4 |
| Rental Reimbursement | \$100 per day / 30 days | 4 |
| Accidental Discharge – Air Bag | Amended | 4 |
| Electronic Equipment | \$1000 | 5 |
| Original Equipment Manufacturer Parts Replacement | Included | 5 |
| Auto Loan / Lease Gap Coverage | Amended | 5 |
| One Comprehensive Coverage Deductible Per Occurrence | Amended | 6 |
| Notice of and Knowledge of Occurrence | Amended | 7 |
| Blanket Waiver of Subrogation | Amended (as required by written contract) | 7 |
| Unintentional Errors or Omissions | Amended | 7 |
| Mental Anguish – Bodily Injury Redefined | Amended | 7 |

Coverage extensions under this endorsement only apply in the event that no other specific coverage for these extensions is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted in this endorsement.

Any deductible listed in the Auto Declarations Page will apply unless specific deductible provisions are set forth under a coverage enhancement below.

I. LIABILITY COVERAGE EXTENSIONS

A. Who Is An Insured

SECTION II – LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured is amended by adding the following:

The following are also "insureds":

1. **Board Members** – Board members (or their spouses) while renting a vehicle while on business for the named insured.
2. **Newly Acquired Entities** – Any business entity newly acquired or formed by you during the policy period, provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following the acquisition or the formation of the business entity.
3. **Designated Insured** – Any person or organization designated by the "insured" is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **SECTION II** of the Coverage Form.
4. **Lessor of Leased Autos** – The lessor of a "leased auto" is an "insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:
 - a. You;
 - b. Any of your "employees" or agents; or
 - c. Any person, except the lessor or any "employee" or agent of the lessor, operating a "leased auto" with the permission of any of the above.

Any "leased auto" in the policy schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

The coverages provided under this endorsement apply to any "leased auto" in the policy schedule until the expiration date of the lease, or when the lessor or his or her agent takes possession of the "leased auto," whichever occurs first.

"Leased auto" means an "auto" leased or rented to you, including any substitute, replacement or extra "auto" needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

B. Cost of Bail Bonds

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (2) is deleted in its entirety and replaced with the following:

- (2) Up to \$5,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

C. Reasonable Expenses

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (4) is deleted in its entirety and replaced with the following:

- (4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to \$500 a day because of time off from work.

D. Fellow Employee Coverage

SECTION II – LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee is deleted in its entirety and replaced by the following:

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

However, this exclusion does not apply to any manager or officer of your company.

II. PHYSICAL DAMAGE COVERAGE EXTENSIONS

A. Towing

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 2. Towing is deleted in its entirety and replaced with the following:

2. Towing

We will pay up to \$100 for towing and labor costs incurred each time a covered "auto" is disabled. However, the labor must be performed at the place of disablement. No deductible applies to this enhancement.

B. Glass Breakage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles is amended by adding the following:

No deductible applies to "loss" to glass used in the windshield or windows.

C. Transportation Expenses

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses is deleted in its entirety and replaced with the following:

a. Transportation Expenses

We will pay up to \$100 per day to a maximum of \$3,000 for temporary transportation expenses incurred by you because of a "loss" to a covered "auto." We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the "loss" and ending, regardless of the policy's expiration, when the covered "auto" is returned to use or we pay for its "loss."

D. Hired Auto Physical Damage – Loss of Use

The last sentence of **SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, b. Loss of Use Expenses** is deleted in its entirety and replaced with the following:

However, the most we will pay for any expenses for loss of use is \$100 per day, to a maximum of \$1,000.

E. Hired Auto Physical Damage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Hired Auto Physical Damage

Any "auto" you lease, hire, rent or borrow from someone other than your "employees" or partners, or members of their household is a covered "auto" for each of your physical damage coverages.

The most we will pay for any "loss" in any one "accident" is the ACV or the cost for repair or replacement of the vehicle, whichever is less.

For each covered "auto" our obligation to pay will be reduced by a deductible of \$500 for Comprehensive Coverage and \$1000 for Collision Coverage.

F. Personal Effects Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Personal Effects Coverage

We will pay up to \$500 for "loss" to personal effects, which are:

1. Owned by an "insured"; and
2. In or on your covered "auto."

This coverage applies only in the event of the total theft of your covered "auto." No deductible applies to this coverage.

G. Rental Reimbursement

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Rental Reimbursement Coverage

We will pay up to \$100 per day, for up to 30 days, for rental reimbursement expenses incurred by you for the rental of an "auto" because of "loss" to a covered "auto."

We will also pay up to \$300 for reasonable and necessary expenses incurred by you to remove and replace your materials and equipment from the covered "auto."

If "loss" results from the total theft of a covered "auto," we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under **Item III. C. Transportation Expenses** of this endorsement.

H. Accidental Discharge – Airbag Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions, Paragraph 3. is amended by adding the following exception:

This exclusion does not apply to the accidental discharge of an airbag. This coverage is excess of any other collectible insurance or warranty. No deductible applies to this coverage.

I. Electronic Equipment Coverage

The following supersedes anything to the contrary in **SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions**, Paragraph 4.

Exclusions **4.c.** and **4.d.** do not apply to:

Any risk management or monitoring equipment and electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss," and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto."

The most we will pay for all "loss" to risk management or monitoring equipment, audio, visual or data electronic equipment that is not designed solely for the reproduction of sound and any accessories used with this equipment as a result of any one "accident" is the least of:

- a. The actual cash value of the damaged or stolen property at the time of the "loss";
- b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or
- c. \$1,000.

This coverage will not apply if there is other insurance provided by this policy for the above-described electronic equipment. We will, however, pay any deductible, up to \$500, that is applicable under the provisions of the other insurance.

J. Original Equipment Manufacturer (OEM) Parts Replacement

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance, Paragraph 1. is amended to include:

However, if the covered "auto" has less than 20,000 miles on its odometer, then the following condition will apply:

We will pay the cost to replace the damaged parts (excluding glass and mechanical parts) with new Original Equipment Manufacturer replacement parts if the damaged parts cannot be repaired.

K. Auto Loan / Lease Gap Protection

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance is amended to include the following:

4. In the event of "loss" to a covered "auto" that is loaned or leased to an "insured":
 - a. The most we will pay for "loss" in any one "accident" is the lesser of:

- (1) The actual cash value of the damaged or stolen property as of the time of the "loss";
or
 - (2) The cost of repairing or replacing the damaged or stolen property with other property of like, kind and quality.
- b. Our Limit of Insurance for "total loss" will be the greater of:
- (1) The balance due under the terms of the lease or loan, to which your "auto" is subject but not including:
 - (a) Past due payments;
 - (b) Financial penalties imposed under the lease;
 - (c) Security deposits not refunded;
 - (d) Costs for extended warranties or insurance; or
 - (e) Final payment due under a "balloon loan"; or
 - (2) Actual cash value of the stolen or damaged property.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of "loss."

c. Additional Definitions

- (1) "Total loss" for the purpose of this coverage, means a loss in which the estimated cost of repairs, plus the salvage value, exceeds the actual cash value.
- (2) "Balloon loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

d. Additional Conditions

This coverage will apply only to the original lease or loan written on your covered "auto." In order for this coverage to apply, leased "autos" must be leased or rented to you under a leasing or rental agreement, for a period of not less than six months, which requires you to provide direct primary insurance for the benefit of the lessor.

L. One Comprehensive Coverage Deductible

SECTION III – PHYSICAL DAMAGE COVERAGE, D. Deductible is amended by adding the following:

Only one Comprehensive Coverage Deductible per occurrence will apply to any "loss" resulting from a covered peril.

For the purpose of this extension, occurrence means a single incident, including continuous or repeated exposure to substantially the same general harmful conditions within a 24-hour period.

III. BUSINESS AUTO CONDITIONS

A. Notice and Knowledge of Occurrence

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss, Paragraph a. is deleted in its entirety and replaced with the following:

- a. In the event of “accident,” claim, “suit” or “loss,” you must give us, or our authorized representative, prompt notice of the “accident” or “loss.” Include:

- (1) How, when and where the “accident” or “loss” occurred;
- (2) The “insured’s” name and address; and
- (3) To the extent possible, the names and addresses of any injured persons and witnesses.

Your duty to give us or our authorized representative prompt notice of the “accident” or “loss” applies only when the “accident” or “loss” is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

B. Blanket Waiver Of Subrogation

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us, is amended by adding the following exception:

However, we waive any right of recovery we may have against any person or organization because of payments we make for “bodily injury” or “property damage” arising out of the operation of a covered “auto” when you have assumed liability for such “bodily injury” or “property damage” under an “insured contract.”

C. Unintentional Errors or Omissions

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 2. Concealment, Misrepresentation, Or Fraud is amended by adding the following:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

IV. DEFINITIONS

A. Mental Anguish

SECTION V – DEFINITIONS, C. "Bodily injury" is amended by adding the following:

“Bodily injury” also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.

