

File No. 260209

Committee Item No. 6

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget and Finance Committee Date March 25, 2026

Board of Supervisors Meeting Date _____

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Completed by: Brent Jalipa Date March 19, 2026

Completed by: Brent Jalipa Date _____

1 [Agreement Amendment - Instituto Familiar de la Raza, Inc. - Health Access Point Services -
2 Not to Exceed \$17,087,730]

3 **Resolution approving Amendment No. 2 to the agreement between the City and County**
4 **of San Francisco, acting by and through, the Department of Public Health (DPH), and**
5 **Instituto Familiar de la Raza, Inc., to operate a health access point service, to extend**
6 **the term by three years from June 30, 2027, for a new term of January 1, 2023, through**
7 **June 30, 2030, and to increase the amount by \$9,242,130 for a new total not to exceed**
8 **amount of \$17,087,730; and to authorize DPH to enter into amendments or**
9 **modifications to the agreement that do not materially increase the obligations or**
10 **liabilities to the City and are necessary to effectuate the purposes of the agreement or**
11 **this Resolution.**

12
13 WHEREAS, On September 12, 2019, the Department of Public Health (DPH) issued a
14 Request for Proposals (RFP 4-2019) for an equity-focused, community-centered, whole
15 person care approach to integrated HIV, HCV, and STD prevention programs for affected
16 communities; and

17 WHEREAS, Instituto Familiar de la Raza, Inc. submitted a proposal and was the
18 highest ranked proposer; and

19 WHEREAS, DPH awarded the contract to Instituto Familiar de la Raza, Inc.; and

20 WHEREAS, The contract is consistent with the Civil Service Commission's approval
21 obtained on June 29, 2016, under PSC No. 2006-07/08; and

22 WHEREAS, On January 1, 2023, DPH and Instituto Familiar de la Raza, Inc. entered
23 into an agreement to operate a health access point service ("Original Agreement"); and

24 WHEREAS, The Original Agreement has a term of January 1, 2023, through June 30,
25 2027, and a not to exceed amount of \$7,845,600; and

1 WHEREAS, DPH amended the Original Agreement on January 1, 2025, to update
2 standard contractual clauses (the "First Amendment"); and

3 WHEREAS, DPH wishes to amend the agreement by extending the term to June 30,
4 2030, and increasing the maximum expenditure by \$9,242,130 to \$17,087,730 (the "Second
5 Amendment"); and

6 WHEREAS, The Second Amendment is consistent with the Civil Service Commission's
7 approval obtained on June 29, 2016, under PSC number 2006-07/08; and

8 WHEREAS, Charter, Section 9.118(b), requires Board of Supervisors approval by
9 Resolution of any contract which, when entered into, extends over 10 years, and of any
10 contract which, when entered into, costs the City \$10,000,000 or more; and

11 WHEREAS, The proposed amendment contained in File No. 260209, is substantially in
12 final form, with all material terms and conditions included, and only remains to be executed by
13 the parties upon approval of this Resolution; now, therefore, be it

14 RESOLVED, That the Board of Supervisors hereby approves the amendment in
15 substantially the form contained in File No. 260209; and, be it

16 FURTHER RESOLVED, That the Board of Supervisors authorizes DPH to make any
17 modifications to the amendment, prior to its final execution by all parties, that DPH
18 determines, in consultation with the City Attorney, are consistent with this Resolution, in the
19 best interest of the City, do not materially increase the obligations or liabilities of the City, are
20 necessary or advisable to effectuate the purposes of the amendment, and are in compliance
21 with all applicable laws, including the City's Charter; and, be it

22 FURTHER RESOLVED, That within 30 days of the amendment being fully executed by
23 all parties, DPH shall submit to the Clerk of the Board of Supervisors a completely executed
24 copy for inclusion in File No. 260209; this requirement and obligation resides with the
25

1 Department, and is for purposes of having a complete file only, and in no manner affects the
2 validity of approved amendment.

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7 RECOMMENDED

8 /s/

9 Daniel Tsai
10 Director of Health
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Items 4 - 6 Files 26-0209, 26-0174, 26-0170	Department: Public Health (DPH)
EXECUTIVE SUMMARY	
Legislative Objectives - The proposed resolutions would approve the second amendment to the Department of Public Health's (DPH) contracts with the following organizations: (1) Instituto Familiar de la Raza (Instituto), extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$9,242,130 for a total not to exceed amount of \$17,087,730 (File 26-0209); (2) San Francisco AIDS Foundation (SFAF), extending the term by four years from June 30, 2026, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$11,946,338 for a total not to exceed amount of \$23,832,933 (File 26-0170); and (3) Rafiki Coalition for Health & Wellness (Rafiki), extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$10,670,270 for a total not to exceed amount of \$20,083,870 (File 26-0174). Key Points - In September 2019, DPH issued a Request for Proposals (RFP) to select providers for the administration of Health Access Point (HAP) programs. Instituto, SFAF, and Rafiki were the highest-scoring respondents in their respective service categories and were selected to receive funding. - Under the proposed amendment, all three organizations will continue to provide HAP services (e.g., HIV, HCV, and STD testing, STD treatment, case management) tailored to their priority populations (Latinx, gay men/MSM, and Black/African American). - The FY 2024-25 program monitoring reports showed that Instituto and all five of SFAF's programs had an overall rating of "4 – Commendable/Exceeds Standards". Rafiki had an overall rating of "2 – Below Standards" and did not meet service levels due to efforts needed to establish its new HAP service location and ramping up operations. According to more recent FY 2024–25 service data provided by DPH, Rafiki has met most contracted units of service. Fiscal Impact - The annual budget for Instituto (\$2.3 million) and Rafiki (\$2.6 million) remains flat from FY 2025-26 to FY 2029-30. The annual budget for SFAF decreases by \$0.4 million from FY 2025-26 (\$3.1 million) to FY 2026-27 (\$2.6 million) due to the elimination of the Black/African American HAP Capacity Building Program Support for Rafiki and remains flat from FY 2026-27 to FY 2029-30. All three contracts are fully funded by the General Fund from FY 2025-26 to FY 2029-30. Recommendation - Approve the proposed resolutions.	

MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 to such contract is subject to Board of Supervisors approval.

BACKGROUND

In September 2019, the Department of Public Health (DPH) issued a Request for Proposals (RFP) to select providers for the administration of Health Access Point (HAP)¹ programs, which integrates services such as testing, treatment for substance use and mental health conditions, counseling, and support groups to address HIV, Hepatitis C (HCV), and sexually transmitted diseases (STDs) for vulnerable populations. The RFP was divided into seven HAP service categories: (1) Latinx; (2) Trans women; (3) People who use drugs, including injecting drugs; (4) Men who have sex with men (MSM), with a focus on gay men; (5) Asians and Pacific Islanders; (6) Young adults (ages 18 to 24); and (7) training and capacity building for Black/African Americans.² Proposals for Service Categories #1 and #4 (Latinx and MSM/Gay Men) were evaluated based on Population of Focus (10 points), Program Design and Effectiveness (67 Points), Data Collection, Evaluation, and Quality Assurance (8 Points), and Organizational and Fiscal Capacity (15 Points), for a total possible score of 100 points. Proposals for Service Category #7 (Training and Capacity Building for Black/African Americans) were evaluated based on Population of Focus (35 points), Health Access Point model (30 points), and Organizational and Fiscal Capacity (35 points), for a total possible score of 100 points. The RFP specified a maximum contract term of ten years.

Four evaluation panelists scored the proposals for each of the service categories.³ Instituto Familiar de la Raza (Instituto), San Francisco AIDS Foundation (SFAF), and the Rafiki Coalition for

¹ DPH defines a HAP as a “population specific, one-stop shop or network of agencies/programs with a lead agency that provides equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status.”

² According to DPH, the department funds contracts for all seven HAP service categories. Contracts for the other four service categories (not included as part of the proposed resolutions discussed in this report) do not require Board of Supervisors approval at this time.

³ Panelists that evaluated Service Category #1 (Latinx) include an HIV Program Coordinator from Pima County, Program Manager at the Office of AIDS Alameda County Public Health, Director of Communications and External Affairs at the San Francisco Office of Transgender Initiatives, and a Medical Doctor. Panelists that evaluated Service Category #4 (MSM/Gay Men) include a National Minority AIDS Council Director, Community Member, City of Los Angeles AIDS Coordinator, and HIV Prevention Director at Alameda County. Panelists that evaluated Service Category #7 (Black/African Americans) include a National Minority AIDS Council Director, Retired Nurse, Office of Urban Male Health Director at Alameda County, and the CEO of the Black AIDS Institute.

Health & Wellness (Rafiki) were the highest-scoring respondents in their respective service categories, as shown in Exhibit 1 below.⁴

Exhibit 1. Highest Ranking Proposers by Service Category

Proposer	Score (100 Possible Points)	Service Category
Instituto Familiar de la Raza	90.25	Health Access Point for Latinx
San Francisco AIDS Foundation	88.75	Health Access Point for Males who have sex with males (MSM), with a focus on Gay males (Gay/MSM)
Rafiki Coalition for Health & Wellness	81.2	Training and Capacity Building for a Health Access Point for Black/African Americans

Source: DPH

In January 2023, DPH executed new contracts for HAP services with the following organizations: (1) Instituto for a term from January 1, 2023, through June 30, 2027 and an amount not to exceed \$7,845,600, (2) SFAF for a term from January 1, 2023 through June 30, 2026 and an amount not to exceed \$11,886,595 (File 22-1194), and (3) Rafiki for a term from January 1, 2023, through June 30, 2027 and an amount not to exceed \$9,413,600. The contracts for Instituto and Rafiki included six one-year extension options, and the SFAF contract included seven one-year extension options. In January, March and April 2025, DPH amended all three contracts to update standard contractual clauses with no changes to the amount and term. The contracts and amendments for Instituto and Rafiki did not require Board of Supervisors' approval because the total amount was less than \$10 million and the total term was less than 10 years. The SFAF contract was approved by the Board of Supervisors in January 2023.

DPH now proposes to extend each of the contracts through June 2030.

DETAILS OF PROPOSED LEGISLATION

The proposed resolutions would approve the second amendment to DPH's contracts with the following organizations to provide Health Access Points and capacity building services:

1. **Instituto Familiar de la Raza**, extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$9,242,130 for a total not to exceed amount of \$17,087,730 (File 26-0209);

⁴ There was a total of two proposers each for Service Categories #1 and #7. SFAF was the only proposer for Service Category #4.

2. **San Francisco AIDS Foundation**, extending the term by four years from June 30, 2026, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$11,946,338 for a total not to exceed amount of \$23,832,933 (File 26-0170);
3. **Rafiki Coalition for Health & Wellness**, extending the term by three years from June 30, 2027, for a new term of January 1, 2023, through June 30, 2030, and increasing the amount by \$10,670,270 for a total not to exceed amount of \$20,083,870 (File 26-0174).

According to DPH, the proposed resolution for the AIDS Foundation contract (File 26-0170) no longer reflects the contract budget. The Department will request that the resolution be amended to reflect a \$21,889,643 contract.

The proposed resolutions would also authorize DPH to make further immaterial amendments to all three contracts. The second amendment would exercise two one-year extension options for Instituto and Rafiki and three one-year extension options for SFAF.

Services

Under the proposed amendment, all three organizations (Instituto, SFAF and Rafiki) will continue to provide the following Health Access Point services with a focus on their respective service category populations (Latinx, Gay Men/MSM, Black/African Americans): HIV, HCV, and STD testing, STD treatment medication, case management, support groups, linkage and navigation to necessary medical and social services, distribution of condoms, syringe distribution and disposal, community engagement events, overdose prevention, health education and prevention counseling, and mental health services, among others.

In addition, SFAF will continue to administer the following three programs:

- Clinical Assistant Program: This supports a workforce development pipeline for the HAP network with ongoing professional development, paid internship opportunities, and a trained applicant pool of clinical assistants.
- Clinical Services Sustainability Program: This provides funding for nurses and director of clinical services at STRUT (a SFAF program).
- HAP Capacity Building Activities (HIV/STI/HEP C Infrastructure) Program: This provides technical assistance and capacity building support (e.g., program and policy development, licensing and certification support, training) to the HAP Network, with an emphasis on the Youth HAP (LYRIC).

The proposed modification would eliminate SFAF's Black/African American Health Access Point (HAP) Capacity Building Program, which provided \$0.4 million annually for organizational capacity building support (e.g., program planning and design, training) to Rafiki, the lead organization for the Black/African American HAP. According to a March 2026 DPH memo, Rafiki utilized this fiscal and operational support while the agency's finance team was in transition and is now fully staffed. Consequently, funding for this program is no longer necessary. The reduction is part of a \$17 million reduction in DPH's non-profit portfolio for capacity building funding starting in FY 2026-27.

Subcontractors

Each of the contracts also provides funding to the following subcontractors in FY 2026-27, as outlined below:

- Instituto: Mission Neighborhood Health Center(\$583,442) and SFAF (\$365,412)
- SFAF: Glide Foundation (\$52,000), Shanti (\$104,000), and the San Francisco Community Health Center (\$52,000)
- Rafiki: SFAF (\$260,000), 3rd Street Youth Center (\$200,000), UCSF Alliance Health Project (\$200,000), Glide Foundation (\$170,000), and Positive Resource Center (\$233,000)

According to DPH, an agency (such as SFAF) may serve as a lead for one Health Access Point while subcontracting under another, enabling programs to leverage specialized expertise and expand services beyond each HAP's primary clinic. The subcontractors operate satellite, mobile, and/or pop-up HAP services.

Program Performance

In 2025, DPH completed FY 2024-25 program monitoring, which included a site visit, for all three organizations. The results are summarized in Exhibit 2 below.

Exhibit 2: Program Monitoring Scores for FY 2023-24

	Instituto	SFAF	Rafiki
Overall Program Rating (1-4)	4 – Exceeds Standards	4 – Exceeds Standards (All Programs)	2 – Below Standards
Performance Score	100%	100% (All Programs except for Clinical Services Sustainability, which is exempt) ⁵	100%
Actual/Budgeted Units of Service	100%	100% (All Programs)	0%
Compliance Score	100%	100% (All Programs)	100%
Plan of Action	No	No (All Programs)	Yes – Invoice Submission, Units of Service Monitoring, Technical Assistance
Client Satisfaction Score	100%	100% (All Programs)	100%

Source: DPH

⁵ The Clinical Services Sustainability Program was exempt of contracted performance objectives. According to DPH, this program's performance is monitored via the clinical data that SFAF submits to the department on an annual basis.

As reflected in Exhibit 2 above, the FY 2024-25 program monitoring reports showed that Instituto and all five of SFAF's programs had an overall rating of "4 – Commendable/Exceeds Standards." Both organizations met service levels and performance objectives, receiving a 100 percent score.

Rafiki had an overall rating of "2 – Below Standards" and did not meet service levels. DPH states that Rafiki prioritized establishing its new HAP service location at 5000 3rd Street, ramping up operations and onboarding new staff in FY 2024-25, which led to lower service levels. According to more recent data provided by DPH on actual units of service in FY 2024-25, Rafiki has met most contracted units of service, such as condom distribution, HIV/HCV/STD health education and prevention, linkage and navigation, and substance use treatment. DPH required a Plan of Action for Rafiki in the following areas: timely submission of invoices, staff training on proper tracking of contracted units of service, and technical assistance/capacity building on fiscal and accounting needs. DPH states that as of January 2026, Rafiki has hired a Senior Finance Manager and Senior Director of Finance to address program monitoring deficiencies by improving invoice accuracy and timeliness, strengthening contract management and enhancing overall fiscal controls and documentation.

Fiscal and Compliance Monitoring

San Francisco AIDS Foundation

DPH staff reviewed SFAF financial documents in May 2025 as part of the FY 2024-25 Citywide Fiscal and Compliance Monitoring program; the final status letter found they were in conformance with all findings⁶ after corrective action was taken. According to a February 2026 memo, DPH's Business Office of Contract Compliance rated SFAF a "moderate risk" agency due to operating losses incurred in FY 2022-23 and FY 2023-24. According to our review of SFAF's audited financial statements, the operating losses were primarily due to a decrease in corporate and foundation revenues, which partially recovered in FY 2024-25. According to their audited financial statement for FY 2024-25, SFAF closed the year ending June 2025 with small operating surplus and positive cash flow. The non-profit also purchased its primary office building in FY 2024-25, reducing lease costs with a lower debt service obligation.

Instituto Familiar de la Raza

DPH staff reviewed Instituto financial documents in July 2025 as part of the FY 2024-25 Citywide Fiscal and Compliance Monitoring program; the final status letter found they were in conformance with two findings after corrective action was taken but not yet in conformance with the finding on completing audited financial statements within nine months of the close of the fiscal year. To address this, Instituto engaged an auditing firm to complete the audit within the required timeframe. DPH states Instituto's audited financial statements were completed in December 2025. According to a February 2026 memo, DPH's Business Office of Contract

⁶ SFAF was found to be in conformance with the standard on positive total unrestricted net income; the agency anticipates a break-even result in FY 2024-25 which is confirmed by April 2025 year-to-date results. SFAF was also found to be in conformance with the standard on positive year-to-date net income and submitted an April 2025 Profit & Loss Statement which shows an almost break-even net income

Compliance rated Instituto a “low risk” agency. According to the memo, agencies with this rating have solid financial positions, enabling them to absorb losses during economic volatility and to support new programs and expansion.

Rafiki

DPH staff reviewed Rafiki financial documents in July 2025 as part of the FY 2024-25 Citywide Fiscal and Compliance Monitoring program; the final status letter found they were in conformance with nine findings after corrective action was taken but not yet in conformance with the findings on (1) positive cash flow and (2) Board approval of the agency budget within three months. According to the letter, to address this, Rafiki has (1) established a planning period to mitigate delays in receiving billing templates and improve cash flow management, and (2) will ensure Board approval of the budget occurs within the required timeframe in future years after failing to do so in FY 2024-25. According to a February 2026 memo, DPH’s Business Office of Contract Compliance rated Rafiki a “low risk” agency.

FISCAL IMPACT

Exhibit 3 below shows the annual spending on each contract and basis for the following total not to exceed amounts: \$17,087,730 for Instituto, \$21,889,643 for SFAF and \$20,083,870 for Rafiki.

Exhibit 3: Contract Agreements Not to Exceed Amount

Current Contracts	Instituto	SFAF	Rafiki
FY 2022-23 (partial year)	\$750,042	\$1,257,415	\$698,158
FY 2023-24	1,907,892	2,735,520	2,399,273
FY 2024-25	1,790,473	2,670,146	2,411,773
FY 2025-26 ⁷	2,257,022	3,066,045	2,602,619
Subtotal, Actual and Projected	\$6,705,429	\$9,729,126	\$8,111,823
Proposed Amendment			
FY 2026-27	2,257,022	2,632,275	2,602,619
FY 2027-28	2,257,022	2,632,275	2,602,619
FY 2028-29	2,257,022	2,632,275	2,602,619
FY 2029-30	2,257,022	2,632,275	2,602,619
Subtotal, Proposed Budget	\$9,028,088	\$10,529,100	\$10,410,476
Contingency (12%) ⁸	1,354,213	1,631,417	1,561,571
Proposed Not To Exceed Amount	\$17,087,730	\$21,889,643	\$20,083,870

Source: DPH

⁷ A one percent CODB was authorized in September 2025 and added to the FY 2025-26 budget for all contracts.

⁸ Contingency reflects 12 percent of the FY 2025-26 through FY 2029-30 projected amounts.

The annual budget for Instituto and Rafiki remains flat from FY 2025-26 to FY 2029-30. The annual budget for SFAF decreases by \$433,770 (14.2 percent) from FY 2025-26 to FY 2026-27 due to the elimination of the Black/African American HAP Capacity Building Program Support for Rafiki (as previously mentioned) and remains flat from FY 2026-27 to FY 2029-30. The contingency budgets may be used to fund cost of doing business increases in future years.

In FY 2026-27, the contracts fund the following number of staff: 9.66 FTE at Instituto, 15.61 FTE at SFAF and 4.20 FTE at Rafiki. The FY 2026-27 budget for each contract is shown in Exhibit 4 below.

Exhibit 4: FY 2026-27 Budget by Contract

	Instituto	SFAF	Rafiki
Salaries & Benefits	\$840,325	\$1,883,513	\$520,805
Operating Expenses	1,216,034	432,549	1,742,343
<i>Subcontractors</i>	<i>957,190</i>	<i>208,000</i>	<i>1,063,000</i>
Indirect Costs ⁹	200,663	316,213	339,471
Total	\$2,257,022	\$2,632,275	\$2,602,619

Source: Proposed Amendments

Underspending

Actual expenditures on the contracts from FY 2022-23 to FY 2024-25 were approximately 19 percent less than the amount budgeted for Instituto, 13 percent less for Rafiki and 14 percent less for SFAF. According to DPH, the primary drivers for this were staff turnover and retention challenges, delays in contract certification, and ongoing recovery from pandemic-related operational impacts.

Funding Sources

From FY 2025-26 to FY 2029-30, all three contracts are fully funded by the General Fund.

RECOMMENDATION

Approve the proposed resolutions.

⁹ Indirect costs are 9.76 percent for Instituto and 15 percent for Rafiki and SFAF.

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

Second Amendment

THIS **SECOND** AMENDMENT (“Amendment”) is made as of **January 1, 2026**, in San Francisco, California, by and between **Instituto Familiar de la Raza, Inc.** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

- a. Replace Appendix A-1 with the attached A-1 to align program operations with current CHEP requirements, including revisions to services, outreach, overdose prevention, reporting, and administrative details effective January 1, 2026;
- b. Replace Appendix B with the attached Appendix B dated 01/01/2026;
- c. Replace Appendix B-1c with the attached Appendix B-1c, dated July 1, 2025 through June 30, 2026, to incorporate additional funding for FY 2025-26;
- d. Add Appendix B-1d, dated July 1, 2026 through June 30, 2027, to incorporate funding for FY 2026-27;
- e. Add Appendix B-1e, dated July 1, 2027 through June 30, 2028, to reflect funding amounts for FY 2027-28;
- f. Add Appendix B-1f, dated July 1, 2028 through June 30, 2029, to reflect funding amounts for FY 2028-29;
- g. Add Appendix B-1g, dated July 1, 2029, through June 30, 2030, to reflect funding amounts for FY 2029-30;

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

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement;

WHEREAS, this Amendment is consistent with an approval obtained on June 29, 2016, from the Civil Service Commission under PSC number 2006- 07/08, which authorizes the award of multiple agreements, the total value of which cannot exceed \$210,000,000 for the period commencing on July 1,2008, and is continuous; and

WHEREAS, this Amendment is consistent with an approval obtained from the City’s Board of Supervisors under *[insert resolution number]* approved on *[insert date of Commission or Board action]* in the amount of *[insert Dollar Amount]* for the period commencing *[Insert Start Date]* and ending *[Insert End Date]*.

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term “Agreement” shall mean the Original Agreement dated January 1, 2023, between Contractor and City, as amended by the:

First Amendment dated January 1, 2025.

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

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

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

2.1 Term. The term of this Agreement shall commence on January 1, 2023, and expire on June 30, 2027, unless earlier terminated as otherwise provided herein.

2.2 Options to Renew. The City has 6 (six) options to renew the Agreement for a period of listed time span. City may exercise this option at City’s sole and absolute

discretion by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement." Extensions may be for the whole or partial period provided for above.

Option 1: 07/01/2027-06/30/2028

Option 2: 07/01/2028-06/30/2029

Option 3: 07/01/2029-06/30/2030

Option 4: 07/01/2030-06/30/2031

Option 5: 07/01/2031-06/30/2032

Option 6: 07/01/2032-12/31/2032

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

2.1 Term. The term of this Agreement shall commence on **January 1, 2023**, and expire on **June 30, 2030**, unless earlier terminated as otherwise provided herein.

2.2 Options to Renew. The City has 6 (six) options to renew the Agreement for a period of listed time span. City may exercise this option at City's sole and absolute discretion by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement." Extensions may be for the whole or partial period provided for above.

Option 1: 07/01/2027-06/30/2028 **Exercised**

Option 2: 07/01/2028-06/30/2029 **Exercised**

Option 3: 07/01/2029-06/30/2030 **Exercised**

Option 4: 07/01/2030-06/30/2031

Option 5: 07/01/2031-06/30/2032

Option 6: 07/01/2032-12/31/2032

2.2 Financial Matters. Section 3.3.1 Calculation of Charges of the Original Agreement currently reads as follows:

3.3.1 Calculation of Charges and Contract Not to Exceed Amount. The amount of this Agreement shall not exceed Seven Million Eight Hundred Forty-Five Thousand Six Hundred DOLLARS (\$7,845,600), the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

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

3.3.1 Calculation of Charges and Contract Not to Exceed Amount. The amount of this Agreement shall not exceed Seventeen Million Eighty-Seven Thousand Seven Hundred Thirty DOLLARS (\$17,087,730), the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

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

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

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

2.6 Appendix B-1d. Appendix B-1d is hereby added to this Amendment and fully incorporated within the Agreement.

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

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

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

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

2.11 Appendix F-1d. Appendix F-1d is hereby added to this Amendment and fully incorporated within the Agreement.

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

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

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

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

3.1 Article 1 Definitions. *Article 1 is hereby replaced in its entirety to read as follows:*

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 “Business Associate” or “BAA” has the meaning given to such term under HIPAA and its implementing regulations, including 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103, as may be amended from time to time.

1.3 “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 the Department of Public Health.

1.4 “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 City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.5 “CMD” means the Contract Monitoring Division of the City.

1.6 “Confidential Information” means confidential City information including, but not limited to, personal 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”). Confidential Information includes, without limitation, City Data.

1.7 “Contractor” means Instituto Familiar de la Raza, Inc., 2919 Mission Street, San Francisco, CA 94110.

1.8 “Deliverables” means Contractor’s or its subcontractors’ work product, including any partially-completed work product and related materials, 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.

1.9 “Health Care Component” has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.10 “Hybrid Entity” has the meaning given to such term under HIPAA and its implementing regulations, including 45 C.F.R. Section 164.103, as may be amended from time to time.

1.11 “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.

1.12 “Party” and “Parties” means City and Contractor either individually or collectively.

1.13 “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.

3.2 Section 3.7 Contract Amendments; Budgeting Revisions. *Section 3.7 of the Agreement is replaced in its entirety to read as follows:*

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to (1) purchase additional Services within the Statement of Work or (2) reallocate funding among the Services within the Statement of Work. Any change made under this Subsection 3.7.2 must not involve an increase in the Maximum Cost or Amount Not to Exceed or a change to the Term of this Agreement, and must be approved in writing by both Parties, by a person with legal authority to bind their respective Party to its terms. Contractor shall not proceed with any work contemplated in any revision to program budget until Contractor receives written notification from City to commence such work. All revisions to program budget will become part of this Agreement, after written execution by the Parties, which will then form the new baseline upon which future changes will be measured.

3.3 Section 4.5 Assignment. *Section 4.5 of the Agreement is replaced in its entirety to read as follows:*

4.5 Assignment. Services to be performed by Contractor are personal in character. This Agreement may not be directly or indirectly assigned, novated, or otherwise transferred unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

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

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

13.3 Business Associate Agreement. The Parties acknowledge that City is designated as a Hybrid Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), and all Health Care Components of the City, including a City department involved in this Agreement, are required to comply with the HIPAA rules governing the access, use, disclosure, transmission, storage, and security of protected health information (PHI).

For purposes of this Agreement, Parties agree that if Contractor is performing a service or function for or on behalf of a City department that is a Health Care Component, where such service or function makes Contractor a Business Associate of City, Contractor must comply with the obligations and conditions contained in the Business Associate Agreement (“BAA”) that shall be attached to this Agreement as Appendix E, and incorporated as though fully set forth herein. Parties agree that if Contractor is not performing a service or function that makes Contractor a Business Associate of City, a BAA is not required and will not be attached to this Agreement. Appendix E will be reserved if a BAA is not required. Contractor, however, must still comply with any data privacy and security laws that apply to Contractor, including, but not limited to, HIPAA, CMIA (Cal. Civ. Code Sec. 56 et.seq.), Cal. Welf. & Inst. Code Sec. 5328, and 42 CFR Part 2.

13.4 Management of City Data.

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

implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data and/or machine learning from the data, stored or transmitted by the service, for unrelated commercial purposes, advertising or advertising-related purposes, or for any purpose that is not explicitly authorized other than security or service delivery analysis.

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

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

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

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

or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY

Recommended by:

Daniel Tsai
Director of Health
San Francisco 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

Instituto Familiar de la Raza, Inc.

Signed by:

Gloria Romero

2/19/2026 | 9:22:33 PST

Gloria Romero
Executive Director
2919 Mission Street
San Francisco, CA 94110

City Supplier number: 000018301

PROGRAM NAME :	Health Access Point for Latinx (Category 1)
ADDRESS:	1663 Mission Street, Suite 400 (effective 01/01/26, changed from Suite 603), San Francisco, CA 94103
PROGRAM PRIMARY CONTACT(s):	Claudia Cabrera-Lara P (415) 240-4104 F (415) 864-2773 Claudia.Cabrera@ifrsf.org Nikole Trainor Budget, Contract & Communications Coordinator System of Care (SOC) Program Manager P (628) 271-6911 Nikole.Trainor@sfdph.org
NATURE OF DOCUMENT:	Amendment

I. GOAL STATEMENT

The Latinx Health Access Point (LHAP) will implement an integrated multi-layered approach with a high level of cultural competency to contribute to the citywide goals:

1. Getting to zero new HIV infections
2. Zero HIV-related deaths
3. Zero HIV stigma, and discrimination
4. Eliminating HCV, reducing STD rates
5. Eliminating racial disparities in access to services and health outcomes

The LHAP is a collaboration of agencies/programs with a lead agency that provides equity-focused, stigma-free, and low-barrier integrated access to person-centered, standard-of-care services regardless of HIV, HCV or STD status.

II. OUTREACH EFFORTS

Instituto Familiar de la Raza, Inc. (IFR) serves all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, IFR's outreach efforts will include but is not limited to the Latinx population.

III. MODALITIES and INTERVENTIONS Units of Service (UOS) and Unduplicated Clients (UDC), reference Budget Appendix B.**IV. METHODOLOGY/Service Delivery Description**

Instituto Familiar de la Raza (IFR) will develop a Program Plan with the Community Health Equity & Promotion – HIV Prevention Section (CHE&P-HPS) which will reflect program requirements of RFP 04-2019 Category 1, Health Access Point for Latinx. The partners/subcontractors of the Latinx HAP are Mission Neighborhood Health Center (MHC), San Francisco AIDS Foundation (SFAF) and IFR as the leading agency.

In the first three months of the LHAP's operation, IFR and its partners will create the necessary channels so that communication among partners is fluid and whatever the clients' first point of entry to the LHAP is the correct door model. This process will also involve the creation of an intake/enrollment form that, in addition to contact and demographic information, will include a client risk assessment. The intake will also provide information to

Health Educator about the client's needs and possible risk. HIV negative clients will be encouraged to get tested for HIV/HCV/STD's every 3 to 6 months. Similarly, clients who report being HIV/HCV+ will be offered a linkage to care services if they do not have a medical provider.

i. **Integrated HIV, HCV, and STD testing**

The LHAP will build on its longstanding success conducting HIV testing for high risk Latinx populations in San Francisco to serve community members. Currently, MNHC and SFAF provide HIV, STD and HCV testing and **HIV rapid testing is offered at the Latino Wellness Center (LWC)**. The LWC is the main location housing the HIV prevention team integrated by staff from IFR and MNHC, all of them trained by the SFDPH as HIV Testing Counselors. Because MNHC has the medical expertise and facilities to provide treatment for HIV, HCV and STDs, it will serve as the main access point for LHAP's integrated testing and treatment services and SFAF Magnet clinic as an additional point for treatment. MNHC has expertise providing Chlamydia/Gonorrhea Amplification, Chlamydia/Gonorrhea NAA – Rectal, Chlamydia/Gonorrhea – Pharyngeal, Syphilis RPR-Rfx Qn RPR/Configuration and the OraQuick rapid HCV antibody and HIV testing. **HIV testing will continue being provided to walk-ins at LWC**; SFAF will also provide HIV/STD testing as an in-kind service. Upon a preliminary positive result at the LWC, a specialist from MNHC will be available to accompany the client to their clinic (240 Shotwell St.) to perform confirmatory labs and begin the process of linking the patient to care and partner notification services HIV/HCV/STI testing will be offered by SFAF as in-kind services.

Clients for HIV and STDs testing will be recruited through outreach activities carried out in the streets, bars, and public events and places/organizations as well as during groups hosted by the LHAP partners. HIV/HCV/STD testing services will also be promoted through online social media postings. Clients will be encouraged to come back in 3-6 months for retesting as well as being reminded to retest when they access any of the services provided by the LHAP such as Individual Risk Reduction Counseling (IRRC) or Prevention Case Management (PCM) sessions and/or health education/support Single Session Groups (SSG).

Services are open to all regardless of their race, ethnicity, gender, sexual orientation, or national origin, and no one will be prioritized nor turned away based on these characteristics.

ii. **Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services**

Linkage & Navigation

All LHAP organizations will provide counseling and linkage and navigation for those at risk for HIV/HCV/STD infection. All clients receiving a preliminary HIV positive test result will discuss with the counselor the importance of disclosing their HIV positive status with sexual partners. The client will also be immediately linked to care through MNHC, which has a protocol to assist newly diagnosed clients through the medical registration process. Similarly, because MNHC and SFAF/Magnet provide testing and treatment for gonorrhea, syphilis and chlamydia, they will immediately be linked to treatment.

LHAP health educators will work to keep clients with a non-reactive result for HIV, HCV, and/or STIs engaged in the other services such as peer counseling, navigation, case management, support groups, mental health services, and community events. This allows the LHAP to encourage follow-up testing at a later time and to facilitate conversations about PrEP at individual and/or support group levels. LHAP partners will offer PrEP navigation services to HIV negative clients. Both one-on-one and community education will be critical to confront stigma and mistrust of PrEP effectiveness, while also providing awareness on how it works and how to get access to it. The health educators will ensure clients, whether PrEP-enrolled or not, understand their risk for other STDs, and how to reduce risks for STDs and hepatitis C. Comprehensive PrEP Navigation services will address barriers to engagement and adherence, link clients to appropriate services in a nonjudgmental, sex-positive, and client-centered approach.

The Linkage and Navigation services comprise three modalities that are: Recruitment and Linkages (Street/Social Outreach), Individual Risk Reduction Counseling (IRRC) and Prevention Case Management (PCM).

Recruitment and Linkages

Street/Social Outreach will be a fundamental key to recruit clients and promote the prevention services among high-risk populations, including the Latinx community. It consists of a brief, singular encounter with persons in areas where targeted population live, work and frequent, including public areas and events. The LHAP and each one of its partners will create an outreach calendar to keep a regular presence and promotion of the services at places/venues where those who would benefit from these services congregate. Community outreach will also be provided at events and streets fairs. Condoms, lube, flyers/brochures with information and other HIV prevention materials will be also distributed when conducting outreach. This intervention will last less than 15 minutes, and it can be the first contact and an opportunity to link and refer potential clients to the services they could need. When appropriate, outreach staff will provide the name of agencies, name of health educators, or phone numbers to make an appointment as a direct linkage for potential clients.

Individual Risk Reduction Counseling (IRRC)

IRRC is a client-centered encounter used to deliver prevention messages and information and engage clients in order to receive services. It is time limited and can occur in person, over the phone, internet, in the community or in an office setting. It can be used as a one-time intervention. An intake form will be filled out either by the client or administered by the health educator. This will include a risk and needs assessment that will provide the health educator with the information to make adequate referrals to the services according to the client's needs. Clients engaged in services will receive an IRRC session every 6 months as a way to update their contact information and assess any new needs or risks for HIV/STD infection or care needs.

As a result of the IRRC encounter and a continuation of the linkage and navigation services, the client can be referred to **Prevention Case Management (PCM) services**. That is a client-centered multiple session intervention used to address drivers and cofactors to reduce HIV/STDs infection/transmission and increase engagement in care. This is an intervention designed to explore any clients' risk more in-depth and the discussion and developing of an action based on clients' needs and their current situation. The health educator/case manager will implement Motivational Interviewing (MI) as a tool to explore and address barriers to risk reduction, supporting preventive actions already taken by the client as well as help him or her to select a high-risk behavior he or she is most willing and able to change. The health educator/case manager will accompany the client as needed to complete the referrals provided and help them to fill out and translate health related paperwork as needed.

iii. **Harm reduction services for substance use**

Harm reduction principles have been the foundation of all counseling interventions carried out by the LHAP partners for a long time not only for substance use but for other risky behaviors. Effective 06/30/25, IFR will no longer provide individual and group substance abuse counseling services through the Mission Center of Excellence (MCoE) partnership with MNHC. SFAF, on the other hand, operates the Harm Reduction Center, which provides numerous group offerings and syringe access services. All LHAP staff will participate in the Harm Reduction trainings offered by the SFDPH. LHAP front-line staff will be trained and informed on substance use, harm reduction information and client-centered strategies and resources for appropriate linkage as well as MAT, ORT, NRT, and other treatment models in order to provide clients with informed support and linkages. LHAP staff also recognizes that our communities, including the Latinx community, are diverse and there are no one size fits all formula for implementing harm reduction. However, a peer-based approach will further ensure a culturally welcoming and

nonjudgmental environment. The LHAP will distribute harm reduction kits at each LHAP site, as well as while conducting outreach and events activities. All clients will be screened for substance use during their initial visit to any of the access points and then after, during every 6-month risk behavior screening. Effective 06/30/2025, these services are no longer being provided by MNHC MCoE, - clients are no longer referred. Previously any client who is living with HIV and uses substances will be assessed and if eligible, referred to our substance abuse services provided at MNHC/IFR MCoE. In addition to providing harm reduction counseling and support, and linking clients to treatment services, the LHAP staff will make referrals as needed. Additionally, each LHAP group will include at least 4 sessions on substance use through a harm reduction framework.

iv. **Syringe access and disposal**

Syringe Access and Disposal services will be provided in-kind by the SFAF. These services are funded by DPH, and their deliverables are reported to DPH. These services include syringe disposal, syringe access, and overdose prevention. SFAF's disposal efforts are conducted 7 days a week, 12 hours a day and funded by DPH (1000002634). Syringe access is offered across all of their physical and mobile sites, including a weekly Mission site (Category 8). SFAF provides syringe access and disposal since 1993 and will be bringing that expertise to the LHAP. This subcontractor provides a variety of injection supplies, including cookers, cotton alcohol wipes, hand sanitizers, sterile water, saline, latex and non-latex tourniquets, and vitamin C, as well as safe disposal supplies. In conjunction and under SFAF protocols, these supplies will be also available on all outreach activities and the LWC. An updated San Francisco Needle Exchange/Syringe Access schedule will be available at each one of the subcontractor facilities and as part of the materials distributed in outreach activities following SFAF set of DPH-based protocols and procedures to ensure safe storage, distribution, and disposal of syringes, as well as emergency processes, disposal education, and overdose prevention.

v. **Overdose prevention**

In-kind service provided by SFAF. Overdose prevention services include Narcan/Naloxone (generic drug name) distribution across all of their physical and mobile sites (Category 8). These services will be also offered at LHAP pop-up events. LHAP partner, SFAF, is the access point for overdose prevention support in the Latinx community. A key provider of naloxone in San Francisco, SFAF brings Narcan expertise, distribution and training, and currently collaborates with the D.O.P.E. Project. The LHAP intends to obtain Narcan certification training for staff at each site to expand overdose prevention support at each LHAP access point.

All LHAP partners will post in appropriate and impactful locations the DOPE Project Citywide Naloxone/Narcan and Harm Reduction access schedule, and how naloxone can be obtained. This information will be provided in English and Spanish. As required, the LHAP will document its overdose response policy at each access point by the end of the first year of funding. The policy will be posted in English and Spanish. At least one overdose prevention education group will be held per year, and overdose prevention trainings for clients will be held at each LHAP access point per year. Effective 07/01/2025, Narcan/Naloxone will be also available at the LWC anonymously to avoid client's self-shame due to stigma.

Latino HIV Prevention Collective Impact Effort: (07/01/2024-06/30/2025 only) - Additional efforts added to enhance Overdose Prevention Efforts, included in HAP required 13 standards of care services.

Effective 07/01/2025, the following is no longer being done: In collaboration with SFDPH Coordinated Overdose Response and Engagement (CORE) and Indígena Health & Wellness (IHW) – an Instituto Familiar de la Raza program –, LHAP will coordinate a media project with fentanyl overdose prevention and treatment messaging to do outreach to communities in need such as the Mayan communities with more presence in San Francisco– Mayan-Yucatec, Mayan Q'iche, Mayan Mam, and Mayan T'zetal. A total

of 8 videos, 2 in each of those languages, will be produced and promoted through IHW and IFR social media, aiming to reduce overdose incidence among the Indigenous communities living in San Francisco.

vi. **Condom distribution**

The HAP partners will offer easy access to condoms and lubricants at each one of their locations/offices. Clients will have different kinds of condoms to choose from, such as lubricated, non-lubricated and female condoms. Condom jars/dispensers will be placed in strategic places where clients will be able to get a few ones or as many as they need. Sex workers or clients may request larger amounts that the staff will provide them with according to the individual needs of clients. In addition, condoms will be made available to the public at all outreach activities and events such as street fairs, Pride, Carnival, etc. as well as venue-based events organized by the partners of the LHAP.

vii. **Community engagement and mobilization**

Events:

LHAP partners will participate in community events and street fairs such as Pride and Dia de los Muertos - Day of the Dead, among others, as well as Health Fairs organized by other HAPs and CBOs in San Francisco. During those events the LHAP will provide culturally competent health education, awareness around HIV/HCV/STD testing and treatment, substance use, PrEP services, Narcan/Naloxone (effective 07/01/2025), and condoms & lubricants. Other events included or pop-ups will take place in different streets or strategic points of the city in order to bring and promote the HIV/STD/HCV prevention services.

Single Session Support/Educational Groups:

Providing support and educational groups and other community building activities will be another way to keep the populations at high risk of contracting HIV, AIDS, including but not limited to the Latinx community, engaged in services and encouraged to access the testing services in a regular basis.

Social Marketing:

LHAP partner agencies will also use online media such as Facebook, Instagram and other apps to promote the LHAP and to spread information about its services. The postings will be updated regularly to disseminate prevention messages and to promote events organized by the LHAP. Part of the social marketing strategy includes the creation of flyers and content through other means to promote the well-being of the target community including but not limited to the Latinx community.

Effective 07/01/2024: No longer providing Latino HIV Prevention Collective Impact Effort:

Under the direction of the SFPDPH, the LHAP will lead and organize a community network to create a forum that includes the voices and recommendations of service providers to find recommendations to address the issue of increased rate of HIV diagnosis among Latino MSM. Due to staff and time constrictions, IFR will hire a consultant to help in completing the project according to the Scope of Work.

viii. **HIV, HCV, STD health education and prevention counseling**

HIV/HCV/STD prevention counseling will be incorporated whenever having an interaction with a client. It will be a client-centered exchange designed to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV/HCV/STD. Part of the client intake will consist in an assessment of their sexual/drug use practices to identify the specific behaviors that could place them at risk for HIV and/or STDs. The staff providing the counseling will focus on the client's specific behaviors, situations, and partner encounters that potentially contribute to his or her risks. Through Motivational Interviewing techniques, the educator will help the client to identify specific safer goal behaviors that they are willing to try and create a plan to help to reduce any risky behavior. The plan should be realistic, yet challenging, and should address the specific behaviors identified by the client during the risk assessment phase of the session. It should also incorporate the client's previous attempts, perceived personal barriers, and perceived personal benefits to reducing their HIV/HCV/STD risk. During subsequent encounters the

educator will follow up with the client to discuss if there is any advance and or barriers that need to be addressed as well as what are the benefits of the new steps taken.

ix. **Services to meet basic needs services**

All LHAP agencies will continue providing a variety of basic need essentials. Whole meals are provided at every group session and water, tea/coffee, and snacks are readily available to all drop-in clients.

Backpacks with hygiene kits will be provided to clients who need them, and Muni tokens and, starting 07/01/2025, Clipper cards will be provided to clients needing to attend appointments; taxi/Lyft/Uber vouchers are no longer provided as of 06/30/2025. Grocery store gift cards will be also available to clients needing to get groceries and other basic needs items. Clients facing housing needs will receive case management services that will assist them with referrals and navigation to help them find stable housing.

x. **Prevention and treatment medication**

LHAP partners MNHC and SFAF offer prevention and treatment medication through Clinica Esperanza and SFAF Magnet clinics. Clinica Esperanza offers a continuum of HIV treatment and PrEP services, and it is healthcare facility in San Francisco that offers to the Spanish-speaking individuals the opportunity to receive their services in their native language. SFAF Magnet provides STI testing and treatment, HIV testing and linkage to care, PrEP services, and anal health services.

xi. **Mental health services**

Upon client request and when deemed appropriate by health educators and case managers, IFR and its Latinx HAP partners will offer direct referrals to mental health services such as therapy and psychiatric services offered by IFR. These services are offered through funds different from this contract. In addition, LHAP staff will help connect clients with other mental health services provided by other organizations and/or providers available in San Francisco.

xii. **Primary care**

MNHC offers Primary Care services at its clinics located at 240 Shotwell St. in San Francisco. In addition to being one of the LHAP partners, IFR is in charge of executing a Letter of Cooperation (LOC) with MNHC and other medical providers in San Francisco to foster close collaboration and expedite collaboration patient referrals for primary care and other medical needs that the client/patient may have.

xiii. **Substance use treatment**

Effective 07/01/2025, IFR will no longer provide individual and group substance abuse counseling services through the Mission Center of Excellence (MCoE) partnership with MNHC. SFAF has the Harm Reduction Center which provides numerous groups and syringe access services. As part of the linkage and navigation the LHAP will be establishing a work collaboration with SFAF Stonewall Project as well as continuously looking for opportunities to sign LOCs with other organizations providing substance use treatment and identified as appropriate for clients on a case-by-case basis.

Incentive Management

All Contractor's staff responsible for handling or overseeing gift card purchases, storage, or distribution shall be familiar with and must comply with the "DPH Policy for Procurement and Use of Gift Cards" and S.F. Controller's "Accounting Policies and Procedures," and specifically Sections 3.9.1–3.9.9 for Gift Card Purchases, including but not limited to the following:

1. Documentation of inventory receipt and distribution must include the name and signature of the recipients, staff, and the corresponding date of distribution.
2. Staff handling gift cards are prohibited from using them.

3. Maintain a complete and accurate inventory of gift cards, gift card type, and in total, including the gift card vendor and serial number, the beginning balance, gift cards received and distributed, and corresponding dates, and the ending balance.
4. Report to management any discrepancies in the quantities and amounts between the physical inventory counts and inventory records, and investigate any significant discrepancies, document the reasons for the discrepancy.
5. Assist in any external audit or audit by the City Services Division of the S.F. Controller's Office requested by the City regarding gift card purchases, storage, distribution, and any other related transactions.
6. Notify City staff if the aggregate disbursed amount necessitates a 1099 filing; refer to IRS Publication 525 (2021), *Taxable and Nontaxable Income*, for guidance on whether this gift card distribution program requires a 1099 filing; and
7. Retain all documentation related to gift card purchases, storage, and distribution for no less than 2 years for audit purposes by an external entity or the S.F. Controller.

For the entire City's Gift Card Policy, please refer to the policy contained in: <https://www.sf.gov/resource--2022--buying-gift-cards>

V. OBJECTIVES and MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the Community Health Equity & Promotion (CHEP) Performance Objectives document for non-Behavioral Health Services contractors, located online at: www.sf.gov/cdta

The Contractor is required to complete and maintain an up-to-date Administrative Binder for review by the DPH Business Office Contract Compliance (BOCC) staff during the monitoring visits. This may include an electronic binder and/or virtual monitoring.

The Contractor will be required to participate in an annual contract monitoring conducted by the Business Office of Contract Compliance (BOCC) per DPH Business Office's BOCC Policies and Procedures. The Contractor will fulfill the requirements found in the program's declaration of compliance.

Contract Declaration Page Requirements:

- Declaration page will be sent to the agency by the Business Office of Contract Compliance.
- Annual Completion of Client Satisfaction Survey.

Instituto Familiar de la Raza, Inc. agrees to make its best efforts to achieve these objectives within the agreed upon timeframe.

IFR and their subcontractors are responsible for training and supervising their respective current and/or new staff on data collection and data entry. IFR HIV Services Program Director is responsible for ensuring that forms and procedures are updated as needed and for communicating changes to.

VI. SUBCONTRACTORS & CONSULTANTS

The Latinx HAP is a joint effort of three community organizations with a long history of providing services to populations at high risk of HIV, AIDS, and STIs, such as the Latinx community that lives and works in San Francisco. These organizations are:

1. Instituto Familiar de la Raza (leading agency)
2. Mission Neighborhood Health Center (MNHC)
3. San Francisco AIDS Foundation (SFAF)

VII. CONTINUOUS QUALITY IMPROVEMENT

The LHAP collaboration partners will be meeting at least once a month or as often as needed to review the progress of the contract and gather recommendations to improve the services provided as well to attend new needs that could arise in the community. A LHAP Quality Assurance Protocol will be developed as a general guide for the three partner agencies. Client Satisfaction Surveys (CSS) will be administered near the end of the FY to evaluate the quality of the services received as well as to listen to any clients' suggestions and make the necessary adjustments to better serve the community.

The Latinx Health Access Point and its partners agree to adhere to the following:

- a) Current Community Health Equity & Promotion–HIV Prevention Section (CHEP) Testing Policies and Procedures, which include CDC and State Guidelines; and
- b) Any relevant guidelines in the San Francisco HIV Prevention Plan; and
- c) Any and All guidelines developed by the Community Health Equity & Promotion–HIV Prevention Section (CHEP–HPS) required to implement services to meet the objectives in San Francisco's System of Prevention."

VIII. DATA COLLECTION AND REPORTING REQUIREMENTS

LHAP will comply CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Effective 06/30/2024, Evaluation Web no longer conducted.
- Effective 07/01/25, CHEP Internal Data Manager (Quarterly Submission/Upload)
 - Quarterly Testing date: October 15th, January 15th, April 15th, July 15th
 - Agencies that use Primary do not have to submit any additional testing data reports
 - Agencies that **do not use primary** will continue to submit quarterly testing data to SFDPH via the HAP Lead Agencies external upload process.
 - HAP Leads will send testing data to SFDPH via MOVEiT Cloud platform.
- Effective 07/01/2025, Bi-Annual Aggregate & Narrative Report (Due every six months) New process - Quarterly narrative report removed.
 - Due Dates: Jan 31st (Mid-year progress report) and July 31st (End of year report)
- Other systems/processes as requested
- Effective 07/01/2025, Data TA Support/Guidance: Please email Oscar Macias, CHEP Data, QI and Equity Manager: and cc your assigned Program Liaison.

LHAP will track and report their LHAP deliverables in the database system provided by the SFDPH CHEP within a week of being delivered, including all community engagement, distribution of supplies, testing, navigation and linkages, counseling sessions, and other deliverables. This is intended, in part, to maintain timely documentation of LHAP outcomes. The LHAP Coordinator will compile monthly and other reports on the status of the project, highlighting areas that appear to be challenges or successes for review and discussion. The LHAP will add their own client-level data and will closely adhere to the Performance Measures and Additional Data Tracking requirements as specified on RFP 4-2019 Amendment #1, Exhibit I: CHEP Information 6.1 and summarized on 6.2: Standard of Care Services Performance Measures, Pages 152-153.

IX. REQUIRED TRAINING

The LHAP collaborative staff will comply with the following required training:

- a. Staff/volunteers who conduct testing must attend and pass the 5-day HIV, HCV, and STD Skills Certification training. (Effective 07/01/2025)
 - i. HIV, HCV, and STI Skills Certification training listed here:
<https://learnsfdph.org/programs/hiv-counselor-training/>

- b. Harm Reduction: (Effective 07/01/2025)
 - i. Listed in Declaration of Compliance
 - ii. All funded staff are required to complete annual training with SFDPH Harm Reduction Training Institute (HRTI)
 - iii. To be added to the HRTI training announcements, please email HRTI@sfdph.org
 - iv. Trainings listed here: <https://learnsfdph.org/programs/harm-reduction-training-institute/>
 - v. Staff can complete self-paced training
- c. Overdose Response/Naloxone Administration (Effective 07/01/2025)
 - i. Annual Trainings listed in Declaration of Compliance
 - ii. The "Opioid Overdose Recognition and Response " training can be found here: <https://learnsfdph.org/programs/sfdph-overdose-prevention/>
 - iii. There is a refresher for those who took the full-length training last year.
 - iv. How to use Fentanyl Test Strips
 - 1. Fentanyl test strips: (<https://www.youtube.com/watch?v=j9-wuUpdWHw>)
- d. CHEP Tier B Syringe Access and Disposal Training (Effective 07/01/2025)
 - i. This is a one-time training for programs that receive supplies for the first time from CHEP, then as needed depending on program needs
- e. b. For support and questions, please email Emily.Valadao@sfdph.org
- f. Trauma Informed Systems (06/30/2025. only required for SFDPH staff)
- g. Clear Impact Score Card (06/30/2024, no longer required)
- h. Other skills building trainings as required

X. ADDITIONAL CONTRACT REQUIREMENTS

IFR as the leading agency and the LHAP collaborative will comply with the following additional requirements:

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff), (06/30/2024, no longer required)
- b. (Effective 07/01/2025): Required participation in HAP Network Quarterly (previously monthly) Meetings (4th Thursday of the month). Additional ad hoc meetings may be scheduled per CHEP System of Care.
- c. Effective 07/01/2025, required participation in monthly in-person Testing Coordinator Meetings if funded by CHEP to perform testing.
- d. (Effective 07/01/2025) Implementation of Harm Reduction/Substance use policy
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- e. develop/Implement and update onsite overdose response policy.
 - i. For support and questions, please email Emily.Valadao@sfdph.org
- f. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

XI. REQUIRED LANGUAGE: N/A

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$1,354,213** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount	
Original Agreement	01/01/23-06/30/23	General Fund	\$1,000,000	Appx B-1
Original Agreement	01/01/23-07/31/23	Federal CDC	\$5,000	Appx B-1.1
Original Agreement	07/01/23-06/30/24	General Fund	\$2,000,000	Appx B-1a
Original Agreement	07/01/24-06/30/25	General Fund	\$2,000,000	Appx B-1b
Original Agreement	07/01/25-06/30/26	General Fund	\$2,000,000	Appx B-1c
Original Agreement	07/01/26-06/30/27	TBD	\$0	
Revision to Program Budget #1	01/01/23-06/30/23	General Fund	(\$85,171)	Appx B-1
Revision to Program Budget #1	07/01/23-06/30/24	General Fund	\$180,171	Appx B-1a
Revision to Program Budget #1	07/01/24-06/30/25	General Fund	\$95,000	Appx B-1b
Revision to Program Budget #1	07/01/25-06/30/26	General Fund	\$95,000	Appx B-1c
Revision to Program Budget #2	07/01/23-06/30/24	General Fund	\$0	Appx B-1a
Revision to Program Budget #2	08/01/23-07/31/24	General Fund	\$150,000	Appx B-1a.1
Amendment #1	07/01/24-06/30/25	General Fund	\$139,675	Appx B-1b
Amendment #1	07/01/24-06/30/25	General Fund	\$12,000	Appx B-1b.1
Amendment #1	07/01/25-06/30/26	General Fund	\$139,675	Appx B-1c

Amendment #2	01/01/23-06/30/23	General Fund	(\$169,787)	Appx B-1
Amendment #2	07/01/23-06/30/24	General Fund	(\$422,279)	Appx B-1a
Amendment #2	07/01/24-06/30/25	General Fund	(\$456,202)	Appx B-1b
Amendment #2	07/01/25-06/30/26	General Fund	\$22,347	Appx B-1c
Amendment #2	07/01/26-06/30/27	General Fund	\$2,257,022	Appx B-1d
Amendment #2	07/01/27-06/30/28	General Fund	\$2,257,022	Appx B-1e
Amendment #2	07/01/28-06/30/29	General Fund	\$2,257,022	Appx B-1f
Amendment #2	07/01/29-06/30/30	General Fund	\$2,257,022	Appx B-1g
Total Contract			\$15,733,517	
Contingency			\$1,354,213	
NTE Total			\$17,087,730	

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

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

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

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

CID: 1000024733

DPH Section: Community Health Equity and Promotion (CHEP)

Check one: ☐ Original Agreement ☒ Amendment ☐ Revision to Program Budgets

Funding Notification #6: 11/24/2025

Agency Name: Instituto Familiar de La Raza

Program/Provider Name:	LHAP	LHAP	LHAP	LHAP	LHAP	LHAP
Appendix Number:	A-1 / B-1	A-1 / B-1.1	A-1 / B-1a	A-1 / B-1a.1	A-1/ B-1b	A-1/ B-1b.1
Appendix Term:	01/01/23-06/30/23	01/01/23-07/31/23	07/01/23-06/30/24	8/1/23-7/31/24	07/01/24-06/30/25	07/01/24-06/30/25
EXPENSES						
Salaries	\$ 262,140	\$ -	\$ 560,101	\$ 32,014	\$ 617,399	\$ 1,241
Employee Benefits	\$ 78,640	\$ -	\$ 166,498	\$ 9,602	\$ 214,511	\$ 359
Total Personnel Expenses	\$ 340,780		\$ 726,599	\$ 41,616	\$ 831,910	\$ 1,600
Employee Fringe Benefit Rate	30.00%	0.00%	29.73%	29.99%	34.74%	28.93%
Operating Expense	\$ 576,163	\$ 5,000	\$ 1,265,361	\$ 92,313	\$ 1,204,075	\$ 9,760
Subtotal Direct Costs	\$ 916,943	\$ 5,000	\$ 1,991,960	\$ 133,929	\$ 2,035,985	\$ 11,360
Indirect Cost Amount	\$ 83,057		\$ 188,211	\$ 16,071	\$ 198,690	\$ 640
Indirect Cost Rate (%)	9.06%	0.00%	9.45%	12.00%	9.76%	5.63%
Unspent Funds	(\$254,958)		(\$422,279)		(\$456,202)	
Total Expenses	\$ 745,042	\$ 5,000	\$ 1,757,892	\$ 150,000	\$ 1,778,473	\$ 12,000
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 1,000,000		\$ 2,180,171		\$ 2,234,675	
PS20-2010 CDC: CFDA 93.940		\$ 5,000		\$ 150,000		
GF - New Funds						12,000
Unspent Funds	(\$254,958)		(\$422,279)		(\$456,202)	
Total DPH Revenues	\$ 745,042	\$ 5,000	\$ 1,757,892	\$ 150,000	\$ 1,778,473	\$ 12,000
Non-DPH Funding Sources						
Total Non-DPH Revenues	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total Revenues (DPH and Non-DPH)	\$ 745,042	\$ 5,000	\$ 1,757,892	\$ 150,000	\$ 1,778,473	\$ 12,000
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	(CR)
Prepared By	Benny Ng 415-229-0546					

Contract Term:					Appendix B 01/01/23-06/30/30
LHAP	LHAP	LHAP	LHAP	LHAP	TOTALS
A-1 / B-1c	A-1 / B-1d	A-1 / B-1e	A-1 / B-1f	A-1 / B-1g	
07/01/25-06/30/26	07/01/26-06/30/27	07/01/27-06/30/28	07/01/28-06/30/29	07/01/29-06/30/30	
\$ 600,874	\$ 639,772	\$ 639,772	\$ 639,772	\$ 639,772	\$ 4,632,857
\$ 201,554	\$ 200,553	\$ 200,553	\$ 200,553	\$ 200,553	\$ 1,473,376
\$ 802,428	\$ 840,325	\$ 840,325	\$ 840,325	\$ 840,325	\$ 6,106,233
33.54%	31.35%	31.35%	31.35%	31.35%	31.80%
\$ 1,227,729	\$ 1,216,034	\$ 1,216,034	\$ 1,216,034	\$ 1,216,034	\$ 9,244,537
\$ 2,030,157	\$ 2,056,359	\$ 2,056,359	\$ 2,056,359	\$ 2,056,359	\$ 15,350,770
\$ 226,865	\$ 200,663	\$ 200,663	\$ 200,663	\$ 200,663	\$ 1,516,186
11.17%	9.76%	9.76%	9.76%	9.76%	9.88%
					\$ (1,133,439)
\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 15,733,517
\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 16,699,956
					\$ 155,000
					\$ 12,000
					\$ (1,133,439)
\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 15,733,517
					-
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 2,257,022	\$ 15,733,517
(CR)	(CR)	(CR)	(CR)	(CR)	CR

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

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

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

Linkage and Navigation: Recruitment & Linkage, Individual Risk Reduction Counseling, Prevention Case Management				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr) 52 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 154 UOS approx. 52 clients x 12 weeks = 624 NOC approx.	153	n/a	624
	Individual Risk Reduction Counseling (1 UOS =1 hr) 131 clients x 2 hr session = 262 UOS 131 clients x 2 sessions = 262 NOC	262	131	262
	Prevention Case Management (1 UOS =1 hr) 40 clients x 4 sessions x 1 hr = 161 UOS approx. 40 clients x 4 sessions = 161 approx. NOC	161	40	161
MNHC				
Period / Funds / App Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr) 9 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 27 UOS 9 participants x 12 weeks = 108 NOC	27	n/a	108
	Individual Risk Reduction Counseling (1 UOS =1 hr) 30 participants x 1 hr session = 30 UOS 30 participants = 30 NOC	30	30	30
	Prevention Case Management (1 UOS =1 hr) 22 clients x 2 sessions x 1 hr = 45 UOS approx. 22 clients x 2 sessions = 45 approx. NOC	45	22	45
SFAF				
Period / Funds / App Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr) 51 clients weekly x 3 sessions x 1 hour per session = 154 UOS approx. 51 clients x 3 sessions = 154 NOC approx.	154	n/a	154
	Prevention Case Management (1 UOS =1 hr) 9 clients x 3 sessions x 1 hr = 26 UOS approx. 9 clients x 3 sessions = 26 approx. NOC	26	9	26

El/La para Translatinas					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1 01/01/23-06/30/23		Recruitment & Linkage (1 UOS =1 hr) 12 clients weekly x 3 sessions x 1 hour per session = 36 UOS approx. 12 clients x 3 sessions = 36 NOC approx.	36	n/a	36
		Individual Risk Reduction Counseling (1 UOS =1 hr) 8 clients x 2 sessions x 1 hr x 3 months= 48 UOS approx. 8 clients x 2 sessions x 3 months = 48 approx. NOC	48	8	48
		Prevention Case Management (1 UOS =1 hr) 9 clients x 4 sessions x 1 hr = 36 UOS approx. 9 clients x 4 sessions = 36 approx. NOC	36	9	36
Linkage & Navigation UOS Totals:					
TOTAL UOS and UDC: Recruitment & Linkage			370	n/a	922
TOTAL UOS and UDC: Individual Risk Reduction Counseling			340	169	340
TOTAL UOS and UDC: Prevention Case Management			268	80	268
Condom Dstribution					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1 01/01/23-06/30/23		1 Condom = 1 UOS 2,836 units x 3 months = 8,510 UOS approx.	8,510	n/a	1,875
MNHC					
Appendix B-1 01/01/23-06/30/23		1 Condom = 1 UOS 4,209 units x 3 months = 12,627 UOS	12,627	n/a	3,231
SFAF					
Appendix B-1 01/01/23-06/30/23		1 Condom = 1 UOS 1,548 units x 3 months = 4,463 UOS approx.	4,643	n/a	1,161
El/La para Translatinas					
Appendix B-1 01/01/23-06/30/23		1 Condom = 1 UOS 250 units x 3 months = 749 UOS approx.	749	n/a	100
Total UOS and UDC			26,529	n/a	6,367
Community Engagement & Mobilization: Single Support Group, Events					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1 01/01/23-06/30/23		Single Support Groups (1 UOS =1 hr) 3 groups x 3.25 hours x 12 weeks = 118 hrs approx. 3x12 groups x 8 participants = 288 = 288 NOC	118	20	288
		Events (1 UOS =1 event) 3 events= 3 UOS 3 events of 45 clients = 125 NOC	3	n/a	125
		Social Media (1 UOS = 1 Month of Social Media Promotion)	3	n/a	n/a
MNHC					
Appendix B-1 01/01/23-06/30/23		Single Support Groups (1 UOS =1 hr) 2 groups x 3 hours x 9.16 weeks = 55 hrs approx. 2 x 9.16 groups x 10 participants = 183 NOC	55	10	183
		Events (1 UOS =1 event) 1 event= 1 UOS 1 event of 160 clients = 160 NOC	1	n/a	160
SFAF					
Appendix B-1 01/01/23-06/30/23		Events (1 UOS =1 event) 6 events= 6 UOS 6 event of 29 clients = 175 NOC approx.	6	n/a	175
El/La para Translatinas					
Appendix B-1 01/01/23-06/30/23		Single Support Groups (1 UOS =1 hr) 2 groups x 1 hour x 3 weeks = 6 hrs approx. 6 groups x 5 participants = 30 NOC	6	10	30
		Events (1 UOS =1 event) 1 event= 1 UOS 1 event of 36 clients = 36 NOC approx.	1	n/a	36
Total UOS and UDC Single Support Groups			179	40	501
Total UOS and UDC Events			11	n/a	496
Total UOS and UDC Social Marketing			3	n/a	n/a
Basic Needs					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1 01/01/23-06/30/23		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 279 kits= 279 UOS 4 kits x 70 participants = 279 NOC approx.	279	75	279
MNHC					
Appendix B-1 01/01/23-06/30/23		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 399 kits= 399 UOS 4 kits x 100 participants = 399 NOC approx.	399	100	399
SFAF					
Appendix B-1 01/01/23-06/30/23		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 285 kits= 285 UOS 15 kits x 19 participants = 285 NOC approx.	285	19	285

El/La para Translatinas					
Appendix B-1 01/01/23-06/30/23		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 38 kits= 38 UOS 2 kits x 19 participants = 38 NOC approx.	38	19	38
Total UOS and UDC			1,001	213	1,001

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

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

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

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

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

TOTAL UOS and UDC Recruitment & Linkage		1,495	n/a	5,952	
TOTAL UOS and UDC Individual Risk Reduction Counseling		1,168	431	1,168	
TOTAL UOS and UDC Prevention Case Management		1,093	297	1,093	
Condom Distribution					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1a 07/01/23-06/30/24		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 445.83 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
MNHC					
Appendix B-1a 07/01/23-06/30/24		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 416.65 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950
SFAF					
Appendix B-1a 07/01/23-06/30/24		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 387.5 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC		60,000	n/a	14,850	
Community Engagement and Mobilization: Single Support Group, Events					
(IFR, MNHC & SFAF)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1a 07/01/23-06/30/24		Single Support Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8.26 participants = 1,190 NOC approx.	490	45	1,190
		Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 52.19 clients = 835 NOC approx.	16	n/a	835
		Social Media (1 UOS = 1 Month of Social Media Promotion)	12	n/a	n/a
MNHC					
Appendix B-1a 07/01/23-06/30/24		Single Support Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx.	250	30	832
		Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	2	n/a	200
SFAF					
Appendix B-1a 07/01/23-06/30/24		Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345
Total UOS and UDC Single Support Groups		740	75	2,022	
Total UOS and UDC Events		41	n/a	1,380	
Total UOS and UDC Social Media		12	n/a	n/a	
Basic Needs					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1a 07/01/23-06/30/24		1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 299 UOS x 12 months = 3,586 UOS approx. 50 clients x 6 kits x 12 months = 3,586 NOC approx.	3,586	600	3,586
MNHC					
Appendix B-1a 07/01/23-06/30/24		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 4,032 kits= 4,032 UOS 14 kits x 288 participants = 4,032 NOC	4,032	288	4,032
SFAF					
Appendix B-1a 07/01/23-06/30/24		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC		8,753	969	8,753	

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

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

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

Term: 07/01/2024-06/30/2025 (B-1b)				
Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services				

Integrated HIV, HCV, and STD testing*					
(IFR & MNHC)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1b 07/01/24-06/30/25		Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200
MNHC					
Appendix B-1b 07/01/24-06/30/25		Testing: 1 UOS = 1 Test 588 HIV Tests 102 HCV Tests 102 Syphilis Tests 102 Gonorrhea Tests 102 Chlamydia Tests	996	500	996
Total UOS and UDC			1196	590	1196

Linkage and Navigation: Recruitment & Linkage, Individual Risk Reduction Counseling, Prevention Case Management					

IFR					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1b 07/01/24-06/30/25					
		Recruitment & Linkage (1 UOS =1 hr) 54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx. 54 clients x 46 weeks = 2,484 NOC	624	n/a	2,484
		Individual Risk Reduction Counseling (1 UOS =1 hr) 317 clients x 1 hr session x 3 sessions = 951 UOS 317 clients x 3 sessions = 951 NOC	951	317	951
		Prevention Case Management (1 UOS =1 hr) 202 clients x 4 sessions x 1 hr = 808 UOS 202 clients x 4 sessions = 808 NOC	808	202	808
MNHC					
Period / Funds / App Appendix B-1b 07/01/24-06/30/25		Mode of Service/Intervention Description	UOS	UDC	NOC
		Recruitment & Linkage (1 UOS =1 hr) 21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx. 21 participants x 48 weeks = 1,008 NOC	255	n/a	1,008
		Individual Risk Reduction Counseling 114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx. 114 participants x 1.9 sessions = 217 NOC approx.	217	114	217
		Prevention Case Management (1 UOS =1 hr) 60 clients x 3 sessions x 1 hr = 180 UOS approx. 60 clients x 3 sessions = 180 NOC	180	60	180
SFAF					
Period / Funds / App Appendix B-1b 07/01/24-06/30/25		Mode of Service/Intervention Description	UOS	UDC	NOC
		Recruitment & Linkage (1 UOS =1 hr) 30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx. 30 clients x 2 sessions x 41 weeks = 2,460 NOC	616	n/a	2,460
		Prevention Case Management (1 UOS =1 hr) 35 clients x 3 sessions x 1 hr = 105 UOS 35 clients x 3 sessions = 105 NOC	105	35	105
TOTAL UOS and UDC Recruitment & Linkage			1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling			1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management			1,093	297	1,093

Condom distribution*				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1b 07/01/24-06/30/25	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 446 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
MNHC				
Appendix B-1b 07/01/24-06/30/25	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 417 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950
SFAF				
Appendix B-1b 07/01/24-06/30/25	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 388 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC		60,000	n/a	14,850
Community Engagement and Mobilization: Single Support Groups, Events				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1b 07/01/24-06/30/25	Single Support Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8.265 participants = 1,190 NOC approx.	490	45	1,190
	Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 30 clients = 480 NOC	16	n/a	480
	Social Media (1 UOS = 1 Month of Social Media Promotion)	12	n/a	n/a
MNHC				
Appendix B-1b 07/01/24-06/30/25	Single Support Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx.	250	30	832
	Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	2	n/a	200
SFAF				
Appendix B-1b 07/01/24-06/30/25	Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345
Total UOS and UDC Single Support Groups		740	75	2,022
Total UOS and UDC Events		41	n/a	1,025
Total UOS and UDC Social Media		12	n/a	n/a
Basic Needs				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1b 07/01/24-06/30/25	1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 158 UOS x 12 months = 1,894 UOS approx. 26 clients x 6 kits x 12 months = 1,894 NOC approx.	1,894	312	1,894
MNHC				
Appendix B-1b 07/01/24-06/30/25	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 2,471 kits= 2,471 UOS 14 kits x 176.5 participants approx. = 2,471 NOC	2,471	177	2,471
SFAF				
Appendix B-1b 07/01/24-06/30/25	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC		5,500	570	5,500
Note: Total UDC is not the sum of UDC from each mode of service				

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

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

Term: 07/01/2025-06/30/2026: (B-1c) Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services				
i. Integrated HIV, HCV, and STD testing*				
<i>(IFR & MNHC)</i>				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1c</i> 07/01/25-06/30/26	Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200
MNHC				
<i>Appendix B-1c</i> 07/01/25-06/30/26	Testing: 1 UOS = 1 Test 588 HIV Tests 102 HCV Tests 102 Syphilis Tests 102 Gonorrhea Tests 102 Chlamydia Tests	996	500	996
Total UOS and UDC		1196	590	1196
ii. Linkage & Navigation: Street/Social Outreach, Individual Risk Reduction Counseling, Prevention Case Management				
IFR				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1c</i> 07/01/25-06/30/26	Street/Social Outreach (1 UOS =1 hr) 54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx. 54 clients x 46 weeks = 2,484 NOC	624	n/a	2,484
	Individual Risk Reduction Counseling (1 UOS =1 hr) 317 clients x 1 hr session x 3 sessions = 951 UOS 317 clients x 3 sessions = 951 NOC	951	317	951
	Prevention Case Management (1 UOS =1 hr) 202 clients x 4 sessions x 1 hr = 808 UOS 202 clients x 4 sessions = 808 NOC	808	202	808
MNHC				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1c</i> 07/01/25-06/30/26	Street/Social Outreach (1 UOS =1 hr) 21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx. 21 participants x 48 weeks = 1,008 NOC	255	n/a	1,008
	Individual Risk Reduction Counseling 114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx. 114 participants x 1.9 sessions = 217 NOC approx.	217	114	217
	Prevention Case Management (1 UOS =1 hr) 60 clients x 3 sessions x 1 hr = 180 UOS approx. 60 clients x 3 sessions = 180 NOC	180	60	180
SFAF				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1c</i> 07/01/25-06/30/26	Street/Social Outreach (1 UOS =1 hr) 30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx. 30 clients x 2 sessions x 41 weeks = 2,460 NOC	616	n/a	2,460
	Prevention Case Management (1 UOS =1 hr) 35 clients x 3 sessions x 1 hr = 105 UOS 35 clients x 3 sessions = 105 NOC	105	35	105
TOTAL UOS and UDC Street/Social Outreach		1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling		1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management		1,093	297	1,093
TOTAL UOS and UDC for Linkage & Navigation		3,756	728	8,213
iii. Harm Reduction for Substance Use (In-Kind Services)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1c</i> 07/01/25-06/30/26	1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
MNHC				
<i>Appendix B-1c</i> 07/01/25-06/30/26	1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
SFAF				
<i>Appendix B-1c</i> 07/01/25-06/30/26	1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
Total UOS and UDC		36	n/a	n/a
iv. Syringe Access and Disposal (Linkage and Referral)-Fluid through Program Services				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
SFAF				
<i>Appendix B-1c</i> 07/01/25-06/30/26	1 month of Syringe Access and Disposal = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
v. Overdose Prevention (Naloxone Distribution)-In Kind Services (Naloxone provided by BHS/DPH)				

Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1c 07/01/25-06/30/26	1 month of Overdose Prevention = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
vi. Condom Distribution				
IFR				
Appendix B-1c 07/01/25-06/30/26	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 446 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
MNHC				
Appendix B-1c 07/01/25-06/30/26	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 417 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950
SFAF				
Appendix B-1c 07/01/25-06/30/26	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 388 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC		60,000	n/a	14,850
vii. Community Engagement & Mobilization				
IFR				
Appendix B-1c 07/01/25-06/30/26	Peer Engagement Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8.265 participants = 1,190 NOC approx. Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 30 clients = 480 NOC Social Media (1 UOS = 1 Month of Social Media Promotion)	490 16 12	45 n/a n/a	1,190 480 n/a
MNHC				
Appendix B-1c 07/01/25-06/30/26	Peer Engagement Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx. Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	250 2	30 n/a	832 200
SFAF				
Appendix B-1c 07/01/25-06/30/26	Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345
Total UOS and UDC Peer Engagement Groups		740	75	1,984
Total UOS and UDC Events		41	n/a	1,025
Total UOS and UDC Social Media		12	n/a	n/a
viii. HIV, HCV, STD Health Education and Prevention Counseling (intergrated in standard of care services)-In Kind Services				
IFR				
Appendix B-1c 07/01/25-06/30/26	1 month of integrated HIV, HCV, STD Health Education and Prevention Counseling = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
ix. Basic Needs				
IFR				
Appendix B-1c 07/01/25-06/30/26	1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 158 UOS x 12 months = 1,894 UOS approx. 26 clients x 6 kits x 12 months = 1,894 NOC approx.	1,894	312	1,894
MNHC				
Appendix B-1c 07/01/25-06/30/26	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 2,471 kits = 2,471 UOS 14 kits x 176.5 participants approx. = 2,471 NOC	2,471	177	2,471
SFAF				
Appendix B-1c 07/01/25-06/30/26	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC		5,500	570	5,500

x. Prevention and treatment medication (In-kind Services, Linkage to Prevention & treatment Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1c 07/01/25-06/30/26	1 month of Prevention and Treatment Medication = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xi. Mental Health Services (In-kind Services, Linkage to Mental Health Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1c 07/01/25-06/30/26	1 month of Mental Health Services = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xii. Primary Care (In-Kind Services, Linkage to Primary Care)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1c 07/01/25-06/30/26	1 month of Primary Care = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xiii. Substance Use Treatment (In-Kind Services, Linkage to services)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1c 07/01/25-06/30/26	1 month of Substance Use Treatment = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

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

Term: 07/01/2026-06/30/2027: (B-1d) Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services				
i. Integrated HIV, HCV, and STD testing* (IFR & MNHC)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1d 07/01/26-06/30/27	Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200
MNHC				
Appendix B-1d 07/01/26-06/30/27	Testing: 1 UOS = 1 Test 588 HIV Tests 102 HCV Tests 102 Syphilis Tests 102 Gonorrhea Tests 102 Chlamydia Tests	996	500	996
Total UOS and UDC		1196	590	1196
ii. Linkage & Navigation: Street/Social Outreach, Individual Risk Reduction Counseling, Prevention Case Management				
IFR				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1d 07/01/26-06/30/27	Street/Social Outreach (1 UOS =1 hr) 54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx. 54 clients x 46 weeks = 2,484 NOC	624	n/a	2,484
	Individual Risk Reduction Counseling (1 UOS =1 hr) 317 clients x 1 hr session x 3 sessions = 951 UOS 317 clients x 3 sessions = 951 NOC	951	317	951
	Prevention Case Management (1 UOS =1 hr) 202 clients x 4 sessions x 1 hr = 808 UOS 202 clients x 4 sessions = 808 NOC	808	202	808
MNHC				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1d 07/01/26-06/30/27	Street/Social Outreach (1 UOS =1 hr) 21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx. 21 participants x 48 weeks = 1,008 NOC	255	n/a	1,008
	Individual Risk Reduction Counseling 114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx. 114 participants x 1.9 sessions = 217 NOC approx.	217	114	217
	Prevention Case Management (1 UOS =1 hr) 60 clients x 3 sessions x 1 hr = 180 UOS approx. 60 clients x 3 sessions = 180 NOC	180	60	180

SFAF					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1d 07/01/26-06/30/27		Street/Social Outreach (1 UOS =1 hr) 30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx. 30 clients x 2 sessions x 41 weeks = 2,460 NOC Prevention Case Management (1 UOS =1 hr) 35 clients x 3 sessions x 1 hr = 105 UOS 35 clients x 3 sessions = 105 NOC	616 105	n/a 35	2,460 105
TOTAL UOS and UDC Street/Social Outreach			1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling			1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management			1,093	297	1,093
TOTAL UOS and UDC for Linkage & Navigation			3,756	728	8,213
iii. Harm Reduction for Substance Use (In-Kind Services)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1d 07/01/26-06/30/27		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
MNHC					
Appendix B-1d 07/01/26-06/30/27		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
SFAF					
Appendix B-1d 07/01/26-06/30/27		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
Total UOS and UDC			36	n/a	n/a
iv. Syringe Access and Disposal (Linkage and Referral)-Fluid through Program Services					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
SFAF					
Appendix B-1d 07/01/26-06/30/27		1 month of Syringe Access and Disposal = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
v. Overdose Prevention (Naloxone Distribution)-In Kind Services (Naloxone provided by BHS/DPH)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1d 07/01/26-06/30/27		1 month of Overdose Prevention = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
vi. Condom Distribution					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1d 07/01/26-06/30/27		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 446 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
MNHC					
Appendix B-1d 07/01/26-06/30/27		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 417 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950
SFAF					
Appendix B-1d 07/01/26-06/30/27		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 388 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC			60,000	n/a	14,850
vii. Community Engagement & Mobilization					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1d 07/01/26-06/30/27		Peer Engagement Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8,265 participants = 1,190 NOC approx. Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 30 clients = 480 NOC Social Media (1 UOS = 1 Month of Social Media Promotion)	490 16 12	45 n/a n/a	1,190 480 n/a
MNHC					
Appendix B-1d 07/01/26-06/30/27		Peer Engagement Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx. Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	250 2	30 n/a	832 200
SFAF					
Appendix B-1d 07/01/26-06/30/27		Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345

Total UOS and UDC Peer Engagement Groups		740	75	1,984
Total UOS and UDC Events		41	n/a	1,025
Total UOS and UDC Social Media		12	n/a	n/a
HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) * (IFR, MNHC & SFAF)				
HIV, HCV, STD health education and prevention counseling is incorporated in all the LHAP services.				
viii. HIV, HCV, STD Health Education and Prevention Counseling (intergrated in standard of care services)-In Kind Services				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1d 07/01/26-06/30/27	1 month of integrated HIV, HCV, STD Health Education and Prevention Counseling = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

IFR				
Appendix B-1d 07/01/26-06/30/27	1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 158 UOS x 12 months = 1,894 UOS approx. 26 clients x 6 kits x 12 months = 1,894 NOC approx.	1,894	312	1,894
MNHC				
Appendix B-1d 07/01/26-06/30/27	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 2,471 kits= 2,471 UOS 14 kits x 176.5 participants approx. = 2,471 NOC	2,471	177	2,471
SFAF				
Appendix B-1d 07/01/26-06/30/27	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC		5,500	570	5,500

x. Prevention and treatment medication (In-kind Services, Linkage to Prevention & treatment Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1d 07/01/26-06/30/27	1 month of Prevention and Treatment Medication = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xi. Mental Health Services (In-kind Services, Linkage to Mental Health Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1d 07/01/26-06/30/27	1 month of Mental Health Services = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xii. Primary Care (In-Kind Services, Linkage to Primary Care)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1d 07/01/26-06/30/27	1 month of Primary Care = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xiii. Substance Use Treatment (In-Kind Services, Linkage to services)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1d 07/01/26-06/30/27	1 month of Substance Use Treatment = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

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

Term: 07/01/2027-06/30/2028: (B-1e) Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services				
i. Integrated HIV, HCV, and STD testing* (IFR & MNHC)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1e 07/01/27-06/30/28	Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200
MNHC				
Appendix B-1e 07/01/27-06/30/28	Testing: 1 UOS = 1 Test 588 HIV Tests 102 HCV Tests 102 Syphilis Tests 102 Gonorrhea Tests 102 Chlamydia Tests	996	500	996
Total UOS and UDC		1196	590	1196

ii. Linkage & Navigation: Street/Social Outreach, Individual Risk Reduction Counseling, Prevention Case Management					
IFR					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1e 07/01/27-06/30/28		Street/Social Outreach (1 UOS =1 hr) 54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx. 54 clients x 46 weeks = 2,484 NOC	624	n/a	2,484
		Individual Risk Reduction Counseling (1 UOS =1 hr) 317 clients x 1 hr session x 3 sessions = 951 UOS 317 clients x 3 sessions = 951 NOC	951	317	951
		Prevention Case Management (1 UOS =1 hr) 202 clients x 4 sessions x 1 hr = 808 UOS 202 clients x 4 sessions = 808 NOC	808	202	808
MNHC					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1e 07/01/27-06/30/28		Street/Social Outreach (1 UOS =1 hr) 21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx. 21 participants x 48 weeks = 1,008 NOC	255	n/a	1,008
		Individual Risk Reduction Counseling 114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx. 114 participants x 1.9 sessions = 217 NOC approx.	217	114	217
		Prevention Case Management (1 UOS =1 hr) 60 clients x 3 sessions x 1 hr = 180 UOS approx. 60 clients x 3 sessions = 180 NOC	180	60	180
SFAF					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1e 07/01/27-06/30/28		Street/Social Outreach (1 UOS =1 hr) 30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx. 30 clients x 2 sessions x 41 weeks = 2,460 NOC	616	n/a	2,460
		Prevention Case Management (1 UOS =1 hr) 35 clients x 3 sessions x 1 hr = 105 UOS 35 clients x 3 sessions = 105 NOC	105	35	105
TOTAL UOS and UDC Street/Social Outreach			1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling			1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management			1,093	297	1,093
TOTAL UOS and UDC for Linkage & Navigation			3,756	728	8,213
iii. Harm Reduction for Substance Use (In-Kind Services)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1e 07/01/27-06/30/28		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
MNHC					
Appendix B-1e 07/01/27-06/30/28		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
SFAF					
Appendix B-1e 07/01/27-06/30/28		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
Total UOS and UDC			36	n/a	n/a
iv. Syringe Access and Disposal (Linkage and Referral)-Fluid through Program Services					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
SFAF					
Appendix B-1e 07/01/27-06/30/28		1 month of Syringe Access and Disposal = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
v. Overdose Prevention (Naloxone Distribution)-In Kind Services (Naloxone provided by BHS/DPH)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1e 07/01/27-06/30/28		1 month of Overdose Prevention = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
vi. Condom Distribution					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1e 07/01/27-06/30/28		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 446 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
MNHC					
Appendix B-1e 07/01/27-06/30/28		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 417 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950

SFAF				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 388 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC		60,000	n/a	14,850
vii. Community Engagement & Mobilization				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1e</i> 07/01/27-06/30/28	Peer Engagement Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8.265 participants = 1,190 NOC approx.	490	45	1,190
	Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 30 clients = 480 NOC	16	n/a	480
	Social Media (1 UOS = 1 Month of Social Media Promotion)	12	n/a	n/a
MNHC				
<i>Appendix B-1e</i> 07/01/27-06/30/28	Peer Engagement Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx.	250	30	832
	Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	2	n/a	200
SFAF				
<i>Appendix B-1e</i> 07/01/27-06/30/28	Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345
Total UOS and UDC Peer Engagement Groups		740	75	1,984
Total UOS and UDC Events		41	n/a	1,025
Total UOS and UDC Social Media		12	n/a	n/a
HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) * (IFR, MNHC & SFAF) <i>HIV, HCV, STD health education and prevention counseling is incorporated in all the LHAP services.</i>				
viii. HIV, HCV, STD Health Education and Prevention Counseling (intergrated in standard of care services)-In Kind Services				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 month of integrated HIV, HCV, STD Health Education and Prevention Counseling = 1 UOS	12	n/a	n/a
	1 UOS x 12 months = 12 UOS			
Total UOS and UDC		12	n/a	n/a
IFR				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 158 UOS x 12 months = 1,894 UOS approx. 26 clients x 6 kits x 12 months = 1,894 NOC approx.	1,894	312	1,894
MNHC				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 2,471 kits= 2,471 UOS 14 kits x 176.5 participants approx. = 2,471 NOC	2,471	177	2,471
SFAF				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC		5,500	570	5,500
x. Prevention and treatment medication (In-kind Services, Linkage to Prevention & treatment Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 month of Prevention and Treatment Medication = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
xi. Mental Health Services (In-kind Services, Linkage to Mental Health Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 month of Mental Health Services = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
xii. Primary Care (In-Kind Services, Linkage to Primary Care)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1e</i> 07/01/27-06/30/28	1 month of Primary Care = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

xiii. Substance Use Treatment (In-Kind Services, Linkage to services)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
Appendix B-1e 07/01/27-06/30/28	1 month of Substance Use Treatment = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

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

Term: 07/01/2028-06/30/2029: (B-1f) Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services				
i. Integrated HIV, HCV, and STD testing*				
<i>(IFR & MNHC)</i>				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
Appendix B-1e 07/01/28-06/30/29	Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200
<i>MNHC</i>				
Appendix B-1f 07/01/28-06/30/29	Testing: 1 UOS = 1 Test 588 HIV Tests 102 HCV Tests 102 Syphilis Tests 102 Gonorrhea Tests 102 Chlamydia Tests	996	500	996
Total UOS and UDC		1196	590	1196
ii. Linkage & Navigation: Street/Social Outreach, Individual Risk Reduction Counseling, Prevention Case Management				
<i>IFR</i>				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1f 07/01/28-06/30/29				
Street/Social Outreach (1 UOS =1 hr)				
54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx.		624	n/a	2,484
54 clients x 46 weeks = 2,484 NOC				
Individual Risk Reduction Counseling (1 UOS =1 hr)				
317 clients x 1 hr session x 3 sessions = 951 UOS		951	317	951
317 clients x 3 sessions = 951 NOC				
Prevention Case Management (1 UOS =1 hr)				
202 clients x 4 sessions x 1 hr = 808 UOS		808	202	808
202 clients x 4 sessions = 808 NOC				
<i>MNHC</i>				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1f 07/01/28-06/30/29				
Street/Social Outreach (1 UOS =1 hr)				
21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx.		255	n/a	1,008
21 participants x 48 weeks = 1,008 NOC				
Individual Risk Reduction Counseling				
114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx.		217	114	217
114 participants x 1.9 sessions = 217 NOC approx.				
Prevention Case Management (1 UOS =1 hr)				
60 clients x 3 sessions x 1 hr = 180 UOS approx.		180	60	180
60 clients x 3 sessions = 180 NOC				
<i>SFAF</i>				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1f 07/01/28-06/30/29				
Street/Social Outreach (1 UOS =1 hr)				
30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx.		616	n/a	2,460
30 clients x 2 sessions x 41 weeks = 2,460 NOC				
Prevention Case Management (1 UOS =1 hr)				
35 clients x 3 sessions x 1 hr = 105 UOS		105	35	105
35 clients x 3 sessions = 105 NOC				
TOTAL UOS and UDC Street/Social Outreach		1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling		1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management		1,093	297	1,093
TOTAL UOS and UDC for Linkage & Navigation		3,756	728	8,213
iii. Harm Reduction for Substance Use (In-Kind Services)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
Appendix B-1f 07/01/28-06/30/29	1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
<i>MNHC</i>				
Appendix B-1f 07/01/28-06/30/29	1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
<i>SFAF</i>				
Appendix B-1f 07/01/28-06/30/29	1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
Total UOS and UDC		36	n/a	n/a

iv. Syringe Access and Disposal (Linkage and Referral)-Fluid through Program Services				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>SFAF</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 month of Syringe Access and Disposal = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
v. Overdose Prevention (Naloxone Distribution)-In Kind Services (Naloxone provided by BHS/DPH)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 month of Overdose Prevention = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
vi. Condom Distribution				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 446 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
<i>MNHC</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 417 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950
<i>SFAF</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 388 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC		60,000	n/a	14,850
vii. Community Engagement & Mobilization				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	Peer Engagement Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8.265 participants = 1,190 NOC approx. Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 30 clients = 480 NOC Social Media (1 UOS = 1 Month of Social Media Promotion)	490 16 12	45 n/a n/a	1,190 480 n/a
<i>MNHC</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	Peer Engagement Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx. Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	250 2	30 n/a	832 200
<i>SFAF</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345
Total UOS and UDC Peer Engagement Groups		740	75	1,984
Total UOS and UDC Events		41	n/a	1,025
Total UOS and UDC Social Media		12	n/a	n/a
HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) *				
(IFR, MNHC & SFAF)				
HIV, HCV, STD health education and prevention counseling is incorporated in all the LHAP services.				
viii. HIV, HCV, STD Health Education and Prevention Counseling (intergrated in standard of care services)-In Kind Services				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 month of integrated HIV, HCV, STD Health Education and Prevention Counseling = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
<i>IFR</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 158 UOS x 12 months = 1,894 UOS approx. 26 clients x 6 kits x 12 months = 1,894 NOC approx.	1,894	312	1,894
<i>MNHC</i>				
<i>Appendix B-If</i> 07/01/28-06/30/29	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 2,471 kits= 2,471 UOS 14 kits x 176.5 participants approx. = 2,471 NOC	2,471	177	2,471

SFAF					
Appendix B-1f 07/01/28-06/30/29		1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC			5,500	570	5,500
x. Prevention and treatment medication (In-kind Services, Linkage to Prevention & treatment Srvs.)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1f 07/01/28-06/30/29		1 month of Prevention and Treatment Medication = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
xi. Mental Health Services (In-kind Services, Linkage to Mental Health Srvs.)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1f 07/01/28-06/30/29		1 month of Mental Health Services = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
xii. Primary Care (In-Kind Services, Linkage to Primary Care)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1f 07/01/28-06/30/29		1 month of Primary Care = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
xiii. Substance Use Treatment (In-Kind Services, Linkage to services)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1f 07/01/28-06/30/29		1 month of Substance Use Treatment = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a

Term: 07/01/2029-06/30/2030: (B-1g)					
Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF): Latinx Health Access Point Services					
i. Integrated HIV, HCV, and STD testing*					
(IFR & MNHC)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1g 07/01/29-06/30/30		Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200
MNHC					
Appendix B-1g 07/01/29-06/30/30		Testing: 1 UOS = 1 Test 588 HIV Tests 102 HCV Tests 102 Syphilis Tests 102 Gonorrhea Tests 102 Chlamydia Tests	996	500	996
Total UOS and UDC			1196	590	1196
ii. Linkage & Navigation: Street/Social Outreach, Individual Risk Reduction Counseling, Prevention Case Management					
IFR					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1g 07/01/29-06/30/30		Street/Social Outreach (1 UOS =1 hr) 54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 624 UOS approx. 54 clients x 46 weeks = 2,484 NOC	624	n/a	2,484
		Individual Risk Reduction Counseling (1 UOS =1 hr) 317 clients x 1 hr session x 3 sessions = 951 UOS 317 clients x 3 sessions = 951 NOC	951	317	951
		Prevention Case Management (1 UOS =1 hr) 202 clients x 4 sessions x 1 hr = 808 UOS 202 clients x 4 sessions = 808 NOC	808	202	808
MNHC					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1g 07/01/29-06/30/30		Street/Social Outreach (1 UOS =1 hr) 21 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 255 UOS approx. 21 participants x 48 weeks = 1,008 NOC	255	n/a	1,008
		Individual Risk Reduction Counseling 114 participants x 1 hr. per session x 1.9 sessions= 217 UOS approx. 114 participants x 1.9 sessions = 217 NOC approx.	217	114	217
		Prevention Case Management (1 UOS =1 hr) 60 clients x 3 sessions x 1 hr = 180 UOS approx. 60 clients x 3 sessions = 180 NOC	180	60	180

SFAF					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1g 07/01/29-06/30/30		Street/Social Outreach (1 UOS =1 hr) 30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 616 UOS approx. 30 clients x 2 sessions x 41 weeks = 2,460 NOC Prevention Case Management (1 UOS =1 hr) 35 clients x 3 sessions x 1 hr = 105 UOS 35 clients x 3 sessions = 105 NOC	616 105	n/a 35	2,460 105
TOTAL UOS and UDC Street/Social Outreach			1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling			1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management			1,093	297	1,093
TOTAL UOS and UDC for Linkage & Navigation			3,756	728	8,213
iii. Harm Reduction for Substance Use (In-Kind Services)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1g 07/01/29-06/30/30		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
MNHC					
Appendix B-1g 07/01/29-06/30/30		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
SFAF					
Appendix B-1g 07/01/29-06/30/30		1 month of Harm Reduction for Substance Use = 1 UOS 1 UOS x 12 months = 12 UOS (In-Kind Services)	12	n/a	n/a
Total UOS and UDC			36	n/a	n/a
iv. Syringe Access and Disposal (Linkage and Referral)-Fluid through Program Services					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
SFAF					
Appendix B-1g 07/01/29-06/30/30		1 month of Syringe Access and Disposal = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
v. Overdose Prevention (Naloxone Distribution)-In Kind Services (Naloxone provided by BHS/DPH)					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1g 07/01/29-06/30/30		1 month of Overdose Prevention = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC			12	n/a	n/a
vi. Condom Distribution					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1g 07/01/29-06/30/30		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 446 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a	5,300
MNHC					
Appendix B-1g 07/01/29-06/30/30		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 417 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a	4,950
SFAF					
Appendix B-1g 07/01/29-06/30/30		1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 388 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a	4,600
Total UOS and UDC			60,000	n/a	14,850
vii. Community Engagement & Mobilization					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1g 07/01/29-06/30/30		Peer Engagement Groups (1 UOS =1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8,265 participants = 1,190 NOC approx. Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 30 clients = 480 NOC Social Media (1 UOS = 1 Month of Social Media Promotion)	490 16 12	45 n/a n/a	1,190 480 n/a
MNHC					
Appendix B-1g 07/01/29-06/30/30		Peer Engagement Groups (1 UOS =1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx. Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 100 clients = 200 NOC	250 2	30 n/a	832 200
SFAF					
Appendix B-1g 07/01/29-06/30/30		Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a	345

Total UOS and UDC Peer Engagement Groups		740	75	1,984
Total UOS and UDC Events		41	n/a	1,025
Total UOS and UDC Social Media		12	n/a	n/a
HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) * (IFR, MNHC & SFAF)				
HIV, HCV, STD health education and prevention counseling is incorporated in all the LHAP services.				
viii. HIV, HCV, STD Health Education and Prevention Counseling (intergrated in standard of care services)-In Kind Services				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1g 07/01/29-06/30/30	1 month of integrated HIV, HCV, STD Health Education and Prevention Counseling = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
IFR				
Appendix B-1g 07/01/29-06/30/30	1 Clipper Card or 3 Muni Tokens or 1 Store Gift Card or 1 Hygiene kit = 1 UOS 158 UOS x 12 months = 1,894 UOS approx. 26 clients x 6 kits x 12 months = 1,894 NOC approx.	1,894	312	1,894
MNHC				
Appendix B-1g 07/01/29-06/30/30	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 2,471 kits= 2,471 UOS 14 kits x 176.5 participants approx. = 2,471 NOC	2,471	177	2,471
SFAF				
Appendix B-1g 07/01/29-06/30/30	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,135 kits = 1,135 UOS 14 kits x 81 participants = 1,135 NOC approx.	1,135	81	1,135
Total UOS and UDC		5,500	570	5,500
x. Prevention and treatment medication (In-kind Services, Linkage to Prevention & treatment Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1g 07/01/29-06/30/30	1 month of Prevention and Treatment Medication = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
xi. Mental Health Services (In-kind Services, Linkage to Mental Health Srvs.)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1g 07/01/29-06/30/30	1 month of Mental Health Services = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
xii. Primary Care (In-Kind Services, Linkage to Primary Care)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1g 07/01/29-06/30/30	1 month of Primary Care = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a
xiii. Substance Use Treatment (In-Kind Services, Linkage to services)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1g 07/01/29-06/30/30	1 month of Substance Use Treatment = 1 UOS 1 UOS x 12 months = 12 UOS	12	n/a	n/a
Total UOS and UDC		12	n/a	n/a

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

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Peer Engagement Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT & MOBILIZATION Social Media		Basic Needs		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and Client Services	0.20000	627	2%	15,558	58%	389	1%	6,443	24%	1,306	5%	1,154	4%	1,120	4%	26,597
Director of Integrated Behavioral Health	0.17143	525	2%	13,018	58%	326	1%	5,391	24%	1,093	5%	965	4%	937	4%	22,255
Program Director	0.75743	1,629	2%	40,381	58%	1,010	1%	16,723	24%	3,389	5%	2,994	4%	2,906	4%	69,032
Program Manager	0.82858	1,580	2%	39,162	58%	980	1%	16,219	24%	3,286	5%	2,904	4%	2,818	4%	66,949
Community Health workers	3.80000	4,125	2%	102,269	58%	2,560	1%	42,353	24%	8,582	5%	7,583	4%	7,360	4%	174,832
Clinical Supervisor	0.17143	409	2%	10,127	58%	254	1%	4,194	24%	850	5%	751	4%	729	4%	17,314
Prevention Services Coordinator	1.00000	1,799	2%	44,605	58%	1,117	1%	18,473	24%	3,743	5%	3,308	4%	3,210	4%	76,255
MH Clinician	0.50000	953	2%	23,632	58%	592	1%	9,787	24%	1,983	5%	1,752	4%	1,701	4%	40,400
Community Health Educators (CHE)	0.58300	785	2%	19,456	58%	487	1%	8,058	24%	1,633	5%	1,443	4%	1,399	4%	33,261
Program Assistants	1.20000	1,745	2%	43,275	58%	1,083	1%	17,922	24%	3,631	5%	3,209	4%	3,114	4%	73,979
Total FTE & Salaries	9.21186	14,177	2%	351,483	58%	8,798	1%	145,563	24%	29,496	5%	26,063	4%	25,294	4%	600,874
Fringe Benefits	33.5%	4,756	2%	117,899	58%	2,951	1%	48,827	24%	9,894	5%	8,742	4%	8,485	4%	201,554
Total Personnel Expenses		18,933	2%	469,382	58%	11,749	1%	194,390	24%	39,390	5%	34,805	4%	33,779	4%	802,428
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		2,185	2%	54,183	58%	1,356	1%	22,440	24%	4,547	5%	4,018	4%	3,899	4%	92,628
Total Materials and Supplies		1,177	2%	29,176	58%	730	1%	12,083	24%	2,448	5%	2,163	4%	2,099	4%	49,876
Total General Operating		406	2%	10,058	58%	251	1%	4,165	24%	844	5%	746	4%	724	4%	17,194
Total Staff Travel		52	2%	1,287	58%	32	1%	533	24%	108	5%	95	4%	93	4%	2,200
Consultants/Subcontractor:																
MNHC		143,345	25%	198,124	34%	16,771	3%	150,792	26%	7,486	1%		0%	66,924	11%	583,442
SFAF			0%	233,020	64%	15,602	4%		0%	86,087	24%		0%	30,703	8%	365,412
Fees		100	5%	2,461	59%	62	1%	1,019	24%	206	5%	182	4%	176	4%	4,206
Other (specify):																
Food for Groups		583	27%	14,463	58%	362	1%	5,990	24%	1,214	5%	1,072	4%	1,041	4%	24,725
Incentive/Rewards		231	11%	5,733	58%	143	1%	2,374	24%	481	5%	425	4%	413	4%	9,800
HIV Testing Incentives		147	7%	3,656	58%	92	1%	1,514	24%	307	5%	271	4%	263	4%	6,250
Basic Needs/Hygiene Kits		1,262	57%	31,293	58%	783	1%	12,960	24%	2,626	5%	2,320	4%	2,252	4%	53,496
Events		436	20%	10,822	58%	271	1%	4,482	24%	908	5%	802	4%	779	4%	18,500
			0%		0%		0.0%		0.0%		0.0%		0.0%		0.0%	-
Total Operating Expenses		149,924	12%	594,276		36,455		218,352		107,262		12,094		109,366		1,227,729
Total Direct Expenses		168,857	8%	1,063,658	52%	48,204	2%	412,742	20%	146,652	7%	46,899	2%	143,145	7%	2,030,157
Indirect Expenses	11.2%	5,353	3%	132,705	12%	3,322	7%	54,959	13%	11,136	8%	9,840	21%	9,550	7%	226,865
TOTAL EXPENSES		174,210	8%	1,196,363	53%	51,526	2%	467,701	21%	157,788	7%	56,739	3%	152,695	7%	2,257,022
Unit of Service Type	Test	Hours	Condom/Lube	Hours	Events	Months	Kit									
Number of UOS per Service Mode	1,196	3,756	60,000	740	41	12	5,500									71,245
Cost Per UOS by Service Mode	\$145.67	\$318.53	\$0.86	\$632.03	\$3,848.49	\$4,728.26	\$27.77									N/A
Number of UDC/NOC per Service Mode	1,196	8,213	14,850	1,984	1,025	N/A	5,500									

BUDGET JUSTIFICATION

1a) SALARIES

Appendix B-1c

Staff Position 1:	Director of Programs and Client Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	132,987	0.20000	12	0.20000	\$ 26,597
Staff Position 2:	Director of Integrated Behavioral Health				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	129,820	0.17143	12	0.17143	\$ 22,255
Staff Position 3:	Program Director				
Duties re program and UDC served	Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.				
Degree, license exp	A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with populations at high risk of HIV/AIDS, including but not limited to, the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	91,140	0.75743	12	0.75743	\$ 69,032
Staff Position 4:	Program Manager				
Duties related to this program and UDC served	This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations				
Degree, license, experience	A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for populations at high risk of HIV/AIDS, including but not limited to, Latinx populations, people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,800	0.82858	12	0.82858	\$ 66,949

Staff Position 5:		Community Health workers			
Duties related to this program and UDC served	Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff				
Degree, license exp	Minimum 2 years experience working with HIV/AIDS populations,with knowledge of their health and social issues, and 1 year experience working with difficult to engage populations at high risk of HIV/AIDS, including but not limited to, Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	46,008	3.80000	12	3.80000	\$ 174,832
Staff Position 6:		Clinical Supervisor			
Duties re program and UDC served	Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements				
Degree, license exp	Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	101,000	0.17143	12	0.17143	\$ 17,314
Staff Position 7:		Prevention Services Coordinator			
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	76,255	1.00000	12	1.00000	\$ 76,255
Staff Position 8:		MH Clinician			
Duties re program and UDC served	Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.				
Degree, license exp	Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,800	0.50000	12	0.50000	\$ 40,400
Staff Position 9:		Community Health Educators (CHE)			
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	57,051	0.58300	12	0.58300	\$ 33,261

Staff Position 10:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	61,649	1.20000	12	1.20000	\$ 73,979
Total FTE, Base:		9.21186	Annualized:	9.21186	
				Total Salaries:	\$ 600,874

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO	
Social Security	\$ 45,967
Retirement	\$ 24,035
Medical	\$ 110,230
Dental	\$ 12,017
Unemployment Insurance	\$ 7,511
Disability Insurance	\$ 1,794
Paid Time Off	\$ -
Life Insurance	\$ -
Total Fringe Benefit:	\$ 201,554
Fringe Benefit %:	33.54%
TOTAL SALARIES/BENEFITS:	\$ 802,428

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities, including cellphone usage for staff to communicate with clients	Rent at \$5,881.67 x 12, and utilities at \$1,278.50 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance and Janitorial services at \$433.83 x 12mos	\$ 92,628
Total Occupancy:			\$ 92,628

Materials & Supplies:

Expense Item	Rate/Formula	Cost
Program Supplies	Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$15,000 for special client events/Pachanga Event - Pride month, plus \$1000 for agency share costs for cultural/spiritual events	\$ 40,400

Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,321, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$2535 to the agency share costs ratio, plus \$1,620 for printing costs			
			\$789.67 x 12 months	\$ 9,476
			Total Materials & Supplies: \$ 49,876	
General Operating:				
Expense Item	Brief Description		Rate/Formula	Cost
Insurance	Costs at 9.25 FTE ratio of 10.80% to the agency budget will be for general and professional insurance.		\$443.70 x 10 months	\$ 4,437
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$10,817 (NALA Conference in April 2025 for 5 staff). In addition to cover share costs for Agency mandated training and translation costs at \$648		\$54.00 x 12 months plus \$10,817 NALA	\$ 11,465
Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use and support clients printing needs		\$107.67 x 12 months	\$ 1,292
			Total General Operating: \$ 17,194	
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$45.83 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs		an average of \$45.83 x 12mos/average x 4 staff	\$ 2,200
			Total Staff Travel: \$ 2,200	
Consultants/Subcontractors:				
Consult/Subcontractor Name	Service Description		Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events, SEE UOS Table allocation		@ \$48,620.17/month x 12 months	\$ 583,442
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2)Provides recruitment and linkage services; 3) Conducts events, SEE UOS table allocation		@ \$30,451.00/month x 12 months	\$ 365,412
Fees	Audit fees for 9.25 FTE ratio of 10.80% to the agency budget will contribute towards annual fiscal audit at \$619 and payroll services at \$3,585		@ \$350.50 /month x 12 months	\$ 4,206
			Total Consultants/Subcontractors: \$ 953,060	

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$5,165 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada	91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$5,165 = \$24,725	\$ 24,725
Incentive/Rewards	Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP.	2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50	\$ 9,800
HIV Testing Incentives	Store Gift cards as incentive for 250 TG clients having HIV testing	\$25 x 250 = \$6,250	\$ 6,250
Basic Needs/Hygiene Kits	34 gift cards x \$30 x 12 months, 100 hygiene kits x \$6 x 12 months, plus 66 clipper cards x \$43 x 12 months	12240+7200+34056	\$ 53,496
Events	Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300	\$7,200 + \$11,300 = \$18,500	\$ 18,500
Total Other:			\$ 112,771

Please list personnel and ledger expenses that are included in shared costs.				TOTAL OPERATING EXPENSES:	\$ 1,227,729
				TOTAL DIRECT COSTS:	\$ 2,030,157
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 226,865
4) INDIRECT COSTS	Indirect Rate:	11.17%		TOTAL INDIRECT COSTS:	\$ 226,865
				TOTAL EXPENSES:	\$ 2,257,022

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Peer Engagement Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT & MOBILIZATION Social Media		Basic Needs		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and Client Services	0.17858	555	2%	13,754	58%	344	1%	5,696	24%	1,154	5%	1,020	4%	990	4%	23,513
Director of Integrated Behavioral Health	0.19286	586	2%	14,500	58%	363	1%	6,005	24%	1,217	5%	1,075	4%	1,043	4%	24,789
Program Director	0.91194	1,942	2%	48,137	58%	1,205	1%	19,935	24%	4,040	5%	3,569	4%	3,464	4%	82,292
Program Manager	0.92858	1,753	2%	43,454	58%	1,089	1%	17,996	24%	3,647	5%	3,222	4%	3,127	4%	74,286
Community Health workers	3.80000	4,375	2%	108,477	58%	2,715	1%	44,925	24%	9,103	5%	8,044	4%	7,806	4%	185,445
Clinical Supervisor	0.25714	607	2%	15,042	58%	377	1%	6,229	24%	1,262	5%	1,115	4%	1,082	4%	25,714
Prevention Services Coordinator	1.00000	1,781	2%	44,164	58%	1,106	1%	18,290	24%	3,706	5%	3,275	4%	3,178	4%	75,500
MH Clinician	0.50000	944	2%	23,398	58%	586	1%	9,690	24%	1,965	5%	1,735	4%	1,684	4%	40,000
Community Health Educators (CHE)	0.58301	777	2%	19,264	58%	482	1%	7,978	24%	1,617	5%	1,428	4%	1,386	4%	32,932
Program Assistants	1.31000	1,777	2%	44,048	58%	1,103	1%	18,242	24%	3,696	5%	3,265	4%	3,170	4%	75,301
Total FTE & Salaries		9.66210		15,096	2%	374,237	58%	9,369	1%	154,986	24%	31,406	5%	27,749	4%	639,772
Fringe Benefits		31.3%		4,732	2%	117,314	58%	2,937	1%	48,584	24%	9,845	5%	8,699	4%	200,553
Total Personnel Expenses				19,828	2%	491,551	58%	12,306	1%	203,570	24%	41,251	5%	36,448	4%	840,325
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		2,217	2%	54,966	58%	1,376	1%	22,764	24%	4,613	5%	4,076	4%	3,955	4%	93,967
Total Materials and Supplies		986	2%	24,443	58%	612	1%	10,123	24%	2,051	5%	1,812	4%	1,759	4%	41,786
Total General Operating		214	2%	5,335	58%	134	1%	2,209	24%	448	5%	396	4%	384	4%	9,120
Total Staff Travel		28	2%	702	58%	17	1%	291	24%	59	5%	52	4%	51	4%	1,200
Consultants/Subcontractor:																
MNHC		143,345	25%	198,122	34%	16,771	3%	150,793	26%	7,487	1%		0%	66,924	11%	583,442
SFAF			0%	233,019	64%	15,602	4%		0%	86,087	24%		0%	30,704	8%	365,412
Fees		197	16%	4,876	58%	122	1%	2,019	24%	409	5%	362	4%	351	4%	8,336
Other (specify):																
Food for Groups		583	49%	14,463	58%	362	1%	5,990	24%	1,214	5%	1,072	4%	1,041	4%	24,725
Incentive/Rewards		231	19%	5,733	58%	143	1%	2,374	24%	481	5%	425	4%	413	4%	9,800
HIV Testing Incentives		147	12%	3,656	58%	92	1%	1,514	24%	307	5%	271	4%	263	4%	6,250
Basic Needs/Hygiene Kits		1,262	105%	31,293	58%	783	1%	12,960	24%	2,626	5%	2,320	4%	2,252	4%	53,496
Events		436	36%	10,822	58%	271	1%	4,482	24%	908	5%	802	4%	779	4%	18,500
			0%		0%		0%		0%		0%		0%		0%	-
Total Operating Expenses		149,646	12%	587,430		36,285		215,519		106,690		11,588		108,876		1,216,034
Total Direct Expenses		169,474	8%	1,078,981	52%	48,591	2%	419,089	20%	147,941	7%	48,036	2%	144,247	7%	2,056,359
Indirect Expenses		9.8%		4,735	3%	117,379	11%	2,938	6%	48,611	12%	9,850	7%	8,704	18%	200,663
TOTAL EXPENSES				174,209	8%	1,196,360	53%	51,529	2%	467,700	21%	157,791	7%	152,693	7%	2,257,022
Unit of Service Type		Test		Hours		Condom/Lube		Hours		Events		Months		Kit		
Number of UOS per Service Mode		1,196		3,756		60,000		740		41		12		5,500		71,245
Cost Per UOS by Service Mode		\$145.66		\$318.52		\$0.86		\$632.03		\$3,848.56		\$4,728.30		\$27.77		N/A
Number of UDC/NOC per Service Mode		1,196		8,213		14,850		1,984		1,025		N/A		5,500		

BUDGET JUSTIFICATION

Appendix B-1d

1a) SALARIES

Staff Position 1:	Director of Programs and Client Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	131,670	0.17858	12	0.17858	\$ 23,513
Staff Position 2:	Director of Integrated Behavioral Health				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	128,535	0.19286	12	0.19286	\$ 24,789
Staff Position 3:	Program Director				
Duties re program and UDC served	Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.				
Degree, license exp	A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with populations at high risk of HIV/AIDS, including but not limited to, the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	90,238	0.91194	12	0.91194	\$ 82,292
Staff Position 4:	Program Manager				
Duties related to this program and UDC served	This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations				
Degree, license, experience	A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for populations at high risk of HIV/AIDS, including but not limited to, Latinx populations, people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.92858	12	0.92858	\$ 74,286
Staff Position 5:	Community Health workers				

Duties related to this program and UDC served	Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff				
Degree, license exp	Minimum 2 years experience working with HIV/AIDS populations, with knowledge of their health and social issues, and 1 year experience working with difficult to engage populations at high risk of HIV/AIDS, including but not limited to, Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	48,801	3.80000	12	3.80000	\$ 185,445
Staff Position 6:	Clinical Supervisor				
Duties re program and UDC served	Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements				
Degree, license exp	Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	100,000	0.25714	12	0.25714	\$ 25,714
Staff Position 7:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	75,500	1.00000	12	1.00000	\$ 75,500
Staff Position 8:	MH Clinician				
Duties re program and UDC served	Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.				
Degree, license exp	Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.50000	12	0.50000	\$ 40,000
Staff Position 9:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	56,486	0.58301	12	0.58301	\$ 32,932
Staff Position 10:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	57,482	1.31000	12	1.31000	\$ 75,301
Total FTE, Base:		9.66210	Annualized:	9.66210	
				Total Salaries:	\$ 639,772

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
	Social Security	\$	48,943
	Retirement	\$	19,193
	Medical	\$	109,715
	Dental	\$	12,795
	Unemployment Insurance	\$	7,997
	Disability Insurance	\$	1,910
	Paid Time Off	\$	-
	Life Insurance	\$	-
		Total Fringe Benefit:	\$ 200,553
		Fringe Benefit %:	31.35%
		TOTAL SALARIES/BENEFITS:	\$ 840,325

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities, including cellphone usage for staff to communicate with clients	Rent at \$6,017 x 12, and utilities at \$1,206.25 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance and Janitorial services at \$482.25 x 12mos	\$ 93,967
Total Occupancy:			\$ 93,967

Materials & Supplies:

Expense Item		Rate/Formula	Cost
Program Supplies	Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$5,000 for special client events, plus \$1000 for agency share costs for cultural/spiritual events	\$2,533.33 x 12 months	\$ 30,400
Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,504, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$4,174 to the agency share costs ratio, plus \$1,708 for printing costs	\$948.83 x 12 months	\$ 11,386
Total Materials & Supplies:			\$ 41,786

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.662 FTE ratio of 11.39% to the agency budget will be for general and professional insurance.	\$410.00 x 10 months	\$ 4,100

Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$3,000 In addition to cover share costs for Agency mandated training and translation costs at \$683	\$306.92 x 12 months	\$ 3,683
Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use and support clients printing needs	\$111.42 x 12 months	\$ 1,337
Total General Operating:			\$ 9,120

Staff Travel:

Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs		an average of \$25 x 12mos/average x 4 staff	\$ 1,200
Total Staff Travel:				\$ 1,200

Consultants/Subcontractors:

Consult/Subcontractor Name	Service Description	Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events, SEE UOS Table allocation	@ \$48,620.17/month x 12 months	\$ 583,442
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2)Provides recruitment and linkage services; 3) Conducts events, SEE UOS table allocation	@ \$30,451.00/month x 12 months	\$ 365,412
Fees	Audit fees for 9.662 FTE ratio of 11.39% to the agency budget will contribute towards annual fiscal audit at \$4,555 and payroll services at \$3,781	@ \$694.67 /month x 12 months	\$ 8,336
Total Consultants/Subcontractors:			\$ 957,190

Other Expenses

Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$5,165 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada	91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$5,165 = \$24,725	\$ 24,725
Incentive/Rewards	Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP.	2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50	\$ 9,800
HIV Testing Incentives	Store Gift cards as incentive for 250 TG clients having HIV testing	\$25 x 250 = \$6,250	\$ 6,250
Basic Needs/Hygiene Kits	34 gift cards x \$30 x 12 months, 100 hygiene kits x \$6 x 12 months, plus 66 clipper cards x \$43 x 12 months	12240+7200+34056	\$ 53,496

Events	Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300	\$7,200 + \$11,300 = \$18,500	\$ 18,500
		Total Other:	\$ 112,771

Please list personnel and ledger expenses that are included in shared costs.		TOTAL OPERATING EXPENSES:	\$ 1,216,034
		TOTAL DIRECT COSTS:	\$ 2,056,359
		Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract			\$ 200,663
4) INDIRECT COSTS	Indirect Rate:	9.76%	TOTAL INDIRECT COSTS: \$ 200,663
		TOTAL EXPENSES:	\$ 2,257,022

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Peer Engagement Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT & MOBILIZATION Social Media		Basic Needs		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and Client Services	0.17858	555	2%	13,754	58%	344	1%	5,696	24%	1,154	5%	1,020	4%	990	4%	23,513
Director of Integrated Behavioral Health	0.19286	586	2%	14,500	58%	363	1%	6,005	24%	1,217	5%	1,075	4%	1,043	4%	24,789
Program Director	0.91194	1,942	2%	48,137	58%	1,205	1%	19,935	24%	4,040	5%	3,569	4%	3,464	4%	82,292
Program Manager	0.92858	1,753	2%	43,454	58%	1,089	1%	17,996	24%	3,647	5%	3,222	4%	3,127	4%	74,286
Community Health workers	3.80000	4,375	2%	108,477	58%	2,715	1%	44,925	24%	9,103	5%	8,044	4%	7,806	4%	185,445
Clinical Supervisor	0.25714	607	2%	15,042	58%	377	1%	6,229	24%	1,262	5%	1,115	4%	1,082	4%	25,714
Prevention Services Coordinator	1.00000	1,781	2%	44,164	58%	1,106	1%	18,290	24%	3,706	5%	3,275	4%	3,178	4%	75,500
MH Clinician	0.50000	944	2%	23,398	58%	586	1%	9,690	24%	1,965	5%	1,735	4%	1,684	4%	40,000
Community Health Educators (CHE)	0.58301	777	2%	19,264	58%	482	1%	7,978	24%	1,617	5%	1,428	4%	1,386	4%	32,932
Program Assistants	1.31000	1,777	2%	44,048	58%	1,103	1%	18,242	24%	3,696	5%	3,265	4%	3,170	4%	75,301
Total FTE & Salaries		9.66210		15,096	2%	374,237	58%	9,369	1%	154,986	24%	31,406	5%	27,749	4%	639,772
Fringe Benefits		31.3%		4,732	2%	117,314	58%	2,937	1%	48,584	24%	9,845	5%	8,699	4%	200,553
Total Personnel Expenses				19,828	2%	491,551	58%	12,306	1%	203,570	24%	41,251	5%	36,448	4%	840,325
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		2,217	2%	54,966	58%	1,376	1%	22,764	24%	4,613	5%	4,076	4%	3,955	4%	93,967
Total Materials and Supplies		986	2%	24,443	58%	612	1%	10,123	24%	2,051	5%	1,812	4%	1,759	4%	41,786
Total General Operating		214	2%	5,335	58%	134	1%	2,209	24%	448	5%	396	4%	384	4%	9,120
Total Staff Travel		28	2%	702	58%	17	1%	291	24%	59	5%	52	4%	51	4%	1,200
Consultants/Subcontractor:																
MNHC		143,345	25%	198,122	34%	16,771	3%	150,793	26%	7,487	1%		0%	66,924	11%	583,442
SFAF			0%	233,019	64%	15,602	4%		0%	86,087	24%		0%	30,704	8%	365,412
Fees		197	16%	4,876	58%	122	1%	2,019	24%	409	5%	362	4%	351	4%	8,336
Other (specify):																
Food for Groups		583	49%	14,463	58%	362	1%	5,990	24%	1,214	5%	1,072	4%	1,041	4%	24,725
Incentive/Rewards		231	19%	5,733	58%	143	1%	2,374	24%	481	5%	425	4%	413	4%	9,800
HIV Testing Incentives		147	12%	3,656	58%	92	1%	1,514	24%	307	5%	271	4%	263	4%	6,250
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Events		436	36%	10,822	58%	271	1%	4,482	24%	908	5%	802	4%	779	4%	18,500
			0%		0%		0%		0%		0%		0%		0%	-
Total Operating Expenses		149,646	12%	587,430		36,285		215,519		106,690		11,588		108,875		1,216,034
Total Direct Expenses		169,474	8%	1,078,981	52%	48,591	2%	419,089	20%	147,941	7%	48,036	2%	144,247	7%	2,056,359
Indirect Expenses		9.8%		4,735	3%	117,379	11%	2,938	6%	48,611	12%	9,850	7%	8,704	18%	200,663
TOTAL EXPENSES				174,209	8%	1,196,360	53%	51,529	2%	467,700	21%	157,791	7%	152,693	7%	2,257,022
Unit of Service Type		Test		Hours		Condom/Lube		Hours		Events		Months		Kit		
Number of UOS per Service Mode		1,196		3,756		60,000		740		41		12		5,500		71,245
Cost Per UOS by Service Mode		\$145.66		\$318.52		\$0.86		\$632.03		\$3,848.56		\$4,728.30		\$27.77		N/A
Number of UDC/NOC per Service Mode		1,196		8,213		14,850		1,984		1,025		N/A		5,500		

BUDGET JUSTIFICATION

1a) SALARIES

Appendix B-1e

Staff Position 1:	Director of Programs and Client Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	131,670	0.17858	12	0.17858	\$ 23,513
Staff Position 2:	Director of Integrated Behavioral Health				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	128,535	0.19286	12	0.19286	\$ 24,789
Staff Position 3:	Program Director				
Duties re program and UDC served	Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.				
Degree, license exp	A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with populations at high risk of HIV/AIDS, including but not limited to, the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	90,238	0.91194	12	0.91194	\$ 82,292
Staff Position 4:	Program Manager				
Duties related to this program and UDC served	This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations				
Degree, license, experience	A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for populations at high risk of HIV/AIDS, including but not limited to, Latinx populations, people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.92858	12	0.92858	\$ 74,286

Staff Position 5:	Community Health workers				
Duties related to this program and UDC served	Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff				
Degree, license exp	Minimum 2 years experience working with HIV/AIDS populations, with knowledge of their health and social issues, and 1 year experience working with difficult to engage populations at high risk of HIV/AIDS, including but not limited to, Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	48,801	3.80000	12	3.80000	\$ 185,445
Staff Position 6:	Clinical Supervisor				
Duties re program and UDC served	Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements				
Degree, license exp	Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	100,000	0.25714	12	0.25714	\$ 25,714
Staff Position 7:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	75,500	1.00000	12	1.00000	\$ 75,500
Staff Position 8:	MH Clinician				
Duties re program and UDC served	Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.				
Degree, license exp	Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.50000	12	0.50000	\$ 40,000
Staff Position 9:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	56,486	0.58301	12	0.58301	\$ 32,932
Staff Position 10:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	57,482	1.31000	12	1.31000	\$ 75,301
Total FTE, Base:		9.66210	Annualized:	9.66210	
				Total Salaries:	\$ 639,772

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
Social Security	\$		48,943
Retirement	\$		19,193
Medical	\$		109,715
Dental	\$		12,795
Unemployment Insurance	\$		7,997
Disability Insurance	\$		1,910
Paid Time Off	\$		-
Life Insurance	\$		-
		Total Fringe Benefit:	\$ 200,553
		Fringe Benefit %:	31.35%
		TOTAL SALARIES/BENEFITS:	\$ 840,325

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities, including cellphone usage for staff to communicate with clients	Rent at \$6,017 x 12, and utilities at \$1,206.25 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance and Janitorial services at \$482 25 x 12mos	\$ 93,967
Total Occupancy:			\$ 93,967

Materials & Supplies:

Expense Item		Rate/Formula	Cost
Program Supplies	Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$5,000 for special client events, plus \$1000 for agency share costs for cultural/spiritual events	\$2,533.33 x 12 months	\$ 30,400
Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,504, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$4,174 to the agency share costs ratio, plus \$1,708 for printing costs	\$948.83 x 12 months	\$ 11,386
Total Materials & Supplies:			\$ 41,786

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.662 FTE ratio of 11.39% to the agency budget will be for general and professional insurance.	\$410.00 x 10 months	\$ 4,100
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$3,000 In addition to cover share costs for Agency mandated training and translation costs at \$683	\$306.92 x 12 months	\$ 3,683

Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use and support clients printing needs		\$111.42 x 12 months	\$ 1,337
			Total General Operating:	\$ 9,120
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs		an average of \$25 x 12mos/average x 4 staff	\$ 1,200
			Total Staff Travel:	\$ 1,200
Consultants/Subcontractors:				
Consult/Subcontractor Name	Service Description		Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events, SEE UOS Table allocation		@ \$48,620.17/month x 12 months	\$ 583,442
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2) Provides recruitment and linkage services; 3) Conducts events, SEE UOS table allocation		@ \$30,451.00/month x 12 months	\$ 365,412
Fees	Audit fees for 9.662 FTE ratio of 11.39% to the agency budget will contribute towards annual fiscal audit at \$4,555 and payroll services at \$3,781		@ \$694.67 /month x 12 months	\$ 8,336
			Total Consultants/Subcontractors:	\$ 957,190

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$5,165 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada	91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$5,165 = \$24,725	\$ 24,725
Incentive/Rewards	Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP.	2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50	\$ 9,800
HIV Testing Incentives	Store Gift cards as incentive for 250 TG clients having HIV testing	\$25 x 250 = \$6,250	\$ 6,250
Basic Needs/Hygiene Kits	34 gift cards x \$30 x 12 months, 100 hygiene kits x \$6 x 12 months, plus 66 clipper cards x \$43 x 12 months	12240+7200+34056	\$ 53,496
Events	Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300	\$7,200 + \$11,300 = \$18,500	\$ 18,500
		Total Other:	\$ 112,771

Please list personnel and ledger expenses that are included in shared costs.				TOTAL OPERATING EXPENSES: \$ 1,216,034	
				TOTAL DIRECT COSTS: \$ 2,056,359	
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 200,663
4) INDIRECT COSTS	Indirect Rate:	9.76%		TOTAL INDIRECT COSTS: \$ 200,663	
				TOTAL EXPENSES: \$ 2,257,022	

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Peer Engagement Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT & MOBILIZATION Social Media		Basic Needs		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and Client Services	0.17858	555	2%	13,754	58%	344	1%	5,696	24%	1,154	5%	1,020	4%	990	4%	23,513
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Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		2,217	2%	54,966	58%	1,376	1%	22,764	24%	4,613	5%	4,076	4%	3,955	4%	93,967
Total Materials and Supplies		986	2%	24,443	58%	612	1%	10,123	24%	2,051	5%	1,812	4%	1,759	4%	41,786
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Total Staff Travel		28	2%	702	58%	17	1%	291	24%	59	5%	52	4%	51	4%	1,200
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SFAF			0%	233,019	64%	15,602	4%		0%	86,087	24%		0%	30,704	8%	365,412
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			0%		0%		0%		0%		0%		0%		0%	-
Total Operating Expenses		149,646	12%	587,430		36,285		215,519		106,690		11,588		108,875		1,216,034
Total Direct Expenses		169,474	8%	1,078,981	52%	48,591	2%	419,089	20%	147,941	7%	48,036	2%	144,247	7%	2,056,359
Indirect Expenses		9.8%		4,735	3%	117,379	11%	2,938	6%	48,611	12%	9,850	7%	8,704	18%	200,663
TOTAL EXPENSES				174,209	8%	1,196,360	53%	51,529	2%	467,700	21%	157,791	7%	152,693	7%	2,257,022
Unit of Service Type		Test		Hours		Condom/Lube		Hours		Events		Months		Kit		
Number of UOS per Service Mode		1,196		3,756		60,000		740		41		12		5,500		71,245
Cost Per UOS by Service Mode		\$145.66		\$318.52		\$0.86		\$632.03		\$3,848.56		\$4,728.30		\$27.77		N/A
Number of UDC/NOC per Service Mode		1,196		8,213		14,850		1,984		1,025		N/A		5,500		

BUDGET JUSTIFICATION

1a) SALARIES

Appendix B-1f

Staff Position 1:	Director of Programs and Client Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	131,670	0.17858	12	0.17858	\$ 23,513
Staff Position 2:	Director of Integrated Behavioral Health				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	128,535	0.19286	12	0.19286	\$ 24,789
Staff Position 3:	Program Director				
Duties re program and UDC served	Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.				
Degree, license exp	A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with populations at high risk of HIV/AIDS, including but not limited to, the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	90,238	0.91194	12	0.91194	\$ 82,292
Staff Position 4:	Program Manager				
Duties related to this program and UDC served	This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations				
Degree, license, experience	A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for populations at high risk of HIV/AIDS, including but not limited to, Latinx populations, people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.92858	12	0.92858	\$ 74,286

Staff Position 5:	Community Health workers				
Duties related to this program and UDC served	Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff				
Degree, license exp	Minimum 2 years experience working with HIV/AIDS populations, with knowledge of their health and social issues, and 1 year experience working with difficult to engage populations at high risk of HIV/AIDS, including but not limited to, Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	48,801	3.80000	12	3.80000	\$ 185,445
Staff Position 6:	Clinical Supervisor				
Duties re program and UDC served	Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements				
Degree, license exp	Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	100,000	0.25714	12	0.25714	\$ 25,714
Staff Position 7:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	75,500	1.00000	12	1.00000	\$ 75,500
Staff Position 8:	MH Clinician				
Duties re program and UDC served	Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.				
Degree, license exp	Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.50000	12	0.50000	\$ 40,000
Staff Position 9:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	56,486	0.58301	12	0.58301	\$ 32,932
Staff Position 10:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	57,482	1.31000	12	1.31000	\$ 75,301
Total FTE, Base:		9.66210	Annualized:	9.66210	
				Total Salaries:	\$ 639,772

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
Social Security	\$		48,943
Retirement	\$		19,193
Medical	\$		109,715
Dental	\$		12,795
Unemployment Insurance	\$		7,997
Disability Insurance	\$		1,910
Paid Time Off	\$		-
Life Insurance	\$		-
		Total Fringe Benefit:	\$ 200,553
		Fringe Benefit %:	31.35%
		TOTAL SALARIES/BENEFITS:	\$ 840,325

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities, including cellphone usage for staff to communicate with clients	Rent at \$6,017 x 12, and utilities at \$1,206.25 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance and Janitorial services at \$482.25 x 12mos	\$ 93,967
Total Occupancy:			\$ 93,967

Materials & Supplies:

Expense Item		Rate/Formula	Cost
Program Supplies	Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$5,000 for special client events, plus \$1000 for agency share costs for cultural/spiritual events	\$2,533.33 x 12 months	\$ 30,400
Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,504, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$4,174 to the agency share costs ratio, plus \$1,708 for printing costs	\$948.83 x 12 months	\$ 11,386
Total Materials & Supplies:			\$ 41,786

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.662 FTE ratio of 11.39% to the agency budget will be for general and professional insurance.	\$410.00 x 10 months	\$ 4,100
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$3,000 In addition to cover share costs for Agency mandated training and translation costs at \$683	\$306.92 x 12 months	\$ 3,683

Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use and support clients printing needs		\$111.42 x 12 months	\$ 1,337
			Total General Operating:	\$ 9,120
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs		an average of \$25 x 12mos/average x 4 staff	\$ 1,200
			Total Staff Travel:	\$ 1,200
Consultants/Subcontractors:				
Consult/Subcontractor Name	Service Description		Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events		@ \$48,620.17/month x 12 months	\$ 583,442
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2) Provides recruitment and linkage services; 3) Conducts events		@ \$30,451.00/month x 12 months	\$ 365,412
Fees	Audit fees for 9.662 FTE ratio of 11.39% to the agency budget will contribute towards annual fiscal audit at \$4,555 and payroll services at \$3,781		@ \$694.67 /month x 12 months	\$ 8,336
			Total Consultants/Subcontractors:	\$ 957,190

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$5,165 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada	91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$5,165 = \$24,725	\$ 24,725
Incentive/Rewards	Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP.	2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50	\$ 9,800
HIV Testing Incentives	Store Gift cards as incentive for 250 TG clients having HIV testing	\$25 x 250 = \$6,250	\$ 6,250
Basic Needs/Hygiene Kits	34 gift cards x \$30 x 12 months, 100 hygiene kits x \$6 x 12 months, plus 66 clipper cards x \$43 x 12 months	12240+7200+34056	\$ 53,496
Events	Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300	\$7,200 + \$11,300 = \$18,500	\$ 18,500
		Total Other:	\$ 112,771

Please list personnel and ledger expenses that are included in shared costs.				TOTAL OPERATING EXPENSES: \$ 1,216,034	
				TOTAL DIRECT COSTS: \$ 2,056,359	
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 200,663
4) INDIRECT COSTS	Indirect Rate:	9.76%		TOTAL INDIRECT COSTS: \$ 200,663	
				TOTAL EXPENSES: \$ 2,257,022	

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

UOS COST ALLOCATION BY SERVICE MODE

General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Peer Engagement Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT & MOBILIZATION Social Media		Basic Needs		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and Client Services	0.17858	555	2%	13,754	58%	344	1%	5,696	24%	1,154	5%	1,020	4%	990	4%	23,513
Director of Integrated Behavioral Health	0.19286	586	2%	14,500	58%	363	1%	6,005	24%	1,217	5%	1,075	4%	1,043	4%	24,789
Program Director	0.91194	1,942	2%	48,137	58%	1,205	1%	19,935	24%	4,040	5%	3,569	4%	3,464	4%	82,292
Program Manager	0.92858	1,753	2%	43,454	58%	1,089	1%	17,996	24%	3,647	5%	3,222	4%	3,127	4%	74,286
Community Health workers	3.80000	4,375	2%	108,477	58%	2,715	1%	44,925	24%	9,103	5%	8,044	4%	7,806	4%	185,445
Clinical Supervisor	0.25714	607	2%	15,042	58%	377	1%	6,229	24%	1,262	5%	1,115	4%	1,082	4%	25,714
Prevention Services Coordinator	1.00000	1,781	2%	44,164	58%	1,106	1%	18,290	24%	3,706	5%	3,275	4%	3,178	4%	75,500
MH Clinician	0.50000	944	2%	23,398	58%	586	1%	9,690	24%	1,965	5%	1,735	4%	1,684	4%	40,000
Community Health Educators (CHE)	0.58301	777	2%	19,264	58%	482	1%	7,978	24%	1,617	5%	1,428	4%	1,386	4%	32,932
Program Assistants	1.31000	1,777	2%	44,048	58%	1,103	1%	18,242	24%	3,696	5%	3,265	4%	3,170	4%	75,301
Total FTE & Salaries		9.66210		15,096	2%	374,237	58%	9,369	1%	154,986	24%	31,406	5%	27,749	4%	639,772
Fringe Benefits		31.3%		4,732	2%	117,314	58%	2,937	1%	48,584	24%	9,845	5%	8,699	4%	200,553
Total Personnel Expenses				19,828	2%	491,551	58%	12,306	1%	203,570	24%	41,251	5%	36,448	4%	840,325
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		2,217	2%	54,966	58%	1,376	1%	22,764	24%	4,613	5%	4,076	4%	3,955	4%	93,967
Total Materials and Supplies		986	2%	24,443	58%	612	1%	10,123	24%	2,051	5%	1,812	4%	1,759	4%	41,786
Total General Operating		214	2%	5,335	58%	134	1%	2,209	24%	448	5%	396	4%	384	4%	9,120
Total Staff Travel		28	2%	702	58%	17	1%	291	24%	59	5%	52	4%	51	4%	1,200
Consultants/Subcontractor:																
MNHC		143,345	25%	198,122	34%	16,771	3%	150,793	26%	7,487	1%		0%	66,924	11%	583,442
SFAF			0%	233,019	64%	15,602	4%		0%	86,087	24%		0%	30,704	8%	365,412
Fees		197	16%	4,876	58%	122	1%	2,019	24%	409	5%	362	4%	351	4%	8,336
Other (specify):																
Food for Groups		583	49%	14,463	58%	362	1%	5,990	24%	1,214	5%	1,072	4%	1,041	4%	24,725
Incentive/Rewards		231	19%	5,733	58%	143	1%	2,374	24%	481	5%	425	4%	413	4%	9,800
HIV Testing Incentives		147	12%	3,656	58%	92	1%	1,514	24%	307	5%	271	4%	263	4%	6,250
Basic Needs/Hygiene Kits		1,262	105%	31,293	58%	783	1%	12,960	24%	2,626	5%	2,320	4%	2,252	4%	53,496
Events		436	36%	10,822	58%	271	1%	4,482	24%	908	5%	802	4%	779	4%	18,500
			0%		0%		0%		0%		0%		0%		0%	-
Total Operating Expenses		149,646	12%	587,430		36,285		215,519		106,690		11,588		108,875		1,216,034
Total Direct Expenses		169,474	8%	1,078,981	52%	48,591	2%	419,089	20%	147,941	7%	48,036	2%	144,247	7%	2,056,359
Indirect Expenses		9.8%		4,735	3%	117,379	11%	2,938	6%	48,611	12%	9,850	7%	8,704	18%	200,663
TOTAL EXPENSES				174,209	8%	1,196,360	53%	51,529	2%	467,700	21%	157,791	7%	152,693	7%	2,257,022
Unit of Service Type		Test		Hours		Condom/Lube		Hours		Events		Months		Kit		
Number of UOS per Service Mode		1,196		3,756		60,000		740		41		12		5,500		71,245
Cost Per UOS by Service Mode		\$145.66		\$318.52		\$0.86		\$632.03		\$3,848.56		\$4,728.30		\$27.77		N/A
Number of UDC/NOC per Service Mode		1,196		8,213		14,850		1,984		1,025		N/A		5,500		

BUDGET JUSTIFICATION**1a) SALARIES**

Appendix B-1g

Staff Position 1:		Director of Programs and Client Services				
Duties related to this program and UDC served		Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience		Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
		Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
		131,670	0.17858	12	0.17858	\$ 23,513
Staff Position 2:		Director of Integrated Behavioral Health				
Duties related to this program and UDC served		Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience		Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with populations at high risk of HIV/AIDS, including but not limited to, the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
		Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
		128,535	0.19286	12	0.19286	\$ 24,789
Staff Position 3:		Program Director				
Duties re program and UDC served		Oversees the whole LHAP operations and partners. Responsible for program planning and development, partnership and relationships building, fiscal oversight, leadership and staff development. Serves as an agency representative to key stakeholders groups, including community members, service providers, government agencies, and private funders.				
Degree, license exp		A bachelor's degree in public health, social work, health administration or related field, and a minimum of three years of management experience providing prevention an education services, care coordination, and/or services delivery. Demonstrated competence in fostering spaces that are affirming of diverse sexual orientations, gender identities and expression. Familiar with populations at high risk of HIV/AIDS, including but not limited to, the Latinx community in and around San Francisco/Bay Area. Bicultural, bilingual in English and Spanish				
		Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
		90,238	0.91194	12	0.91194	\$ 82,292
Staff Position 4:		Program Manager				
Duties related to this program and UDC served		This position plays a key leadership role and is responsible for the development, implementation, and oversight of the program and community building. Provides direct supervision to Program Coordinators and evaluates their performance to ensure that program and individual goals/objectives are met; monitors program expenditures to meet program needs and ensure compliance with contract regulations				
Degree, license, experience		A BA in public health or equivalent, or At least (2) years of program management and staff supervision experience at minimum; a minimum (3) years' experience in providing HIV prevention for populations at high risk of HIV/AIDS, including but not limited to, Latinx populations, people living with HIV and people at-risk for HIV, men who have sex with men (MSM), transgender and gender non-binary individuals, etc. Bicultural, bilingual in English and Spanish.				
		Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
		80,000	0.92858	12	0.92858	\$ 74,286

Staff Position 5:	Community Health workers				
Duties related to this program and UDC served	Provide direct services including community outreach, linkage & navigation services, IRRC, PCM and group planning and facilitation including intake and risk/services assessment, education, and accompaniment. Responsible for data collection and maintains accurate data entry as assigned by the Program Coordinator. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff				
Degree, license exp	Minimum 2 years experience working with HIV/AIDS populations, with knowledge of their health and social issues, and 1 year experience working with difficult to engage populations at high risk of HIV/AIDS, including but not limited to, Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
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Staff Position 6:	Clinical Supervisor				
Duties re program and UDC served	Provides clinical supervision & consultation to therapist; along with Program Manager conducts chart review & qual assurance activities; works with Prog Director to ensure prog design responsiveness to contract requirements				
Degree, license exp	Masters in social work, psychology or related field, doctorate preferred; licensed in Behavioral profession; 2 yrs exp providing clinical spvsn to clinicians serving target population; bilingual Spanish-English				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	100,000	0.25714	12	0.25714	\$ 25,714
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Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	75,500	1.00000	12	1.00000	\$ 75,500
Staff Position 8:	MH Clinician				
Duties re program and UDC served	Provides individual psychotherapy, psychological assessments, crisis intervention, and group therapy.				
Degree, license exp	Licensed CA clinician; 2 yrs exp providing mental hlth to HIV pop; exp/motivated to work with multidisciplinary team; bilingual Spanish-English; knowledge/sensitivity to issues of diversity in Latino community				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	80,000	0.50000	12	0.50000	\$ 40,000
Staff Position 9:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	56,486	0.58301	12	0.58301	\$ 32,932
Staff Position 10:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr.	Annualized FTE if < 12 mo.	Total
	57,482	1.31000	12	1.31000	\$ 75,301
Total FTE, Base:		9.66210	Annualized:	9.66210	
				Total Salaries:	\$ 639,772

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
Social Security	\$		48,943
Retirement	\$		19,193
Medical	\$		109,715
Dental	\$		12,795
Unemployment Insurance	\$		7,997
Disability Insurance	\$		1,910
Paid Time Off	\$		-
Life Insurance	\$		-
		Total Fringe Benefit:	\$ 200,553
		Fringe Benefit %:	31.35%
		TOTAL SALARIES/BENEFITS:	\$ 840,325

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities, including cellphone usage for staff to communicate with clients	Rent at \$6,017 x 12, and utilities at \$1,206.25 x 12, cellphones at \$25 x 12mos x 5 staff, and building maintenance and Janitorial services at \$482.25 x 12mos	\$ 93,967
Total Occupancy:			\$ 93,967

Materials & Supplies:

Expense Item		Rate/Formula	Cost
Program Supplies	Program supplies including \$10,000 for supplies, \$14,400 for condoms and lubricants, \$5,000 for special client events, plus \$1000 for agency share costs for cultural/spiritual events	\$2,533.33 x 12 months	\$ 30,400
Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,504, also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$4,174 to the agency share costs ratio, plus \$1,708 for printing costs	\$948.83 x 12 months	\$ 11,386
Total Materials & Supplies:			\$ 41,786

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.662 FTE ratio of 11.39% to the agency budget will be for general and professional insurance.	\$410.00 x 10 months	\$ 4,100
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses at \$3,000 In addition to cover share costs for Agency mandated training and translation costs at \$683	\$306.92 x 12 months	\$ 3,683

Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use and support clients printing needs		\$111.42 x 12 months	\$ 1,337
			Total General Operating:	\$ 9,120
Staff Travel:				
Purpose of Travel	Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25 x 12 months/average for 4 staff, including Lyft or Uber rides for special travel needs		an average of \$25 x 12mos/average x 4 staff	\$ 1,200
			Total Staff Travel:	\$ 1,200
Consultants/Subcontractors:				
Consult/Subcontractor Name	Service Description		Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events, SEE UOS Table allocation		@ \$48,620.17/month x 12 months	\$ 583,442
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2) Provides recruitment and linkage services; 3) Conducts events, SEE UOS table allocation		@ \$30,451.00/month x 12 months	\$ 365,412
Fees	Audit fees for 9.662 FTE ratio of 11.39% to the agency budget will contribute towards annual fiscal audit at \$4,555 and payroll services at \$3,781		@ \$694.67 /month x 12 months	\$ 8,336
			Total Consultants/Subcontractors:	\$ 957,190

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 91 sessions (Thursday & Friday) x \$160 each, plus 50 Wednesday groups sessions x \$100 plus \$5,165 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada	91 sessions x \$160 = \$14,560 + 50 sessions x \$100 = \$5,000 + \$5,165 = \$24,725	\$ 24,725
Incentive/Rewards	Incentives: Gift cards of \$25 to be drawn for Thursday and Friday groups x 2 per group; 50 gift cards x \$50 raffled off at special events. Rewards: \$50 gift cards x 50 provided at the end of year to clients who have consistently received services from the LHAP.	2 giftcard x \$25 x 2 groups x 4wks x 12mos + 100 gc x \$50	\$ 9,800
HIV Testing Incentives	Store Gift cards as incentive for 250 TG clients having HIV testing	\$25 x 250 = \$6,250	\$ 6,250
Basic Needs/Hygiene Kits	34 gift cards x \$30 x 12 months, 100 hygiene kits x \$6 x 12 months, plus 66 clipper cards x \$43 x 12 months	12240+7200+34056	\$ 53,496
Events	Events: 6 events x \$1,200 Avg = \$7,200 plus 10 pop up events x \$1,130 Avg = \$11,300	\$7,200 + \$11,300 = \$18,500	\$ 18,500
		Total Other:	\$ 112,771

Please list personnel and ledger expenses that are included in shared costs.				TOTAL OPERATING EXPENSES: \$ 1,216,034	
				TOTAL DIRECT COSTS: \$ 2,056,359	
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 200,663
4) INDIRECT COSTS	Indirect Rate:	9.76%		TOTAL INDIRECT COSTS: \$ 200,663	
				TOTAL EXPENSES: \$ 2,257,022	



Contract Amendments: Health Access Point Services

File 260170: San Francisco AIDS Foundation

File 260174: Rafiki Coalition for Health & Wellness

File 260209: Instituto Familiar de la Raza, Inc.

Nikole Trainor, MPH, MCHES

**Budget, Contract & Program Operations Manager,
Community Health Equity & Promotion Branch, Population Health Division**

March 25, 2026

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of File 260170: SF AIDS Foundation



- **Contractor:** San Francisco AIDS Foundation (SFAF)
- **Contract Amendment Amount:** \$11,946,338
 - **Total Not to Exceed Amount:** \$23,832,933
- **Timeline:** Total term of January 1, 2023, through June 30, 2030
 - Extends contract term four years from June 30, 2026
- **Contract Summary:** Provides Health Access Point (HAP) Client Direct Services and HAP Service Network capacity building activities
 - **HAP Priority Population:** Gay/MSM Community
 - **Neighborhood:** Castro, SOMA

Overview of File 260174: Rafiki Coalition



- **Contractor:** Rafiki Coalition for Health & Wellness
- **Contract Amendment Amount:** \$10,670,270
 - **Total Not to Exceed Amount:** \$20,083,870
- **Timeline:** Total term of January 1, 2020, through June 30, 2026
 - Extends contract term four years from June 30, 2026
- **Contract Summary:** Provides Health Access Point Client Direct Services
 - **Priority Population:** Black/African American Community
 - **Neighborhood:** Bayview Hunters Point, Potrero Hill, Sunnydale, Filmore

Overview of File 260209: Instituto Familiar de la Raza, Inc.



- **Contractor:** Instituto Familiar de la Raza, Inc. (IFR)
- **Contract Amendment Amount:** \$9,242,130
 - **Total Not to Exceed Amount:** \$17,087,730
- **Timeline:** Total term of January 1, 2023, through June 30, 2030
 - Extends contract term three years from June 30, 2027
- **Contract Summary:** Provides Health Access Point Client Direct Services
 - **Priority Population:** Latino Community
 - **Neighborhood:** Mission



SFAF: MSM HAP



Rafiki: 5000 3rd Street: Clinical Space Build out in process



IFR: Latino HAP



Conclusion

DPH agrees with the BLA's recommendations.

We respectfully request approval of these contract amendments.

Thank you!

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

Agreement between the City and County of San Francisco and

Instituto Familiar de la Raza, Inc.

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This Agreement is made this **1st day of January, 2023**, in the City and County of San Francisco (“City”), State of California, by and between **Instituto Familiar de la Raza, Inc.**, 2919 Mission Street, San Francisco, California, 94110 (“Contractor”) and City.

Recitals

WHEREAS, the **Department of Public Health** (“Department”) wishes to secure Health Access Point Services through an Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities |Latinx Health Access Point (LHAP); and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 4-2019, a Request for Proposal (“RFP”) issued on September 12, 2019, in which City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code and there is no Local Business Entity (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, approval for the Agreement was obtained on June 29, 2016 from the Civil Service Commission under PSC number 2006 – 07/08 in the amount of \$210,000,000 for the period commencing July 1, 2008 and is continuous; and

Now, THEREFORE, the parties agree 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 Instituto Familiar de la Raza, Inc., 2919 Mission Street, San Francisco, California, 94110.

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.

Article 2 Term of the Agreement

2.1 **Term.** The term of this Agreement shall commence on **January 1, 2023** and expire on **June 30, 2027**, unless earlier terminated as otherwise provided herein.

2.2 **Options to Extend.** The City has **6 (six)** options to renew the Agreement for a period of listed time span. 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: 07/01/2027-06/30/2028

Option 2: 07/01/2028-06/30/2029

Option 3: 07/01/2029-06/30/2030

Option 4: 07/01/2030-06/30/2031

Option 5: 07/01/2031-06/30/2032

Option 6: 07/01/2032-12/31/2032

Article 3 Financial Matters

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City’s Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City’s obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of

Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 Guaranteed Maximum Costs. The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

3.3.1 Calculation of Charges. Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediately preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Seven Million Eight Hundred Forty-Five Thousand Six Hundred DOLLARS (\$7,845,600)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

3.3.2 Payment Limited to Satisfactory Services and Delivery of Goods. Contractor is not entitled to any payments from City until City approves the goods and/or Services delivered pursuant to this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory delivery of goods and/or Services even if the unsatisfactory character may not have been apparent or detected at the time such payment was made. Goods and/or Services delivered pursuant to this Agreement that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 Withhold Payments. If Contractor fails to provide goods and/or Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City and include a unique invoice number and a specific invoice date. Payment shall be made by City as specified in Section 3.3.7, or in such alternate manner as the Parties have mutually agreed upon in writing. All invoices must show the PeopleSoft Purchase Order ID Number, PeopleSoft Supplier Name and ID, Item numbers (if applicable), complete description of goods delivered or Services performed, sales/use tax (if applicable), contract payment terms and contract price. Invoices that do not include all required information or contain inaccurate information will not be processed for payment.

3.3.5 Reserved (LBE Payment and Utilization Tracking System).

3.3.6 Getting paid by the City for Goods and/or Services.

(a) The City and County of San Francisco utilizes the Paymode-X[®] service offered by Bank of America Merrill Lynch to pay City contractors. Contractor must sign up to receive electronic payments to be paid under this Agreement. To sign up for electronic payments, visit http://portal.paymode.com/city_countyofsanfrancisco.

(b) At the option of the City, Contractor may be required to submit invoices directly in the City's financial and procurement system (PeopleSoft) via eSettlement. Refer to <https://sfcitypartner.sfgov.org/pages/training.aspx> for more information on eSettlement. For access to PeopleSoft eSettlement, submit a request through sfemployeeportalsupport@sfgov.org.

3.3.7 Grant Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other agreement between Contractor and City.

(b) **Reserved (Grant Terms).**

3.3.8 Payment Terms.

(a) **Payment Due Date:** Unless City notifies the Contractor that a dispute exists, Payment shall be made within 30 calendar days, measured from (1) the delivery of goods and/or the rendering of services or (2) the date of receipt of the invoice, whichever is later. Payment is deemed to be made on the date on which City has issued a check to Contractor or, if Contractor has agreed to electronic payment, the date on which City has posted electronic payment to Contractor.

(b) **Reserved (Payment Discount Terms).**

3.4 Audit and Inspection of Records.

3.4.1 Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years, unless required for a longer duration due to Federal, State, or local requirements of which the City will notify contractor in writing, after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

3.4.2 If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.3 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.2 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.4 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 Reserved (Payment of Prevailing Wages).

3.7 Contract Amendments; Budgeting Revisions.

3.7.1 Formal Contract Amendment: Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 City Revisions to Program Budgets: The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Revision to Program Budget.

3.7.3 City Program Scope Reduction. In order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction

Article 4 Services and Resources

4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services stated in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 Personnel

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

4.2.2 Contractor Vaccination Policy.

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

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

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

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

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

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

4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 “Additional Requirements Incorporated by Reference” of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City’s execution of this Agreement constitutes its approval of the subcontractors listed below.

- a. Subcontractors named in Appendices B

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Section 4.4, “Contractor” shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor’s performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor’s work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor’s compliance with this Section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor’s receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 Payment of Employment Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to this Section 4.4 shall be solely limited to the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this Section.

4.5 Assignment. The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

4.6 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 Required Coverages. Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

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

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

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

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

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

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

(g) Reserved (Pollution Liability Insurance).

5.1.2 Additional Insured Endorsements

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

(b) Reserved (The Commercial Automobile Liability Insurance Additional Insured Endorsement).

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

5.1.3 Reserved (Waiver of Subrogation Endorsements).

5.1.4 Primary Insurance Endorsements

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

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

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

5.1.5 Other Insurance Requirements

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsr410@sfdph.org.

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

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

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

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

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

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable

fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 6 Liability of the Parties

6.1 **Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

6.2 **Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 **Liability for Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 **Contractor to Pay All Taxes.** Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 **Possessory Interest Taxes.** Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a “change in ownership” for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code Section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code Section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

7.3 **Withholding.** Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions may include any or all of the following, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City’s direction, assigning to City any or all of Contractor’s right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City’s approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically listed in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:

8.2.2 Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security

(a) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

(b) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property; or (v) takes action for the purpose of any of the foregoing.

(c) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.3 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, in accordance with San Francisco Administrative Code Section 21.33 (Procedure Upon Contractor's Failure to Deliver) where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. Further, in accordance with San Francisco Administrative Code Section 10.27.1 (Controller may Offset), City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City. This Section 8.2.3 shall survive termination of this Agreement.

8.2.4 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.5 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 Non-Waiver of Rights. The omission by either Party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other Party at the time designated, shall not be a waiver of any such default or right to which the Party is entitled, nor shall it in any way affect the right of the Party to enforce such provisions thereafter.

8.4 Rights and Duties upon Termination or Expiration.

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts – Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	Article 13	Data and Security
		Appendix E	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 Ownership of Results. Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this Agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 Works for Hire. If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any

documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/.

10.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 Prohibition on Use of Public Funds for Political Activity. In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

10.5 Nondiscrimination Requirements.

10.5.1 Nondiscrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with

spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance.

Contractor shall comply with all applicable provisions of Chapter 14B (“LBE Ordinance”). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. If Administrative Code Chapter 12P applies to this contract, Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. Information about and the text of the Chapter 12P is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of 12P, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Chapter 12P.

10.8 Health Care Accountability Ordinance. If Administrative Code Chapter 12Q applies to this contract, Contractor shall comply with the requirements of Chapter 12Q. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission. Information about and the text of the Chapter 12Q, as well as the Health Commission’s minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City’s ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) or the California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved.

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City’s Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or

lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

10.12 Reserved (Slavery Era Disclosure).

10.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this Section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this Section shall control.

10.14 Consideration of Criminal History in Hiring and Employment Decisions.

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code ("Chapter 12T"), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

10.14.2 The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

10.15 Public Access to Nonprofit Records and Meetings. If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit

organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 Distribution of Beverages and Water.

10.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

10.18 Tropical Hardwood and Virgin Redwood Ban. Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product..

10.19 Reserved (Preservative Treated Wood Products).

Article 11 General Provisions

11.1 Notices to the Parties. Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 402 San Francisco, California 94102	e-mail: anna.c.gutierrez@sfdph.org
And:	Patricia Erwin Community Health Equity & Promotion Branch 25 Van Ness Avenue, 5th floor San Francisco, CA 94102	e-mail: patricia.erwin@sfdph.org
To CONTRACTOR:	Instituto Familiar De La Raza, Inc. 2919 Mission Street San Francisco, CA 94110	e-mail: gloria.romero@ifrsf.org

Any notice of default must be sent by registered mail or other trackable overnight mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 Incorporation of Recitals. The matters recited above are hereby incorporated into and made part of this Agreement.

11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement.

11.6 Dispute Resolution Procedure.

11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the Parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this Section.

11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 Entire Agreement. This contract sets forth the entire Agreement between the Parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in

any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (i) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (ii) such provision shall be enforced to the maximum extent possible so as to effect the intent of the Parties and shall be reformed without further action by the Parties to the extent necessary to make such provision valid and enforceable.

11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP, and Contractor's proposal dated November 25, 2019. The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal. If the Appendices to this Agreement include any standard printed terms from the Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

11.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

Article 12 Department Specific Terms

12.1 Third Party Beneficiaries. No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

12.3 Certification Regarding Lobbying.

12.3.1 Contractor certifies to the best of its knowledge and belief that: No federally appropriated funds have been paid or will be paid, by or on behalf of Contractor to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

12.3.2 If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, Contractor shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

12.3.3 Contractor shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

12.3.4 This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review. Contractor agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. Contractor agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. City agrees to conduct the review in a manner which does not impose unreasonable delays on Contractor's work, which may include review by members of target communities.

12.5 Emergency Response. Contractor will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). The agency-wide plan should address disaster coordination between and among service sites. Contractor will update the Agency/site(s) plan as needed and Contractor will train all employees regarding the provisions of the plan for their Agency/site(s). Contractor will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan and a continuity of operations plan for each of its service sites. Contractor is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, Contractor's employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as Contractor's prime contacts with Community Programs in the event of a declared emergency.

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) (v8/3/2022)**
 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 Management of City Data and Confidential Information.

13.4.1 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.

13.4.2 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.

13.5 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.

13.6 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.

Article 14 MacBride And Signature

14.1 MacBride Principles - Northern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

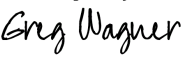
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Instituto Familiar de la Raza, Inc.

DocuSigned by:

12/16/2022 | 9:40:05 PST
28527524T82949F
Grant Colfax, MD
Director of Health
Department of Public Health

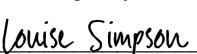
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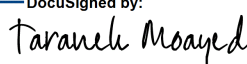
12/7/2022 | 11:37:38 PST
Gloria Romero
Executive Director
2919 Mission Street
San Francisco, CA 94110

Approved as to Form:

Supplier ID: 000018301

David Chiu
City Attorney

DocuSigned by:

12/8/2022 | 12:36:13 PST
By: Louise Simpson
Deputy City Attorney

Approved: DocuSigned by:

12/22/2022 | 2:20:56 PST
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Sailaja Kurella
Director of the Office of Contract Administration and
Purchaser

By: Taraneh Moayed

Appendices

A:	Scope of Services	F:	Invoice
B:	Calculation of Charges	G:	Dispute Resolution
C:	Reserved (Insurance Waiver)	H:	Reserved (Proclamation)
D:	Reserved (FEMA Contract Requirements)	I:	Reserved (Invoice(s))
E:	HIPAA Business Associate Agreement	J:	Reserved (Grant Terms)
		K:	Data Access and Sharing Terms

Appendix A

Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Patricia Erwin**, 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 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. 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.

H. 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.

I. 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 employees, agents, subcontractors including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

J. 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."

K. Client Fees and Third-Party Revenue:

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

(2) 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.

L. Patients' Rights:

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

M. 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.

N. 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.

O. 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 is listed below and are attached hereto:

Appendix A-1 **Latinx Health Access Point (LHAP)**

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.

PROGRAM NAME :	Latinx Health Access Point (LHAP - Category 1)
ADDRESS:	1663 Mission Street, Suite 603, San Francisco, CA 94103
PROGRAM PRIMARY CONTACT(s):	Claudia Cabrera-Lara P (415) 240-4104 F (415) 864-2773 Claudia.cabrera@ifrsf.org
NATURE OF DOCUMENT:	New Contract/Original: ☒ Contract Amendment: ☐ Internal Contract Revision: ☐

I. GOAL STATEMENT

The Latinx Health Access Point (LHAP) will implement an integrated multi-layered approach with a high level of cultural competency to contribute to the citywide goals:

1. Getting to zero new HIV infections
2. Zero HIV-related deaths
3. Zero HIV stigma, and discrimination
4. Eliminating HCV, reducing STD rates
5. Eliminating racial disparities in access to services and health outcomes

The LHAP is a collaboration of agencies/programs with a lead agency that provides equity-focused, stigma-free, and low-barrier integrated access to person-centered, standard-of-care services regardless of HIV, HCV, or STD status.

II. TARGET POPULATION

LHAP will provide services to all ethnicities and populations, with focused expertise to address the unique needs of the Latinx population in San Francisco.

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

Term: 01/01/2023-07/31/2023

B-1, B-1.1: Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF), El/La Para Translatinas (El/La)

Capacity Building Start Up Activities: Instituto Familiar de la Raza			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC
IFR			
Appendix B-1 01/01/23-03/31/23	1 UOS = 1 month Set up and needs assessment x 3 months	3	n/a
MNHC			
Appendix B-1 01/01/23-03/31/23	1 UOS = 1 month Set up and needs assessment x 3 months	3	n/a
SFAF			
Appendix B-1 01/01/23-03/31/23	1 UOS = 1 month Set up and needs assessment x 3 months	3	n/a
El/La Para Translatinas			
Appendix B-1 01/01/23-03/31/23	1 UOS = 1 month Set up and needs assessment x 3 months	3	n/a
Total UOS and UDC		12	n/a

Integrated HIV, HCV, and STD testing* (IFR, MNHC & EI/La)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1</i> 01/01/23-06/30/23	Testing: 1 UOS = 1 Test 16 HIV tests/month x 3 months = 48 + 2 = 50 UOS	50	22	50
MNHC				
<i>Appendix B-1</i> 01/01/23-06/30/23	Testing: 1 UOS = 1 Test 133 HIV Tests 34 Syphilis Tests 34 Gonorrhea Tests 34 Chlamydia Tests	234	118	234
EI/La Para Translatinas				
<i>Appendix B-1</i> 01/01/23-06/30/23	Testing: 1 UOS = 1 Test 5 HIV tests/month x 3 months = 15 UOS	15	5	15
Total UOS and UDC		299	145	299
Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services* (IFR, MNHC, SFAF & EI/La)				
IFR				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1</i> 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr.) 52 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 154 UOS approx. 52 clients x 12 weeks = 624 NOC approx.	153	n/a	624
	Individual Risk Reduction Counseling (1 UOS =1 hr.) 131 clients x 2 hr. session = 262 UOS 131 clients x 2 sessions = 262 NOC	262	131	262
	Prevention Case Management (1 UOS =1 hr.) 40 clients x 4 sessions x 1 hr. = 161 UOS approx. 40 clients x 4 sessions = 161 approx. NOC	161	40	161
MNHC				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1</i> 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr.) 9 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 27 UOS 9 participants x 12 weeks = 108 NOC	27	n/a	108
	Individual Risk Reduction Counseling (1 UOS =1 hr.) 30 participants x 1 hr. session = 30 UOS 30 participants = 30 NOC	30	30	30
	Prevention Case Management (1 UOS =1 hr.) 22 clients x 2 sessions x 1 hr. = 45 UOS approx. 22 clients x 2 sessions = 45 approx. NOC	45	22	45

SFAF				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr.) 51 clients weekly x 3 sessions x 1 hour per session = 154 UOS approx. 51 clients x 3 sessions = 154 NOC approx.	154	n/a	154
	Prevention Case Management (1 UOS =1 hr.) 9 clients x 3 sessions x 1 hr. = 26 UOS approx. 9 clients x 3 sessions = 26 approx. NOC	26	9	26
El/La para Translatinas				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr.) 12 clients weekly x 3 sessions x 1 hour per session = 36 UOS	36	n/a	36
	Individual Risk Reduction Counseling (1 UOS =1 hr.) 8 clients x 2 sessions x 1 hr. x 3 months= 48 UOS approx.	48	8	48
	Prevention Case Management (1 UOS =1 hr.) 9 clients x 4 sessions x 1 hr. = 36 UOS approx. 9 clients x 4 sessions = 36 approx. NOC	36	9	36
Linkage & Navigation UOS Totals:				
TOTAL UOS and UDC: Recruitment & Linkage		370	n/a	922
TOTAL UOS and UDC: Individual Risk Reduction Counseling		340	169	340
TOTAL UOS and UDC: Prevention Case Management		268	80	268
Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)* (IFR, MNHC, SFAF & El/La)				
Harm reduction principles are embedded in all counseling interventions; all LHAP staff will participate in ongoing Harm Reduction trainings; and screening for substance use will be performed during initial visits and during 6-month risk behavior screening.				
Overdose prevention (including naloxone distribution) * (SFAF to provide in-kind services)				
Syringe access and disposal* (SFAF to provided in-kind services)				
Condom distribution* (IFR, MNHC, SFAF & El/La)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
Appendix B-1 01/01/23-06/30/23	1 Condom = 1 UOS 2,836 units x 3 months = 8,510 UOS approx.	8,510	n/a	1,875

MNHC				
<i>Appendix B-1</i> 01/01/23-06/30/23	1 Condom = 1 UOS 4,209 units x 3 months = 12,627 UOS	12,627	n/a	3,231
SFAF				
<i>Appendix B-1</i> 01/01/23-06/30/23	1 Condom = 1 UOS 1,548 units x 3 months = 4,643 UOS approx.	4,643	n/a	1,161
EI/La para Translatinas				
<i>Appendix B-1</i> 01/01/23-06/30/23	1 Condom = 1 UOS 250 units x 3 months = 749 UOS approx.	749	n/a	100
Total UOS and UDC		26,529	n/a	6,367
Community engagement and mobilization (physical and online, social media) * (IFR, MNHC, SFAF & EI/La)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1</i> 01/01/23-06/30/23	Single Support Groups (1 UOS =1 hr.) 3 groups x 3.25 hours x 12 weeks = 118 hrs. approx. 3x12 groups x 8 participants = 288 = 288 NOC	118	20	288
	Events (1 UOS =1 event) 3 events= 3 UOS 3 events of 45 clients = 125 NOC	3	n/a	125
	Social Media (1 UOS = 1 Month of Social Media Promotion)	3	n/a	n/a
MNHC				
<i>Appendix B-1</i> 01/01/23-06/30/23	Single Support Groups (1 UOS =1 hr.) 2 groups x 3 hours x 9.16 weeks = 55 hrs. approx. 2 x 9.16 groups x 10 participants = 183 NOC	55	10	183
	Events (1 UOS =1 event) 1 event= 1 UOS 1 event of 160 clients = 160 NOC	1	n/a	160
SFAF				
<i>Appendix B-1</i> 01/01/23-06/30/23	Events (1 UOS =1 event) 6 events= 6 UOS 6 event of 29 clients = 175 NOC approx.	6	n/a	175
EI/La para Translatinas				
<i>Appendix B-1</i> 01/01/23-06/30/23	Single Support Groups (1 UOS =1 hr.) 2 groups x 1 hour x 3 weeks = 6 hrs. approx. 6 groups x 5 participants = 30 NOC	6	10	30
	Events (1 UOS =1 event) 1 event= 1 UOS 1 event of 36 clients = 36 NOC approx.	1	n/a	36

Total UOS and UDC Single Support Groups		179	40	501
Total UOS and UDC Events		11	n/a	496
Total UOS and UDC Social Marketing		3	n/a	n/a
HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) * (IFR, MNHC, SFAF & EI/La)				
<i>HIV, HCV, STD health education and prevention counseling is incorporated in all the LHAP services.</i>				
Basic needs services (examples: food, housing, and employment) * (IFR, MNHC, SFAF & EI/La)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
IFR				
<i>Appendix B-1</i> <i>01/01/23-06/30/23</i>	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 279 kits= 279 UOS 4 kits x 70 participants = 279 NOC approx.	279	75	279
MNHC				
<i>Appendix B-1</i> <i>01/01/23-06/30/23</i>	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 399 kits= 399 UOS 4 kits x 100 participants = 399 NOC approx.	399	100	399
SFAF				
<i>Appendix B-1</i> <i>01/01/23-06/30/23</i>	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 285 kits= 285 UOS 15 kits x 19 participants = 285 NOC approx.	285	19	285
EI/La para Translatinas				
<i>Appendix B-1</i> <i>01/01/23-06/30/23</i>	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 38 kits= 38 UOS 2 kits x 19 participants = 38 NOC approx.	38	19	38
Total UOS and UDC		1,001	213	1,001
Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage (MNHC & SFAF)				
<i>LHAP partners MNHC and SFAF offer prevention and treatment medication. MNHC's Clinica Esperanza offers a continuum of HIV treatment and PrEP services, and it is healthcare facility in San Francisco that offers to the Spanish-speaking individuals the opportunity to receive their services in their native language. SFAF Magnet provides STI testing and treatment, HIV testing and linkage to care, PrEP services, and health services</i>				
Mental health services (IFR, MNHC, SFAF & EI/La)				
<i>IFR and its Latinx HAP partners will be providing direct referrals for therapy, psychiatric and other Mental Health services offered by IFR. LHAP staff will help clients to link them to other mental health services provided by other organizations in San Francisco as appropriate.</i>				

Primary care (Mission Neighborhood Health Center)				
<i>IFR has a long-standing collaborative work history with MNHC. LHAP clients with medical services needs will be referred to their clinics located at 240 Shotwell St. as well as their Mission Neighborhood Resource Center clinic at 165 Capp Street in San Francisco.</i>				
Substance use treatment (IFR, MNCH & SFAF)				
<i>IFR provides individual and group substance abuse counseling services through the Mission Center of Excellence (MCoE) partnership with MNHC and SFAF has the Harm Reduction Center which provides numerous groups and syringe access services.</i>				
Capacity Building Start Up Activities: Instituto Familiar de la Raza				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	
<i>IFR</i>				
<i>Appendix B-1.1</i> <i>01/01/23-07/31/23</i>	1 UOS = 1 Hygiene kit 302 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc.	302	n/a	
<i>Appendix B-1.1</i> <i>01/01/23-07/31/23</i>	1 UOS = 1 community Engagement Event Events: 1 event, plus 2 pop up events = 3 events total	3	n/a	
Total UOS and UDC		305	n/a	

Terms: 07/01/23 - 06/30/24, 07/01/24-06/30/25, 07/01/25-06/30/26

B-1a, B-1b, B-1c: Instituto Familiar de la Raza, Mission Neighborhood Health Center (MNHC), San Francisco AIDS Foundation (SFAF), El/La Para Translatinas (El/La)

Integrated HIV, HCV, and STD testing* (IFR, MNHC & El/La)					
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC	
<i>IFR</i>					
<i>Appendix B-1a, B-1b,</i> <i>B-1c</i> <i>07/01/23-06/30/26</i>	Testing: 1 UOS = 1 Test 16.6 HIV tests/month x 12 months = 200 UOS approx.	200	90	200	
<i>MNHC</i>					
<i>Appendix B-1a, B-1b,</i> <i>B-1c</i> <i>07/01/23-06/30/26</i>	Testing: 1 UOS = 1 Test 534 HIV Tests 134 Syphilis Tests 134 Gonorrhea Tests 134 Chlamydia Tests	936	470	936	

El/La Para Translatinas				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Testing: 1 UOS = 1 Test 5 HIV tests/month x 12 months = 60 UOS	60	30	60
Total UOS and UDC		1196	590	1196
Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services* (IFR, MNHC, SFAF & El/La)				
IFR				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Recruitment & Linkage (1 UOS =1 hr.) 54 clients weekly x 1 session x 0.25 hour per session x 46 weeks = 626 UOS approx. 54 clients x 46 weeks = 2,484 NOC approx.	626	n/a	2,484
	Individual Risk Reduction Counseling (1 UOS =1 hr.) 427 clients x 1 hr. session x 2 sessions = 855 UOS approx. 427 clients x 2 sessions = 854 NOC	855	450	854
	Prevention Case Management (1 UOS =1 hr.) 172 clients x 4 sessions x 1 hr. = 688 UOS approx. 172 clients x 4 sessions = 688 approx. NOC	688	172	688
MNHC				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Recruitment & Linkage (1 UOS =1 hr.) 9 clients weekly x 1 session x 0.25 hour per session x 48 weeks = 108 UOS 9 participants x 48 weeks = 432 NOC	108	n/a	432
	Individual Risk Reduction Counseling 90 participants x 1.3 hr. session = 120 UOS approx. 90 participants x 1.3 sessions = 120 NOC approx.	120	90	120
	Prevention Case Management (1 UOS =1 hr.) 60 clients x 3 sessions x 1 hr. = 179 UOS approx. 60 clients x 3 sessions = 179 approx. NOC	179	60	179
SFAF				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Recruitment & Linkage (1 UOS =1 hr.) 30 clients weekly x 2 sessions x 0.25 hour per session x 41 weeks = 617 UOS approx. 30 clients x 2 sessions x 41 weeks = 2,460 NOC approx.	617	n/a	2,460
	Prevention Case Management (1 UOS =1 hr.) 35 clients x 3 sessions x 1 hr. = 106 UOS approx. 35 clients x 3 sessions = 106 approx. NOC	106	35	106

<i>El/La para Translatinas</i>				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Recruitment & Linkage (1 UOS =1 hr.) 3 clients weekly x 1 sessions x 1 hour per session x 46 weeks 144 UOS approx. 48 clients x 3 sessions = 144 NOC approx.	144	n/a	144
	Individual Risk Reduction Counseling 40 clients x 5 sessions x 1 hr. = 192 UOS approx. 40 clients x 5 sessions = 192 approx. NOC	192	40	192
	Prevention Case Management (1 UOS =1 hr.) 30 clients x 4 sessions x 1 hr. = 120 UOS approx. 30 clients x 4 sessions = 120 approx. NOC	120	30	120
TOTAL UOS and UDC Recruitment & Linkage		1,495	n/a	5,520
TOTAL UOS and UDC Individual Risk Reduction Counseling		1,167	450	1,167
TOTAL UOS and UDC Prevention Case Management		1,093	297	1,093
Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)* (IFR, MNHC, SFAF & El/La)				
<i>Harm reduction principles are embedded in all counseling interventions; all LHAP staff will participate in ongoing Harm Reduction trainings; and screening for substance use will be performed during initial visits and during 6-month risk behavior screening.</i>				
Overdose prevention (including naloxone distribution) * (SFAF to provide in-kind services)				
Syringe access and disposal* (SFAF to provide in-kind services)				
Condom distribution* (IFR, MNHC, SFAF & El/La)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	1 Condom = 1 UOS 2,837 units x 12 months = 34,041 UOS approx.	34,041	n/a	7,500
<i>MNHC</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	1 Condom = 1 UOS 4,208 units x 12 months = 50,495 UOS	50,495	n/a	12,924
<i>SFAF</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	1 Condom = 1 UOS 1,548 units x 12 months = 18,571 UOS approx.	18,571	n/a	4,643

<i>El/La para Translatinas</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	1 Condom = 1 UOS 250 units x 12 months = 3,000 UOS approx.	3,000	n/a	150
Total UOS and UDC		106,107	n/a	25,217
Community engagement and mobilization (physical and online, social media) * (IFR, MNHC, SFAF & El/La)				
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC
<i>IFR</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Single Support Groups (1 UOS =1 hr.) 3 groups x 3.25 hours x 48 weeks = 466 hrs. approx. 3 groups x 48 groups x 8 participants = 1,152 NOC	466	25	1,152
	Events (1 UOS =1 event) 16 events= 16 UOS 16 events of 50 clients = 800 NOC	16	n/a	800
	Social Media (1 UOS = 1 Month of Social Media Promotion)	11	n/a	n/a
<i>MNHC</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Single Support Groups (1 UOS =1 hr.) 2 groups x 3 hours x 37.5 weeks = 226 hrs. approx. 2 groups x 37.5 wks. x 10 participants = 750 NOC	226	30	750
	Events (1 UOS =1 event) 2 event= 2 UOS 2 events of 160 clients = 300 NOC approx.	2	n/a	300
<i>SFAF</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Events (1 UOS =1 event) 23 events= 23 UOS 23 event of 30 clients average = 700 NOC approx.	23	n/a	700
<i>El/La para Translatinas</i>				
<i>Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26</i>	Single Support Groups (1 UOS =1 hr.) 2 groups x 2 hours x 12 months = 48 hrs. approx. 2 groups x 5 participants x 12 months = 120 NOC	48	20	120
	Events (1 UOS =1 event) 1 event= 1 UOS 1 event of 36 clients = 36 NOC approx.	1	n/a	36
Total UOS and UDC Single Support Groups		740	75	2,022
Total UOS and UDC Events		42	n/a	1,836
Total UOS and UDC Social Media		11	n/a	n/a

HIV, HCV, STD health education and prevention counseling (integrated into all of the above services, not stand alone) * (IFR, MNHC, SFAF & EI/La)					
HIV, HCV, STD health education and prevention counseling is incorporated in all the LHAP services.					
Basic needs services (examples: food, housing, and employment) * (IFR, MNHC, SFAF & EI/La)					
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC	NOC	
IFR					
Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,277 kits= 1,277 UOS 5 kits x 255 participants = 1,277 NOC approx.	1,277	255	1,277	
MNHC					
Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,526 kits= 1,526 UOS 15 kits x 100 participants = 1,500 NOC approx.	1,526	100	1,500	
SFAF					
Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 1,139 kits= 1,139 UOS 15 kits x 75 participants = 1,139 NOC approx.	1,139	75	1,139	
EI/La para Translatinas					
Appendix B-1a, B-1b, B-1c 07/01/23-06/30/26	1 Kit (Hygiene kit, Muni tokens, taxi vouchers, food boxes or a combination) 1 kit =1 UOS 150 kits= 150 UOS 2 kits x 75 participants = 150 NOC approx.	150	75	150	
Total UOS and UDC		4,092	505	4,066	
Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage (MNHC & SFAF)					
LHAP partners MNHC and SFAF offer prevention and treatment medication. MNHC’s Clinica Esperanza offers a continuum of HIV treatment and PrEP services, and it is healthcare facility in San Francisco that offers to the Spanish-speaking individuals the opportunity to receive their services in their native language. SFAF Magnet provides STI testing and treatment, HIV testing and linkage to care, PrEP services, anal health services.					
Mental health services (IFR, MNHC, SFAF & EI/La)					
IFR and its Latinx HAP partners will be providing direct referrals for therapy, psychiatric and other Mental Health services offered by IFR. LHAP staff will help clients to link them to other mental health services provided by other organizations in San Francisco as appropriate.					
Primary care (Mission Neighborhood Health Center)					

<i>IFR has a long-standing collaborative work history with MNHC. LHAP clients with medical services needs will be referred to their clinics located at 240 Shotwell St. as well as their Mission Neighborhood Resource Center clinic at 165 Capp Street in San Francisco.</i>
Substance use treatment (IFR, MNHC & SFAF)
<i>IFR provides individual and group substance abuse counseling services through the Mission Center of Excellence (MCoE) partnership with MNHC and SFAF has the Harm Reduction Center which provides numerous groups and syringe access services.</i>

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

IV. **METHODOLOGY/Service Delivery Description**

Instituto Familiar de la Raza (IFR) will develop a Program Plan with the Community Health Equity & Promotion – HIV Prevention Section (CHE&P-HPS) which will reflect program requirements of RFP 04-2019 Category 1, Health Access Point for Latinx. The partners/subcontractors of the Latinx HAP are Mission Neighborhood Health Center (MHC), San Francisco AIDS Foundation (SFAF) and El/La Para Translatinas (El/La) and IFR as the leading agency.

In the first three months of the LHAP's operation, IFR and its partners will create the necessary channels so that communication among partner is fluid and whatever the clients' first point of entry to the LHAP is the correct door model. This process will also involve the creation of an intake/enrollment form that, in addition to contact and demographic information, will include a client risk assessment. The intake will also provide information to Health Educator about the client's needs and possible risk. HIV negative clients will be encouraged to get tested for HIV/HCV/STD's every 3 to 6 months. Similarly, clients who report being HIV/HCV+ will be offered with linkage to care services in case they do not have a medical provider.

i. Integrated HIV, HCV, and STD testing

The LHAP will build on its longstanding success conducting HIV testing for high risk Latinx populations in San Francisco. Currently, MNHC and SFAF provide HIV, STD and HCV testing and **HIV rapid testing is offered at the Latino Wellness Center (LWC)** and El/La. The LWC is the main location housing the HIV prevention team integrated by staff from IFR and MNHC, all of them trained by the SFDPH as HIV Testing Counselors. Because MNHC has the medical expertise and facilities to provide treatment for HIV, HCV and STDs, it will serve as the main access point for LHAP's integrated testing and treatment services and SFAF Magnet clinic as an additional point for treatment. MNHC has expertise providing Chlamydia/Gonorrhea Amplification, Chlamydia/Gonorrhea NAA – Rectal, Chlamydia/Gonorrhea – Pharyngeal, Syphilis RPR-Rfx Qn RPR/Configuration and the OraQuick rapid HCV antibody and HIV testing. **HIV testing will continue being provided to walk-ins at LWC** and El/La; SFAF will also provide HIV/STD testing as an in-kind service. Upon a preliminary positive result at the LWC and El/La, a specialist from MNHC will be available to accompany the client to their clinic (240 Shotwell St.) to perform confirmatory labs and begin the process of linking the patient to care and partner notification services HIV/HCV/STI testing will be offered by SFAF as in-kind services.

Clients for HIV and STDs testing will be recruited through outreach activities carried out in the streets, bars, and public events and places/organizations as well as during groups hosted by the LHAP partners. HIV/HCV/STD testing services will also be promoted through online social media postings. Clients will be encouraged to come back in 3-6 months for retesting as well as being reminded to retest when they access any of the services provided by the LHAP such as Individual Risk Reduction Counseling (IRRC) or Prevention Case Management (PCM) sessions and/or health education/support Single Session Groups (SSG).

- ii. Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services

Linkage & Navigation

All LHAP organizations will provide counseling and linkage and navigation for those at risk for HIV/HCV/STD infection. All clients receiving a preliminary HIV positive test result will discuss with the counselor the importance of disclosing their HIV positive status with sexual partners. The client will also be immediately linked to care through MNHC, which has a protocol to assist newly diagnosed clients through the medical registration process. Similarly, because MNHC and SFAF/Magnet provide testing and treatment for gonorrhea, syphilis and chlamydia, they will immediately be linked to treatment.

LHAP health educators will work to keep clients with a non-reactive result for HIV, HCV, and/or STIs engaged in the other services such as peer counseling, navigation, case management, support groups, mental health services, and community events. This allows the LHAP to encourage follow-up testing at a later time and to facilitate conversations about PrEP at individual and/or support group levels. LHAP partners will offer PrEP navigation services to HIV negative clients. Both one-on-one and community education will be critical to confront stigma and mistrust of PrEP effectiveness, while also providing awareness on how it works and how to get access to it. The health educators will ensure clients, whether PrEP-enrolled or not, understand their risk for other STDs, and how to reduce risks for STDs and hepatitis C. Comprehensive PrEP Navigation services will address barriers to engagement and adherence, link clients to appropriate services in a nonjudgmental, sex-positive, and client-centered approach.

Street/Social Outreach will be a fundamental key to recruit clients and promote the prevention services among the Latinx community throughout San Francisco. It consists of a brief, singular encounter with persons in areas where targeted population live, work and frequent, including public areas and events. The LHAP and each one of its partners will create an outreach calendar to keep a regular presence and promotion of the services at places/venues where the Latinx congregate. Community outreach will also be provided at events and street fairs. Condoms, lube, flyers/brochures with information and other HIV prevention materials will be also distributed when conducting outreach. This intervention will last less than 15 minutes, and it can be the first contact and an opportunity to link and refer potential clients to the services they could need.

Individual Risk Reduction counseling (IRRC) is a client-centered encounter used to deliver prevention messages and information and engage clients in order to receive services. It is time limited and can occur in person, over the phone, internet, in the community or in an office setting. It can be used as a one-time intervention. An intake form will be filled out either by the client or administered by the health educator. This will include a risk and needs assessment that will provide the health educator with the information to make adequate referrals to the services according to the client's needs. Clients engaged in services will receive an IRRC session every 6 months as a way to update their contact information and assess any new needs or risks for HIV/STD infection or care needs.

As a result of the IRRC encounter and a continuation of the linkage and navigation services, the client can be referred to **Prevention Case Management (PCM) services**. That is a client-centered multiple session intervention used to address drivers and cofactors to reduce HIV/STDs infection/transmission and increase engagement in care. This is an intervention designed to explore any clients' risk more in-depth and the discussion and developing of an action based on clients' needs and their current situation. The health educator/case manager will implement Motivational Interviewing (MI) as a tool to explore and address barriers to risk reduction, supporting preventive actions already taken by the client as well as help him or her to select a high-risk behavior he or she is most willing and able to change. The health educator/case manager will accompany the client as needed to complete the referrals provided and help them to fill out and translate health related paperwork as needed.

- iii. Harm reduction services for substance use

Harm reduction principles have been the foundation of all counseling interventions carried out by the LHAP partners for a long time not only for substance use but for other risky behaviors. IFR provides

individual and group substance abuse counseling services through the Mission Center of Excellence (MCoE) partnership with MNHC and SFAF has the Harm Reduction Center which provides numerous groups and syringe access services. All LHAP staff will participate in the Harm Reduction trainings offered by the SFDPH. LHAP front-line staff will be trained and informed on substance use, harm reduction information and client-centered strategies and resources for appropriate linkage as well as MAT, ORT, NRT, and other treatment models in order to provide clients with informed support and linkages. LHAP staff also recognizes the Latinx community is diverse and there are no one size fits all formula for implementing harm reduction. However, a peer-based approach will further ensure a culturally welcoming and nonjudgmental environment. The LHAP will distribute harm reduction kits at each LHAP site, as well as while conducting outreach and events activities. All clients will be screened for substance use during their initial visit to any of the access points and then after, during every 6-month risk behavior screening. Furthermore, any client who is living with HIV and uses substances will be assessed and if eligible, referred to our substance abuse services provided at MNHC/IFR MCoE. In addition to providing harm reduction counseling and support, and linking clients to treatment services, the LHAP staff will make referrals as needed. Additionally, each LHAP group will include at least 4 sessions on substance use through a harm reduction framework.

iv. Syringe access and disposal

Syringe Access and Disposal services will be provided in-kind by the SFAF. These services are funded by DPH, and our deliverables are reported to DPH. These services include syringe disposal, syringe access, and overdose prevention. SFAF's disposal efforts are conducted 7 days a week, 12 hours a day and funded by DPH (1000002634). Syringe access is offered across all of their physical and mobile sites, including a weekly Mission site (Category 8). SFAF provides syringe access and disposal since 1993 and will be bringing that expertise to the LHAP. This subcontractor provides a variety of injection supplies, including cookers, cotton alcohol wipes, Sani hands, sterile water, saline, latex and non-latex tourniquets, and vitamin C, as well as safe disposal supplies. In conjunction and under SFAF protocols, these supplies will be also available on all outreach activities and the LWC and El/La's facilities. An updated San Francisco Needle Exchange/Syringe Access schedule will be available at each one of the subcontractor facilities and as part of the materials distributed in outreach activities following SFAF set of DPH-based protocols and procedures to ensure safe storage, distribution, and disposal of syringes, as well as emergency processes, disposal education, and overdose prevention.

v. Overdose prevention

In-kind service provided by SFAF. Overdose prevention services includes Narcan distribution across all of their physical and mobile sites (Category 8). These services will be also offered at LHAP pop-up events. LHAP partner, SFAF, is the access point for overdose prevention support in the Latinx community. A key provider of naloxone in San Francisco, SFAF brings Narcan expertise, distribution and training, and currently collaborates with the D.O.P.E. Project. The LHAP intends to obtain Narcan certification training for staff at each site to expand overdose prevention support at each LHAP access point.

All LHAP partners will post in appropriate and impactful locations the DOPE Project Citywide Naloxone/Narcan and Harm Reduction access schedule, and how naloxone can be obtained. This information will be provided in English and Spanish. As required, the LHAP will document its overdose response policy at each access point by the end of the first year of funding. The policy will be posted in English and Spanish. At least one overdose prevention education group will be held per year, and overdose prevention trainings for clients will be held at each LHAP access point per year.

vi. Condom distribution

The HAP partners will offer easy access to condoms and lubricants at each one of their locations/offices. Clients will have different kinds of condoms to choose from, such as lubricated, non-lubricated and female condoms. Condom jars/dispensers will be placed in strategic places where client will be able to get a few ones or as many as they need. Sex workers and other clients who request it, will be able to ask the staff for bigger quantities that will be supplied according to their individual needs. In addition, condoms will be made available to the public at all outreach activities and events such as street fairs, Pride, Carnival, etc. as well as venue-based events organized by the partners of the LHAP.

vii. Community engagement and mobilization

Events:

LHAP partners will participate in community events and street fairs such as Carnaval, Pride, Día de Los Muertos (Day of the Dead) among others as well as Health Fairs organized by other HAPs and CBOs in San Francisco. During those events the LHAP will provide culturally competent health education, awareness around HIV/HCV/STD testing and treatment, substance use, PrEP services and condoms & lubricants. Other events included or pop-ups will take place in different streets or strategic points of the city in order to bring and promote the HIV/STD/HCV prevention services.

Single Session Support/Educational Groups:

Providing support and educational groups and other community building activities will be another way to keep the Latinx community members engaged in services and encouraged to access the testing services in a regular basis.

Social Marketing:

LHAP partner agencies will also use online media such as Facebook, Instagram and other apps to promote the LHAP and to spread information about its services. The postings will be updated regularly to disseminate prevention messages and to promote events organized by the LHAP. Part of the social marketing strategy includes the creation of flyers and content through other means to promote the well-being of the Latinx community.

viii. HIV, HCV, STD health education and prevention counseling:

HIV/HCV/STD prevention counseling will be incorporated whenever having an interaction with a client. It will be a client-centered exchange designed to support individuals in making behavior changes that will reduce their risk of acquiring or transmitting HIV/HCV/STD. Part of the client intake will consist in an assessment of their sexual/drug use practices to identify the specific behaviors that could place them at risk for HIV and/or STDs. The staff providing the counseling will focus on the client's specific behaviors, situations, and partner encounters that potentially contribute to his or her risks. Through Motivational Interviewing techniques, the educator will help the client to identify specific safer goal behaviors that the client is willing to try and create a plan to help to reduce any risky behavior. The plan should be realistic, yet challenging, and should address the specific behaviors identified by the client during the risk assessment phase of the session. It should also incorporate the client's previous attempts, perceived personal barriers, and perceived personal benefits to reducing their HIV/HCV/STD risk. During subsequent encounters the educator will follow up with the client to discuss if there is any advance and or barriers that need to be addressed as well as what are the benefits of the new steps taken.

ix. Services to meet basic needs services

All LHAP agencies will continue providing a variety of basic need essentials. Whole meals are provided at every group session and water, tea/coffee, and snacks are readily available to all drop-in clients. Backpacks with hygiene kits will be provided to clients who needs them, and Muni tokens and taxi/Lyft/Uber vouchers will be provided to clients needing to attend appointments. Grocery store gift cards will be also available to clients needing to get groceries and other basic needs items. Clients facing housing needs will receive case management services that will assist them with referrals and navigation to help them find stable housing.

x. Prevention and treatment medication:

LHAP partners MNHC and SFAF offer prevention and treatment medication through Clinica Esperanza and SFAF Magnet clinics. Clinica Esperanza offers a continuum of HIV treatment and PrEP services, and it is healthcare facility in San Francisco that offers to the Spanish-speaking individuals the opportunity to receive their services in their native language. SFAF Magnet provides STI testing and treatment, HIV testing and linkage to care, PrEP services, anal health services.

- xi. Mental health services: at the request of the clients as well as considered appropriate by the Health Educators and Case Managers, IFR and their Latinx HAP partners will be providing direct referrals to the different mental health services such as therapy and psychiatric offered by IFR. These services are offered through funds different from this contract. Likewise, the LHAP staff will help clients to link them to other mental health services provided by other organizations and/or providers in San Francisco as appropriate in each individual case.
- xii. Primary care: MNHC offers Primary Care services at its clinics located at 240 Shotwell St. in San Francisco. In addition to being one of the LHAP partners, IFR is in charge of executing a Letter of Cooperation (LOC) with MNHC and other medical providers in San Francisco to foster close collaboration and expedite collaboration patient referrals for primary care and other medical needs that the client/patient may have.
- xiii. Substance use treatment
IFR provides individual and group substance abuse counseling services through the Mission Center of Excellence (MCoE) partnership with MNHC and SFAF has the Harm Reduction Center which provides numerous groups and syringe access services. As part of the linkage and navigation the LHAP will be establishing a work collaboration with SFAF Stonewall Project as well as continuously looking for opportunities to sign LOCs with other organizations providing substance use treatment and identified as appropriate for clients on a case-by-case basis.

V. OBJECTIVES and MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the CHEP document entitled CHEP Performance Objectives FY22-23. Instituto Familiar de la Raza, Inc. agrees to make its best efforts to achieve these objectives within the agreed upon timeframe.

IFR and their subcontractors are responsible for training and supervising their respective current and/or new staff on data collection and data entry. IFR HIV Services Program Director is responsible for ensuring that forms and procedures are updated as needed and for communicating changes to.

VI. SUBCONTRACTORS & CONSULTANTS

The Latinx HAP is a joint effort of four community organizations with a long history of providing services to the Latinx community that lives and works in San Francisco. These organizations are:

1. Instituto Familiar de la Raza (Lead Agency)
 2. Mission Neighborhood Health Center (MNHC)
 3. San Francisco AIDS Foundation (SFAF)
 4. El/La para Translatinas
- a. IFR is responsible for the performance of its subcontractors and consultants in this Agreement.
 - b. IFR acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors and consultants. All IFR staff, as well as its consultants and subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
 - c. IFR assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. IFR must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.

- d. IFR acknowledges that it will provide to the City a list of any subcontractors and consultants in relation to which it seeks the City's approval. No such subcontractors or consultants may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- e. IFR will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- f. Any such subcontract agreements will be kept on file with IFR, with a copy sent to the Department of Public Health's Program Director associated with this engagement.
- g. This list of requirements is provided to highlight for IFR, and IFR acknowledges that it must comply with all requirements of the Agreements, regardless of whether they are listed again here in this Appendix.

VII. CONTINUOUS QUALITY IMPROVEMENT

The LHAP collaboration partners will be meeting at least once a month or as often as needed to review the progress of the contract and gather recommendations to improve the services provided as well to attend new needs that could arise in the community. A LHAP Quality Assurance Protocol will be developed as a general guide for the four partner agencies. Client Satisfaction Surveys (CSS) will be administered near the end of the FY to evaluate the quality of the services received as well as to listen to any clients' suggestions and make the necessary adjustments to better serve the community.

The Latinx Health Access Point and its partners agree to adhere to the following:

- a) Current Community Health Equity & Promotion–HIV Prevention Section (CHEP) Testing Policies and Procedures, which include CDC and State Guidelines; and
- b) Any relevant guidelines in the San Francisco HIV Prevention Plan; and
- c) Any and all guidelines developed by the Community Health Equity & Promotion–HIV Prevention Section (CHE&P–HPS) required to implement services to meet the objectives in San Francisco's System of Prevention.”

VIII. DATA COLLECTION AND REPORTING REQUIREMENTS

LHAP will comply CHEP requirements regarding data collection and submission, and program required elements which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include: •

- Evaluation Web
- CHEP Internal Data Manager (Quarterly Submission/Upload)
- Quarterly narrative report
- Other systems/processes as requested

LHAP will track and report their LHAP deliverables in the database system provided by the SFDPH CHEP within a week of being delivered, including all community engagement, distribution of supplies, testing, navigation and linkages, counseling sessions, and other deliverables. This is intended, in part, to maintain timely documentation of LHAP outcomes. The LHAP Coordinator will compile monthly and other reports on the status of the project, highlighting areas that appear to be challenges or successes for review and discussion. The LHAP will add their own client-level data and will closely adhere to the Performance Measures and Additional Data Tracking requirements as specified on RFP 4-2019 Amendment #1, Exhibit I: CHEP Information 6.1 and summarized on 6.2: Standard of Care Services Performance Measures, Pages 152-153.

IX. REQUIRED TRAINING

The LHAP collaborative staff will comply with the following required training:

- a. HIV, HCV, and STD Skills Certification
- b. Harm Reduction
- c. Overdose Response/Naloxone Administration (DOPE Project or internal)
 - i. How to use Fentanyl Test Strips
- d. Syringe Access and Disposal (TBD)
- e. Trauma Informed Systems
- f. Clear Impact Score Card
- g. Other skills building trainings as required

X. ADDITIONAL CONTRACT REQUIREMENTS

IFR as the lead agency and the LHAP collaborative will comply with the following additional requirements:

- a. Required Participation in Network Referral 30-Minute Huddles (assigned agency staff).
- b. Required participation in HAP Network Monthly Meetings (TBD by SOC).
- c. Implementation of Harm Reduction/Substance use policy
- d. Required to follow all SFDPH and CHEP SOC HIV/STI Testing policies and standard of care procedures.

XI. REQUIRED LANGUAGE: N/A

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$840,600** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount	
Original Agreement	01/01/23-06/30/23	General Fund	\$1,000,000	Appx B-1
Original Agreement	01/01/23-07/31/23	Federal CDC	\$5,000	Appx B-1.1
Original Agreement	07/01/23-06/30/24	General Fund	\$2,000,000	Appx B-1a
Original Agreement	07/01/24-06/30/25	General Fund	\$2,000,000	Appx B-1b
Original Agreement	07/01/25-06/30/26	General Fund	\$2,000,000	Appx B-1c
Original Agreement	07/01/26-06/30/27	TBD	\$0	Appx B-1c
			Total Contract	
			\$7,005,000	
			\$840,600	
			Contingency	
			\$7,845,600	

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

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

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

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

CID: 1000024733						Appendix B
DPH Section: Community Health Equity and Promotion (CHEP)						Contract Term: 01/01/23-06/30/27
Check one: ☒ Original Agreement ☐ Amendment ☐ Revision to Program Budgets						
Funding Notification Date: 8/10/22						
Agency Name: Instituto Familiar de La Raza						
Program/Provider Name:	LHAP	LHAP	LHAP	LHAP	LHAP	TOTALS
Appendix Number:	A-1 / B-1	A-1 / B-1.1	A-1 / B-1a	A-1/ B-1b	A-1 / B-1c	
Appendix Term:	01/01/23-06/30/23	01/01/23-07/31/23	07/01/23-06/30/24	07/01/24-06/30/25	07/01/25-06/30/26	
EXPENSES						
Salaries	\$ 262,140	\$ -	\$ 539,126	\$ 539,126	\$ 539,126	\$ 1,879,518
Employee Benefits	\$ 78,640	\$ -	\$ 161,733	\$ 161,733	\$ 161,733	\$ 563,839
Total Personnel Expenses	\$ 340,780		\$ 700,859	\$ 700,859	\$ 700,859	\$ 2,443,357
Employee Fringe Benefit Rate	30.0%	0.0%	30.0%	30.0%	30.0%	30.0%
Operating Expense	\$ 576,163	\$ 5,000	\$ 1,134,333	\$ 1,134,333	\$ 1,134,333	\$ 3,984,162
Subtotal Direct Costs	\$ 916,943	\$ 5,000	\$ 1,835,192	\$ 1,835,192	\$ 1,835,192	\$ 6,427,519
Indirect Cost Amount	\$ 83,057		\$ 164,808	\$ 164,808	\$ 164,808	\$ 577,481
Indirect Cost Rate (%)	9%	0%	9.0%	9.0%	9.0%	9.0%
Total Expenses	\$ 1,000,000	\$ 5,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 7,005,000
REVENUES & FUNDING SOURCES						
DPH Funding Sources						
CHEP General Fund	\$ 1,000,000		\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 7,000,000
PS20-2010 CDC: CFDA 93.940		\$ 5,000				\$ 5,000
Total DPH Revenues	\$ 1,000,000	\$ 5,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 7,005,000
Total Revenues (DPH and Non-DPH)	\$ 1,000,000	\$ 5,000	\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ 7,005,000
Cost Reimbursement (CR)	(CR)	(CR)	(CR)	(CR)	(CR)	CR
Prepared By Benny Ng 415-229-0546						

Appendix B-1 01/01/23-06/30/23																								
CAT 1: LATINX HEALTH ACCESS POINT (HAP)																								
UOS COST ALLOCATION BY SERVICE MODE																								
General Fund																								
Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION Recruitment & Linkage		LINKAGE & NAVIGATION Individual Risk Reduction Counseling		LINKAGE & NAVIGATION Prevention Case Management		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing		Basic Needs		Start Up				
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and HIV Services	0.10	47	1%	524	8%	663	11%	595	10%	68	1%	781	13%	151	2%	143	2%	82	1%	3,111	50%			6,164
Prevention and Wellness Manager	1.43	418	1%	4,703	8%	5,951	11%	5,339	10%	607	1%	7,010	13%	1,359	2%	1,281	2%	733	1%	27,926	50%			55,326
PrEP Services Coordinator	1.00	231	1%	2,600	8%	3,289	11%	2,951	10%	335	1%	3,875	13%	751	2%	708	2%	405	1%	15,437	50%			30,584
PrEP Navigator- Health Worker	0.79	144	1%	1,619	8%	2,048	11%	1,838	10%	209	1%	2,413	13%	468	2%	441	2%	252	1%	9,611	50%			19,042
Prevention Services Coordinator	1.00	254	1%	2,855	8%	3,612	11%	3,241	10%	368	1%	4,255	13%	825	2%	778	2%	445	1%	16,951	50%			33,584
Community Health Educators (CHE)	3.66	671	1%	7,549	8%	9,552	11%	8,571	10%	974	1%	11,253	13%	2,182	2%	2,057	2%	1,177	1%	44,827	50%			88,811
Program Assistants	1.14	216	1%	2,433	8%	3,079	11%	2,763	10%	314	1%	3,627	13%	703	2%	663	2%	379	1%	14,450	50%			28,629
Total FTE & Salaries	9.14	1,981	1%	22,281	8%	28,194	11%	25,297	10%	2,874	1%	33,214	13%	6,441	2%	6,071	2%	3,473	1%	132,314	50%			262,140
Fringe Benefits	30%	594	1%	6,684	8%	8,458	11%	7,589	10%	862	1%	9,964	13%	1,932	2%	1,821	2%	1,042	1%	39,693	50%			78,640
Total Personnel Expenses		2,575	1%	28,965	8%	36,652	11%	32,886	10%	3,736	1%	43,178	13%	8,373	2%	7,892	2%	4,515	1%	172,007	50%			340,780
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		513	1%	5,765	8%	7,295	11%	6,546	10%	744	1%	4,007	6%	1,667	2%	1,571	2%	899	1%	38,825	57%			67,832
Total Materials and Supplies		83	1%	929	8%	1,176	11%	1,055	10%	120	1%	1,385	13%	269	2%	253	2%	145	1%	5,517	50%			10,931
Total General Operating		32	1%	354	8%	448	11%	402	10%	46	1%	528	13%	102	2%	97	2%	55	1%	2,104	50%			4,169
Total Staff Travel		4	1%	46	8%	58	11%	52	10%	6	1%	68	13%	13	2%	13	2%	7	1%	273	50%			540
Consultants/Subcontractor:																								
MNHC		31,067	14%	8,135	4%	7,580	3%	12,827	6%	9,723	4%	31,517	14%	1,908	1%		0%	9,540	4%	112,269	50%			224,566
SFAF			0%	46,250	27%		0%	7,555	4%	3,575	2%		0%	19,739	12%		0%	7,121	4%	84,242	50%			168,482
EL/LA		2,021	2%	9,737	11%	12,090	14%	10,349	12%	577	1%	3,571	4%	3,300	4%		0%	944	1%	42,582	50%			85,171
Fees		30	5%	333	8%	422	11%	379	10%	43	1%	497	13%	96	2%	91	2%	52	1%	1,980	50%			3,923
Other (specify):																								
Food for Groups		63	12%	705	8%	893	11%	801	10%	91	1%	1,052	13%	204	2%	192	2%	110	1%	4,189	50%			8,300
HIV Testing Incentives		9	2%	106	8%	134	11%	121	10%	14	1%	158	13%	31	2%	29	2%	17	1%	631	50%			1,250
Basic Needs		8	1%	85	8%	108	11%	97	10%	11	1%	127	13%	25	2%	23	2%	13	1%	505	50%			1,000
			0%		0%		0%		0%		0%		0%		0%		0%		0%		0%			-
Total Operating Expenses		33,828	6%	72,447		30,204		40,183		14,949		42,911		27,354		2,268		18,903		293,118		-		576,164
Total Direct Expenses		36,404	4%	101,412	11%	66,856	7%	73,069	8%	18,685	2%	86,088	9%	35,726	4%	10,160	1%	23,417	3%	465,125	51%	-		916,944
Indirect Expenses	9.1%	3,297	4%	9,186	11%	6,056	7%	6,619	8%	1,692	2%	7,798	9%	3,236	4%	920	1%	2,121	3%	42,131	51%	-		83,056
TOTAL EXPENSES		39,701	4%	110,598	11%	72,912	7%	79,688	8%	20,377	2%	93,886	9%	38,962	4%	11,080	1%	25,538	3%	507,256	51%	-		1,000,000
Unit of Service Type		Units		Hours		Hours		Hours		Units		Hours		Hours		Units		Units		Units		Units		
Number of UOS per Service Mode		299		370		340		268		26,529		179		11		3		1,001		12				29,012
Cost Per UOS by Service Mode		\$132.78		\$298.92		\$214.45		\$297.35		\$0.77		\$524.51		\$3,542.04		\$3,693.34		\$25.52		\$42,271.34				N/A
Number of UDC/NOC per Service Mode		299		922		340		268		6,367		501		496		N/A		1,001		N/A				

BUDGET JUSTIFICATION**1a) SALARIES**

Staff Position 1:	Director of Programs and HIV Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	123,454	0.10	6	0.05	\$ 6,164
Staff Position 2:	Prevention and Wellness Manager				
Duties re program and UDC served	Responsible for operation of integrated HIV services including implementation of policies and procedures; supervision of staff and performance evaluations; responsible for contract monitoring and reporting, data management, program evaluation and program reports.				
Degree, license exp	Master's degree in public health, psychology or social work desirable or BA at minimum; advanced knowledge of HIV; program development and evaluation, and at least two years of experience in the field. Experience working with Latino and LGBTQ communities. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	77,127	1.43	6	0.72	\$ 55,326
Staff Position 3:	PrEP Services Coordinator				
Duties re prog/UDC	Responsible for coordinating day to day PrEP services; Supports MNHC oversee PrEP clinic flow; Oversee referral and linkage completion; Produce monthly reports and monitors staff productivity; Supervision of PrEP Navigators.				
Degree, license exp	BA in social sciences, public health or related field. Three years of experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	61,168	1.00	6	0.50	\$ 30,584
Staff Position 4:	PrEP Navigator- Health Worker				
Duties related to this program and UDC served	Implements all features of PrEP program, including assessment, education, case management, support and enrollment in health insurance, medication adherence, and stigma-reduction groups. Monitors all indicates and maintains accurate data on designated database. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff.				
Degree, license exp	Minimum 2 years experience with HIV and LGBTQ health and social issues and 1 year experience working with difficult to engage Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	47,926	0.79	6	0.40	\$ 19,042
Staff Position 5:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHes and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,167	1.00	6	0.50	\$ 33,584

Staff Position 6:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	48,485	3.66	6	1.83	\$ 88,811
Staff Position 7:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	50,026	1.14	6	0.57	\$ 28,629
Total FTE, Base:		9.14	Annualized:	4.57	
				Total Salaries:	\$ 262,140

1b) EMPLOYEE FRINGE BENEFITS:

(The following are samples only. The budgeted components should reflect the contractor's ledger accounts.)

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
Social Security	\$	20,053.71
Retirement	\$	11,287.75
Medical	\$	37,223.88
Dental	\$	5,242.80
Unemployment Insurance	\$	1,554.95
Disability Insurance	\$	3,276.75
Paid Time Off	\$	-
Life Insurance	\$	-
Total Fringe Benefit:		\$ 78,640
Fringe Benefit %:		30.00%
TOTAL SALARIES/BENEFITS:		\$ 340,780

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities/cellphones at 86% FTE total.	Rent at \$10,273.50 x 6, and utilities at \$450.67 x 6 and building maintenance at \$580.83 x 6	\$ 67,831
Total Occupancy:			\$ 67,831
Materials & Supplies:			
Expense Item		Rate/Formula	Cost
Program Supplies	Program supplies including \$1000 for supplies, \$1800 for condoms and lubricants, \$2500 for special events, and \$2000 for basic needs kits.	\$1,216.67 x 6 months	\$ 7,300

Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$2,680 x 86% FTE. Also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$1,142 x 86% to the agency ratio, plus \$347 for printing costs.	\$605.67 x 6 with 86% FTE	\$ 3,631
Total Materials & Supplies:			\$ 10,931

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.14 FTE ratio of 11.% to the agency budget will be for general and professional insurance.	\$295.83 x 6 months	\$ 1,775
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses. In addition to cover share costs for Agency mandated training and translation costs.	\$14,472.73 x 11% ratio	\$ 1,592
Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use at 86% to the total cost \$1,865.16 x 86% /12ms x 6ms.	\$133.67 x 6 months	\$ 802
Total General Operating:			\$ 4,169

Staff Travel:

Purpose of Travel Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$15.00 x 6 months for 6 staff.	\$15 x 6mos x 6 staff	\$ 540
Total Staff Travel:			\$ 540

Consultants/Subcontractors:

Consult/Subcontractor	Service Description	Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events.	@ \$37,427.67/month x 6 months	\$ 224,566
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2)Provides recruitment and linkage services; 3) Conducts events .	@ \$28,080.33/month x 6 months	\$ 168,482
Sub-Contractors - EI/La	1) Coordinates LHAP client services; 2) Provides navigation, case management, and groups; 3) Provides HIV testing; 4) conducts events.	@ \$14,195.17 /month x 6 months	\$ 85,171
Fees	Audit fees for 9.14 FTE ratio of 11% to the agency budget will contribute towards annual fiscal audit at \$2,080 and payroll services at \$1,843.	\$18,909 x 11% ratio for audit fee plus \$16,754 x 11% ratio for payroll	\$ 3,923
Total Consultants/Subcontractors:			\$ 482,142

Other Expenses

Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 78 sessions x \$100 each, plus \$500 for agency's cultural affirmation activities for clients such as 5 de Mayo.	78 sessions x \$100 = 7,800 + \$500 = \$8,300	\$ 8,300

HIV Testing Incentives	\$25 gift card as inncentive for 50 clients having an HIV test.	\$25 x 50 clients = \$1,250	\$ 1,250
Basic Needs	Basic needs: 40 store gift cards of \$25 each to help clients get groceries and/other basic needs items = \$1,000.	40 store gift cards x \$25 = \$1,000	\$ 1,000
		Total Other:	\$ 10,550

				TOTAL OPERATING EXPENSES:	\$ 576,163
				TOTAL DIRECT COSTS:	\$ 916,943
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 83,057
4) INDIRECT COS	Indirect Rate:	9%		TOTAL INDIRECT COSTS:	\$ 83,057
				TOTAL EXPENSES:	\$ 1,000,000

Appendix B-1.1

01/01/23-07/31/23

CAT 1: LATINX HEALTH ACCESS POINT (HAP)

PS20-2010 CDC: CFDA 93.940

General Fund

Service Modes:	Start Up		Start Up		
Operating Expenses	Expense	%	Expense	%	Totals
Other (specify):					
Hygiene Kits	2500	50%			2,500
Events			2500	50%	2,500
Total Operating Expenses	2,500		2,500		5,000
Total Direct Expenses	2,500	50%	2,500	50%	5,000
Indirect Expenses 0.0%	-	0%	-	0%	-
TOTAL EXPENSES	2,500	0%	2,500	0%	5,000
Unit of Service Type	Units				
Number of UOS per Service Mode	302		3		305
Cost Per UOS by Service Mode	\$8.28		\$833.34		
Number of UDC/NOC per Service Mode					N/A

BUDGET JUSTIFICATION

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
Hygiene Kits	302 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. at \$10 approx. = \$3,020 Note: LHAP budget will pay approximately 82% of the events total cost.	302 x \$10 = \$3,020	\$ 2,500
Events	Events: 1 event x \$1,200 = \$1,200 plus 2 pop up events x \$650 = \$1,300.	\$1,200 + \$1,300 = \$2,500	\$ 2,500
		Total Other:	\$ 5,000

				TOTAL OPERATING EXPENSES:	\$ 5,000
				TOTAL DIRECT COSTS:	\$ 5,000
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract.					\$ -
4) INDIRECT COS	Indirect Rate:	0.0%		TOTAL INDIRECT COSTS:	\$ -
				TOTAL EXPENSES:	\$ 5,000

Appendix B-1a 07/01/23-06/30/24																							
CAT 1: LATINX HEALTH ACCESS POINT (HAP)																							
UOS COST ALLOCATION BY SERVICE MODE																				General Fund			
Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION Recruitment & Linkage		LINKAGE & NAVIGATION Individual Risk Reduction Counseling		LINKAGE & NAVIGATION Prevention Case Management		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing		Basic Needs		Start Up			
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Director of Programs and HIV Services	0.10	97	2%	1,095	17%	1,386	22%	1,244	19%	141	2%	1,633	26%	317	5%	298	5%	171	3%	-	0%	6,383	
Prevention and Wellness Manager	1.43	1,956	2%	21,995	17%	27,832	22%	24,972	19%	2,837	2%	32,787	26%	6,358	5%	5,993	5%	3,428	3%	-	0%	128,158	
PrEP Services Coordinator	1.00	720	2%	8,095	17%	10,243	22%	9,191	19%	1,044	2%	12,067	26%	2,340	5%	2,206	5%	1,262	3%	-	0%	47,167	
PrEP Navigator- Health Worker	0.79	731	2%	8,225	17%	10,408	22%	9,339	19%	1,061	2%	12,261	26%	2,378	5%	2,241	5%	1,282	3%	-	0%	47,926	
Prevention Services Coordinator	1.00	1,025	2%	11,527	17%	14,587	22%	13,088	19%	1,487	2%	17,183	26%	3,332	5%	3,141	5%	1,797	3%	-	0%	67,167	
Community Health Educators (CHE)	3.66	2,981	2%	33,526	17%	42,424	22%	38,065	19%	4,324	2%	49,976	26%	9,692	5%	9,135	5%	5,225	3%	-	0%	195,348	
Program Assistants	1.14	717	2%	8,062	17%	10,202	22%	9,154	19%	1,040	2%	12,018	26%	2,331	5%	2,197	5%	1,257	3%	-	0%	46,977	
Total FTE & Salaries	9.14	8,228	2%	92,527	17%	117,082	22%	105,052	19%	11,934	2%	137,926	26%	26,747	5%	25,210	5%	14,420	3%	-	0%	539,126	
Fringe Benefits	30%	2,468	2%	27,757	17%	35,123	22%	31,515	19%	3,580	2%	41,377	26%	8,024	5%	7,563	5%	4,326	3%	-	0%	161,733	
Total Personnel Expenses		10,696	2%	120,284	17%	152,205	22%	136,567	19%	15,514	2%	179,303	26%	34,771	5%	32,773	5%	18,746	3%	-	0%	700,859	
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy		1,649	2%	18,542	17%	23,463	22%	21,052	19%	2,392	2%	27,640	26%	5,360	5%	5,052	5%	2,890	3%	-	0%	108,041	
Total Materials and Supplies		340	2%	3,821	17%	4,835	22%	4,338	19%	493	2%	5,696	26%	1,105	5%	1,041	5%	596	3%	-	0%	22,265	
Total General Operating		141	2%	1,590	17%	2,012	22%	1,805	19%	205	2%	2,370	26%	460	5%	433	5%	248	3%	-	0%	9,263	
Total Staff Travel		18	2%	206	17%	261	22%	234	19%	27	2%	307	26%	60	5%	56	5%	32	3%	-	0%	1,200	
Consultants/Subcontractor:																							
MNHC		124,261	28%	32,533	7%	30,313	7%	51,306	11%	38,881	9%	126,049	28%	7,629	2%		0%	38,162	8%		0%	449,134	
SFAF			0%	184,998	55%		0%	30,216	9%	14,327	4%		0%	78,957	23%		0%	28,466	8%		0%	336,964	
EL/LA		7,966	5%	43,314	25%	48,411	28%	34,333	20%	2,309	1%	26,795	16%	3,451	2%		0%	3,749	2%		0%	170,328	
Fees		119	10%	1,337	17%	1,691	22%	1,518	19%	172	2%	1,992	26%	386	5%	364	5%	208	3%	-	0%	7,788	
Other (specify):																							
Food for Groups		252	21%	2,832	17%	3,583	22%	3,215	19%	365	2%	4,221	26%	819	5%	772	5%	441	3%	-	0%	16,500	
HIV Testing Incentives		76	6%	858	17%	1,086	22%	974	19%	111	2%	1,279	26%	248	5%	234	5%	134	3%	-	0%	5,000	
Hygiene Kits		53	4%	596	17%	755	22%	677	19%	77	2%	889	26%	172	5%	162	5%	93	3%	-	0%	3,475	
Events		32	3%	360	17%	456	22%	409	19%	46	2%	537	26%	104	5%	98	5%	56	3%	-	0%	2,100	
Basic Needs		35	3%	390	17%	494	22%	443	19%	50	2%	582	26%	113	5%	106	5%	61	3%	-	0%	2,275	
			0%		0%		0%		0%		0%		0%		0%		0%		0%		0%	-	
Total Operating Expenses		134,942	12%	291,378		117,360		150,521		59,455		198,358		98,863		8,319		75,136		-		1,134,333	
Total Direct Expenses		145,638	8%	411,662	22%	269,565	15%	287,088	16%	74,969	4%	377,661	21%	133,634	7%	41,092	2%	93,882	5%	-	0%	1,835,192	
Indirect Expenses		9.0%	13,079	8%	36,969	22%	24,208	15%	25,782	16%	6,733	4%	33,916	21%	12,001	7%	3,690	2%	8,430	5%	-	0%	164,808
TOTAL EXPENSES			158,717	8%	448,631	22%	293,773	15%	312,870	16%	81,702	4%	411,577	21%	145,635	7%	44,782	2%	102,312	5%	-	0%	2,000,000
Unit of Service Type		Units		Hours		Hours		Hours		Hours		Hours		Units		Units		Units		Months			
Number of UOS per Service Mode		1,196		1,495		1,167		1,093		106,107		740		42		11		4,092				115,946	
Cost Per UOS by Service Mode		\$132.71		\$300.09		\$251.74		\$286.25		\$0.77		\$556.19		\$3,467.50		\$4,071.10		\$25.01				N/A	
Number of UDC/NOC per Service Mode		1,196		5,520		1,167		1,093		25,217		2,022		1,836		N/A		4,066					

BUDGET JUSTIFICATION**1a) SALARIES**

Staff Position 1:	Director of Programs and HIV Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	123,454	0.05	12	0.05	\$ 6,383
Staff Position 2:	Prevention and Wellness Manager				
Duties re program and UDC served	Responsible for operation of integrated HIV services including implementation of policies and procedures; supervision of staff and performance evaluations; responsible for contract monitoring and reporting, data management, program evaluation and program reports.				
Degree, license exp	Master's degree in public health, psychology or social work desirable or BA at minimum; advanced knowledge of HIV; program development and evaluation, and at least two years of experience in the field. Experience working with Latino and LGBTQ communities. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	77,127	1.66	12	1.66	\$ 128,158
Staff Position 3:	PrEP Services Coordinator				
Duties re prog/UDC	Responsible for coordinating day to day PrEP services; Supports MNHC oversee PrEP clinic flow; Oversee referral and linkage completion; Produce monthly reports and monitors staff productivity; Supervision of PrEP Navigators.				
Degree, license exp	BA in social sciences, public health or related field. Three years of experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,167	0.70	12	0.70	\$ 47,167
Staff Position 4:	PrEP Navigator- Health Worker				
Duties related to this program and UDC served	Implements all features of PrEP program, including assessment, education, case management, support and enrollment in health insurance, medication adherence, and stigma-reduction groups. Monitors all indicates and maintains accurate data on designated database. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff.				
Degree, license exp	Minimum 2 years experience with HIV and LGBTQ health and social issues and 1 year experience working with difficult to engage Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	47,926	1.00	12	1.00	\$ 47,926
Staff Position 5:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total

	67,167	1.00	12	1.00	\$ 67,167
Staff Position 6:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	48,485	4.03	12	4.03	\$ 195,348
Staff Position 7:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	50,026	0.94	12	0.94	\$ 46,977
Total FTE, Base:		9.38	Annualized:	9.38	
				Total Salaries:	\$ 539,126

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
Social Security	\$	41,243.14
Retirement	\$	23,214.77
Medical	\$	76,555.89
Dental	\$	10,782.52
Unemployment Insurance	\$	3,197.96
Disability Insurance	\$	6,739.08
Paid Time Off	\$	-
Life Insurance	\$	-
Total Fringe Benefit:		\$ 161,733
Fringe Benefit %:		30.00%
TOTAL SALARIES/BENEFITS:		\$ 700,859

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities/cellphones at 100% FTE ratio total.	Rent at \$7,913.75 x 12, and utilities at \$458.33 x 12 and building maintenance at \$630 x 12	\$ 108,041

Total Occupancy: \$ 108,041

Materials & Supplies:

Expense Item		Rate/Formula	Cost
Program Supplies	Program supplis including \$2,000 for supplies, \$3,600 for condoms and lubricants, \$5,000 fpr special events, and \$4,000 for basic needs kits.	\$1,216.67 x 12 months	\$ 14,600
Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,000. Also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$1,970% to the agency ratio, plus \$695 for printing costs.	\$638.75 x 12 with 100% FTE ratio	\$ 7,665
Total Materials & Supplies:			\$ 22,265

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.38 FTE ratio of 11.59% to the agency budget will be for general and professional insurance.	\$347.67 x 12 months	\$ 4,172
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses. In addition to cover share costs for Agency mandated training and translation costs.	\$29,257.98x 11.59% ratio	\$ 3,391
Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use at 100% to the total cost \$1,700 x 100% .	\$141.67 x 12 months	\$ 1,700
Total General Operating:			\$ 9,263

Staff Travel:

Purpose of Trave Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25.00 x 12 months for 4 staff.	\$25 x 12mos x 4 staff	\$ 1,200
Total Staff Travel:			\$ 1,200

Consultants/Subcontractors:

Consult/Subcont	Service Description	Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events.	@ \$37,427.83/month x 12 months	\$ 449,134
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2)Provides recruitment and linkage services; 3) Conducts events.	@ \$28,080.33/month x 12 months	\$ 336,964

Sub-Contractors - El/La	1) Coordinates LHAP client services; 2) Provides navigation, case management, and groups; 3) Provides HIV testing; 4) conducts events.	@ \$14,194.00 /month x 12 months	\$ 170,328
Fees	Audit fees for 9.38 FTE ratio of 11.59% to the agency budget will contribute towards annual fiscal audit at \$4,172 and payroll services at \$3,616.	\$35,996.55 x 11.59% ratio for audit fee plus \$31,199.31 x 11.59% ratio for payroll	\$ 7,788
Total Consultants/Subcontractors:			\$ 964,214

Other Expenses

Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 150 sessions x \$100 each, plus \$1,500 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada.	150 sessions x \$100 = 15,000 + \$1,500 = \$16,500	\$ 16,500
HIV Testing Incentives	\$25 gift card as incentive for 200 clients having an HIV test.	\$25 x 200 clients = \$5,000	\$ 5,000
Hygiene Kits	1,270 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. at \$10 approx. Note: LHAP budget will cover approximately 27% of the total cost of the hygiene kits.	1,270 x \$10 = \$12,700	\$ 3,475
Events	Events: 6 events x \$1,200 = \$7,200 plus 10 pop up events x \$650 = \$6,500 Note: LHAP budget will pay about 15% of the total cost of the events.	\$7,200 + \$6,500 = \$13,700	\$ 2,100
Basic Needs	Basic needs: 91 store gift cards of \$25 each = \$2,275.	91 store gift cards x \$25 = \$2,275	\$ 2,275
Total Other:			\$ 29,350

				TOTAL OPERATING EXPENSES:	\$ 1,134,333
				TOTAL DIRECT COSTS:	\$ 1,835,192
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract.					\$ 164,808
4) INDIRECT COSTS	Indirect Rate:	8.98%		TOTAL INDIRECT COSTS:	\$ 164,808
				TOTAL EXPENSES:	\$ 2,000,000

UOS COST ALLOCATION BY SERVICE MODE

General Fund

Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION Recruitment & Linkage		LINKAGE & NAVIGATION Individual Risk Reduction Counseling		LINKAGE & NAVIGATION Prevention Case Management		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing		Basic Needs		Start Up		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and HIV Services	0.10	97	2%	1,095	17%	1,386	22%	1,244	19%	141	2%	1,633	26%	317	5%	298	5%	171	3%	-	0%	6,383
Prevention and Wellness Manager	1.43	1,956	2%	21,995	17%	27,832	22%	24,972	19%	2,837	2%	32,787	26%	6,358	5%	5,993	5%	3,428	3%	-	0%	128,158
PrEP Services Coordinator	1.00	720	2%	8,095	17%	10,243	22%	9,191	19%	1,044	2%	12,067	26%	2,340	5%	2,206	5%	1,262	3%	-	0%	47,167
PrEP Navigator- Health Worker	0.79	731	2%	8,225	17%	10,408	22%	9,339	19%	1,061	2%	12,261	26%	2,378	5%	2,241	5%	1,282	3%	-	0%	47,926
Prevention Services Coordinator	1.00	1,025	2%	11,527	17%	14,587	22%	13,088	19%	1,487	2%	17,183	26%	3,332	5%	3,141	5%	1,797	3%	-	0%	67,167
Community Health Educators (CHE)	3.66	2,981	2%	33,526	17%	42,424	22%	38,065	19%	4,324	2%	49,976	26%	9,692	5%	9,135	5%	5,225	3%	-	0%	195,348
Program Assistants	1.14	717	2%	8,062	17%	10,202	22%	9,154	19%	1,040	2%	12,018	26%	2,331	5%	2,197	5%	1,257	3%	-	0%	46,977
Total FTE & Salaries	9.14	8,228	2%	92,527	17%	117,082	22%	105,052	19%	11,934	2%	137,926	26%	26,747	5%	25,210	5%	14,420	3%	-	0%	539,126
Fringe Benefits	30%	2,468	2%	27,757	17%	35,123	22%	31,515	19%	3,580	2%	41,377	26%	8,024	5%	7,563	5%	4,326	3%	-	0%	161,733
Total Personnel Expenses		10,696	2%	120,284	17%	152,205	22%	136,567	19%	15,514	2%	179,303	26%	34,771	5%	32,773	5%	18,746	3%	-	0%	700,859
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		1,649	2%	18,542	17%	23,463	22%	21,052	19%	2,392	2%	27,640	26%	5,360	5%	5,052	5%	2,890	3%	-	0%	108,041
Total Materials and Supplies		340	2%	3,821	17%	4,835	22%	4,338	19%	493	2%	5,696	26%	1,105	5%	1,041	5%	596	3%	-	0%	22,265
Total General Operating		141	2%	1,590	17%	2,012	22%	1,805	19%	205	2%	2,370	26%	460	5%	433	5%	248	3%	-	0%	9,263
Total Staff Travel		18	2%	206	17%	261	22%	234	19%	27	2%	307	26%	60	5%	56	5%	32	3%	-	0%	1,200
Consultants/Subcontractor:																						
MNHC		124,261	28%	32,533	7%	30,313	7%	51,306	11%	38,881	9%	126,049	28%	7,629	2%		0%	38,162	8%		0%	449,134
SFAF			0%	184,998	55%		0%	30,216	9%	14,327	4%		0%	78,957	23%		0%	28,466	8%		0%	336,964
EL/LA		7,966	5%	43,314	25%	48,411	28%	34,333	20%	2,309	1%	26,795	16%	3,451	2%		0%	3,749	2%		0%	170,328
Fees		119	10%	1,337	17%	1,691	22%	1,518	19%	172	2%	1,992	26%	386	5%	364	5%	208	3%	-	0%	7,788
Other (specify):																						
Food for Groups		252	21%	2,832	17%	3,583	22%	3,215	19%	365	2%	4,221	26%	819	5%	772	5%	441	3%	-	0%	16,500
HIV Testing Incentives		76	6%	858	17%	1,086	22%	974	19%	111	2%	1,279	26%	248	5%	234	5%	134	3%	-	0%	5,000
Hygiene Kits		53	4%	596	17%	755	22%	677	19%	77	2%	889	26%	172	5%	162	5%	93	3%	-	0%	3,475
Events		32	3%	360	17%	456	22%	409	19%	46	2%	537	26%	104	5%	98	5%	56	3%	-	0%	2,100
Basic Needs		35	3%	390	17%	494	22%	443	19%	50	2%	582	26%	113	5%	106	5%	61	3%	-	0%	2,275
			0%		0%		0%		0%		0%		0%		0%		0%		0%		0%	-
Total Operating Expenses		134,942	12%	291,378		117,360		150,521		59,455		198,358		98,863		8,319		75,136		-		1,134,333
Total Direct Expenses		145,638	8%	411,662	22%	269,565	15%	287,088	16%	74,969	4%	377,661	21%	133,634	7%	41,092	2%	93,882	5%	-	0%	1,835,192
Indirect Expenses	9.0%	13,079	8%	36,969	22%	24,208	15%	25,782	16%	6,733	4%	33,916	21%	12,001	7%	3,690	2%	8,430	5%	-	0%	164,808
TOTAL EXPENSES		158,717	8%	448,631	22%	293,773	15%	312,870	16%	81,702	4%	411,577	21%	145,635	7%	44,782	2%	102,312	5%	-	0%	2,000,000
Unit of Service Type		Units		Hours		Hours		Hours		Hours		Hours		Units		Units		Units		Months		
Number of UOS per Service Mode		1,196		1,495		1,167		1,093		106,107		740		42		11		4,092				115,943
Cost Per UOS by Service Mode		\$132.71		\$300.09		\$251.74		\$286.25		\$0.77		\$556.19		\$3,467.50		\$4,071.10		\$25.01				N/A
Number of UDC/NOC per Service Mode		1,196		5,520		1,167		1,093		25,217		2,022		1,836		N/A		4,066				

BUDGET JUSTIFICATION**1a) SALARIES**

Staff Position 1:	Director of Programs and HIV Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	123,454	0.05	12	0.05	\$ 6,383
Staff Position 2:	Prevention and Wellness Manager				
Duties re program and UDC served	Responsible for operation of integrated HIV services including implementation of policies and procedures; supervision of staff and performance evaluations; responsible for contract monitoring and reporting, data management, program evaluation and program reports.				
Degree, license exp	Master's degree in public health, psychology or social work desirable or BA at minimum; advanced knowledge of HIV; program development and evaluation, and at least two years of experience in the field. Experience working with Latino and LGBTQ communities. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	77,127	1.66	12	1.66	\$ 128,158
Staff Position 3:	PrEP Services Coordinator				
Duties re prog/UDC	Responsible for coordinating day to day PrEP services; Supports MNHC oversee PrEP clinic flow; Oversee referral and linkage completion; Produce monthly reports and monitors staff productivity; Supervision of PrEP Navigators.				
Degree, license exp	BA in social sciences, public health or related field. Three years of experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,167	0.70	12	0.70	\$ 47,167
Staff Position 4:	PrEP Navigator- Health Worker				
Duties related to this program and UDC served	Implements all features of PrEP program, including assessment, education, case management, support and enrollment in health insurance, medication adherence, and stigma-reduction groups. Monitors all indicates and maintains accurate data on designated database. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff.				
Degree, license exp	Minimum 2 years experience with HIV and LGBTQ health and social issues and 1 year experience working with difficult to engage Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	47,926	1.00	12	1.00	\$ 47,926
Staff Position 5:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHEs and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				
Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total

	67,167	1.00	12	1.00	\$ 67,167
Staff Position 6:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	48,485	4.03	12	4.03	\$ 195,348
Staff Position 7:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	50,026	0.94	12	0.94	\$ 46,977
	Total FTE, Base:	9.38	Annualized:	9.38	
	Total Salaries:				\$ 539,126

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO			
Social Security	\$		41,243.14
Retirement	\$		23,214.77
Medical	\$		76,555.89
Dental	\$		10,782.52
Unemployment Insurance	\$		3,197.96
Disability Insurance	\$		6,739.08
Paid Time Off	\$		-
Life Insurance	\$		-
Total Fringe Benefit:		\$	161,733
Fringe Benefit %:			30.00%
TOTAL SALARIES/BENEFITS:		\$	700,859

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities/cellphones at 100% FTE ratio total.	Rent at \$7,913.75 x 12, and utilities at \$458.33 x 12 and building maintenance at \$630 x 12	\$ 108,041
Total Occupancy:			\$ 108,041

Materials & Supplies:

Expense Item	Rate/Formula	Cost

Program Supplies	Program supplis including \$2,000 for supplies, \$3,600 for comdoms and lubricants, \$5,000 fpr special events, and \$4,000 for basic needs kits.	\$1,216.67 x 12 months	\$ 14,600
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Total Materials & Supplies:			\$ 22,265
General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.38 FTE ratio of 11.59% to the agency budget will be for general and professional insurance.	\$347.67 x 12 months	\$ 4,172
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses. In addition to cover share costs for Agency mandated training and translation costs.	\$29,257.98x 11.59% ratio	\$ 3,391
Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use at 100% to the total cost \$1.700 x 100% .	\$141.67 x 12 months	\$ 1,700
Total General Operating:			\$ 9,263
Staff Travel:			
Purpose of Trave Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25.00 x 12 months for 4 staff.	\$25 x 12mos x 4 staff	\$ 1,200
Total Staff Travel:			\$ 1,200
Consultants/Subcontractors:			
Consult/Subconti	Service Description	Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events	@ \$37,427.83/month x 12 months	\$ 449,134
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2)Provides recruitment and linkage services; 3) Conducts events .	@ \$28,080.33/month x 12 months	\$ 336,964
Sub-Contractors - El/La	1) Coordinates LHAP client services; 2) Provides navigation, case management, and groups; 3) Provides HIV testing; 4) conducts events.	@ \$14,194.00 /month x 12 months	\$ 170,328
Fees	Audit fees for 9.38 FTE ratio of 11.59% to the agency budget will contribute towards annual fiscal audit at \$4,172 and payroll services at \$3,616.	\$35,996.55 x 11.59% ratio for audit fee plus \$31.199.31 x 11.59% ratio for payroll	\$ 7,788
Total Consultants/Subcontractors:			\$ 964,214

Other Expenses			
Expense Item	Brief Description	Rate/Formula	Cost
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HIV Testing Incentives	\$25 gift card as incentive for 200 clients having an HIV test.	\$25 x 200 clients = \$5,000	\$ 5,000
Hygiene Kits	1,270 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. at \$10 approx. Note: LHAP budget will will pay approximately 27% of the total cost of the hygiene kits.	1,270 x \$10 = \$12,700	\$ 3,475
Events	Events: 6 evetns x \$1,200 = \$7,200 plus 10 pop up events x \$650 = \$6,500 Note: LHAP budget will pay about 15% of the total cost of the events	\$7,200 + \$6,500 = \$13,700	\$ 2,100
Basic Needs	Basic needs: 91 store gift cards of \$25each = \$2,275.	91 store gift cards x \$25 = \$2,275	\$ 2,275
Total Other:			\$ 29,350

				TOTAL OPERATING EXPENSES:	\$ 1,134,333
				TOTAL DIRECT COSTS:	\$ 1,835,192
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 164,808
4) INDIRECT COS	Indirect Rate:	8.98%		TOTAL INDIRECT COSTS:	\$ 164,808
				TOTAL EXPENSES:	\$ 2,000,000

Appendix B-1c 07/01/25-06/30/26																						
CAT 1: LATINX HEALTH ACCESS POINT (HAP)																						
UOS COST ALLOCATION BY SERVICE MODE																					General Fund	
Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION Recruitment & Linkage		LINKAGE & NAVIGATION Individual Risk Reduction Counseling		LINKAGE & NAVIGATION Prevention Case Management		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing		Basic Needs		Start Up		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and HIV Services	0.10	97	2%	1,095	17%	1,386	22%	1,244	19%	141	2%	1,633	26%	317	5%	298	5%	171	3%	-	0%	6,383
Prevention and Wellness Manager	1.43	1,956	2%	21,995	17%	27,832	22%	24,972	19%	2,837	2%	32,787	26%	6,358	5%	5,993	5%	3,428	3%	-	0%	128,158
PrEP Services Coordinator	1.00	720	2%	8,095	17%	10,243	22%	9,191	19%	1,044	2%	12,067	26%	2,340	5%	2,206	5%	1,262	3%	-	0%	47,167
PrEP Navigator- Health Worker	0.79	731	2%	8,225	17%	10,408	22%	9,339	19%	1,061	2%	12,261	26%	2,378	5%	2,241	5%	1,282	3%	-	0%	47,926
Prevention Services Coordinator	1.00	1,025	2%	11,527	17%	14,587	22%	13,088	19%	1,487	2%	17,183	26%	3,332	5%	3,141	5%	1,797	3%	-	0%	67,167
Community Health Educators (CHE)	3.66	2,981	2%	33,526	17%	42,424	22%	38,065	19%	4,324	2%	49,976	26%	9,692	5%	9,135	5%	5,225	3%	-	0%	195,348
Program Assistants	1.14	717	2%	8,062	17%	10,202	22%	9,154	19%	1,040	2%	12,018	26%	2,331	5%	2,197	5%	1,257	3%	-	0%	46,977
Total FTE & Salaries	9.14	8,228	2%	92,527	17%	117,082	22%	105,052	19%	11,934	2%	137,926	26%	26,747	5%	25,210	5%	14,420	3%	-	0%	539,126
Fringe Benefits	30%	2,468	2%	27,757	17%	35,123	22%	31,515	19%	3,580	2%	41,377	26%	8,024	5%	7,563	5%	4,326	3%	-	0%	161,733
Total Personnel Expenses		10,696	2%	120,284	17%	152,205	22%	136,567	19%	15,514	2%	179,303	26%	34,771	5%	32,773	5%	18,746	3%	-	0%	700,859
Operating Expenses	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy	1,649	2%	18,542	17%	23,463	22%	21,052	19%	2,392	2%	27,640	26%	5,360	5%	5,052	5%	2,890	3%	-	0%	108,041	
Total Materials and Supplies	340	2%	3,821	17%	4,835	22%	4,338	19%	493	2%	5,696	26%	1,105	5%	1,041	5%	596	3%	-	0%	22,265	
Total General Operating	141	2%	1,590	17%	2,012	22%	1,805	19%	205	2%	2,370	26%	460	5%	433	5%	248	3%	-	0%	9,263	
Total Staff Travel	18	2%	206	17%	261	22%	234	19%	27	2%	307	26%	60	5%	56	5%	32	3%	-	0%	1,200	
Consultants/Subcontractor:																						
MNHC	124,261	28%	32,533	7%	30,313	7%	51,306	11%	38,881	9%	126,049	28%	7,629	2%		0%	38,162	8%		0%	449,134	
SFAF		0%	184,998	55%		0%	30,216	9%	14,327	4%		0%	78,957	23%		0%	28,466	8%		0%	336,964	
EL/LA	7,966	5%	43,314	25%	48,411	28%	34,333	20%	2,309	1%	26,795	16%	3,451	2%		0%	3,749	2%		0%	170,328	
Fees	119	10%	1,337	17%	1,691	22%	1,518	19%	172	2%	1,992	26%	386	5%	364	5%	208	3%	-	0%	7,788	
Other (specify):																						
Food for Groups	252	21%	2,832	17%	3,583	22%	3,215	19%	365	2%	4,221	26%	819	5%	772	5%	441	3%	-	0%	16,500	
HIV Testing Incentives	76	6%	858	17%	1,086	22%	974	19%	111	2%	1,279	26%	248	5%	234	5%	134	3%	-	0%	5,000	
Hygiene Kits	53	4%	596	17%	755	22%	677	19%	77	2%	889	26%	172	5%	162	5%	93	3%	-	0%	3,475	
Events	32	3%	360	17%	456	22%	409	19%	46	2%	537	26%	104	5%	98	5%	56	3%	-	0%	2,100	
Basic Needs	35	3%	390	17%	494	22%	443	19%	50	2%	582	26%	113	5%	106	5%	61	3%	-	0%	2,275	
		0%		0%		0%		0%		0%		0%		0%		0%		0%		0%	-	
Total Operating Expenses	134,942	12%	291,378		117,360		150,521		59,455		198,358		98,863		8,319		75,136		-		1,134,333	
Total Direct Expenses		145,638	8%	411,662	22%	269,565	15%	287,088	16%	74,969	4%	377,661	21%	133,634	7%	41,092	2%	93,882	5%	-	0%	1,835,192
Indirect Expenses	9.0%	13,079	8%	36,969	22%	24,208	15%	25,782	16%	6,733	4%	33,916	21%	12,001	7%	3,690	2%	8,430	5%	-	0%	164,808
TOTAL EXPENSES		158,717	8%	448,631	22%	293,773	15%	312,870	16%	81,702	4%	411,577	21%	145,635	7%	44,782	2%	102,312	5%	-	0%	2,000,000
Unit of Service Type	Units	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Units	Units	Units	Months							
Number of UOS per Service Mode	1,196	1,495	1,167	1,093	106,107	740	42	11	4,092												115,943	
Cost Per UOS by Service Mode	\$132.71	\$300.09	\$251.74	\$286.25	\$0.77	\$556.19	\$3,467.50	\$4,071.10	\$25.01												N/A	
Number of UDC/NOC per Service Mode	1,196	5,520	1,167	1,093	25,217	2,022	1,836	N/A	4,066													

BUDGET JUSTIFICATION**1a) SALARIES**

Staff Position 1:	Director of Programs and HIV Services				
Duties related to this program and UDC served	Responsible for management and ensuring integrated HIV services for the agency; oversees program design, negotiates contract; ensures cultural integrity and quality assurance of the services provided; member of the Executive team and reports to the Executive Director.				
Degree, license, experience	Licensed behavioral health professional, 10 years experience in public health setting; 5 years providing supervision to multidisciplinary teams; experience in program development in HIV/AIDS, substance abuse and/or mental health services; Experience working with the Latino and LGBTQ communities; experience with group process and team development skills; bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	123,454	0.05	12	0.05	\$ 6,383
Staff Position 2:	Prevention and Wellness Manager				
Duties re program and UDC served	Responsible for operation of integrated HIV services including implementation of policies and procedures; supervision of staff and performance evaluations; responsible for contract monitoring and reporting, data management, program evaluation and program reports.				
Degree, license exp	Master's degree in public health, psychology or social work desirable or BA at minimum; advanced knowledge of HIV; program development and evaluation, and at least two years of experience in the field. Experience working with Latino and LGBTQ communities. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	77,127	1.66	12	1.66	\$ 128,158
Staff Position 3:	PrEP Services Coordinator				
Duties re prog/UDC	Responsible for coordinating day to day PrEP services; Supports MNHC oversee PrEP clinic flow; Oversee referral and linkage completion; Produce monthly reports and monitors staff productivity; Supervision of PrEP Navigators.				
Degree, license exp	BA in social sciences, public health or related field. Three years of experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,167	0.70	12	0.70	\$ 47,167
Staff Position 4:	PrEP Navigator- Health Worker				
Duties related to this program and UDC served	Implements all features of PrEP program, including assessment, education, case management, support and enrollment in health insurance, medication adherence, and stigma-reduction groups. Monitors all indicators and maintains accurate data on designated database. Participates in trainings, supervision and working collaboratively with IFR/MNHC/SFAF staff.				
Degree, license exp	Minimum 2 years experience with HIV and LGBTQ health and social issues and 1 year experience working with difficult to engage Latino communities. Competence in creating spaces and messages that are affirming of diverse sexual orientations, gender identities and gender expression. Bilingual required.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	47,926	1.00	12	1.00	\$ 47,926
Staff Position 5:	Prevention Services Coordinator				
Duties re program and UDC served	Oversees and coordinates day to day services; supervises CHes and CHOW; monitors productivity; prepares reports; participates in data analysis and program design. As needed, facilitates workshops; conducts IRRC and PCM.				

Degree, license exp	BA in social sciences, public health or related field. Three years experience in HIV prevention field and experience with program planning. HIV test counseling certificate preferred. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	67,167	1.00	12	1.00	\$ 67,167
Staff Position 6:	Community Health Educators (CHE)				
Duties re program and UDC served	Provide direct services including IRRC, PCM and group planning and facilitation. Participate in supervision, training and staff meetings. Responsible for data collection and entry.				
Degree, license exp	AA or 2 years HIV experience, HIV counseling certification required, knowledge of target population and HIV resources. Experience in group facilitation. Strong team work values. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	48,485	4.03	12	4.03	\$ 195,348
Staff Position 7:	Program Assistants				
Duties re program and UDC served	Provides administrative and management support including assisting with reports and evaluation; staff reception area, and manage day to day programmatic and operational needs of the Center; support client activities as needed.				
Degree, license exp	Two years experience with program support duties. Sensitivity to the population served and interest in the goals of the program. Advanced computer skills and knowledge of office software. Bicultural, bilingual in English and Spanish.				
	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total
	50,026	0.94	12	0.94	\$ 46,977
Total FTE, Base:		9.38	Annualized:	9.38	
				Total Salaries:	\$ 539,126

1b) EMPLOYEE FRINGE BENEFITS:

Estimated Social Security, Retirement, Medical, Dental, Unemployment Ins, Disability, PTO		
Social Security	\$	41,243.14
Retirement	\$	23,214.77
Medical	\$	76,555.89
Dental	\$	10,782.52
Unemployment Insurance	\$	3,197.96
Disability Insurance	\$	6,739.08
Paid Time Off	\$	-
Life Insurance	\$	-
Total Fringe Benefit:		\$ 161,733
Fringe Benefit %:		30.00%
TOTAL SALARIES/BENEFITS:		\$ 700,859

2) OPERATING EXPENSES:**Occupancy:**

Expense Item	Concise/ Specific Description	Rate/Formula	Cost
Building Maintenance and Rent	Occupancy costs for both MNHC HIV Services and Latino Wellness Center. Occupancy includes rent, building maintenance and utilities/cellphones at 100% FTE ratio total.	Rent at \$7,913.75 x 12, and utilities at \$458.33 x 12 and building maintenance at \$630 x 12	\$ 108,041
Total Occupancy:			\$ 108,041

Materials & Supplies:

Expense Item		Rate/Formula	Cost
Program Supplies	Program supplis including \$2,000 for supplies, \$3,600 for condoms and lubricants, \$5,000 fpr special events, and \$4,000 for basic needs kits.	\$1,216.67 x 12 months	\$ 14,600
Office Supplies and Printing	To provide staff with office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services at \$5,000. Also including share costs of Zoom, DocuSign and Secure Email subscriptions at \$1,970% to the agency ratio, plus \$695 for printing costs.	\$638.75 x 12 with 100% FTE ratio	\$ 7,665
Total Materials & Supplies:			\$ 22,265

General Operating:

Expense Item	Brief Description	Rate/Formula	Cost
Insurance	Costs at 9.38 FTE ratio of 11.59% to the agency budget will be for general and professional insurance.	\$347.67 x 12 months	\$ 4,172
Staff Training	Covers registration, transportation and meals for training and conferences to prepare staff to perform their responsibilities. Includes US Conference on AIDS conference, and/or local staff development and training and new hire related expenses. In addition to cover share costs for Agency mandated training and translation costs.	\$29,257.98x 11.59% ratio	\$ 3,391
Rental Equipment	To cover rental of copy machines for both IFR and MNHC program to use at 100% to the total cost \$1.700 x 100% .	\$141.67 x 12 months	\$ 1,700
Total General Operating:			\$ 9,263

Staff Travel:

Purpose of Trave Location	Expense Item	Rate/Formula	Cost
Staff Travel	Local travel required for staff to provide services and attend program related activities in the City at \$25.00 x 12 months for 4 staff.	\$25 x 12mos x 4 staff	\$ 1,200
Total Staff Travel:			\$ 1,200

Consultants/Subcontractors:

Consult/Subcont	Service Description	Rate/Formula	Cost
Sub-Contractors - MHNC	1) Coordinates LHAP client services; 2) Provides navigation, intensive case management, and groups; 3) Provides HIV/STD/HCV testing; 4) conducts events.	@ \$37,427.83/month x 12 months	\$ 449,134
Sub-Contractors - SFAF	1) Coordinates LHAP client services; 2) Provides recruitment and linkage services; 3) Conducts events.	@ \$28,080.33/month x 12 months	\$ 336,964
Sub-Contractors - El/La	1) Coordinates LHAP client services; 2) Provides navigation, case management, and groups; 3) Provides HIV testing; 4) conducts events.	@ \$14,194.00 /month x 12 months	\$ 170,328
Fees	Audit fees for 9.38 FTE ratio of 11.59% to the agency budget will contribute towards annual fiscal audit at \$4,172 and payroll services at \$3,616.	\$35,996.55 x 11.59% ratio for audit fee plus \$31,199.31 x 11.59% ratio for payroll	\$ 7,788
Total Consultants/Subcontractors:			\$ 964,214

Other Expenses

Expense Item	Brief Description	Rate/Formula	Cost
Food for Groups	Food for groups 150 sessions x \$100 each, plus \$1,500 for agency's cultural affirmation activities for clients such as 5 de Mayo, Dia de Muertos and Posada.	150 sessions x \$100 = 15,000 + \$1,500 = \$16,500	\$ 16,500
HIV Testing Incentives	\$25 gift card as incentive for 200 clients having an HIV test.	\$25 x 200 clients = \$5,000	\$ 5,000
Hygiene Kits	1,270 Hygiene kits consisting of hand and bath soap, deodorant, sanitizer, etc. at \$10 approx. Note: LHAP budget will cover approximately 27% of the total cost of the hygiene kits.	1,270 x \$10 = \$12,700	\$ 3,475
Events	Events: 6 events x \$1,200 = \$7,200 plus 10 pop up events x \$650 = \$6,500 Note: LHAP budget will cover about 15% of the total cost of the events.	\$7,200 + \$6,500 = \$13,700	\$ 2,100
Basic Needs	Basic needs: 91 store gift cards of \$25 each = \$2,275.	91 store gift cards x \$25 = \$2,275	\$ 2,275
Total Other:			\$ 29,350

				TOTAL OPERATING EXPENSES:	\$ 1,134,333
				TOTAL DIRECT COSTS:	\$ 1,835,192
				Amount	
Indirect Costs includes administrative staff salaries, fringe benefits and general overhead expenses related to this contract					\$ 164,808
4) INDIRECT COS	Indirect Rate:	8.98%		TOTAL INDIRECT COSTS:	\$ 164,808
				TOTAL EXPENSES:	\$ 2,000,000

Appendix C

Reserved

**Appendix D
Reserved**

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:

1. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Termination.

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

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

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

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

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

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

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

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

Contractor Name:		Contractor City Vendor ID	

PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

ATTESTED by Privacy Officer 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 #			
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	

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/apellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- **Step 1** The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- **Step 2** Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- **Step 3** Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken

Appendix G

to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H
Reserved

**Appendix I
Reserved**

Appendix J
Reserved

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 credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix K

Protected Information Destruction Order Purge Certification - Contract ID # 1000024733

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated January 1, 2023 ("Agreement"), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively "Contractor") still maintain in any form. Contractor may retain no copies of destroyed Protected Information." Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services ("Secretary") regarding proper destruction of PHI.

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

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

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

So Certified

DocuSigned by:
Gloria Romero
07AF11E2B5174AF...
Gloria Romero

Title: Executive Director

Date: 12/7/2022 | 11:37:38 PST

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

First Amendment

THIS **FIRST** AMENDMENT (“Amendment”) is made as of **January 1, 2025**, in San Francisco, California, by and between **Instituto Familiar de la Raza, Inc.** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to update standard contractual clauses and modify the Agreement as follows:

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

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

WHEREAS this Contract is deemed exempt from Chapter 14B of the San Francisco Administrative Code and, as such, there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, this Amendment is consistent with an approval obtained on June 29, 2016, from the Civil Service Commission under PSC number 2006- 07/08, which authorizes the award of multiple agreements, the total value of which cannot exceed \$210,000,000 for the period commencing on July 1, 2008, and is continuous; and

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated January 1, 2023, between Contractor and City.

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

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

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

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

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

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

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

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

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

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

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

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

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

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

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

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

10.15 Nonprofit Contractor Requirements.

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

10.15.2 Public Access to Nonprofit Records and Meetings. If Contractor is a nonprofit organization; provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries); and receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

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

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

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

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

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

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

The parties acknowledge that CONTRACTOR will:

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

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE

FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

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

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

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

13.4 Management of City Data.

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

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

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

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

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

Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY
Recommended by:

CONTRACTOR
Instituto Familiar de la Raza, Inc.

Signed by:
Susan Philip
Nancy A. Bobba MD, MPH
Acting Director of Health
Department of Public Health

2/14/2025 | 9:53:44 PST

Signed by:
Gloria Romero
Gloria Romero
Executive Director
2919 Mission Street
San Francisco, CA 94110

2/10/2025 | 5:27:09 PST

Approved as to Form:

City Supplier number: 000018301

David Chiu
City Attorney

DocuSigned by:
By: Louise Simpson
Deputy City Attorney
Louise Simpson

2/13/2025 | 10:34:24 PST

Approved:

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

DocuSigned by:
By: Lorna Walker
Lorna walker

3/4/2025 | 9:53:00 PST

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

Required and Preferred Service Elements:

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP’s HIV, HCV, and STD Skills Training. • Perform outreach to recruit people for testing – street based, flyers, venue based, and mobile. • Incorporate health education and counseling in integrated testing activities. (See Health Education and Counseling) • Provide confidential testing for all clients. • Obtain written consent from clients for all tests performed. • Provide clients with rapid HIV & HCV testing. • Allow for self-collected oral, rectal, vaginal swabs for gonorrhea & chlamydia testing. • Provide clients with blood draw for syphilis testing. • Provide linkage and/or navigation to LINC, or direct linkage and/or navigation to care for clients to access: - o Primary care, including HIV care, HCV treatment, and/or PrEP. - o Provider for STD treatment - o Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.) • Agencies providing STD testing ensure follow up on all clients testing positive to ensure they are adequately treated or referred for treatment. • Provide face-to-face disclosure of HIV, HCV, and Std-positive test results. • Inform clients testing positive for STDs to notify their sex partners to be tested/treated in an effort to avoid re-infection. • Provide DPH with name-based reporting for all tests. • Implement case reporting as required. • Use of DPH laboratory for all testing. • Use of courier service for delivery of specimens to DPH lab.	• Implementation of a “Drop ‘n’ go” or express testing model. • Provide testing at shelters, housing sites, etc. • Testing during late night and weekend hours (8pm-5am = Late, 6am-9am = Early Morning). • Implement a Testing reminder system. • Provide clients with vaccinations for Hep A & Hep B and testing for TB, pregnancy tests, or hormone levels check. • Allow for online results.

Required Elements	Preferred Elements
• Ability to provide health education and counseling upon request or clients' needs. (see health education and counseling section) • Provide mobile testing. • Maintain a rate of 10% unduplicated testing clients. • Allow for geographical diversity with at least 10% of tests conducted done 3 miles from headquarters. • Offer mental health referrals. • Follow DPH Harm Reduction Policy. • Follow DPH HIV, HCV, STD testing Policies and Operations Manual requirements.	

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

Additional Information

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

Data Requirements

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

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

Opt Out Criteria

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

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

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

Additional Considerations:

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

Appendix B Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$114,250** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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

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

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

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

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

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

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

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

Linkage and Navigation: Recruitment & Linkage, Individual Risk Reduction Counseling, Prevention Case Management

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

MNHC					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr) 9 clients weekly x 1 session x 0.25 hour per session x 12 weeks = 27 UOS 9 participants x 12 weeks = 108 NOC		27	n/a	108
	Individual Risk Reduction Counseling (1 UOS =1 hr) 30 participants x 1 hr session = 30 UOS 30 participants = 30 NOC		30	30	30
	Prevention Case Management (1 UOS =1 hr) 22 clients x 2 sessions x 1 hr = 45 UOS approx. 22 clients x 2 sessions = 45 approx. NOC		45	22	45
SFAF					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr) 51 clients weekly x 3 sessions x 1 hour per session = 154 UOS approx. 51 clients x 3 sessions = 154 NOC approx		154	n/a	154
	Prevention Case Management (1 UOS =1 hr) 9 clients x 3 sessions x 1 hr = 26 UOS approx. 9 clients x 3 sessions = 26 approx. NOC		26	9	26
El/La para Translatinas					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
Appendix B-1 01/01/23-06/30/23	Recruitment & Linkage (1 UOS =1 hr) 12 clients weekly x 3 sessions x 1 hour per session = 36 UOS approx. 12 clients x 3 sessions = 36 NOC approx		36	n/a	36
	Individual Risk Reduction Counseling (1 UOS =1 hr) 8 clients x 2 sessions x 1 hr x 3 months= 48 UOS approx. 8 clients x 2 sessions x 3 months = 48 approx. NOC		48	8	48
	Prevention Case Management (1 UOS =1 hr) 9 clients x 4 sessions x 1 hr = 36 UOS approx. 9 clients x 4 sessions = 36 approx. NOC		36	9	36
Linkage & Navigation UOS Totals:					
TOTAL UOS and UDC: Recruitment & Linkage			370	n/a	922
TOTAL UOS and UDC: Individual Risk Reduction Counseling			340	169	340
TOTAL UOS and UDC: Prevention Case Management			268	80	268
Condom Dstribution					
Period / Funds / App		Mode of Service/Intervention Description	UOS	UDC	NOC
IFR					
Appendix B-1 01/01/23-06/30/23	1 Condom = 1 UOS		8,510	n/a	1,875
	2,836 units x 3 months = 8,510 UOS approx.				
MNHC					
Appendix B-1 01/01/23-06/30/23	1 Condom = 1 UOS		12,627	n/a	3,231
	4,209 units x 3 months = 12,627 UOS				
SFAF					
Appendix B-1 01/01/23-06/30/23	1 Condom = 1 UOS		4,643	n/a	1,161
	1,548 units x 3 months = 4,463 UOS approx.				
El/La para Translatinas					
Appendix B-1 01/01/23-06/30/23	1 Condom = 1 UOS		749	n/a	100
	250 units x 3 months = 749 UOS approx.				
Total UOS and UDC			26,529	n/a	6,367

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

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

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

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

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

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

TOTAL UOS and UDC Recruitment & Linkage	1,495	n/a	5,952
TOTAL UOS and UDC Individual Risk Reduction Counseling	1,168	431	1,168
TOTAL UOS and UDC Prevention Case Management	1,093	297	1,093
Condom Distribution			
Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC NOC
IFR			
Appendix B-1a 07/01/23-06/30/24	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,337 condoms + 445.83 lube x 12 months = 21,394 UOS approx. 442 clients x 12 months = 5,300 NOC approx.	21,394	n/a 5,300
MNHC			
Appendix B-1a 07/01/23-06/30/24	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,250 condoms + 416.65 lube x 12 months = 20,000 UOS approx. 413 clients x 12 months = 4,950 approx.	20,000	n/a 4,950
SFAF			
Appendix B-1a 07/01/23-06/30/24	1 Condom = 1 UOS; 1 Lubricant = 1 UOS 1,163 condoms + 387.5 lubricant x 12 months = 18,606 approx. 383 clients x 12 months = 4,600 NOC approx.	18,606	n/a 4,600
Total UOS and UDC		60,000	n/a 14,850
Community Engagement and Mobilization: Single Support Group, Events			

(IFR, MNHC & SFAF)

Period / Funds / App	Mode of Service/Intervention Description	UOS	UDC NOC
IFR			
Appendix B-1a 07/01/23-06/30/24	Single Support Groups (1 UOS = 1 hr) 3 groups x 3.4 hours x 48 weeks = 490 UOS approx. 3 groups x 48 weeks x 8.26 participants = 1,190 NOC approx.	490	45 1,190
	Events (1 UOS = 1 event) 16 events = 16 UOS 16 events of 52.19 clients = 835 NOC approx.	16	n/a 835
	Social Media (1 UOS = 1 Month of Social Media Promotion)	12	n/a n/a
MNHC			
Appendix B-1a 07/01/23-06/30/24	Single Support Groups (1 UOS = 1 hr) 2 groups x 3 hours x 41.6 weeks = 250 UOS approx. 2 groups x 41.6 wks x 10 participants = 832 NOC approx.	250	30 832
	Events (1 UOS = 1 event) 2 event = 2 UOS 2 events of 100 clients = 200 NOC	2	n/a 200
SFAF			
Appendix B-1a 07/01/23-06/30/24	Events (1 UOS = 1 event) 23 events = 23 UOS 23 event of 15 clients average = 345 NOC approx.	23	n/a 345
Total UOS and UDC Single Support Groups		740	75 2,022
Total UOS and UDC Events		41	n/a 1,380
Total UOS and UDC Social Media		12	n/a n/a

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

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

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

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

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

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

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

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

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

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

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

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

CAT 1: LATINX HEALTH ACCESS POINT (HAP)																				Appendix B-B 07/01/24-06/30/25	
UOS COST ALLOCATION BY SERVICE MODE																			General Fund		
Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION Recruitment & Linkage		LINKAGE & NAVIGATION Individual Risk Reduction Counseling		LINKAGE & NAVIGATION Prevention Case Management		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing		Basic Needs			
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals	
Director of Programs and Client Services	0.14286	444	2%	3,130	17%	4,004	21%	3,868	21%	275	1%	4,557	24%	923	5%	816	4%	792	4%	18,810	
Director of Integrated Behavioral Health	0.11429	347	2%	2,444	17%	3,127	21%	3,022	21%	215	1%	3,559	24%	721	5%	637	4%	618	4%	14,690	
Program Director	0.74749	1,591	2%	11,224	17%	14,358	21%	13,875	21%	988	1%	16,340	24%	3,311	5%	2,926	4%	2,839	4%	67,452	
Program Manager	0.93429	1,830	2%	12,903	17%	16,506	21%	15,951	21%	1,135	1%	18,786	24%	3,807	5%	3,364	4%	3,264	4%	77,546	
Case Manager	0.58333	688	2%	4,853	17%	6,208	21%	5,999	21%	426	1%	7,065	24%	1,432	5%	1,265	4%	1,228	4%	29,164	
Community Health workers	3.74000	4,350	2%	30,678	17%	39,244	21%	37,924	21%	2,700	1%	44,663	24%	9,050	5%	7,997	4%	7,761	4%	184,367	
Clinical Supervisor	0.08571	202	2%	1,426	17%	1,824	21%	1,763	21%	126	1%	2,076	24%	421	5%	372	4%	361	4%	8,571	
Prevention Services Coordinator	1.00000	1,796	2%	12,664	17%	16,200	21%	15,654	21%	1,114	1%	18,436	24%	3,736	5%	3,301	4%	3,204	4%	76,105	
MH Clinician	0.57500	1,072	2%	7,559	17%	9,669	21%	9,344	21%	665	1%	11,004	24%	2,230	5%	1,970	4%	1,912	4%	45,425	
Community Health Educators (CHE)	0.59234	789	2%	5,567	17%	7,122	21%	6,882	21%	490	1%	8,108	24%	1,642	5%	1,451	4%	1,408	4%	33,459	
Program Assistants	1.13000	1,458	2%	10,285	17%	13,157	21%	12,714	21%	905	1%	14,974	24%	3,034	5%	2,681	4%	2,602	4%	61,810	
Total FTE & Salaries		9.64531		14,567	2%	102,734	17%	131,419	21%	126,996	21%	9,039	1%	149,568	24%	30,307	5%	26,780	4%	617,399	
Fringe Benefits		34.7%		5,061	2%	35,694	17%	45,661	21%	44,124	21%	3,141	1%	51,966	24%	10,530	5%	9,304	4%	214,511	
Total Personnel Expenses				19,628	2%	138,428	17%	177,080	21%	171,120	21%	12,180	1%	201,534	24%	40,837	5%	36,084	4%	831,910	
1-1																					
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals	
Total Occupancy		1,973	2%	13,916	17%	17,803	21%	17,204	21%	1,225	1%	20,261	24%	4,106	5%	3,628	4%	3,521	4%	83,637	
Total Materials and Supplies		1,000	2%	7,051	17%	9,018	21%	8,716	21%	620	1%	10,265	24%	2,080	5%	1,838	4%	1,784	4%	42,372	
Total General Operating		297	2%	2,094	17%	2,678	21%	2,588	21%	184	1%	3,048	24%	618	5%	546	4%	530	4%	12,583	
Total Staff Travel		52	2%	366	17%	468	21%	453	21%	32	1%	533	24%	108	5%	95	4%	93	4%	2,200	
Consultants/Subcontractor:																					
MNHC		141,926	25%	82,140	14%	58,669	10%	55,352	10%	16,605	3%	149,299	26%	7,412	1%		0%	66,262	11%	577,665	
SFAF			0%	198,424	55%		0%	32,289	9%	15,448	4%		0%	85,234	24%		0%	30,399	8%	361,794	
Fees		204	9%	1,440	17%	1,842	21%	1,780	21%	127	1%	2,096	24%	425	5%	376	4%	364	4%	8,654	
Other (specify):																					
Food for Groups		577	26%	4,073	17%	5,210	21%	5,034	21%	358	1%	5,929	24%	1,201	5%	1,062	4%	1,031	4%	24,475	
Incentive/Rewards		231	11%	1,631	17%	2,086	21%	2,016	21%	143	1%	2,374	24%	481	5%	425	4%	413	4%	9,800	
HIV Testing Incentives		142	6%	998	17%	1,277	21%	1,234	21%	88	1%	1,454	24%	295	5%	260	4%	252	4%	6,000	
Basic Needs/Hygiene Kits		1,331	60%	9,384	17%	12,004	21%	11,600	21%	826	1%	13,662	24%	2,768	5%	2,446	4%	2,374	4%	56,395	
Events		436	20%	3,078	17%	3,938	21%	3,805	21%	271	1%	4,482	24%	908	5%	802	4%	780	4%	18,500	
			0%		0%		0%		0%		0%		0%		0%		0%		0%	-	
Total Operating Expenses		148,169	12%	324,595		114,993		142,071		35,927		213,403		105,636		11,478		107,803		1,204,075	
Total Direct Expenses		167,797	8%	463,023	23%	292,073	14%	313,191	15%	48,107	2%	414,937	20%	146,473	7%	47,562	2%	142,822	7%	2,035,985	
Indirect Expenses		9.8%	4,688	3%	33,062	7%	42,293	14%	40,870	13%	2,909	6%	48,133	12%	9,753	7%	8,618	18%	8,364	6%	198,690
TOTAL EXPENSES		172,485	8%	496,085	22%	334,366	15%	354,061	16%	51,016	2%	463,070	21%	156,226	7%	56,180	3%	151,186	7%	2,234,675	
Unit of Service Type		Test		Hours		Hours		Hours		Condom/Lubricant		Hours		Events		Months		Kits			
Number of UOS per Service Mode		1,196		1,495		1,168		1,093		60,000		740		41		12		5,500		71,245	
Cost Per UOS by Service Mode		\$144.22		\$331.83		\$286.28		\$323.94		\$0.85		\$625.78		\$3,810.38		\$4,681.69		\$27.49		N/A	
Number of UDC/NOC per Service Mode		1,196		5,952		1,168		1,093		14,850		2,022		1,380		N/A		8,753			

BUDGET JUSTIFICATION

Appendix B-1b

1a) SALARIES

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

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

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

1b) EMPLOYEE FRINGE BENEFITS:

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

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

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

Staff Travel:

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

Consultants/Subcontractors:

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

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

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

Appendix B-1b.1

7/1/24-6/30/25

General Fund

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

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: Interpreters Coordinator											
Duties re program and UDC served	Responsible for recruiting 4 Mayan interpreters and supporting them in translating/interpreting relevant Coordinated Overdose Response and Engagement (CORE) materials before audio-recorded content. Also responsible for coordinating with consultants and focus groups and clearing for distribution through digital media. (2 months/ additional 0.144 FTE /1 hour/day)										
Degree, license exp	Mayan interpreter with proven experience in interpretation services for Indigenous Communities. A community organizer with skills leading language access projects.										
	<table><tr><td>Annual Salary</td><td>x Base FTE</td><td>x Mos per Yr</td><td>Annualized FTE if < 12 mo</td><td>Total</td></tr><tr><td>51,722</td><td>0.14400</td><td>2</td><td>0.02400</td><td>\$ 1,241</td></tr></table>	Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total	51,722	0.14400	2	0.02400	\$ 1,241
Annual Salary	x Base FTE	x Mos per Yr	Annualized FTE if < 12 mo	Total							
51,722	0.14400	2	0.02400	\$ 1,241							
	<table><tr><td>Total FTE, Base:</td><td>0.14400</td><td>Annualized:</td><td>0.02400</td><td></td></tr><tr><td colspan="3"></td><td>Total Salaries:</td><td>\$ 1,241</td></tr></table>	Total FTE, Base:	0.14400	Annualized:	0.02400					Total Salaries:	\$ 1,241
Total FTE, Base:	0.14400	Annualized:	0.02400								
			Total Salaries:	\$ 1,241							

1b) EMPLOYEE FRINGE BENEFITS:

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

2) OPERATING EXPENSES:

Occupancy:			
Expense Item	Concise/ Specific Description	Rate/Formula	Cost
		Total Occupancy:	\$ -
Materials & Supplies:			
Expense Item		Rate/Formula	Cost
		Total Materials & Supplies:	\$ -
General Operating:			
Expense Item	Brief Description	Rate/Formula	Cost
		Total General Operating:	\$ -

Staff Travel:

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

Consultants/Subcontractors:

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

Other Expenses

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

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

CAT 1: LATINX HEALTH ACCESS POINT (HAP)																				Appendix B-1c 07/01/25-06/30/26
UOS COST ALLOCATION BY SERVICE MODE																				General Fund
Service Modes:		INTEGRATED HIV/HCV/STD TESTING		LINKAGE & NAVIGATION Recruitment & Linkage		LINKAGE & NAVIGATION Individual Risk Reduction Counseling		LINKAGE & NAVIGATION Prevention Case Management		CONDOM DISTRIBUTION		COMMUNITY ENGAGEMENT & MOBILIZATION Single Support Group		COMMUNITY ENGAGEMENT & MOBILIZATION Events		COMMUNITY ENGAGEMENT AND MOBILIZATION Social Marketing		Basic Needs		
Position Titles	Annual FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Totals
Director of Programs and Client Services	0.14286	444	2%	3,130	17%	4,004	21%	3,868	21%	275	1%	4,557	24%	923	5%	816	4%	792	4%	18,810
Director of Integrated Behavioral Health	0.11429	347	2%	2,444	17%	3,127	21%	3,022	21%	215	1%	3,559	24%	721	5%	637	4%	618	4%	14,690
Program Director	0.74749	1,591	2%	11,224	17%	14,358	21%	13,875	21%	988	1%	16,340	24%	3,311	5%	2,926	4%	2,839	4%	67,452
Program Manager	0.93429	1,830	2%	12,903	17%	16,506	21%	15,951	21%	1,135	1%	18,786	24%	3,807	5%	3,364	4%	3,264	4%	77,546
Case Manager	0.58333	688	2%	4,853	17%	6,208	21%	5,999	21%	426	1%	7,065	24%	1,432	5%	1,265	4%	1,228	4%	29,164
Community Health workers	3.74000	4,350	2%	30,678	17%	39,244	21%	37,924	21%	2,700	1%	44,663	24%	9,050	5%	7,997	4%	7,761	4%	184,367
Clinical Supervisor	0.08571	202	2%	1,426	17%	1,824	21%	1,763	21%	126	1%	2,076	24%	421	5%	372	4%	361	4%	8,571
Prevention Services Coordinator	1.00000	1,796	2%	12,664	17%	16,200	21%	15,654	21%	1,114	1%	18,436	24%	3,736	5%	3,301	4%	3,204	4%	76,105
MH Clinician	0.57500	1,072	2%	7,559	17%	9,669	21%	9,344	21%	665	1%	11,004	24%	2,230	5%	1,970	4%	1,912	4%	45,425
Community Health Educators (CHE)	0.59234	789	2%	5,567	17%	7,122	21%	6,882	21%	490	1%	8,108	24%	1,642	5%	1,451	4%	1,408	4%	33,459
Program Assistants	1.13000	1,458	2%	10,285	17%	13,157	21%	12,714	21%	905	1%	14,974	24%	3,034	5%	2,681	4%	2,602	4%	61,810
Total FTE & Salaries	9.64531	14,567	2%	102,734	17%	131,419	21%	126,996	21%	9,039	1%	149,568	24%	30,307	5%	26,780	4%	25,989	4%	617,399
Fringe Benefits	34.7%	5,061	2%	35,694	17%	45,661	21%	44,124	21%	3,141	1%	51,966	24%	10,530	5%	9,304	4%	9,030	4%	214,511
Total Personnel Expenses		19,628	2%	138,428	17%	177,080	21%	171,120	21%	12,180	1%	201,534	24%	40,837	5%	36,084	4%	35,019	4%	831,910
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Expense	%	Totals
Total Occupancy		1,973	2%	13,916	17%	17,803	21%	17,204	21%	1,225	1%	20,261	24%	4,106	5%	3,628	4%	3,521	4%	83,637
Total Materials and Supplies		1,000	2%	7,051	17%	9,018	21%	8,716	21%	620	1%	10,265	24%	2,080	5%	1,838	4%	1,784	4%	42,372
Total General Operating		297	2%	2,094	17%	2,678	21%	2,588	21%	184	1%	3,048	24%	618	5%	546	4%	530	4%	12,583
Total Staff Travel		52	2%	366	17%	468	21%	453	21%	32	1%	533	24%	108	5%	95	4%	93	4%	2,200
Consultants/Subcontractor:																				
MNHC		141,926	25%	82,140	14%	58,669	10%	55,352	10%	16,605	3%	149,299	26%	7,412	1%		0%	66,262	11%	577,665
SFAF			0%	198,424	55%		0%	32,289	9%	15,448	4%		0%	85,234	24%		0%	30,399	8%	361,794
Fees		204	9%	1,440	17%	1,842	21%	1,780	21%	127	1%	2,096	24%	425	5%	376	4%	364	4%	8,654
Other (specify):																				
Food for Groups		577	26%	4,073	17%	5,210	21%	5,034	21%	358	1%	5,929	24%	1,201	5%	1,062	4%	1,031	4%	24,475
Incentive/Rewards		231	11%	1,631	17%	2,086	21%	2,016	21%	143	1%	2,374	24%	481	5%	425	4%	413	4%	9,800
HIV Testing Incentives		142	6%	998	17%	1,277	21%	1,234	21%	88	1%	1,454	24%	295	5%	260	4%	252	4%	6,000
Basic Needs/Hygiene Kits		1,331	60%	9,384	17%	12,004	21%	11,600	21%	826	1%	13,662	24%	2,768	5%	2,446	4%	2,374	4%	56,395
Events		436	20%	3,078	17%	3,938	21%	3,805	21%	271	1%	4,482	24%	908	5%	802	4%	780	4%	18,500
			0%		0%		0%		0%		0%		0%		0%		0%		0%	-
Total Operating Expenses		148,169	12%	324,595		114,993		142,071		35,927		213,403		105,636		11,478		107,803		1,204,075
Total Direct Expenses		167,797	8%	463,023	23%	292,073	14%	313,191	15%	48,107	2%	414,937	20%	146,473	7%	47,562	2%	142,822	7%	2,035,985
Indirect Expenses	9.8%	4,688	3%	33,062	7%	42,293	14%	40,870	13%	2,909	6%	48,133	12%	9,753	7%	8,618	18%	8,364	6%	198,690
TOTAL EXPENSES		172,485	8%	496,085	22%	334,366	15%	354,061	16%	51,016	2%	463,070	21%	156,226	7%	56,180	3%	151,186	7%	2,234,675
Unit of Service Type	Test	Hours		Hours		Hours		Hours		Condom/Lube		Hours		Events		Months		Kit		
Number of UOS per Service Mode	1,196	1,495		1,168		1,093		60,000		740		41		12		5,500		71,245		
Cost Per UOS by Service Mode	\$144.22	\$331.83		\$286.28		\$323.94		\$0.85		\$625.78		\$3,810.38		\$4,681.69		\$27.49		N/A		
Number of UDC/NOC per Service Mode	1,196	5,952		1,168		1,093		14,850		2,022		1,380		N/A		8,753				

BUDGET JUSTIFICATION

Appendix B-1c

1a) SALARIES

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

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

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

1b) EMPLOYEE FRINGE BENEFITS:

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

2) OPERATING EXPENSES:

Occupancy:

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

Materials & Supplies:

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

General Operating:

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

Staff Travel:

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

Consultants/Subcontractors:

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

Other Expenses

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

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

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

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Business Associate Agreement

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

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

3. Termination.

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

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

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

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

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

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

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
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 SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

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

I. All Contractors.

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

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

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

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

ATTESTED by Privacy Officer 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 #			
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	

Attachment 3 to Appendix E

Protected Information Destruction Order
Purge Certification - Contract ID # 1000024733

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated January 1, 2023 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

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

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

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

So Certified

Signature

Title:

Date:

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Contract ID #
1000024733

Invoice Number
A-1JUL24

Contract Purchase Order No:

Telephone: 415-229-0523
Fax:

Funding Source: General Fund

Department ID-Authority ID: 251929

Program Name: Latinx Health Access Point (LHAP)

Project ID-Activity ID: 10001677 | 002

ACE Control #:

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

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
INTEGRATED HIV/HCV/STD TESTING	1,196	1,196							1,196	1,196
LINKAGE & NAVIGATION-Recruitment & Linkage	1,495	5,952							1,495	5,952
LINKAGE & NAVIGATION-Individual Risk Reduction Counseling	1,168	1,168							1,168	1,168
LINKAGE & NAVIGATION-Prevention Case Management	1,093	1,093							1,093	1,093
CONDOM DISTRIBUTION	60,000	14,850							60,000	14,850
COMMUNITY ENGAGEMENT- Support Group	740	2,022							740	2,022
COMMUNITY ENGAGEMENT - Events	41	1,025							41	1,025
COMMUNITY ENGAGEMENT - Social Marketing	12								12	
Basic Needs	5,500	5,500							5,500	5,500
Start Up										

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	71,245	32,806			32,806

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$617,399				\$617,399.00
Fringe Benefits	\$214,511				\$214,511.00
Total Personnel Expenses	\$831,910				\$831,910.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$83,637				\$83,637.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$42,372				\$42,372.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,583				\$12,583.00
Staff Travel - (e.g., Local & Out of Town)	\$2,200				\$2,200.00
Consultant/Subcontractor	\$948,113				\$948,113.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$115,170				\$115,170.00
Total Operating Expenses	\$1,204,075				\$1,204,075.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$2,035,985				\$2,035,985.00
Indirect Expenses	\$198,690				\$198,690.00
TOTAL EXPENSES	\$2,234,675				\$2,234,675.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____

Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

By: _____
(DPH Authorized Signatory)

Date: _____

Attn: Accounts Payable

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Contract ID #
1000024733

Invoice Number
A-1JUL24

Contract Purchase Order No:

Telephone: 415-229-0523
Fax:

Funding Source: General Fund

Department ID-Authority ID: 251929

Program Name: Latinx Health Access Point (LHAP)

Project ID-Activity ID: 10001677 | 002

ACE Control #:

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

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

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

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

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

Contract ID #
1000024733

Invoice Number
A-1JUL25

Contract Purchase Order No:

Telephone: 415-229-0523
Fax:

Funding Source: General Fund

Department ID-Authority ID: 251929

Program Name: Latinx Health Access Point (LHAP)

Project ID-Activity ID: 10001677 | 002

ACE Control #:

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

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC	UOS	NOC
INTEGRATED HIV/HCV/STD TESTING	1,196	1,196							1,196	1,196
LINKAGE & NAVIGATION-Recruitment & Linkage	1,495	5,952							1,495	5,952
LINKAGE & NAVIGATION-Individual Risk Reduction Counseling	1,168	1,168							1,168	1,168
LINKAGE & NAVIGATION-Prevention Case Management	1,093	1,093							1,093	1,093
CONDOM DISTRIBUTION	60,000	14,850							60,000	14,850
COMMUNITY ENGAGEMENT- Support Group	740	2,022							740	2,022
COMMUNITY ENGAGEMENT - Events	41	1,025							41	1,025
COMMUNITY ENGAGEMENT - Social Marketing	12								12	
Basic Needs	5,500	5,500							5,500	5,500
Start Up										

	NOC	NOC	NOC	NOC	NOC
Number of Clients for Appendix	71,245	32,806			32,806

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$617,399				\$617,399.00
Fringe Benefits	\$214,511				\$214,511.00
Total Personnel Expenses	\$831,910				\$831,910.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$83,637				\$83,637.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$42,372				\$42,372.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$12,583				\$12,583.00
Staff Travel - (e.g., Local & Out of Town)	\$2,200				\$2,200.00
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Capital Expenditures					
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Indirect Expenses	\$198,690				\$198,690.00
TOTAL EXPENSES	\$2,234,675				\$2,234,675.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: AidsOffice@sfdph.org

Attn: Accounts Payable

By: _____ (DPH Authorized Signatory)

Date: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Contract ID #
1000024733

Invoice Number
A-1JUL25

Contract Purchase Order No:

Telephone: 415-229-0523
Fax:

Funding Source: General Fund

Department ID-Authority ID: 251929

Program Name: Latinx Health Access Point (LHAP)

Project ID-Activity ID: 10001677 | 002

ACE Control #:

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

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

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

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: _____

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

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TERMS AND CONDITIONS

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

SECTION 1 - “THIRD PARTY” CATEGORIES

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

SECTION 2 - DEFINITIONS

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

SECTION 3 – GENERAL REQUIREMENTS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

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

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

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

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

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

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

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

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

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

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

SECTION 7 - DEPARTMENT'S RIGHTS

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

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

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

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

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

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

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

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

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

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

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

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

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

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

Attachment 1 to SAA
System Specific Requirements

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

A. Department Care Link Requirements:

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

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

A. Department Epic Hyperspace:

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

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

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

A. Department myAvatar

1. Connectivity.

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

2. Information Technology (IT) Support.

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

3. Access Control.

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

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTHDept. Code: DPHType of Request: ☐ Initial ☒ Modification of an existing PSC (PSC # 2006-07/08)Type of Approval: ☐ Expedited ☐ Regular ☐ Annual ☒ Continuing ☐ (Omit Posting)Type of Service: HIV Prevention Services, CHEP Services, Miscellaneous Surveillance ServicesFunding Source: Federal, State, General FundPSC Original Approved Amount: \$140,000,000PSC Original Approved Duration: 07/01/2008 - continuousPSC Mod#1 Amount: \$70,000,000PSC Mod#1 Duration: 04/01/14 - continuousPSC Cumulative Amount Proposed: \$210,000,000PSC Cumulative Duration Proposed: 07/01/2008 - continuous**1. Description of Work****A. Scope of Work/Services to be Contracted Out:**

Contractor will provide services for the DPH office of Community Health Equity and Promotion, primarily for HIV Prevention programs, including individual risk reduction prevention targeting behavioral risk populations; evaluation of prevention case management services; outreach, including street and venue-based; counseling, testing, referral and partner notification services including basic, advanced, supervisor and continuing education counselor training to DPH-funded HIV prevention professionals who provide HIV risk assessment and disclosure counseling to clients with or at risk for HIV infection; surveillance and seroincidence services, trainings and studies (surveillance services include surveying medical offices, clinics and hospitals for reports of HIV infection and AIDS cases; seroincidence services include the HIV Seroincidence Project, which measures the number of duplicated and unduplicated clients at anonymous HIV testing sites, HIV seroincidence among men who have sex with men who seek anonymous HIV testing and counseling in San Francisco, and identification of the demographics and behavioral factors associated with increased risk taking within this population and measuring change in behavior); and detuned assay training for antibody test counselors. Services will be provided either directly to clients and/or in partnership with DPH as a fiscal intermediary. These services address the need for ongoing capacity building and organizational development among community based organizations and DPH programs in order to increase the effectiveness of HIV prevention efforts, specifically related to organizational capacity, program development capacity and evaluation design, methods and data analysis capability. Also provided will be technical assistance to the HIV Prevention Planning Council and consultation with Council and staff to develop cultural competency criteria and ongoing strategic evaluation and prioritization processes. Funding sources include Federal, State, local grants, and General Fund.

B. Explain why this service is necessary and the consequence of denial:

Most incidents of HIV infection occur among people whose behaviors put them at risk and who have limited access to prevention services. They need to be reached by a range of strategies and interventions that meet their diverse needs and increase the likelihood that prevention messages will have an impact. To increase efficiency in the provision of services, nonprofit agency personnel need to have access to training and technical assistance resources. Logistical and technical support enhance the effectiveness of HPP Council plans. Accurate tracking of the rate of new HIV infection among high risk populations is necessary to plan effective and appropriate service delivery and prevention efforts.

Denial of these services would seriously hinder the City's ability to monitor and control the transmission of HIV and other communicable disease.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.
PSC 2015-98/99

D. Will the contract(s) be renewed?
Yes, depending on need and funding availability.

E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:
The Department expects the need for these services to continue.

2. Reason(s) for the Request

A. Display all that apply

☒ Services required on an as-needed, intermittent, or periodic basis (e.g., peaks in workload).

☒ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).

Explain the qualifying circumstances:

The contracts under this PSC provide the broad range of community-based services needed to address the needs of the large proportion of San Franciscans who engage in high-risk behaviors which expose them to HIV but who do not routinely use traditional City services to obtain prevention information and who without these community-based service providers would have limited or no access to HIV prevention services. Services are usually street-based or venue-based (bars, doctor's offices, community locations and events, etc.) and are able to be highly specialized, flexible and responsive to the changing needs of the population as methodologies continue to change with the epidemiology of the disease.

B. Reason for the request for modification:
To increase amount to cover contract extensions

3. Description of Required Skills/Expertise

A. Specify required skills and/or expertise: Knowledge of HIV/AIDS prevention education, intervention, training, technical assistance and related resources. Experience in identifying needs for prevention education and providing HIV counseling/testing, risk reduction/behavior change interventions, outreach and information to individuals and groups. Access and sensitivity (cultural/language) to the target populations. Possession of diverse technical assistance resources. Extensive experience in providing management resource training to nonprofit organization personnel.

B. Which, if any, civil service class(es) normally perform(s) this work? 2806, Disease Control Investigator; 2808, Sr Disease Control Invstgtor; 2810, Pr Disease Control Invstgtor; 2819, Assistant Health Educator; 2822, Health Educator; 2825, Senior Health Educator; 2910, Social Worker; 2912, Senior Social Worker; 2914, Social Work Supervisor;

C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: No.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

A. Explain why civil service classes are not applicable.

Civil Service classifications are not applicable as staffing is only one component of the overall services being provided. Staffing conforms with policy, funding, and legal mandates. These community based organizations have demonstrated better access and sensitivity to the target populations. A large portion of residents engaging in high-risk behaviors do not routinely utilize traditional City clinics/services for prevention information.

B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: No, classifications that may perform some of these services already exist, but the use of Civil Service personnel would be impractical. HIV prevention and education services and methodologies continue to change with the epidemiology of the disease. Most of the services provided are highly specialized.

6. Additional Information

A. Will the contractor directly supervise City and County employee? If so, please include an explanation.

No.

B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contract? If so, please explain what that will entail; if not, explain why not.

Training is primarily for nonprofit service providers

C. Are there legal mandates requiring the use of contractual services?

No.

D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.

No

E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.

No.

F. Will the proposed work be completed by a contractor that has a current PSC contract with your department? If so, please explain.

Please see attachment.

7. Union Notification: On 04/25/16, the Department notified the following employee organizations of this PSC/RFP request:

TWU - Miscellaneous; SEIU Local 1021; Management & Superv Local 21;

☒ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Jacquie Hale Phone: (415) 554-2609 Email: jacquie.hale@sfdph.org

Address: 101 Grove Street, Room 307, San Francisco, CA 94102

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 2006-07/08

DHR Analysis/Recommendation:

Civil Service Commission Action:

Commission Approval Not Required

Approved by DHR on 06/29/2016



**CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
Population Health Division – Community Health Equity & Promotion (CHEP)
101 Grove Room 402
San Francisco, CA 94102**

**REQUEST FOR PROPOSALS
RFP No. 4-2019**

**An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated
HIV, HCV, and STD Prevention Programs for Affected Communities**

SCHEDULE OF EVENTS AND SUBMISSION DEADLINES

ACTIVITY	TIMES	DATES
Solicitation Issued:	NA	September 12, 2019
E-Questions	NA	September 16, 2019 thru September 19, 2019
Bidders' Conference	9:00 a.m. to 12:00 noon	September 26, 2019
Letter of Intent (LOI) Due (Mandatory. Please use template provided in Appendix A-1.)	By 12:00 Noon	October 9, 2019
Qualifications Statements and Proposals Due	By 12:00 Noon	November 25, 2019
		ESTIMATED DATES
Technical Review	NA	December 2019
Oral Presentation & Review	NA	December 2019
Start Date of Service	NA	July 1, 2020

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RFP APPENDICIES: A-1, A-2, AND A-3

A-1 REQUIRED FORMS, New Contracting Information

- 1) Letter of Intent Form
 - Service Category 1.1 thru 1.7
- 2) Qualifications Statement Form
 - Service Category 2.1 thru 2.7
 - 2A Sub-Contract MOU form
- 3) CMD Form 3 – Non-Discrimination Affidavit Form
- 4) DPH General Budget Forms
- 5) MCO HCAO Declaration Forms
- 6) Non Profit MCO Hourly Rate Information
- 7) Insurance Requirements 7.01.2019 (information)
- 8) Website addresses for hyperlinks in RFP

A-2 STANDARD SUPPLIER/VENDOR FORMS:

- This Application Process is only accepting proposals from Approved City Suppliers/Vendors.
- If you are a current City Supplier/Vendor you are not required to complete these forms.
- If you are a potential NEW SUPPLIER/VENDOR with the City and County, the following is required to be completed via the OCA Web Site:
- Please paste to your browser: <https://sfgov.org/oca/qualify-do-business> to learn how to “Qualify to Do Business” with the City and County of San Francisco.

1) Vendor Profile Application/Package

2) CMD Attachment 2: CMD/HRC Requirements for Architecture, Engineering, and Professional Services Contracts

A-3 FOR INFORMATION ONLY

- 1) Standard Legal Agreement Boilerplate Draft Copy (P-600)
- 2) Insurance Requirements 7.01.2019
- 3) LBE Certification Instructions
- 4) LBE Applications
 - LBE Application – Small/Micro/Local Business
 - LBE Application – Non-Profit Entity
- 5) SFDPH Procedures regarding Subcontracting

Standard BAA documents Below:

- 6a) Business Associate Agreement
- 6b) BAA All Attachments

Travel Ban Information:

- 7) Contract Travel Ban Memo/Ban on City Contracts and Travel Involving States with Anti-LGBT Laws **(Amended 9.19.2019)**

MCO Non Profit Minimum Wage Poster:

- 8) July 1, 2019 Non Profit Minimum Wage Rate

RFP 4-2019

I. Introduction

The San Francisco Department of Public Health (SFDPH), Community Health Equity and Promotion Branch (CHEP), is soliciting proposals for **An Equity-Focused, Community-Centered, Whole Person Care Approach to Integrated HIV, HCV, and STD Prevention Programs for Affected Communities**. Each proposal must meet the necessary qualifications and service requirements set forth in this solicitation. Whether a proposal meets these qualifications and service requirements will be determined through the Review and Selection Process described in Section IV. No Proposer shall have any legal or equitable right or obligation to enter into a contract or to perform the work as a result of qualifying for selection.

A. Solicitation Overview

The SFDPH Community Health Equity and Promotion Branch (CHEP) is soliciting proposals to provide **Integrated HIV, HCV, and STD Prevention Programs for Affected Communities in seven (7) separate service categories**, further detailed in Section II "Program Services Specifications".

Please note:

- The Department intends to support seven (7) agreements as result of this solicitation process.
- Successful applicants are limited to negotiating and developing one (1) contract agreement as a result of participating in this RFP process.
- Applicants may submit a proposal to more than one service category.
- Applicants must submit a separate proposals package for each specific service category if applying for more than one service category.
- Applicants who submit multiple proposals will only be eligible to negotiate and secure one contract agreement, limited to one (1) service category.

To participate in this solicitation process, Proposers are required to submit:

- A Letter of Intent (LOI):
 - You must submit a LOI for each separate Service Category that you intend to submit a proposal.
- A Qualifications Statement and Sub-Contractor MOU Form:
 - You must attach a signed Qualification Statement form to each proposal package per Service Category
 - You must attach a signed Sub-Contractor MOU form for each identified sub-contractor
- A complete Proposal Package with all requested documentation by the stated deadlines and according to Submission Requirements in Section III of this solicitation.
- Verification of being a current approved City Supplier/Vendor
- Verification of compliance with the HIPAA Business Associate Addendum
- CMD Form 3
- MCO and HCAO Declaration (copy)

In the event that only one Letter of Intent (LOI) or if one Proposal is submitted for this solicitation or for a specific category within this solicitation, the Department will determine the viability of entering into negotiations with that vendor/supplier. If more than one LOI or if more than one Proposal is received, the process will progress through the submittal steps outlined in this solicitation. Vendors/Suppliers who submit an LOI and then decide to not submit a proposal afterward, should contact the Contracts Unit and communicate their intent to not participate in the RFP.

Prior to submitting your Letter of Intent, please review the Service Category Minimum Qualifications outlined in Section II to determine if your agency is qualified.

Incomplete or non-compliant Proposals will be rejected during Initial Screening. A Technical Review Panel, as described in Section V, Review and Selection Process, will evaluate proposals progressing to the Review and Selection Process.

Opportunities for bidders to ask pre-bid questions will be afforded through a Bidders' Conference or E-questions as specified in Section VI.

Section VI covers Standard Terms and Conditions for Receipt of Proposals, as established by the City and County of San Francisco.

Appeals Procedures for breach of solicitation procedures are covered in Section VIII.

Required forms, standard forms, and informational documents are provided in Appendices A-1, A-2, and A-3. Potential Contractors must have a **registered/valid City and County of San Francisco Supplier ID number** (previously known as the Vendor ID#), and provide your current **Supplier ID number**.

If you **are not registered** as an approved City Supplier, you must begin the process at the time of proposal submission.

- o Please go to: <https://sfcitypartner.sfgov.org/> to learn how to "Qualify to Do Business" with the City and County of San Francisco.
- o Potential contractors who have questions regarding navigating the "Supplier" portal may send emails to sfcitypartnersupport@sfgov.org for help or questions regarding the PeopleSoft system.

The complete solicitation package is available for download at:
<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts>

Click on **RFP# 4-2019** and follow the instructions.

For questions about solicitation procedures or documents, please contact:

Irene Carmona
SFDPH – Contracts Unit
(415) 554-2778
irene.carmona@sfdph.org

B. Contract Term

The City reserves the option to award initial contract(s) for **original term(s) from one (1) to five (5) years**, and the right to exercise options to extend the original term of the contract(s) for any period(s) not to exceed a **total maximum of ten (10) years** of services from the original contract agreement.

Contract terms allowable are mandated under the “Administrative Code Section 21.9 Multiple Year Contracts; Options to Extend or Renew.”

The City reserves the right to procure services similar or identical to the services specified in this RFP by any other means. No respondent is guaranteed a contract.

The Department reserves the right to issue multiple contracts to multiple vendors that are qualified and that submitted a proposal. Throughout the course of the contract, the Department will monitor the performance of the contractor(s) in accordance with Departmental monitoring procedures and reserves the right to alternate primary providers for non-performance.

The Department reserves the right to solicit services under a new RFP in the event that submitted proposals are not responsive to the service categories outlined in this RFP.

A contract or contract funding notice is not a guarantee of funding for a program or the continuation of services. Annual funding for contracts may vary or change according to the availability of funds. The Department reserves the right to re-open the solicitation to request additional proposals or to resolicit services.

C. Funding

1. Funding Amounts

The **estimated** annual amount of funds available through this RFP is up to **\$8,000,000**, distributed across the service categories as follows:

Summary of Service Categories and Funding Amounts		
#	Service Category	Estimated Amount Available
1	Health Access Point (HAP) for Latinx	\$1,600,000 to \$2,000,000
2	Health Access Point (HAP) for Trans women	\$650,000 to \$800,000
3	Health Access Point (HAP) for People who use drugs, including injecting drugs (PWUD/ID)	\$760,000 to \$930,000
4	Health Access Point (HAP) for Males who have sex with males (MSM), with a focus on Gay males (Gay/MSM)	\$1,000,000 to \$1,200,000
5	Health Access Point (HAP) for Asians and Pacific Islanders (API)	\$540,000 to \$660,000
6	Health Access Point (HAP) for Young Adults (18-24)	\$350,000 to \$500,000
7	Training and Capacity Building for a Health Access Point (HAP) for Black/African Americans	\$1,900,000 to \$2,400,000

The estimated annual amount of funding available to support the services described in this RFP is subject to increase or decrease depending on changes in available Federal, State and local, funding resources; changes in HIV, HCV, and STD prevention priorities as recommended by the HIV Community Planning Council (HCPC), or as determined by CHEP; or other circumstances.

All General Fund funding is based on the City & County of San Francisco “Annual General Fund Budget Approval Process.”

All GRANT funding including “Special Revenue” is determined by the grantor. Annual funding may increase or decrease depending on availability of funds. Grant funding is based on the conditions of the grant award. (“Special Revenue” may be a result of funding from the Federal Government or the State of California)
There are no guarantees of annual funding.

Should additional funds become available after the release of this RFP or after awards from this RFP have been made, SFDPH reserves the right to allocate these additional funds as it deems appropriate according to program planning and service needs, including but not limited to: adjusting the number and/or size of awards; supplementing awards from this RFP with additional funds during service periods; supporting SFDPH-delivered services; or issuing a new solicitation.

San Francisco Minimum Wage Rates:

- **Beginning July 1, 2019, the Minimum Wage Rate is: \$16.50 per hour for Nonprofit and Public Entities, and \$17.66 for For-Profit suppliers.**
- **All contracts supporting hourly staff must comply with this hourly rate.**
- **See MCO requirements in Appendix A-1**
- **System for Award Management (SAM) Registration – Federal Funding Requirement:**
- Agencies/Vendors who receive funding from the Federal Government must register with the System for Award Management (SAM) and renew their membership annually.
- This requirement includes sub-recipients and subcontractors.
- Please complete the registration/renewal process and forward a printout indicating your membership is active.
- No grant funds will be encumbered until SAM membership is active.
- SAM registration can be done here: <https://www.sam.gov/portal/SAM/##11>

2. Funding Sources, Terms, and Restrictions

- Funds for this solicitation will come from one or more of the following: a) the federal Centers for Disease Control and Prevention (CDC) (fiscal year January 1 through December 31); b) the State of California Department of Public Health (fiscal year July 1 through June 30); c) the San Francisco General Fund (fiscal year July 1 through June 30); and d) the federal Substance Abuse and Mental Health Services Administration (SAMHSA) (fiscal year July 1 through June 30). SFDPH reserves the right to determine funding source and to package funds appropriately for specific services and contractors.
- Funds for this solicitation may be renewable annually (dependent on availability of funds, successful performance of contract obligations, compliance with data and reporting requirements and public health priorities, and changes in the epidemic affecting need for services) for a period of up to ten (10) years.
- SFDPH reserves the right to terminate or not to renew a contract funded through this request for proposals (RFP) at any time.
- If the submitted applications to this RFP are deemed not qualified, CHEP reserves the right not to issue awards in any given service category. CHEP may implement a separate process to obtain the services identified in this RFP.
- Funds must be used for programs and services located in San Francisco.
- Funds may not be used for the following:
 - HIV medications
 - Primary care
 - Sexually transmitted disease (STD) treatment (to be discussed during negotiations)
 - Hepatitis C treatment
 - Other medical testing (except HIV, HCV, and STD testing) or treatment
 - Research
 - Cash incentives

- Subcontractors - Allowable Direct Cost.
 - o Subcontracted services are allowable as direct costs when necessary to support the final cost objective. As such, these direct costs may be used in the calculation of the prime contractor's indirect cost rate with some limitations. The prime contractor can charge indirect costs on the first \$25,000 of each subcontract at the approved/allowed indirect cost rate. Additional subcontract expenses beyond \$25,000 must be excluded from the indirect rate calculation.
 - o Reference: OMB Uniform Guidance Part 200 Subpart A Section 200.68 Modified Total Direct Cost (MTDC)

D. Ban on City Contracts Involving States with Anti LGBT Laws

Per Administrative Code Section 12X prohibits City contracting with companies from states that have enacted laws after June 26, 2015, reversing anti-discrimination protections for LGBT individuals or that permit discrimination against LGBT individuals. Administrative Code Section 12X.5 (a) cites that the City shall not enter into any Contract with a Contractor that has its United States headquarters in a state on the Covered State List or where any or all of the work on the Contract will be performed in a state on the Covered State List.

In accordance with the Administrative Code Section 12X.5 (b), the Contracting Department may waive the requirements of Section 12X.5 in full or in part, if the department determines that strict application of the requirement would not be feasible, would create an undue hardship or practical difficulty, or that similar circumstances otherwise warrant granting of the waiver.

MEMO issued by the "City Administrator" regarding "Ban on City Contracts Involving States with Anti LGBT Laws" is located in attached **Appendix 3** of this solicitation.

E. Guidelines for Reading and Responding to this Specific RFP

Section II.C. "Services Solicited, Proposal Narrative Instructions" describes in detail the seven (7) service categories for which CHEP is seeking services. Since each description has been developed to contain all the information needed to apply to that category, it is not necessary to read the service categories the applicant does not intend to apply to.

The following resources are available to assist applicants:

- **2017 – 2021 San Francisco Integrated HIV Prevention and Care Plan.** This document provides a wide-ranging blueprint, including specific goals, objectives, and strategies, designed to help guide the future of HIV activities in our region. The plan can be found online here: [HIV Community Planning Council Integrated Plan](#)
- **HIV/HCV/STD Roadmap: Stakeholder Engagement Report.** This report summarizes the themes that emerged from an extensive planning process, comprised of SFDPH staff and community stakeholders, for the future of HIV, hepatitis C (HCV), and sexually transmitted disease (STD) programs and services. [Stakeholder Engagement Report](#).

- **2017 HIV Epidemiology Annual Report.** This report presents annual San Francisco HIV surveillance data that is widely used to measure progress toward reducing HIV incidence and improving health outcomes for people living with HIV (PLWH), as well as identify successes and vulnerable populations who are experiencing barriers to HIV prevention, treatment, and care. The report can be found online here: [2017 HIV Epi Report](#).
- **2016 San Francisco Sexually Transmitted Disease Annual Summary.** This report presents annual San Francisco STD surveillance data for syphilis, gonorrhea, and chlamydia, as well as identifies successes and vulnerable populations that are disproportionately affected by these diseases. This RFP uses 2016 STD data. The 2017 San Francisco Sexually Transmitted Disease Annual Summary is now available. The reports can be found online here: [2016 STD Summary](#) and [2017 STD Summary](#)
- **End Hep C SF Strategic Plan, 2017-2019.** This plan details strategic priorities identified by the End Hep C SF Collective Impact Initiative that maximize progress toward HCV elimination in San Francisco. The plan can be found online here: [End Hep C Plan](#).
- **Getting to Zero (GTZ) Strategic Plan, 2015.** This plan describes a comprehensive approach that continues funding for successful efforts and calls for three signature initiatives to begin—1) PrEP expansion; 2) RAPID ART (antiretroviral therapy); and 3) ART Retention—that focus on eliminating new HIV infections, preventing HIV-related disease complications, and reducing the health disparities for HIV infected and affected populations in San Francisco. The plan can be found online here: [GTZ Plan](#).
- **Acronyms/Glossary of Terms:** A glossary of terms and abbreviations used in this RFP appears in **Exhibit 1: 6.4**.
- To minimize the use of abbreviations and make this RFP easier to read, when the term “men who have sex with men (MSM)” is used, it is intended to be inclusive of men who have sex with women (MSM/F), trans men who have sex with men (TMSM), and MSM-injection drug users (MSM-IDU), unless otherwise indicated.
- To access the [highlighted links](#) place your cursor over the [highlighted type](#) and follow the instructions to access links.
- If you **can not** access the highlighted links please refer to the Reference document in Appendix A-1

F. Additional Program Guidelines for Responding to this Specific RFP

1. Program Administrative and Reporting Requirements

The following are CHEP's administrative and reporting requirements. Additional city and SFDPH requirements will apply to all contractors. These will include but are not limited to requirements related to contracting procedures, contract monitoring, cultural competency, client satisfaction surveys, data security, and the Health Insurance Portability and Accountability Act (HIPAA).

Program Administrative and Reporting Requirements	
Requirement	Description
Participation in Special Projects and Studies	Programs will be invited to participate in special projects or studies. Whether participation is mandatory will depend on the project/study.
Training and Technical Assistance	Program staff and volunteers will be required to attend CHEP's trainings as relevant to their job functions. Programs will also be required to work with CHEP's technical assistance team (program liaisons) as needed.
Evaluation and Data Collection Activities	Programs must submit all data as required (see service category descriptions). In addition, periodically, programs will be required to work with CHEP to assess whether program goals and objectives are being met. CHEP may require agencies to periodically write up or present a short summary of data and evaluation findings, including program successes, challenges, and improvements made based on the findings.
Client Satisfaction Survey	CHEP may require programs to conduct a client satisfaction survey/activity in addition to the city requirement.
Program and Continuous Quality Improvement (CQI) Policies and Procedures	All programs must have policies and procedures in place for programs, including a CQI plan, that meet the minimum CHEP requirements.
Program Policies and Procedures	All programs must have policies and procedures in place describing their program protocols, curricula, and other important program-related information.
Client Data Security and Management	All programs must maintain a policy regarding client data security, which includes policy for storage, access, retention and destruction of data.

II. Program Service Specifications

A. Goals and Program Overview

1. Community Health Equity and Promotion Branch (CHEP) Goals

The Community Health Equity and Promotion Branch (CHEP) of the San Francisco Department of Public Health (SFPDH) is focused on ensuring health equity among all communities. This RFP focuses on reaching equity by focusing on the disparities that result in disproportionate levels of HIV, HCV, and STD for some populations. The CHEP mission is that **all people have fair and equal access to the highest quality of prevention, care, and treatment service opportunities in order to attain optimal health in regards to HIV, STD, and HCV status.**

To move toward health equity, CHEP has focused this RFP on populations where the greatest disparities lie, has included disparities as decision-making criteria for funding, and made some significant changes to its expectations of service providers. For example, STD and HCV testing must be available anywhere HIV testing is offered, all providers must demonstrate increased harm reduction services capacity including syringe access and disposal and overdose prevention, and agencies are expected to increase outreach to people experiencing homelessness and people who use drugs. CHEP is committed to the new training, expanded services, and stronger relationships that this new service model requires.

CHEP, Disease Prevention and Control (DPC), and Applied Research, Community Health Epidemiology & Surveillance (ARCHES), and the Population Health Division in SFPDH, in partnership with the HIV Community Planning Council (HCPC), are in alignment with and in support of the following goals:

- Zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate hepatitis C (HCV)
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

2. Services Solicited

CHEP is soliciting prevention services for people at risk for and/or living with HIV, HCV, and/or STD(s). CHEP seeks programs in the categories listed below that:

- Have the expertise and capacity to implement evidence-based, innovative, and culturally appropriate HIV/HCV/STD prevention programs to persons at greatest risk for HIV, STD, and HCV infection or transmission in San Francisco,
- Are willing to aggressively contribute to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination; elimination of HCV; reduction of STD rates; and elimination of racial disparities in access to services and health outcomes; and
- Are committed to working in a spirit of partnership and collaboration with the SFPDH, the HCPC, End Hep C SF, Getting to Zero (GTZ), and other initiatives or programs with the shared purpose of meeting the needs of San Francisco's HIV, HCV, and STD-affected populations.

B. Minimum Qualifications

See **Section C: Services Solicited, Proposal Narrative Instructions, and Review Criteria** for the minimum qualifications required for each specific service category.

- Applicants must submit the Qualifications Statement, **located in Appendix A-1**, certifying that all minimum qualifications are met.
- Proposal packages must meet the specified service category minimum qualifications in order to be approved for RFP review process.
- Proposal packages that do not meet the specified minimum qualifications will be eliminated from the RFP review process.
- Should an applicant be issued an invitation to negotiate (ITN), documentation verifying compliance may be required during the negotiation process.

C. Services Solicited, Proposal Narrative Instructions

Background and Rationale

With scaled up testing starting in 2012, early and widespread treatment, a strong linkage to care program, syringe and condom access, and more recently PrEP, San Francisco (SF) cut new HIV diagnoses by more than half, from 459 in 2010 to 221 in 2017. Data from the National HIV Behavioral Surveillance Survey (NHBS) indicates that the proportion of undiagnosed HIV has plummeted to an estimated 7% among all people living with HIV (PLWH).¹

The data clearly indicates that our current high impact prevention (HIP) strategies have been effective, and that we have been most successful in addressing HIV among men who have sex with men (MSM), the population most affected by HIV for the last 30 years. In terms of new diagnoses, white MSM have benefited the most from current HIP efforts. Even though most new infections continue to occur among white MSM, people of color make up a disproportionate and increasing higher percentage of new diagnoses. Now with only a few hundred new diagnoses each year, getting to zero new HIV infections for all populations, even those with low incidence, will require new and culturally specific strategies to reach them.

In addition to HIV, San Francisco is profoundly impacted by hepatitis C (HCV) and sexually transmitted diseases (STD). There are an estimated 12,000 people with viremic, untreated HCV in SF despite relatively widespread access to curative therapy. San Francisco has one of the highest rates of liver cancer in the U.S., driven by both hepatitis B and C.² There are almost 1,300 San Franciscans who are known to be co-infected with HIV and HCV (most of these are MSM, which is consistent with the epidemiology of HIV in San Francisco). Like many

¹ Raymond HF, Scheer S, Santos G-M, McFarland W. (2016) Examining progress toward the UNAIDS 90-90-90 framework among men who have sex with men, San Francisco, 2014. *AIDS Care*, DOI: 10.1.1080/09540121.2016.1153593

² National Cancer Institute. State Cancer Profiles: Incidence Rate Report of Liver & Bile Duct Cancer, 2009-2013, for United States by County.

communicable diseases, HCV disproportionately impacts marginalized populations, specifically people who inject drugs, people who are homeless or marginally housed, people of color (most notably Black/African Americans), and people living with HIV.³

STDs continue to increase as new HIV diagnoses decline. San Francisco has experienced increases in chlamydia, gonorrhea, and syphilis since 2007. The highest rates of chlamydia, gonorrhea, and syphilis are among gay and other men who have sex with men (Gay/MSM), adolescents and young adults (primarily Black/African Americans), and transgender people.⁴

According to the Centers for Disease Control and Prevention (CDC), health disparities in HIV are inextricably linked to a complex blend of social determinants that influence populations most severely affected by HIV. Health equity is a desirable goal that entails special efforts to improve the health of those who experience social or economic disadvantages. Social determinants of health affect disparities in HIV, viral hepatitis, STD, and tuberculosis (TB). Environmental factors such as housing conditions, social networks, and social support are also key drivers for acquisition and transmission of HIV, viral hepatitis, STDs, and TB. CDC supports efforts to improve the health of populations disproportionately affected by HIV by maximizing the health impact of public health services, reducing disease prevalence, and promoting health equity.

In order to stay in alignment with CDC and achieve San Francisco’s citywide goals of getting to zero new HIV diagnoses, eliminating HCV, and reversing the rising trend of STDs, San Francisco will increase focus on prevention needs in communities of color and the related HIV, HCV, and STD disparities they experience, as well as maintain focus on high prevalence populations (MSM, PWID, and trans women).

SF Roadmap: Stakeholder Perspectives

In Fall 2017, SFPDPH launched a planning process for the future of HIV, HCV, and STD programs and services. This “HIV/HCV/STD Roadmap” effort was inspired by a number of driving forces, including continued disparities, changing needs among affected populations, level or decreasing funding, and the continued existence of disease “silos.” To inform the Roadmap, SFPDPH sought input from SFPDPH staff and community stakeholders.

Stakeholders acknowledged that the landscape of HIV, HCV, and STDs has changed over the last 5-8 years. Epidemiologic profiles have shifted. The impacts of social determinants of health, such as lack of housing, are more pervasive and significant. Some disparities have declined, but others persist. Policy, systems, and environmental factors are different—the Affordable Care Act (ACA) exists (despite its uncertain future), resident tolerance for visible homelessness and drug use is unusually low given SF’s history as a progressive and compassionate city. All of these factors strongly suggest the need for an increased focus on person-centered integrated services and increased innovation to keep up with changing times. In essence, participants in this process expressed that SF has a rich network of services and efforts that form a strong foundation that must be maintained. At the same time, shifts are needed to realize the goals of getting to zero, ending HCV, and turning the curve on STDs.

³ Facente SN, Grebe E, Burk K. Estimated Hepatitis C Prevalence and Key Population Sizes in San Francisco: A Foundation for Elimination. *PLOS ONE*. April 11, 2018 <https://doi.org/10.1371/journal.pone.0195575>

⁴ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnlSum2016.pdf>

As a result of the many meetings and dialogues with stakeholders, four high-level core principles for integrated HIV/HCV/STD prevention, care, and treatment emerged:

Core Principle 1: Community- and Person-Centered Approach

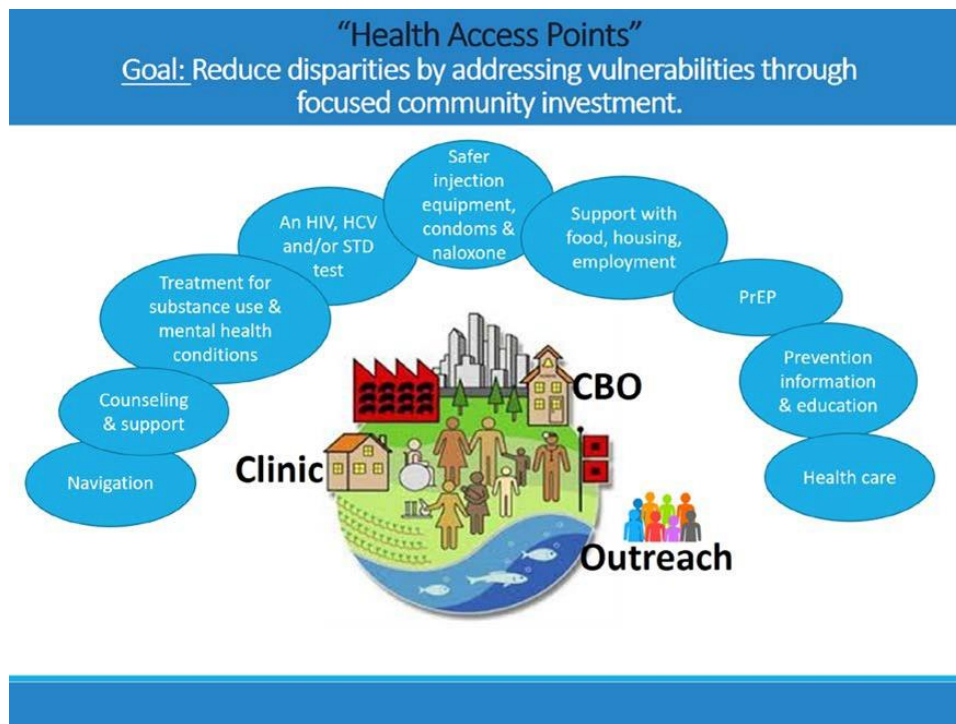
Core Principle 2: Integrated Services

Core Principle 3: Partnerships for Impact and Accountability

Core Principle 4: Sustainability Strategies

Please see the [HIV/HCV/STD Roadmap: Findings from Stakeholder Engagement](#) report for details regarding the implementation strategies for each of the core principles noted above.

The data from the report was used to guide SFDPH's approach to addressing HIV, HCV, and STDs in the coming years and develop a program framework called a "Health Access Point" (HAP) in response to stakeholder recommendations. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. Although HAPs are population-specific due to the expertise that it entails to engage and deliver services to a specific population, they can provide services to people of all races, ethnicities, and sexualities. Health Access Points (HAP) also allow people who identify with multiple populations to receive services where they feel most comfortable.



“Health Access Point” Attributes

- Stigma-free, welcoming, culturally appropriate environment
- “Status neutral”
- Population-specific
- Baseline standard of care, for all populations
- Low barrier access:
 - Mobile and field-based work
 - Consistent services offered at the same time, same place, same teams
 - Frequent recurring contacts

- Interdisciplinary
- Clinical and community-based elements
- Single location, multi-location network, or other approach
- Shared data, risk assessment, & care plans

Essential for sustainability:

- Accountability
- Workforce development
- Organizational capacity-building



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Category 1: Health Access Point for Latinx

Estimated Amount Available: From \$1,600,000 to \$2,000,000

Number of Awards: 1

1. Background

Latinx communities make up 15% of the SF population, 19% of people living with HIV in SF as of December 2017, and 25% of new HIV diagnoses. Of the HCV cases newly reported to SFPD in 2016 with race/ethnicity information, Latinx accounted for 13.3% of the cases. Chlamydia and gonorrhea rates have been increasing since 2013 among all racial/ethnic groups, including Latinx; syphilis rates increased among Latinx from 2012 to 2015 and declined in 2016, although they remain higher than rates for white residents. Across all diseases, the Latinx subpopulation most affected in terms of absolute number of cases is Latinx MSM. However, more than one fifth (22%) of females living with HIV are Latina. Chlamydia rates in particular are disproportionately high among young Latinas.

Strong clinical and community-based efforts have helped to decrease HIV rates among Latinx MSM. This RFP seeks to build on these successes by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, implemented by and for Latinx populations.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least three (3) years of experience providing HIV, HCV, and/or STD testing, or similar services to Latinx populations. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of Latinx communities. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Latinx populations. Peer-delivered services must be an integral part of the network. Services must honor the cultural diversity within the Latinx community, and respect and work within Latinx cultural contexts, social systems, institutions, and norms. Services must be provided in (but not limited to) the Mission District. Services, printed materials, and other media/communications must be offered in Spanish and English. Latinx must be included in the design, implementation, and evaluation of services. It is especially important that services address the realities regarding fears about accessing services due to federal immigration policies and practices. Health education is also especially important for immigrant Latinx, who may not have had access to health information in their home countries.

The HAP should ensure that services reach the Latinx population, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV, HCV, and STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community-level.

4. Population

Programs must be designed to meet the needs of and focus on serving Latinx; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be designed and focus on serving only Latinx and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The Latinx HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Latinx HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other Latinx HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services are described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*

- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, and employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have Latinx staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the Latinx community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing.
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to

address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.

- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigators meetings, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two (2) or more agencies are involved, these collaborations should result in one (1) cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma Informed Systems (TIS) training
 - Training on syringe access and disposal
- HAP lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

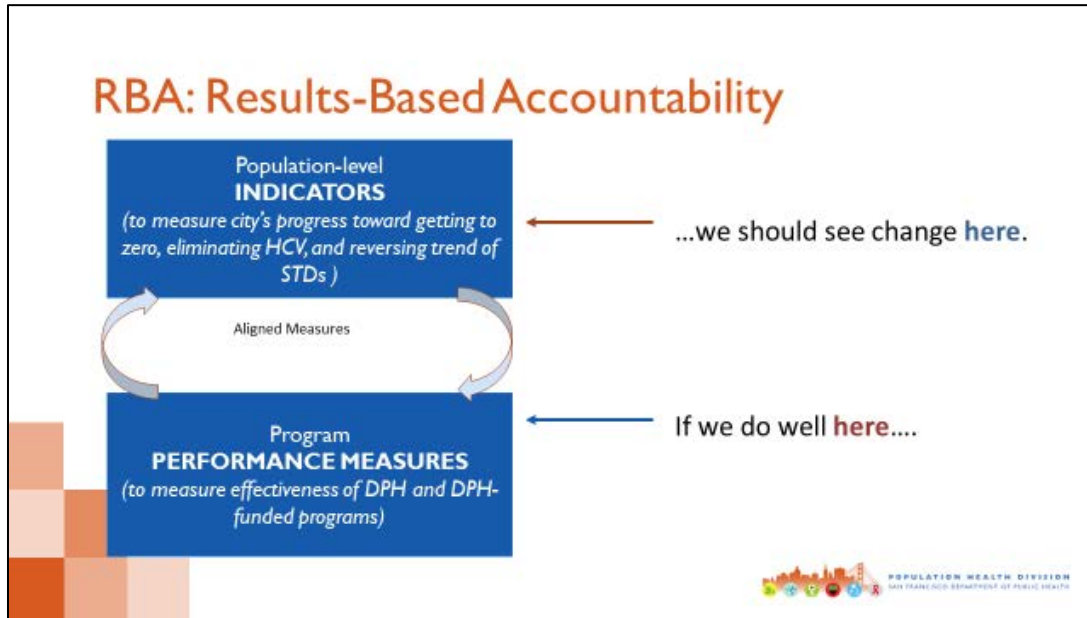
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among Latinx. However, by collaborating with HAP partner agencies and other relevant entities, SFPDPH expects to see reductions in HIV, HCV, and STD rates among Latinx over the next 3-5 years. SFPDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.

- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ **Describe:**

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations), and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".

- Recruitment, Retention:

The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- Testing Flow:

The flow of services at the testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How will your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages?

- Data and Quality Assurance:

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC.
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.

- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: PrEP and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 page).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, people experiencing homelessness) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.

- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
 - Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
 - How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).
- Staffing Plan (2 pages).
Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

- **(1 page) Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**
 - Your staffing plan for supporting data collection and management.
 - Your methods and processes for collecting, entering, and reporting client-level data.
 - If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
 - If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.
- **(1 page) Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- **(1 page) Describe** the agency's experience conducting recruitment and retention with Latinx population and/or specific subpopulations. What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- **(1 page) Describe** your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers. Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.

- Applicants who are LBE Certified will receive additional points.
 - This will be added to the “Technical Review Score”.
 - See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 1 proposals**.

Category 1: Health Access Point (HAP) for Latinx			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus.	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC S , PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5

2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4
2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 2: Health Access Point (HAP) for Trans Women

Estimated Amount Available: From \$650,000 to \$800,000

Number of Awards: 1

1. Background

Although HIV prevalence has remained stable among trans women throughout the current decade, infection is still highest among this group compared to any other group in San Francisco, a pattern consistent with global trends. Gender-based stigma, discrimination, condomless sex, drug use, homelessness, and lack of job opportunities all contribute to this disparity. From 2006 through 2017, there were 155 trans women newly diagnosed with HIV in San Francisco.⁵ Trans women comprised 3% of all persons diagnosed with HIV in this time period, yet, on average, nearly one-third of the population of trans women in SF had HIV during this same period. Compared to all persons diagnosed with HIV, trans women were more likely to be non-white, PWID, and younger; 43% of newly diagnosed trans women were 18-29 years old. As of December 31, 2017, African Americans and Latinas were the largest racial/ethnic groups represented among all trans women living with HIV in San Francisco. HIV-positive trans women, each accounting for 33% and 34% respectively, and 44% PWID. Limited available data also suggest that transgender residents (majority trans women) have higher rates of STDs than San Francisco residents as a whole. Trans women are also disproportionately affected by HCV in SF. HCV antibody seroprevalence was 23.6% among a cohort of 315 trans women tested in San Francisco in 2016 and 2017.⁶

Programs in San Francisco to prevent HIV among trans women are helping to lower the rate of new infections. This RFP seeks to build on these successes by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, implemented by and for trans women.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to trans women populations. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

⁵ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

⁶ Hepatitis C seroprevalence and engagement in related care and treatment among trans women. [Erin C. Wilson](#), [Caitlin Turner](#), [Jess Lin](#), [Willi McFarland](#), [Katie Burk](#), [Henry Fisher Raymond](#). *Journal of Viral Hepatitis*: 27 February 2019. <https://doi.org/10.1111/jvh.13089>

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of trans women. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with trans women. Peer-delivered services must be an integral part of the network. Trans women must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach trans women and/or identified using both **targeted** efforts (focused on these primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

4. Population

Programs must be designed to meet the needs of and focus on serving trans women; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for trans women and identified primary subpopulations. Proposed services must be only for trans women and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The trans women HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other trans women HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other trans women HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access & disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have trans staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the trans women community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include: mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved

messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.

- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to

participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator’s meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition’s DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

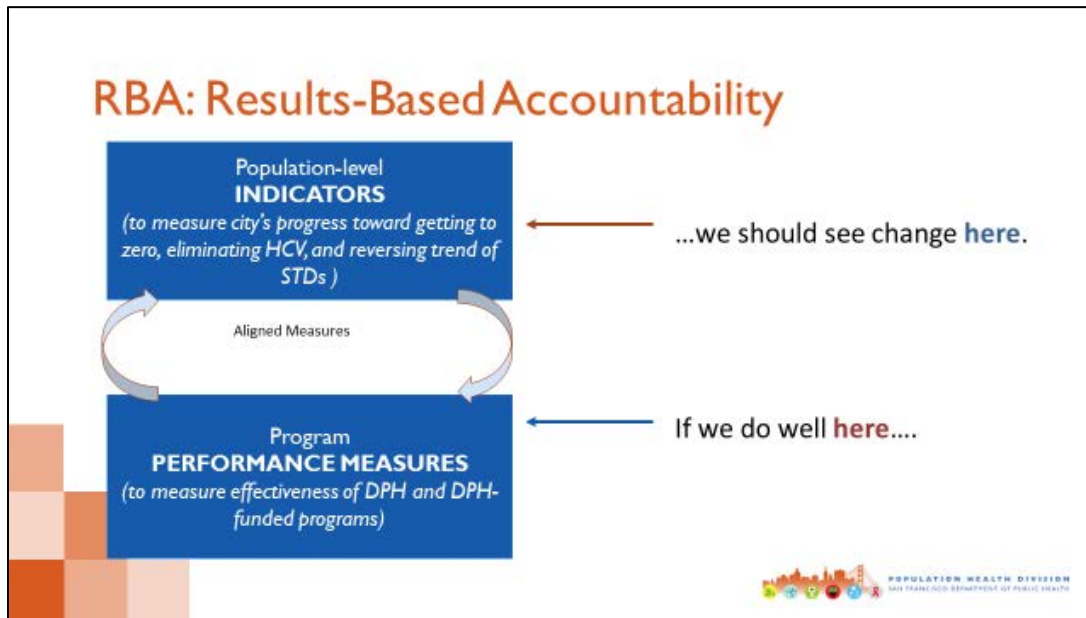
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in **Exhibit 1: 6.1**.

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among trans women. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among trans women over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.

- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ **Describe:**

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".
- Recruitment, Retention:
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and

encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- **Testing Flow:**

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- **Data and Quality Assurance:**

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 pages).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.

- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 pages).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 pages).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 pages).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

➤ **(1 page) Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**

- Your staffing plan for supporting data collection and management.
- Your methods and processes for collecting, entering, and reporting client-level data.

- If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
- If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.

- **(1 page) Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- **(1 page) Describe the agency's experience conducting recruitment and retention with trans women population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- **(1 page) Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.
- **Applicants who are LBE Certified will receive additional points.**
 - **This will be added to the "Technical Review Score".**
 - **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 2 proposals**.

Category 2: Health Access Point (HAP) for Trans women			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus.	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	Total Points		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

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Category 3: Health Access Point (HAP) for People who use drugs, including people who inject drugs (PWUD/ID)

Estimated Amount Available: From \$760,000 to \$930,000

Number of Awards: 1

1. Background

People who use drugs, including injecting drugs (PWUD/ID), often experience stigma, trauma, violence, and barriers to care that increase their risks and negatively affect their health outcomes. In San Francisco, substance use is a driver of HIV, hepatitis C (HCV), and sexually transmitted diseases (STDs).

There are approximately 24,500 people who inject drugs (PWID) in San Francisco. End Hep C SF estimates that around 12,000 people (a little less than 2% of the city's population) are actively infected with hepatitis C. Approximately 68% of active HCV infections in San Francisco are among people who inject drugs, despite PWID making up less than 3% of the city's population.⁷

Substance use is associated with HIV acquisition. Heavy alcohol use among MSM has been shown to be independently associated with twice the risk of acquiring HIV. Other substances including cocaine and/or crack, methamphetamine, and poppers are known drivers of HIV transmission among MSM in San Francisco due to their association with impaired risk perception and decision-making regarding injection drug use or unprotected sex.

The number of new diagnoses among MSM-PWID and non-MSM PWID increased in 2017 to 25% from 18%.⁸ Injection drug use was the predominant transmission category for white, Black/African American, and multi-racial females. PWID (including MSM-PWID) are less likely to be linked to care, retained in care, are less likely to achieve viral suppression and have lower probability of survival after being diagnosed with AIDS compared to other groups. Between 2014 and 2017, drug overdose was the 4th leading cause of death among people living with HIV.

STDs rates are high among people who use drugs. In San Francisco, during 2013-2018, the proportion of primary and secondary syphilis cases who reported methamphetamine use in the past year increased among females (15% to 39%) and heterosexual men (17% to 67%). The proportion who reported sex with a PWID in the past 12 months more than doubled among heterosexual men (9% to 23%) and remained high among females (26%).⁹ Similar rising rates of syphilis among females and heterosexual men in the U.S has been reported by the Centers for Disease Control and Prevention (CDC). Between 2013 and 2017, the proportion of females and heterosexual

⁷ <https://journals.plos.org/plosone/article/comments?id=10.1371/journal.pone.0195575>

⁸ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

⁹ SF Monthly STD Report. (2019, April 10).

men with primary and secondary syphilis who reported sex with PWID and use of methamphetamine, injection drugs, and heroin more than doubled.¹⁰

In order to optimize the health of PWUD/ID and reduce HIV/HCV/STD transmission, the complex and interwoven needs they have must be addressed in an effective, culturally competent manner. Services must be easily accessible and integrated into other services.

This RFP seeks to take a community-centered, whole person, integrated approach to HIV, HCV, and STD prevention, implemented by and for PWUD/ID.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to PWUD/ID. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of PWUD/ID. A HAP is defined as a population specific; one –stop shop or network of agencies/programs with a lead agency that provides an equity-focused stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with PWUD/ID. Peer-delivered services must be an integral part of the network. PWUD/ID must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach PWUD/ID, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

¹⁰ Centers for Disease Control. Morbidity and Mortality Weekly Report. (2019, February).

4. Population

Programs must be designed to meet the needs of and focus on serving PWUD/ID; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for PWUD/ID and identified primary subpopulations. Proposed services must be only for PWUD/ID and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The PWUD/ID HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other trans women HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other PWUD/ID HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have staff with a lived experience related to substance use represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the PWUD/ID community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include: mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and CollaborationsHealthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LSCW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits

- o Condoms, lube, and female condoms
 - o Training on Clear Impact Results Scorecard
 - o Racial Humility resources
 - o Trauma informed systems (TIS) training
 - o Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - o Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - o Phlebotomy Training and Certification
 - o Condoms and safer sex supplies (if not going through the condom distribution program)
 - o Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

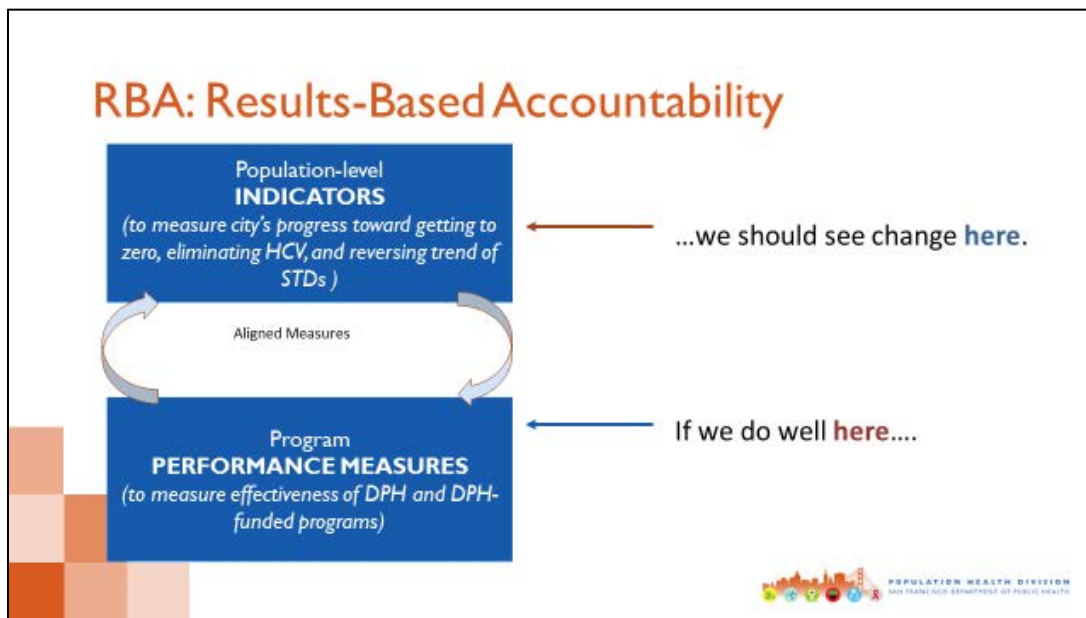
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among PWUD/ID. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among PWUD/ID over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ **Describe:**

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".
- **Recruitment, Retention:**
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.
The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.
Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- Testing Flow:

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- Data and Quality Assurance:

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients.

Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 pages).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).

- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 pages).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 pages).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 pages).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)

- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

➤ **(1 page) Describe your plans for collecting and managing the data for the standard of care services ([Exhibit 1: 6.1](#)), including:**

- Your staffing plan for supporting data collection and management.
- Your methods and processes for collecting, entering, and reporting client-level data.
- If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
- If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.

➤ **(1 page) Describe your staffing plan and general process for program evaluation, including:**

- Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
- How you will review and assess the extent to which your program is meeting its objectives.

- What you will do if you learn the program is not meeting its objectives.
- How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- (1 page) Describe the agency’s experience conducting recruitment and retention with the PWUD/ID population and/or specific subpopulations. What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- (1 page) Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers. Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.
- **Applicants who are LBE Certified will receive additional points.**
 - **This will be added to the “Technical Review Score”.**
 - **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 3 proposals**.

Category 3: Health Access Point (HAP) for PWUD/ID			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus.	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 4: Health Access Point (HAP) for Gay men and other men who have sex with men (Gay/MSM)

Estimated Amount Available: \$1,000,000 to \$1,200,000

Number of Awards: 1

1. Background

Gay men and other men who have sex with men (Gay/MSM) are disproportionately affected by HIV, HCV, and STDs in San Francisco. Gay/MSM (including MSM-PWID) represent 74% of new HIV cases in 2017.¹¹ White MSM account for the highest percentage (41%) of new diagnoses in 2017. HIV infection rates reveal disparities among communities of color. Black/African Americans had the highest rate of new infections (116 per 100,000 people) followed by Latinx (68 per 100,000 people), compared with 39 per 100,000 for white men. In SF, MSM account for nearly 13% of those infected with HCV, and almost three-quarters of Gay/MSM infected with HCV are co-infected with HIV.¹² Gay/MSM have the highest prevalence rates of gonorrhea, chlamydia, and early syphilis.¹³ Gay/MSM also overwhelmingly account for the majority of HIV and STD co-infected cases (>95%).

Strong clinical and community-based efforts have helped to significantly decrease HIV incidence among Gay/MSM, especially white MSM. This RFP seeks to build on these successes by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, in order to see continued decreases among Gay/MSM overall, and to decrease disparities among Gay/MSM of color.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to Gay/MSM. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

¹¹ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

¹² <https://journals.plos.org/plosone/article/comments?id=10.1371/journal.pone.0195575>

¹³ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnIsum2016.pdf>

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of Gay/MSM. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Gay/MSM. Peer-delivered services must be an integral part of the network. Gay/MSM must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach all Gay/MSM, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

4. Population

Programs must be designed to meet the needs of Gay/MSM (including MSM-IDU), regardless of race/ethnicity, age, socioeconomic status, neighborhood, or other factors; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for Gay/MSM and identified primary subpopulations. Proposed services must be only for Gay/MSM and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The Gay/MSM HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Gay/MSM HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For

services provided by other Gay/MSM HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have Gay/MSM staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the Gay/MSM community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts – for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include: mobile services; co-located services (e.g., HCV treatment co-located with

methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.

- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De- stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two (2) or more agencies are involved, these collaborations should result in one (1) cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - o HIV/HCV/STD Skills Certification Training
 - o Harm Reduction Training
 - o Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - o Training on STD specimen collection
 - o Test kits
 - o Condoms, lube, and female condoms
 - o Training on Clear Impact Results Scorecard
 - o Racial Humility resources
 - o Trauma informed systems (TIS) training
 - o Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - o Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - o Phlebotomy Training and Certification
 - o Condoms and safer sex supplies (if not going through the condom distribution program)
 - o Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

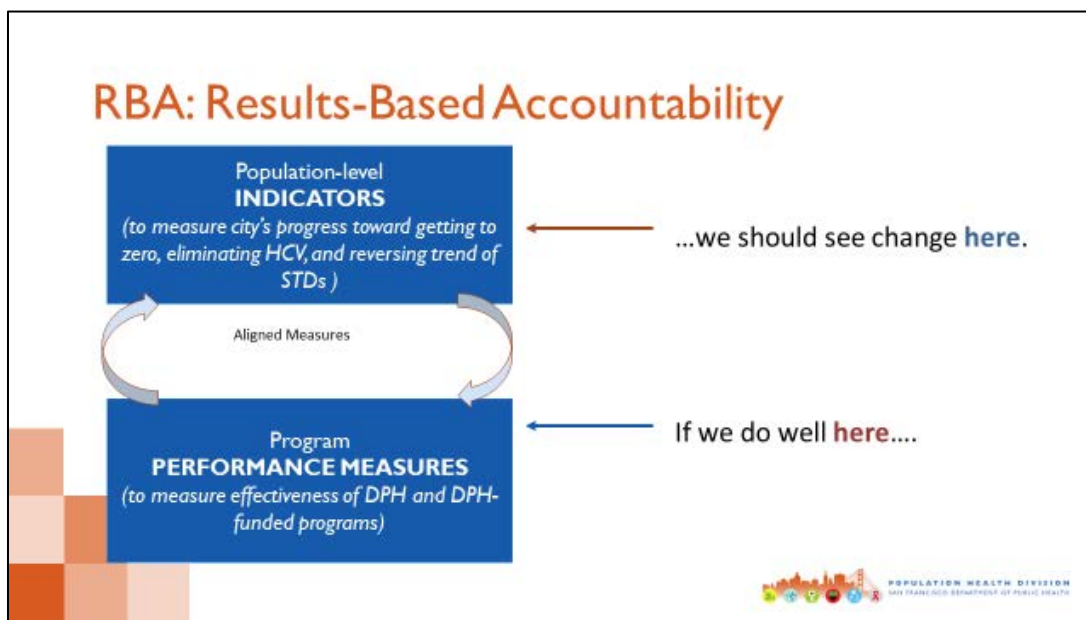
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among Gay/MSM. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among MSM over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

- **Describe:**
 - The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
 - The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
 - Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

- **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will

provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in **Appendix A-1, 6.1**). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".

- **Recruitment, Retention**

The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- **Testing Flow**

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- **Data and Quality Assurance:**

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.

- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.

- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 pages).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

- (1 page) **Describe your plans for collecting and managing the data for the standard of care services (Exhibit 1: 6.1), including:**
 - Your staffing plan for supporting data collection and management.
 - Your methods and processes for collecting, entering, and reporting client-level data.
 - If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
 - If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.
- (1 page) **Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- (1 page) **Describe the agency's experience conducting recruitment and retention with the Gay/MSM population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- (1 page) **Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?

➤ **Budget Detail Booklet:**

- Complete the Budget Detail and Justification Booklet for a 12 Month Period
- If you are requesting start up funds please, submit a separate Detail and Justification.

➤ **Applicants who are LBE Certified will receive additional points.**

- **This will be added to the “Technical Review Score”.**
- **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 4 proposals**.

Category 4: Health Access Point (HAP) for Gay/MSM			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 5: Health Access Point (HAP) for Asians and Pacific Islanders

Estimated Amount Available: From \$540,000 to \$660,000

Number of Awards: 1

1. Background

In the United States from 2011 to 2015, HIV diagnoses increased by 28% among Asians and Pacific Islanders (API), and by 35% among Asian gay and bisexual men. Although HIV rates in these communities are still relatively low, high levels of stigma leave many living with HIV undiagnosed and untreated.¹⁴

In San Francisco, trends in race/ethnicity show small increases in the proportion of API newly diagnosed with HIV since 2012. Early syphilis rates declined moderately from 2015 to 2016 across all race/ethnicity groups except API, among whom there was a 22.4% increase.¹⁵ Although hepatitis B (HBV) disproportionately impacts the API community, levels of HCV have been and remain low. API individuals accounted for 8.1% of the HCV cases newly reported to SFPD in 2016 that contained race/ethnicity information.

Strong clinical and community-based efforts have helped to significantly decrease (50%) new HIV diagnoses since 2012. This RFP seeks to build on this success by taking a community-centered, whole person approach to HIV, HCV, and STD prevention.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to API. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of API. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination

¹⁴ AmfAR. HIV Among Asian-Americans and Pacific Islanders—A Problem Too Often in the Shadows. Published Friday. (2019, May 17).

¹⁵ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnlSum2016.pdf>

- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must be also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with API. Peer-delivered services must be an integral part of the network. API must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach all API, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

4. Population

Programs must be designed to meet the needs of API, regardless of age, socioeconomic status, neighborhood, or other factors; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for API and identified primary subpopulations. Proposed services must be only for API and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The API HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other API HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other API HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*

- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have API staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the API community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.
- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.

- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LCSW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition’s DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

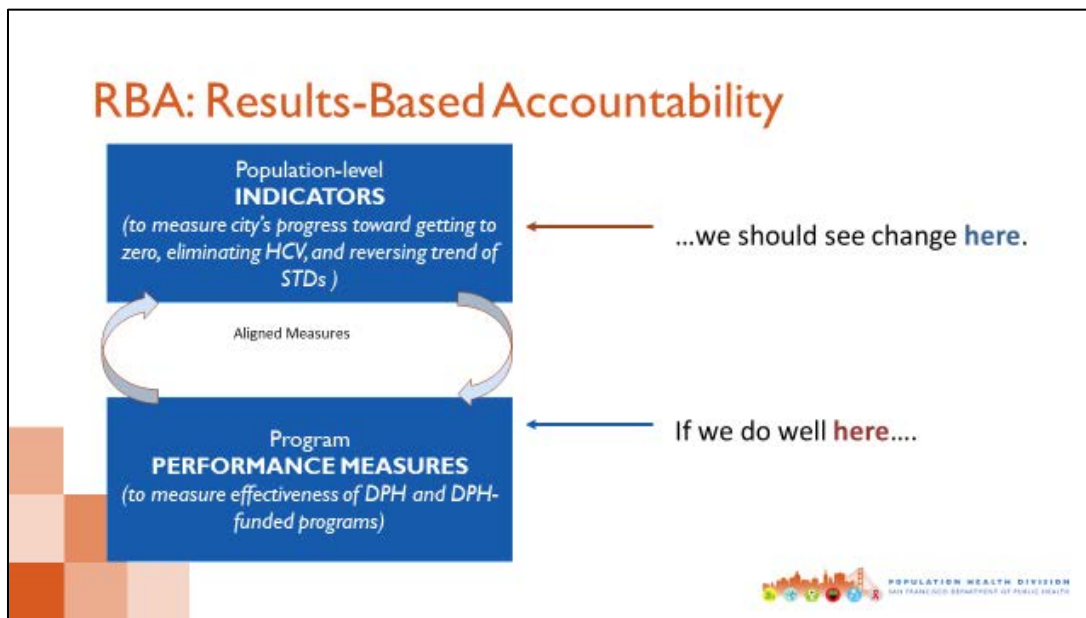
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among API. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among API over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ Describe:

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ Describe your program components.

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit-1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".
- Recruitment, Retention:
The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.
The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.
Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate
- Testing Flow:
The flow of services at the different testing location(s). **Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services**

you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- **Data and Quality Assurance:**

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHEP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINCIS
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.
- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINCIS.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.

- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.
- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 page).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.

- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)

- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

➤ (1 page) **Describe your plans for collecting and managing the data for the standard of care services (Exhibit 1: 6.1), including:**

- Your staffing plan for supporting data collection and management.
- Your methods and processes for collecting, entering, and reporting client-level data.
- If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
- If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.

➤ (1 page) **Describe your staffing plan and general process for program evaluation, including:**

- Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
- How you will review and assess the extent to which your program is meeting its objectives.
- What you will do if you learn the program is not meeting its objectives.
- How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- (1 page) **Describe the agency's experience conducting recruitment and retention with API population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- (1 page) **Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.
- **Applicants who are LBE Certified will receive additional points.**
 - This will be added to the "Technical Review Score".
 - See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 5 proposals**.

Category 5: Health Access Point (HAP) for API			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

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Category 6: Health Access Point (HAP) for Youth (18-24)

Estimated Amount Available: From \$350,000 to \$500,000

Number of Awards: 1

1. Background

Adolescents and young adults (AYA) are disproportionately impacted by HIV in the U.S. A combination of individual, social, and structural barriers such as stigma and lack of confidential insurance coverage in accessing HIV testing, effective prevention methods such as PrEP, and HIV care drive this disparity.¹⁶ In San Francisco, adolescents (current age 13-17 years) and young adults (current age 18-24 years) represent 12% of new HIV diagnosis, and less than 1% of persons living with HIV in the city. Although adolescents and young adults make up small numbers, three-quarters were MSM (either with or without a history of injecting drugs), and PrEP uptake is lowest of any age group.

In 2016, case rates for chlamydia, gonorrhea, and syphilis increased for adolescents and young adults in SF. Racial/ethnic disparities for chlamydia and gonorrhea remain large, particularly for Black/African American adolescents/young adults.¹⁷

HCV infection rates, driven by the country's opioid epidemic, are rising fastest among young people, contributing to more than 19,000 annual hepatitis C-related deaths in the U.S. in recent years. In SF, there is a high incidence of HCV among young PWIDs.

Strong clinical and community-based efforts have helped to significantly decrease new HIV infections by 50% since 2012. This RFP seeks to build on this success by taking a community-centered, whole person approach to HIV, HCV, and STD prevention, implemented by and for youth.

2. Minimum Qualifications

- By Jan 1, 2020 applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing HIV, HCV, and/or STD testing, or similar services to youth adults. (If a collaboration, only the agency providing the HIV, HCV, and STD testing must meet this qualification.)

¹⁶ https://www.gettingtozerosf.org/our_work/adolescent-young-adult/

¹⁷ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnSum2016.pdf>

3. Service Description

CHEP seeks to fund a Health Access Point (HAP) to meet the needs of young adults. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must also be culturally specific, harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with young adults. Peer-delivered services must be an integral part of the network. Young adults must be included in the design, implementation, and evaluation of services.

The HAP should ensure that services reach all young adults, using both **targeted** efforts (focused on identified primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community-level.

4. Population

Programs must be designed to meet the needs of young adults (aged 18-24), regardless of race, socioeconomic status, neighborhood, or other factors; however, the program must welcome and serve all who are eligible.

5. Restrictions

- Proposed services must be only for youth and identified primary subpopulations. Proposed services must be only for youth and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The HAP for young adults shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other youth HAP partners (e.g., via linkage to a HAP collaborating agency, via the collaborating agency providing services on site at the applicant’s service location, or other approach). For services provided by other young adult HAP partners who are not subcontractors, MOUs and warm hand-off

protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have young adult staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the young adult community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts—for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** “Low barrier” means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with

methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.

- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LSCW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - o HIV/HCV/STD Skills Certification Training
 - o Harm Reduction Training
 - o Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - o Training on STD specimen collection
 - o Test kits
 - o Condoms, lube, and female condoms
 - o Training on Clear Impact Results Scorecard
 - o Racial Humility resources
 - o Trauma informed systems (TIS) training
 - o Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - o Clear Impact Results Scorecard logs (2 per agency at \$1200/annually total)
 - o Phlebotomy Training and Certification
 - o Condoms and safer sex supplies (if not going through the condom distribution program)
 - o Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

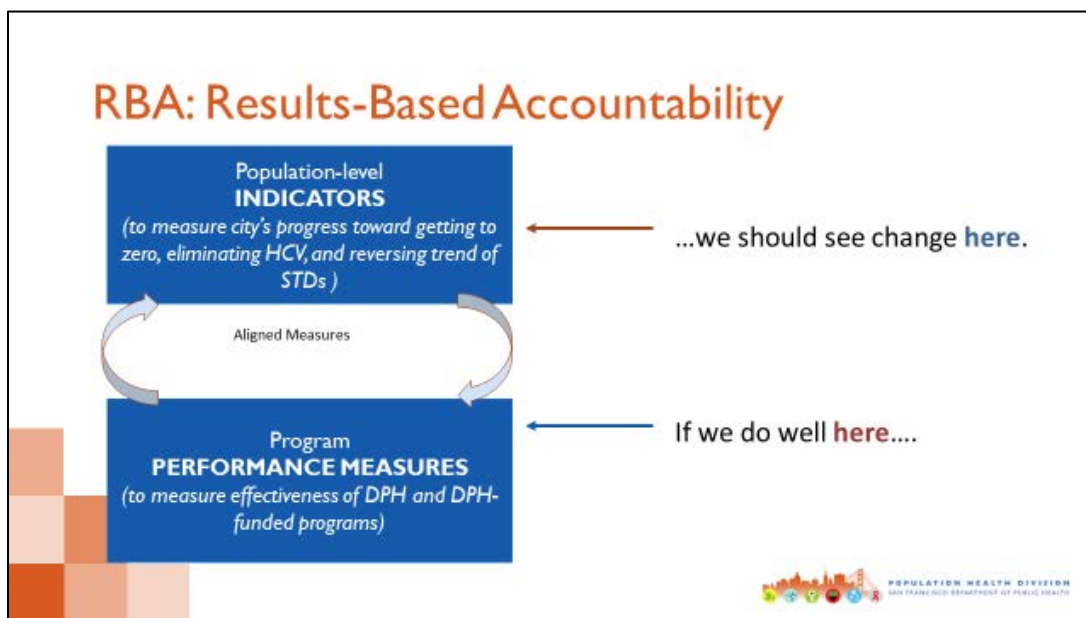
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among youth. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among youth over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **38 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Describe all the components of the proposed program here, even if some components are funded by another source, and be clear about which portion you are asking CHEP to support. For example, mental health is a component of the proposed program and could be funded by another source.
- In narrative Sections 1-4, describe your program as it will be when it is fully operational. Start-up needs can be discussed in narrative Section 5.
- Be specific.

Section 1: Population of Focus (3 pages)

➤ **Describe:**

- The population of focus your program will serve including subpopulations, age, geography, language, socioeconomic status, and other characteristics.
- The HIV, HCV, and STD risk behaviors and social determinants of health affecting your population,
- Why you have chosen this specific population (including any identified primary subpopulations) and why your program meets their needs. Use epidemiologic, community assessment, and other data to support your argument.

Section 2: Program Design and Effectiveness (29 pages)

Note: In this section of the narrative, collaborative proposals should clearly describe the specific roles and responsibilities of the partners and who will implement which portions of the program.

➤ **Describe your program components.**

A. Program overview (2 pages).

Provide an overview of your program and explain how it represents an equity-focused, stigma-free, low barrier, and whole person health approach to HIV, HCV, and STD prevention for the identified population of focus.

B. Integrated HIV, HCV, and STD testing (6 pages).

Describe your agency's testing model, including:

- Your agency's experience providing HIV, HCV, and STD testing. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.
- The number of testing experiences (by primary subpopulations, if applicable) your program will provide (i.e. 2,000 testing experiences for trans women and 10,000 for Gay/MSM). Provide the

rationale for those numbers. **CHEP's goal is to conduct 50,000 testing experiences annually citywide.** An experience is defined as getting at least one (1) of five (5) tests (HIV, HCV, gonorrhea, chlamydia, and/or syphilis) in a single visit (See Integrated HIV, HCV, and STD testing in [Exhibit 1: 6.1](#). For example, a client can receive one (1) test, all five (5), or anything in between and it is considered an "experience".

- Recruitment, Retention:

The strategies and interventions you will use to recruit people for HIV, HCV, and STD testing and encourage them to return for testing at least every 6 months, and the evidence or experience supporting the effectiveness of these activities.

The HIV, HCV, and STD testing barriers for this population, including identified primary subpopulations. Describe how your program will address these barriers.

Where and when your agency will provide HIV, HCV, and STD testing and why these sites and venues are appropriate.

- Testing Flow:

The flow of services at the different testing location(s). Describe how this will help your agency to provide the proposed number of experiences, provide the required and optional services you are proposing, and meet client needs.

Describe any relevant technologies being used, e.g. if conducting rapid testing, how you will ensure that confirmatory blood draws are obtained, if using drop 'n' go/express model, please describe the process that will be utilized and how patient time will be minimized.

Describe your plan for getting people to return for their results.

How your agency will ensure that clients who do not receive counseling as a part of a testing experience still receive HIV, HCV, and STD health information, risk reduction, support, and appropriate prevention messages.

- Data and Quality Assurance:

Demonstrate how your agency will track these experiences, how your agency will integrate client-level data collection into the flow of services, without creating unnecessary burden for clients. Describe how you will conduct training and quality assurance to meet the requirements of the CHP Policies and Operations Manual for HIV and HCV Testing Services in Community-Based Settings (found [HERE](#)).

C. Linkage and Navigation (3 pages).

Describe your criteria and processes for linkage within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how linkage and/or navigation will occur related to:

- HIV-negative, HCV- and STD-unknown status clients to HIV/HCV/STD testing within the program.
- HIV-negative clients to PrEP within the program or to a PrEP navigator.
- Newly diagnosed HIV-positive clients to care within program or to LINC
- Clients that have a STD to treatment within the program or other provider.
- HCV-positive clients to HCV treatment within program or to a HCV navigator.

- Sexual and/or needle-sharing partners of HIV, HCV, and/or STD-positive clients, to HIV, HCV, and/or STD testing within the program (or elsewhere).
- Clients to other services/HAPs, if client needs cannot be met within the program.
- Out-of-care HIV-positive clients to LINC.
- How your program will track linkages to ensure they are successful.
- Your agency's experience providing linkage and/or navigation services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

D. Prevention And Treatment Medication: Prep and ART for HIV; HCV Treatment; STD Treatment, Including Medical Storage (2 pages)

Describe your criteria and processes for ensuring access to prevention and treatment medication within and outside of your program, including a description of any collaborations or referral agreements with other agencies (attach MOUs to your proposal). Specifically, describe how prevention and treatment medication will occur related to:

- HIV-negative clients receiving PrEP within the program or other provider.
- Newly diagnosed HIV-positive clients initiating ART within program or other provider.
- HCV-positive clients receiving treatment within program or other provider.
- Clients that have a STD receiving treatment within program or other provider.
- How your program will track prevention and treatment medication initiation and/or completion to ensure it was successful.
- Your agency's experience providing prevention and treatment medication. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

E. Community Engagement (2 pages).

Describe in detail:

- Your agency's experience conducting community engagement activities for population of focus. How long have you been conducting these activities? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program.

Describe in detail how your program will:

- Build trust within the community and have a consistent presence.
- Partner with other local CBOs, agencies and/or community leaders who have a strong relationship with the community.
- Include community voices and qualitative lived experience in all aspects of planning, program design/implementation, and service delivery. Build on community strengths and ensure that cultural and historical barriers (e.g. mistrust of service providers, language barriers) are removed.
- Build a highly skilled cross-trained workforce that reflects the populations served, has low turnover rates, and is valued and supported.

- Expand or implement peer-delivered services. Involve peers in program development, and use peers to conduct outreach and provide services.
- Increase mobile service delivery (if program is or will be providing mobile service). Provide multidisciplinary mobile services to meet a variety of needs among populations who do not access health care in traditional settings.
- Provide culturally appropriate outreach to community.

F. Syringe Access and Disposal (1 page).

Describe in detail:

- Your agency's experience conducting syringe access and disposal services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- Describe how you will conduct quality assurance to meet the requirements of the CHEP Syringe Access and Disposal Program Policy and Guidelines located [HERE](#).
- Your program's plans for integrating the provision of safer injection supplies during the course of other services for clients in need, in a seamless, discrete, and non-stigmatizing way.
- Any preferred elements from the Syringe Access and Disposal table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- How you will reach and meet the specific cultural needs of PWID, including any PWID subpopulations (e.g. MSM, youth, women, and trans women and men, homeless) within your agency's population of focus and create a safe and welcoming environment for them.
- How your data will be tracked for number of syringes distributed and number of syringes collected.
- Your program's syringe disposal plan.

G. Harm reduction services for substance use (including opioids, stimulants, alcohol, tobacco, and cannabis (2 pages)).

Describe in detail:

- Your agency's experience providing substance use harm reduction services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program
- How your program will ensure ALL staff participate in ongoing harm reduction training. How staff training will be tracked.
- Your program's mechanism for assessing client needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis.
- How your program will integrate harm reduction principles and the SFDPH Harm Reduction Policy into program design and delivery and put them into practice in a meaningful and impactful way.

H. Overdose Prevention (2 pages).

Describe in detail:

- Your agency's experience with overdose prevention and response. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How you will meet the required elements of overdose prevention. How your program will integrate overdose prevention and response into your existing program.
- Any preferred elements from the overdose prevention table in [Exhibit 1: 6.1](#) that will be provided within the program. Explain how these elements will be integrated into existing programming.
- What overdose prevention materials your agency will make available to clients.
- How your program will ensure ALL client facing staff participate in annual overdose prevention and response training. Describe how the program will track training.
- How your program will host at least one overdose prevention training for clients annually. How will this be tracked?

I. Mental Health (1 page).

Describe in detail:

- Your agency's experience providing mental health services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. If these services are new for you, please describe your implementation plan.
- How your program will integrate culturally appropriate, stigma-free, mental health support into your existing program (e.g. onsite or through linkages to other program).
- How your program will confirm and track linkages to mental health services.

J. Condom Distribution (1 page).

Describe in detail:

- How your program will ensure condoms and other safe sex supplies are easily accessible on site, during outreach, and in mobile facilities.
- The sex-positive and meaningful messaging and education your agency will provide to emphasize that condoms are relevant, particularly for STD prevention.

K. Basic Needs (1 page).

Describe in detail:

- Your program's experience providing basic needs to your population of focus and/or any subpopulations.
- How your program will integrate the provision of basic needs into existing program for the population of focus and/or any subpopulations of focus.

➤ **Describe your program as a whole.**

A. Program Cohesiveness (2 pages).

Describe how the various program components (see below) work together to form one logical, cohesive program. Include a discussion of service times and locations that shows how the program components are linked together. Collaborative proposals: Discuss how the collaborators will work together to provide one cohesive and seamless program. Note: Please see [Exhibit 1: 6.1](#) for details on the program components listed below.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

B. Cross-program Elements (2 pages).

Describe:

- How your program will address the specific cultural needs of your population of focus and/or subgroups within your population of focus.
- Any incentives you plan to use. Provide a strong justification for why they are needed as well as evidence or experience supporting their effectiveness. If you are proposing cash incentives, justify why cash is preferred to a non-cash incentive and describe how you will manage cash on the premises.
- How your program will ensure health education and prevention counseling is delivered in the context of overall sexual health and harm reduction and integrated into all of the standard of care services (not stand alone).

C. Staffing Plan (2 pages).

Describe your staffing plan (including volunteers) for service delivery. (Describe staffing for data and evaluation in Section 4.) Describe who will provide which services. What percent of their time is allocated to service delivery? What are the staff members' responsibilities and percent full-time equivalent (FTE)? You may include a one-page organization chart or visual that represents the collaboration as an attachment.

Section 3: Data Collection, Evaluation, and Quality Assurance (2 pages)

- **(1 page) Describe your plans for collecting and managing the data for the standard of care services (Exhibit 1: 6.1), including:**
 - Your staffing plan for supporting data collection and management.
 - Your methods and processes for collecting, entering, and reporting client-level data.
 - If you are currently a CHEP contractor, whether your data submissions were on time and complete for the year 2019.
 - If you are not currently a CHEP contractor, whether data submissions for other funders were on time and complete for the year 2019.
- **(1 page) Describe your staffing plan and general process for program evaluation, including:**
 - Staff assigned to program evaluation. Indicate which staff position will be responsible for leading the program evaluation efforts, and how much time will be devoted to it.
 - How you will review and assess the extent to which your program is meeting its objectives.
 - What you will do if you learn the program is not meeting its objectives.
 - How you will use data/evaluation findings to improve the program.

Section 4: Organizational and Fiscal Capacity (3 pages)

- **(1 page) Describe the agency's experience conducting recruitment and retention with the Youth (18-24) population and/or specific subpopulations.** What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, or other data.
- **(1 page) Describe your ability to recruit and retain qualified staff, staff reflective of the population being served, peers, and volunteers.** Discuss all of the above, not just staff in general. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?
- **Budget Detail Booklet:**
 - Complete the Budget Detail and Justification Booklet for a 12 Month Period
 - If you are requesting start up funds please, submit a separate Detail and Justification.

- Applicants who are LBE Certified will receive additional points.
 - This will be added to the “Technical Review Score”.
 - See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 6 proposals**.

Category 6: Health Access Point (HAP) for Youth (18-24)			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (10 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	4	10
	Extent to which the program focuses on the population of focus	2	
	Understanding of risk behaviors and social determinants of health affecting the population of focus	4	
Section 2: Program Design and Effectiveness (67 points)			
2A	Extent to which program takes an equity-focused, stigma-free, low barrier, and whole person health approach	5	5
2B	Ability of the recruitment/retention plan to result in the proposed number of testing experiences among the population of focus	2	8
	Extent to which the integrated HIV, HCV, and STD testing model and flow of services (including any state-certified test counseling and data collection) is seamless and minimizes barriers to testing	2	
	Extent to which the needs of clients testing HIV-negative or HIV-positive will be met (through state certified counseling and/or other means)	2	
	Ability to which quality assurance plan for HIV, HCV, and STD integrated testing will result in high quality service.	2	
2C	Ability of proposed program to link and navigate clients (within or outside of the program) to LINC, PrEP, HCV treatment, STD treatment; and sexual/needle-sharing partners to testing	7	7
2D	Ability of proposed program to ensure clients have access (within or outside program) to PrEP and ART for HIV, HCV treatment, and STD treatment.	7	7
2E	Ability to build trust and rapport and have a consistent presence in the community of the population of focus, as well as include community voices in planning, program design, and implementation	3	6
	Extent to which proposed program provides services outside of the agency and in the community, and at various venues in order to engage population of focus	2	
	Extent to which proposed program provides culturally appropriate outreach to population of focus	1	
2F	Ability of proposed program to integrate the provision of safer injection supplies (including data collection) in a seamless, discrete, and non-stigmatizing way	2	4
	Ability of proposed program to reach PWID within population of focus	2	
2G	Extent to which proposed program integrates harm reduction principles into program design and delivery, and put them into practice in a meaningful and impactful way	5	5
2H	Extent to which proposed program integrates overdose prevention and response into existing program services in a seamless way	4	4

2I	Extent to which proposed program integrates mental health support services into existing program in a seamless way	3	3
2J	Extent to which proposed program provides sex-positive and meaningful messaging and education about the relevancy of condom use (particularly for STD prevention)	2	3
	Extent to which proposed program ensures condoms and other safe sex supplies are accessible	1	
2K	Extent to which proposed program ensures the provision of basic needs are available and integrated into existing program services for population of focus	3	3
3A	Extent to which the program design is logical and results in one cohesive effort	1	2
	Appropriateness of times and locations of services for the population of focus	1	
3B	Strength of plan to incorporate the following cross-program elements: a) promote a new testing norm. b) integrate hepatitis C and STD prevention, and c) incentives (if proposed)	2	5
	Extent to which program meets the specific cultural needs of the focus population	3	
3C	Extent to which staffing levels are sufficient given scope of work	2	5
	Extent to which responsibilities are assigned to appropriate staff	1	
	Extent to which it is clear which staff will perform which duties/activities	2	
Section 3: Data Collection, Evaluation, and Quality Assurance (8 points)			
4	Extent to which staffing levels are sufficient given scope of work	1	3
	Efficiency of methods and processes for data collection and entry of client-level data	1	
	Data for 2019 100% on time and complete	1	
5	Extent to which responsibilities are assigned to appropriate staff	2	5
	Extent to which evaluation process will result in continuous program improvement	3	
Section 4: Organizational and Fiscal Capacity (15 points)			
6	Applicant capacity to reach the population of focus and capacity to provide proposed services	5	5
7	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	8	8
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

Category 7: Training and Capacity Building for a Health Access Point (HAP) for Black/African Americans

Estimated Amount Available: From \$1,900,000 to \$2,400,000

Number of Awards: 1

1. Background

According to the 2018 San Francisco Department of Public Health (SFPDH) Black/African-American Health Report, Black/African-Americans (B/AA) in San Francisco continue to experience disproportionate social, economic, and environmental burdens that impact their living conditions and constrain their life choices. These constraints can ultimately lead to negative health outcomes across the prevention/care continuum.

Although newly diagnosed HIV cases in San Francisco have drastically declined from 532 cases in 2006 to 221 cases in 2017, B/AA continue to be disproportionately affected by HIV. B/AA represent 6% of the total population in San Francisco, yet comprised 12% of people living with HIV in San Francisco, as of December 31, 2017. B/AA women accounted for 37% of women living with HIV in SF.¹⁸ B/AA represent one of the largest racial/ethnic groups among trans women living with HIV (33%) in SF. Also, annual rates of men newly diagnosed with HIV are highest among B/AA (116 per 100,000 vs. 39 per 100,000 for whites in 2017).¹⁹ In terms of HCV, similar disparities persist among the B/AA population; of the 2016 HCV cases newly reported to SFPDH, 24.2% were among B/AA San Franciscans, despite the fact that B/AAs make up 6% of the general population in SF.²⁰

In addition to HIV and HCV, chlamydia and gonorrhea occur at higher rates in B/AA residents in SF and nationally. In 2016, B/AA residents were 2.1 times more likely to have chlamydia, and 1.7 times more likely to have gonorrhea than white residents in SF.²¹ Among adolescents and young adults the racial/ethnic disparities for chlamydia and gonorrhea are large. The rates of chlamydia and gonorrhea among B/AA youth were 4.5 and 3.4 times that of white adolescents and young adults, respectfully.²²

In an effort to address these disparities among the Black/African American community, this RFP seeks to fund capacity building activities with the goal of implementing a Health Access Point (HAP) to improve health outcomes for the B/AA residents by using an equity-focused, community-centered, whole person, integrated approach.

¹⁸ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

¹⁹ San Francisco Department of Public Health. HIV Epidemiology Annual Report 2017. Available at <https://www.sfdph.org/dph/comupg/oprograms/HIVepiSec/HIVepiSecReports.asp>

²⁰ Personal communication with Amy Nishimura for the HCV data and the 2010 census for the population data

²¹ San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnSum2016.pdf>

²² San Francisco Sexually Transmitted Disease Annual Summary 2016. Available at <https://www.sfdph.org/dph/files/reports/StudiesData/STD/SFSTDAnnSum2016.pdf>

2. Minimum Qualifications

- By January 1, 2020, applicant must be a nonprofit agency that is tax-exempt under Section 501(c)(3) of the Internal Revenue Code and be licensed to do business with the City and County of San Francisco. City and County of San Francisco government departments/sections may NOT apply.
- Applicant must have at least 3 years of experience providing services and resources to Black/African American populations.
- Applicant organization must be located in the community where Black/African Americans reside.
- Applicant must be currently providing services and resources to Black/African Americans.

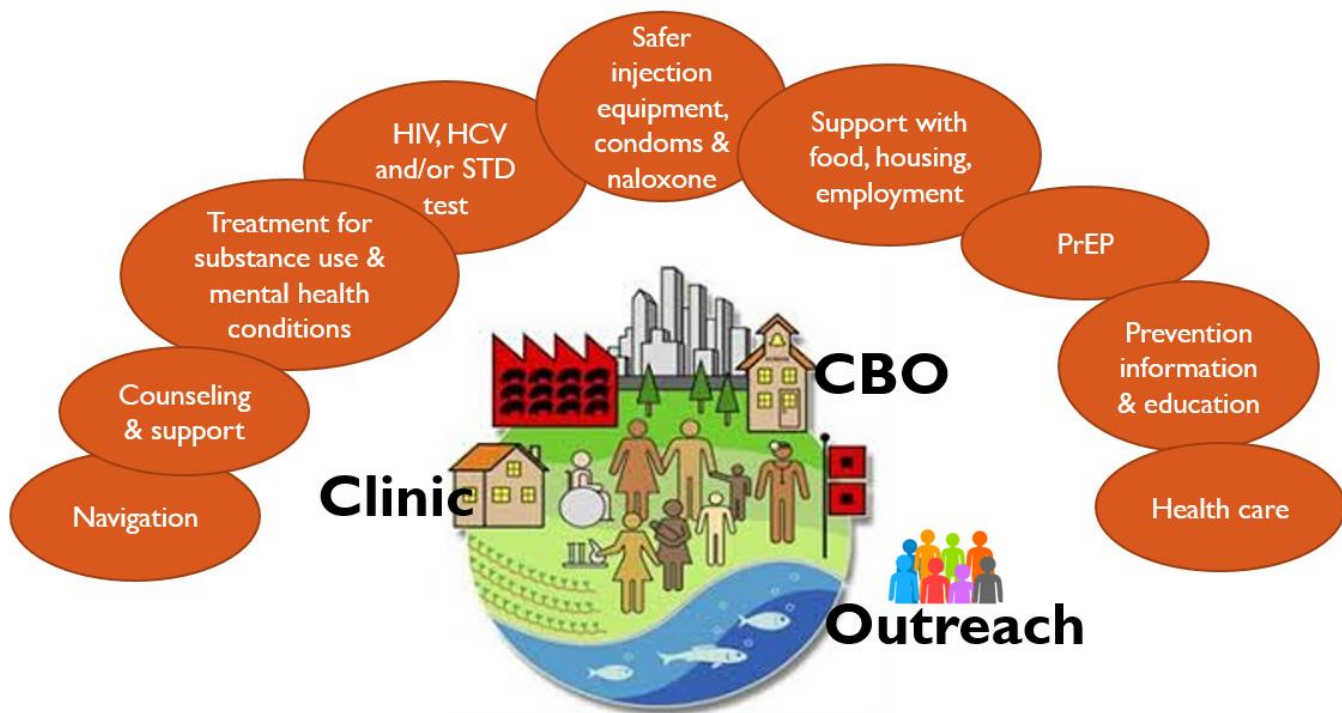
3. Service Description

CHEP seeks to fund capacity building activities with the goal of implementing a Health Access Point (HAP) to meet the needs of the Black/African American community. A HAP is defined as a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services, regardless of HIV, HCV, or STD status. The HAP should deliver services that contribute to the following citywide goals:

- Get to zero new HIV infections, zero HIV-related deaths, and zero stigma and discrimination
- Eliminate HCV
- Reverse increasing STD rates
- Eliminate racial disparities in access to services and health outcomes

Services provided within this HAP must also be harm reduction-based, sex-positive, and trauma-informed. Staff at all levels must demonstrate cultural humility in working with Black/African American populations. Peer-delivered services must be an integral part of the network. Services must honor the cultural diversity within the Black/African American community, and respect and work within Black/African American cultural contexts, social systems, institutions, and norms. Services must be provided in (but not limited to) the Bayview Hunter's point and other predominantly Black/African American neighborhoods in San Francisco. Services, printed materials, and other media/communications must resonate with the Black/African American community and community members must be included in the design, implementation, and evaluation of services. It is especially important that services address the realities regarding fears about accessing services due to mistrust of the medical system and racial discrimination in the system. Health education is also especially important for Black/African American residents, who may not have had access to accurate health information within their communities.

The primary subpopulations within the Black/African American community living with or at risk for HIV, HCV, and/or STDs are women, men who have sex with men (MSM), people who inject drugs (PWID) or injected drugs in the past, trans women and men, people experiencing homelessness, previously incarcerated, and youth. The HAP should ensure that services reach these populations using both **targeted** efforts (focused on these primary subpopulations) as well as **broad-based community-wide engagement and mobilization, regardless of HIV/HCV/STD risk**, to increase awareness, reduce stigma, and reduce barriers to accessing services at the community- level.

Example of HAP Model/Network of Services:**Capacity Building Activities:**

The funded agency must have a positive relationship and consistent meaningful engagement with the Black/African American community, provide services and resources to Black/African American residents in San Francisco, but may be less experienced in providing HIV, HCV, and STD prevention/testing services and may need additional technical assistance and capacity building efforts to successfully implement a HAP within its current organizational structure. This capacity building RFP for the Black/African American community is designed to help agencies implement a HAP model/network and build strong collaborations/partnerships with other agencies with the primary goal of reducing disparities among the Black/African American community by addressing vulnerabilities through focused community investment.

Capacity building activities/support include the following, but are not limited to (based on individual agency needs):

- A Shared Data Management System. Development of data collection tools and system to share data with SFDPH and collaborating partners.
- Facility Acquisition. Designated space in organization to provide additional services (e.g. testing room).
- Development of Strong Collaborations & Partnerships. Development of Memorandum of Understandings (MOUs), subcontract agreements to ensure, and comprehensive neighborhood

resource list to ensure clients have access to required services and culturally appropriate educational materials, trainings, and workshops.

- Social Marketing Strategies. Development of materials, campaigns, billboards, social media platform, and/or other strategies to promote new agency services (e.g. Health Access Point)
- Assigned Community Health Equity and Promotion (CHEP) Program Liaison. Facilitate new program model implementation and staff/organizational training and technical assistance.
- Staff Recruitment and Retention. Build agency staff capacity and diversity. Development of support for client-facing staff to prevent burnout

SFDPH will partner closely with the funded agency to ensure the agency receives all of the support (e.g. training, technical assistance, capacity building efforts) it needs in order to implement a HAP. SFDPH will partner with agency during the first funding year to:

- Conduct an assessment of training and capacity needs.
- Develop a plan to build capacity.
- Receive training/s and capacity building efforts.

Some of the funds awarded through this RFP will be allocated towards capacity building activities.

Depending on the needs of the agency, program implementation may not begin immediately in the first funding year, and will begin by the second funding year.

4. Population

Programs must be designed to meet the needs of and focus on serving the Black/African Americans; however, the program must welcome and serve all who are eligible for program services and resources.

5. Restrictions

- Proposed services must be only for Black/African Americans and identified primary subpopulations. Services for other populations cannot be part of the proposal, although others may access services.
- Funds for HIV/HCV/STD testing must be used for community-based HIV/HCV/STD testing, not testing in clinical or medical settings.

6. Program Requirements

Required Services

The Black/African American HAP shall provide the following “standard of care” services. The services marked with an asterisk (*) must be provided by the lead applicant or one of its subcontractors, with funding from either this RFP or other in-kind resources. The other services can be provided either by the lead applicant or one of its subcontractors, or by other Black/African American HAP partners (e.g., via linkage to a HAP partner agency, via the partner agency providing services on site at the applicant’s service location, or other approach). For services provided by other Black/African American HAP partners who are not subcontractors, MOUs and warm hand-off protocols must be in place as appropriate. Each of the following services is described in detail in [Exhibit 1: 6.1](#), including required and preferred elements and performance measures for each service. CHEP assigned Program

Liaison will provide ongoing capacity building assistance to the lead agency to ensure that all program requirements are met.

- Integrated HIV, HCV, and STD testing*
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, case management/intensive case management (ICM) and other services*
- Harm reduction services for substance use (including for opioids, stimulants, alcohol, tobacco, cannabis)*
- Syringe access and disposal*
- Overdose prevention (including naloxone distribution)*
- Condom distribution*
- Community engagement and mobilization (physical and online, social media)*
- HIV, HCV, STD health education and prevention counseling, delivered in the context of overall sexual and drug user health (integrated into all of the above services, not stand alone)*
- Services to meet basic needs services (examples: food, housing, employment)*
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Mental health services
- Primary care
- Substance use treatment

Required Strategies

- **Maintain a workforce that mirrors the populations served.** Applicants and subcontractors should have Black/African American staff represented at all levels of the organization. Client-facing positions (e.g., front desk staff, outreach workers, service delivery staff) should demographically reflect the population served.
- **Ensure that some services are delivered by peers.** “Peers” are defined as people with lived experience similar to that of the populations served, and may or may not share demographic characteristics such as race or gender. For example, an agency could create a community advisory board (CAB) and/or hire and train staff to conduct services, such as outreach, client satisfaction surveys, and assemble hygiene kits.
- **Involve the Black/African American community in program development.** Include community voices and qualitative lived experience in all aspects of planning, program design and implementation, and service delivery using a systematic and continuous process. Build on community strengths and ensure that cultural and historical barriers (e.g., mistrust of service providers, language barriers) are removed.
- **Take a sex-positive sexual health approach.** Integrate HIV and STD messaging using a sexual health framework. Develop integrated HIV and STD prevention messages that address condoms, PrEP, and why STDs are an important concern. Incorporate integrated sexual health messaging throughout all HIV and STD prevention efforts – for example, PrEP navigation programs, HIV community forums, and social marketing
- **Provide services using a harm reduction-based, trauma-informed, and cultural humility approach.** See required staff training in [Exhibit 1: 6.3](#).
- **All services must be as low barrier as possible.** Low barrier means that as few expectations as possible are placed upon clients and potential clients when they are trying to access services. Examples of low barrier services include mobile services; co-located services (e.g., HCV treatment co-located with

methadone services); drop-in services; express services (e.g., testing without talking to a counselor); and services provided at times convenient for the populations such as evenings, weekends, or late at night.

- **Address stigma for clients.** Provide a non-stigmatizing environment.
- **Address community-level stigma.** Increase the social media presence that promotes integrated sexual health messages and provided information on how to access services. Disseminate DPH-approved messaging, including PrEP and U=U messaging. Increase education and innovation around how to address HIV-related stigma. De-stigmatize substance use through harm reduction education and messaging.
- **Leverage the private healthcare system whenever possible.** People with private insurance should be encouraged and counseled to use their insurance and develop meaningful relationships with primary care providers, when possible.
- **Ensure services are culturally specific.** Develop testing models that incorporate nuances to address different cultural barriers and specific population needs. For example, immigrant Latinx populations may benefit from messaging about testing as an important part of taking care of your health.
- **Build partnerships and collaborations with other organizations. This RFP requires collaboration to ensure populations have access to required services.**

Optional Strategies

- **Offer incentives.** Programs may propose to use non-cash incentives when they are critical for engaging the population of focus, to recruit people for testing, PrEP, treatment, or other service when warranted (e.g., food vouchers, gift cards, cell phones, cell phone credits, etc.).

Compliance

- Comply with CHEP Policies and Operations Manual for HIV/HCV Testing Services in Community-Based Settings, which are subject to modification at any time. The current policies and procedures can be found [HERE](#)
- Comply with SFDPH's Harm Reduction Policy found [HERE](#)
- Comply with SFDPH's Syringe Access and Disposal Program Policies and Guidelines found (being updated)
- Comply with the CHEP's Materials Review Process Guidelines found [HERE](#)

7. Healthy Staff, Agencies, and Collaborations

Healthy Staff

- **Staff training.** SFDPH and its partners are committed to building and maintaining a highly skilled workforce, prepared to deal with the complexity of client and community needs. To that end, agency staff funded through this RFP will be required to participate in the following trainings: racial humility, trauma informed systems (TIS), and harm reduction training of all staff. The staff that must participate in these trainings will be addressed during contract negotiations.
- **Staff pay.** According to Housing and Urban Development (HUD), in SF in 2018, a single adult is considered to be low income if they make less than \$82,200 per year; for a 4-person family the cut-off is \$117,300. (Source: <https://www.huduser.gov/portal/datasets/il/il2018/2018summary.odn>) SFDPH encourages agencies to provide livable wages to staff.

Healthy Agencies

- **Staff retention.** Agencies must have a plan in place to support client-facing staff to prevent burnout and address the vicarious trauma that can occur while working with traumatized populations. Examples of an effective plan include (but are not limited to): staff support group facilitated by a clinician such as an LMFT or LSCW who is also available for individual support as needed. Agencies must allow staff to participate in the San Francisco HIV Frontline Organizing Group (SF HIV FOG), Navigator's meeting, and other professional development activities.

Healthy Collaborations

Collaboration with other community-based organizations (CBOs), clinics, and other organizations is required in order to ensure populations have access to required services. Even though two or more agencies are involved, these collaborations should result in one cohesive program for the clients they serve.

8. Additional Considerations

- CHEP will provide:
 - HIV/HCV/STD Skills Certification Training
 - Harm Reduction Training
 - Overdose Prevention Training (via its contract with Harm Reduction Coalition's DOPE Project)
 - Training on STD specimen collection
 - Test kits
 - Condoms, lube, and female condoms
 - Training on Clear Impact Results Scorecard
 - Racial Humility resources
 - Trauma informed systems (TIS) training
 - Training on Syringe Access and Disposal
- Health Access Point lead applicant should budget for:
 - Clear Impact Results Scorecard logins (2 per agency at \$1200/annually total)
 - Phlebotomy Training and Certification
 - Condoms and safer sex supplies (if not going through the condom distribution program)
 - Syringe access and disposal supplies (including syringes)

9. Program Evaluation and Accountability

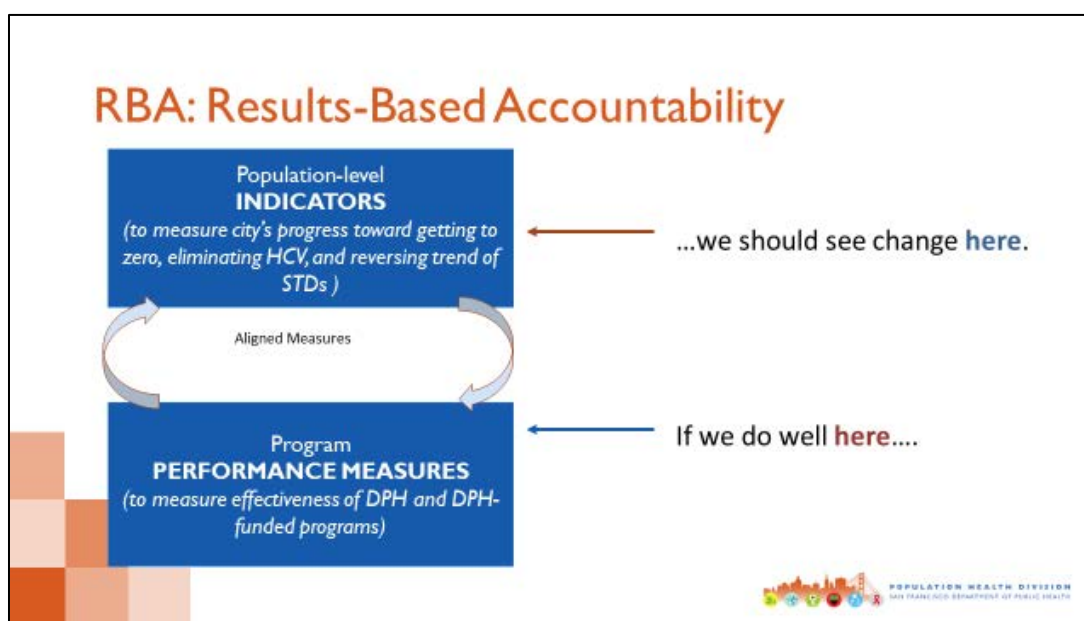
SFDPH seeks to implement program evaluation that allows for flexibility, supports accountability, and encourages innovation. Evaluation findings will be used to improve services, and to hold providers accountable for improving community health. Program innovations are encouraged when accompanied by evaluation plans that can rapidly determine whether the innovations should be adopted, adapted, or abandoned.

Funded programs will be required to use the Results-Based Accountability (RBA) Framework and the Clear Impact Results Scorecard (<https://clearimpact.com/scorecard/>). RBA is a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

A. Performance Measures

A “program performance measure” is a measure used to track the results of the applicant’s specific program. Performance measures and other data collection requirements for each “standard of care” service are provided in [Exhibit 1: 6.1](#).

A “population indicator” is a measure used to track the health outcomes of a particular population group. No single program can be held accountable for changing HIV, HCV, or STD rates among Black/African Americans. However, by collaborating with HAP partner agencies and other relevant entities, SFDPH expects to see reductions in HIV, HCV, and STD rates among Black/African American population over the next 3-5 years. SFDPH will convene regular HAP partner meetings to review relevant population indicators and facilitate discussion and action planning for achieving the desired outcomes.



B. Data Collection and Reporting

Funded programs must comply with all CHEP requirements regarding data collection and submission, which will include working with CHEP to measure and report on program-specific objectives and collecting/reporting basic demographic, behavioral risk, and other essential information. Systems/processes used to collect and submit data will include:

- Evaluation Web
- Clear Impact Results Scorecard
- Annual narrative report
- Other systems/processes as requested

10. Narrative Instructions

Below are the instructions for the narrative portion of the proposal package. Instructions for development and submission of the complete proposal package can be found in **Section III: Submission Requirements**.

- Complete all sections of the narrative as outlined below. Applicants must complete the sections and questions **in the order listed**. (Applicants do not have to address the bullet points within each question in the order listed, just the questions.) Label the beginning of each section as indicated and include each question number, but do not repeat the question text.
- The narrative may not exceed **14 pages** (1.5 spacing between lines). Page numbers for individual sections and questions are guidelines only.
- Be specific.

Section 1: Population of focus (4 pages)

1. Describe your agency's experience providing services to Black/African American residents in SF. What kind of services? How many years of providing services?
2. What is your organization's understanding of the underlying causes of health disparities, and in particular HIV, HCV, and STD health disparities for San Francisco Black/African American residents?

Section 2: Health Access Point (HAP) Model (4 pages)

1. Please describe your organization's experience and capacity to support the Health Access Point (HAP) model, perform the required strategies of the model, and build and sustain collaborative partnerships with community service sites.

Please provide a list of existing organizational partnerships that could support the HAP model (e.g., primary care, substance use, mental health, case management, housing, food, and other services), including a brief description of the nature of the partnership(s) (e.g., partnership members, purpose, partner roles and responsibilities, major accomplishments, number of years in partnership). Applicants should include the list with brief descriptions of the nature of the partnerships under the Appendix of the application. The list will not be counted against the maximum page limit for this section and will not be evaluated under the application scoring process.

Section 3: Organizational and Fiscal Capacity (6 pages)

1. Describe your agency's experience and successes conducting recruitment and retention activities with Black/African American residents in SF. What types of activities have you done in the past, and how successful have they been at engaging the population(s)? If relevant, include a summary of any data demonstrating your capacity to reach this population and/or specific subpopulations, such as program attendance records, a list of venues where you routinely conduct outreach, data on changes in client knowledge; attitudes, behavior, and other data.

2. Describe your agency's experience providing any of the required standard of care services listed below, or other related services. How long have you been providing these services? Describe any policies and procedures, curricula, materials, or program protocols that you currently have in place that will be used or adapted for the proposed program. Please see [Exhibit 1: 6.1](#) for details regarding all of the standard of care services.

- Integrated HIV, HCV, and STD testing
- Linkage and navigation to PrEP, HIV care, HCV treatment, STD treatment, primary care, and other services
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Syringe access and disposal
- Overdose prevention (including naloxone distribution)
- Condom distribution
- Substance use harm reduction services (including for opioids, stimulants, alcohol, tobacco, cannabis)
- Community engagement and mobilization (physical and online, social media)
- Prevention and treatment medication: PrEP and ART for HIV; HCV treatment; STD treatment, including medication storage
- Services to meet basic needs services (examples: food, housing, employment)
- Primary care
- Substance use treatment
- Mental health services

3. Describe your ability to recruit and retain qualified and diverse staff and volunteers. What staff development/training opportunities will you offer or require? What is the approximate average length of stay for both front-line staff and staff in leadership positions?

➤ **Budget Detail Booklet:**

- Complete the Budget Detail and Justification Booklet for a 12 Month Period
- If you are requesting start up funds please, submit a separate Detail and Justification.

➤ **Applicants who are LBE Certified will receive additional points.**

- **This will be added to the "Technical Review Score".**
- **See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.**

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

11. Scoring Criteria and Rating System

The proposal review process is described in **Section IV: Review and Selection Process**. This table provides the scoring criteria and rating system for **Category 7 proposals**.

Category 7: Training and Capacity Building for a Health Access Point (HAP) for Black/African Americans			
Question Number	Scoring Criteria	Max. Pts. per Criterion	Max. Pts. per Question
Section 1: Population of Focus (35 points)			
1	Extent to which the applicant demonstrates an understanding of the needs of the population of focus	15	35
2	Extent to which the program has the experience to provide services to the population of focus	20	
Section 2: Health Access Point (HAP) Model (30 points)			
3	Ability, through the organization’s experience and capacity, to perform the required strategies of the HAP	15	30
	Ability of the organization to build and sustain collaborative partnerships with community services	15	
Section 3: Organizational and Fiscal Capacity (35 points)			
4	Applicant capacity to reach and retain the population of focus	15	15
5	Applicant experience providing the required standard of care services	5	5
6	Extent to which policies, procedures, practices will lead to recruitment, hiring, and retention of qualified staff	1	2
	Extent to which staff tenure will promote program continuity	1	
7	Sufficiency of unrestricted cash reserves	2	3
	Extent to which line of credit is used appropriately	1	
8	Budget Detail Expenses are appropriate and support the proposed services.	10	10
	TOTAL POINTS		100
LBE Participation % Points			
	LBE Participation	0-10	0-10

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EXHIBIT 1: RFP CHEP Resources and Information

6.1: “Standard of Care” Service Descriptions

INTEGRATED HIV, HCV, and STD TESTING

Background

In 2012, San Francisco’s community based testing programs as well as primary and other clinical settings helped to normalize HIV testing as part of regular health maintenance. These strategies have been proven effective, as seen in the reduced number of HIV diagnoses over the years.

In 2017, 221 people received a new HIV diagnoses in San Francisco. As HIV cases decrease, there has been an increase in sexually transmitted disease (STD) rates and hepatitis C (HCV) rates. Anyone who is at risk for HIV is also at risk for becoming infected with HCV and STDs. Studies have shown that people who know they are HIV-positive reduce their sexual risk behavior and the risk of passing it onto others. On a national level, integration of HIV and viral hepatitis has been suggested, and in San Francisco, many of our agencies conduct both tests. Due to the overlapping risk factors for STDs, integrating STD testing would create a person-centered holistic approach to sexual health which will help in achieving the city’s goals of getting to zero new HIV diagnosis, eliminating HCV, and reducing the number of STDs.

Moving forward, SFPDPH is taking the initiative to create integrated programs tailored to meet the needs of the community in collaboration with our funded partners. Funded programs are expected to implement innovative integrated HIV, HCV, and STD testing programs with the goal of greatly reducing barriers to accessing testing for anyone in San Francisco.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP’s HIV, HCV, and STD Skills Training. • Perform outreach to recruit people for testing – street based, flyers, venue based, and mobile. • Incorporate health education and counseling in integrated testing activities. (See Health Education and Counseling) • Provide confidential testing for all clients. • Obtain written consent from clients for all tests performed. • Provide clients with rapid HIV & HCV testing. • Allow for self-collected oral, rectal, vaginal swabs for gonorrhea & chlamydia testing.	• Implementation of a “Drop ‘n’ go” or express testing model. • Provide testing at shelters, housing sites, etc. • Testing during late night and weekend hours (8pm-5am = Late, 6am-9am = Early Morning). • Implement a Testing reminder system. • Provide clients with vaccinations for Hep A & Hep B and testing for TB, pregnancy tests, or hormone levels check. • Allow for online results.

Required Elements	Preferred Elements
• Provide clients with blood draw for syphilis testing. • Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: - o Primary care, including HIV care, HCV treatment, and/or PrEP. - o Provider for STD treatment - o Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.) • Agencies providing STD testing ensure follow up on all clients testing positive to ensure they are adequately treated or referred for treatment. • Provide face-to-face disclosure of HIV, HCV, and Std-positive test results. • Inform clients testing positive for STDs to notify their sex partners to be tested/treated in an effort to avoid re-infection. • Provide DPH with name based reporting for all tests. • Implement case reporting as required. • Use of DPH laboratory for all testing. • Use of courier service for delivery of specimens to DPH lab. • Ability to provide health education and counseling upon request or clients' needs. (see health education and counseling section) • Provide mobile testing. • Maintain a rate of 10% unduplicated testing clients. • Allow for geographical diversity with at least 10% of tests conducted done 3 miles from headquarters. • Offer mental health referrals. • Follow DPH Harm Reduction Policy. • Follow DPH HIV, HCV, STD testing Policies and Operations Manual requirements.	

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

Additional Information

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

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - **HIV Testing**
 - # of HIV tests to date
 - # of reactive HIV tests to date
 - **HCV Testing**
 - # of HCV tests to date
 - # of reactive HCV antibodies tests
 - # of reactive HCV RNA tests
 - **STD Tests/Screenings**
 - # of syphilis tests
 - # of reactive syphilis tests
 - # of gonorrhea tests
 - # of reactive gonorrhea tests
 - # of chlamydia tests
 - # of reactive chlamydia tests
2. **Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - None

Opt Out Criteria

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

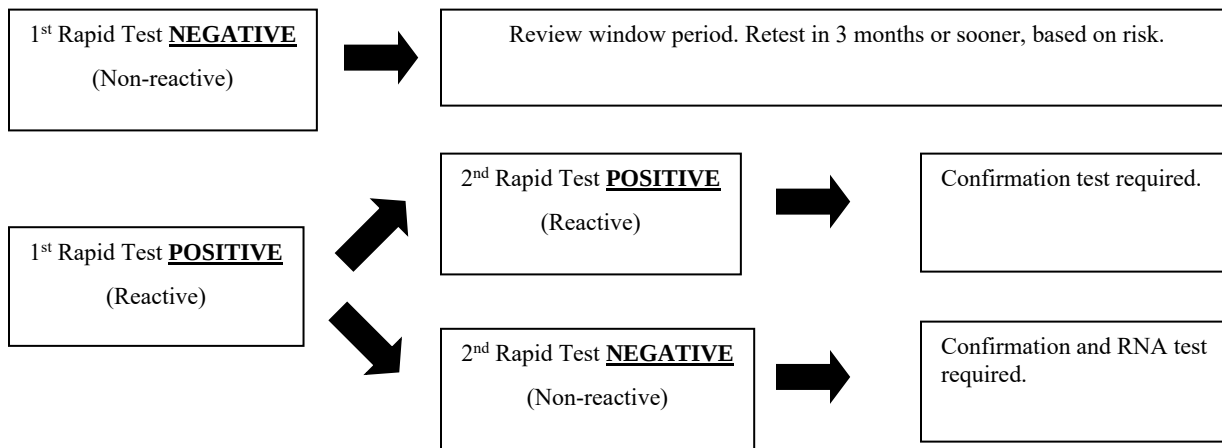
- There is no opportunity to opt out of the required elements of this building block.

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

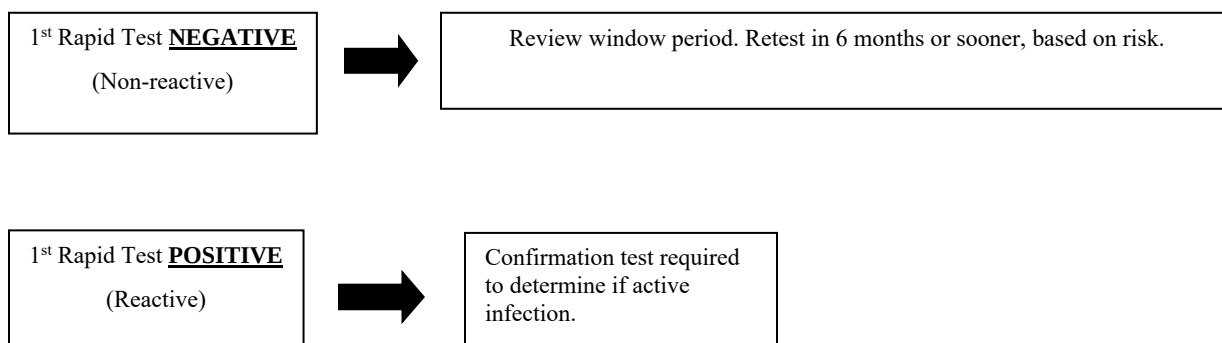
PROTOCOLS

HIV Testing Protocol

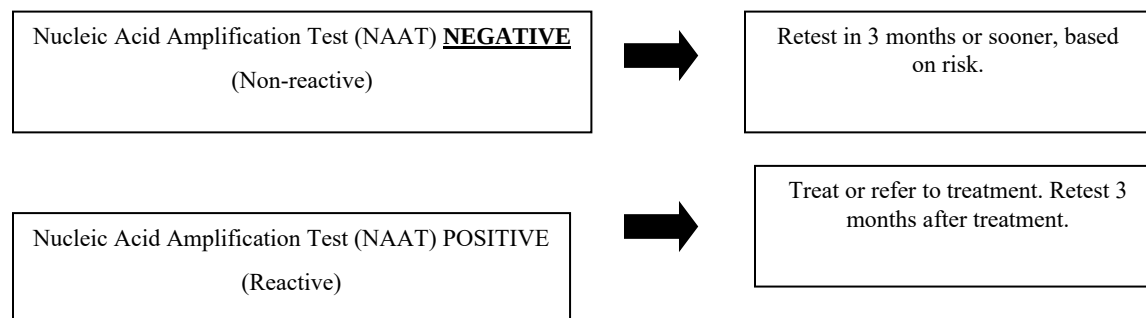
- (Rapid testing programs) Use the following rapid test algorithm:

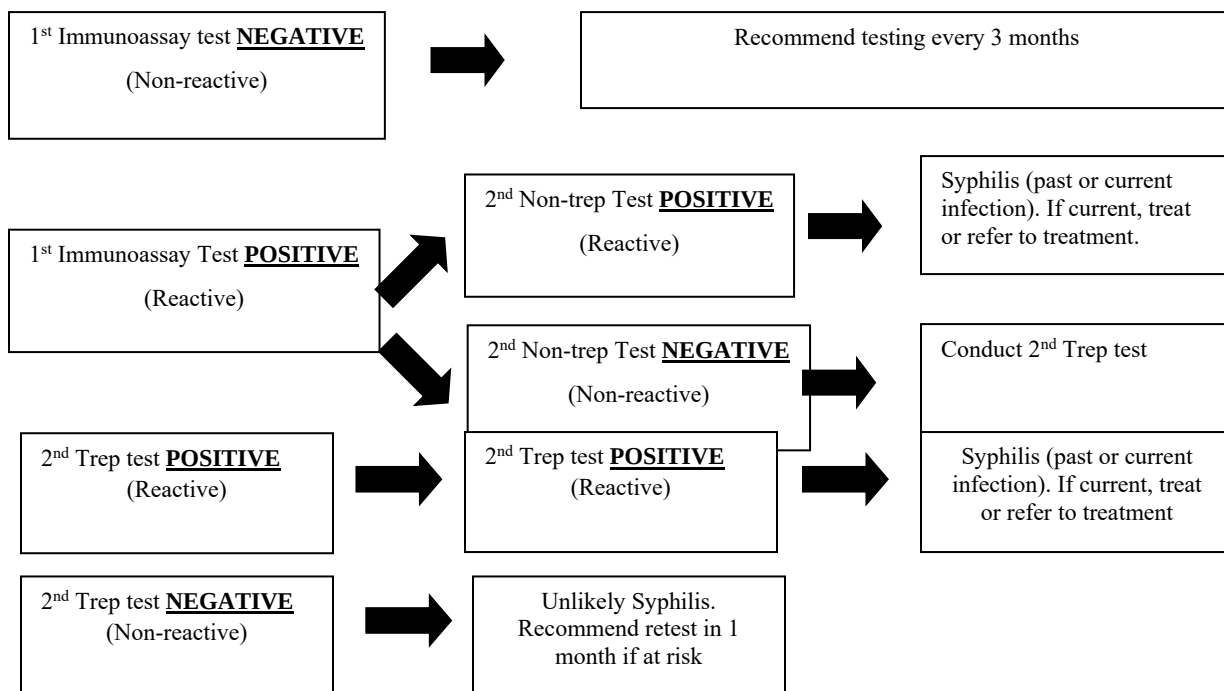


HCV Testing Protocol



Gonorrhea/Chlamydia Testing Protocol – (self) collected oral, rectal, vaginal swab



Syphilis Testing Protocol – blood draw**Drop ‘n’ go/Express Protocol**

This model is for people without symptoms of a sexually transmitted disease who walk into a site for HIV/HCV/STD testing without seeing a clinician.

Example of how this process may look:

1. Client checks in with front desk to fill out consent and other forms. They will request what test they want to receive.
2. Client sees phlebotomist for blood draw for Syphilis and HIV testing.
3. Client uses restroom for self-collected oral, rectal, and/or vaginal swabs.
4. Client is told when test results are ready and how results are given. If client tests negative, they will not hear back from clinic. If client tests reactive, they will get a call from clinic about results and treatment.

LINKAGE AND NAVIGATION

Background

People living with HIV (PLWH), hepatitis C (HCV), and/or a sexually transmitted disease (STD) often face barriers in accessing care. The role of linkage and navigation services is to address and mitigate these barriers. In San Francisco, youth, gay and bi-sexual men of color, transgender women, the marginally housed or experiencing homelessness, and people who inject drugs are at the highest risk of falling out of care. Based on individual needs, navigators help to identify and reduce barriers to care, including access to insurance, benefits, and other support services. Client linkage and navigation services are shown to be positively associated with HIV care and retention, hepatitis C treatment, pre-exposure prophylaxis (PrEP) adherence, and sexually transmitted disease treatment.^{24, 25, 26, 27}

Funded programs must complement existing HIV, HCV, STD and PrEP services. The Linkage, Integration, Navigation, and Comprehensive Services Team (LINCS), identifies, locates, and connects those who test positive for HIV to HIV care services and ensures those who have fallen out of care are re-engaged²⁸. Funded programs must work with LINCS staff to ensure that clients are engaged in HIV care. Additionally, clients living with hepatitis C can access existing hepatitis C linkage programs. These programs ensure that clients have access to hepatitis C testing and treatment, as well as assisting clients through the treatment process. Finally, clients living with an STD, who do not have access to medical care, should be linked to a provider to ensure treatment.

Definitions of Services

Linkage: Linkage services are defined as a warm hand-off to a service, typically a one-time occurrence with minimal complexity. A warm hand-off is defined as a face-to-face interaction, where the service providers have an open line of communication. Linkage services differ from a referral in that the service is followed-up on to ensure successful linkage to services. The purpose of linkage services is to ensure that a client is successfully linked to care.

Navigation: Navigation services guide clients through and around barriers in complex health care systems and ensure timely and appropriate care or treatment. Navigation services should help a client address barriers in their own lives that are preventing them from accessing care. Additionally, navigation services are tailored to each individual client to ensure client needs are being met, including mobile services and after hour services. Navigation services usually span a few months in time (1-3 months).

Case Management: Case management services are similar to navigation services, except they span a longer period of time (4-12 months).

Required and Preferred Elements

Required Elements	Preferred Elements
- Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. - Incorporate health education and counseling in linkage and navigation activities. (See Health Education and Counseling)	- Provide case management (including intensive case management) for people with complex needs, regardless of HIV or HCV status. - Provide evening and weekend linkage and navigation services.

Required Elements	Preferred Elements
• Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: - o Primary care, including HIV care, HCV treatment, and/or PrEP. - o Provider for STD treatment - o Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.) • Ensure all navigators attend monthly navigator meetings at SFDPH. • Ensure all navigators attend training.	

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

Additional Information

Linkage

- Linkage to services must be offered for HIV, HCV, and STD treatment and care. These services should be offered in any instance where a client tests positive for HIV, HCV, or an STD (see Testing Block and Treatment Block). Treatment initiations should be rapid and based on the unique needs of each client. Additionally, HIV-negative clients interested in PrEP should be immediately linked to PrEP navigation or a prescribing provider.

Navigation

- Navigation services should be offered for HIV, HCV and PrEP care. Care navigation should ensure streamlined access to care, and coordination with other providers. Navigation service modalities include:
 - Integrated navigation: Cross-trained navigators that can provide navigation services for HIV, HCV, and PrEP. Or,
 - Designated navigation: Each navigator on staff is designated to a specific need (i.e. HIV, HCV, and PrEP).
- All funded programs must report to LINCS all new HIV-positive clients no more than 24 hours after disclosure. Known HIV-positive clients out of care for more than six months must also be reported to LINCS for re-engagement in care.
- As linkage and navigation services are to be measured for success, agencies must have each client sign a release of information form to ensure program staff can follow-up to ensure successful linkage. Further, agencies should create a memorandum of understanding (MOU) with referral agencies to ensure sharing of patient information and coordination of care.
- As linkage and navigation services are to be measured for success, agencies must have each client sign a release of information form to ensure program staff can follow-up to ensure successful linkage. Further, agencies should create a memorandum of understanding (MOU) with referral agencies to ensure sharing of patient information and coordination of care.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in the Performance Scorecard. Applicants should include Year 1 targets for these measures in their application. The following measures will be tracked and reported in Clear Impact Results Scorecard (note: these can be turned into outcome objectives for contracts).
 - # of clients linked to HIV care
 - # of clients linked to HCV care
 - # of clients linked to STD care
 - # of clients provided navigation to PrEP services
 - # of clients provided navigation to HIV services
 - # of clients provided navigation to HCV services
2. **Data Tracking. Applicants must track the following measures and supply data to DPH upon request.**
 - None

Opt Out Criteria

Applicants **must** provide linkage, navigation, and case management services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

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

-
24. Mizuno, Y., Higa, D.H., Leighton, C.A., Roland, K.B., Deluca, J.B., & Koenig, L.J. (2018). IS HIV patient navigation associated with HIV care continuum outcomes? A systematic review. *AIDS*. DOI: 10.1097/QAD.0000000000001987
 25. HIV ReConnect: Increasing Retention and Re-Engagement. (2017). Getting to Zero and San Francisco Department of Public Health. <http://www.gettingtozerosf.org/wp-content/uploads/2017/06/HIV-ReConnect-Universal.pdf>
 26. Bajis, S., Dore, G.J., Hajarizadeh, B., Cunningham, E.V., Maher, L., & Grebely, J. (August 2017). Interventions to enhance testing, linkage to care and treatment uptake for hepatitis C virus infection among people who inject drugs: A systematic review. *International Journal of Drug Policy*, 47, 34-46.
 27. Spinelli, M.A., Scott, H.M., Vittinghoff, E., Liu, A.Y., Morehead-Gee, A., Gonzalez, R., Gandhi, M. & Buchbinder, S.P. (2018). Brief report: A panel management and patient navigation intervention is associated with earlier PrEP initiation in a safety-net primary care health system. *JAIDS Journal of Acquired Immune Deficiency Syndromes*, 79(3), 347–351. doi: 10.1097/QAI.0000000000001828.
 28. Focus Area: Health for People at Risk or Living with HIV. San Francisco Department of Public Health. <https://www.sfdph.org/dph/files/sfchip2/FocusArea-HealthforPeopleatRiskorLivingwithHIV.pdf>

PREVENTION AND TREATMENT MEDICATION: PREP AND ART FOR HIV; HCV TREATMENT; STD TREATMENT, INCLUDING MEDICAL STORAGE

Background

Through The Roadmap Stakeholder Engagement process community stakeholders gave direct input on our prevention efforts to “fully integrate HIV, HCV, STD services...” and to “prioritize HCV and STD services within HIV and other services and systems. “Larger organizations can provide a full system of care, while others focus on specific populations, however access to medications for HIV, HCV and STD treatment is not equal among populations. Therefore, in this new integrated approach, early detection and treatment of curable STDs and HCV, immediate initiation of antiretroviral therapy for the management of HIV, and the provision of PrEP as an HIV prevention tool must become major explicit components of our system of care.

Funded programs in this category must ensure that testing is accompanied by rapid treatment, that medications are equally accessible to all, that PrEP is acceptable and available, that linkages are easy, and that a strong relationship between community and clinical providers exists. All settings should be low-threshold with access to community-based and clinic-based services; this may mean moving clinical services out into the community, or bringing agencies into the clinic.

Building Block Required and Preferred Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Incorporate health education and counseling in treatment provision activities. (See Health Education and Counseling) • Ability to refer to and work with a prescribing clinician directly, or through sub contractual agreement or MOU. • Provide linkage and/or navigation to LINCS, or direct linkage and/or navigation to care for clients to access: ○ Primary care, including HIV treatment, HCV treatment, and/or PrEP. ○ Provider for STD treatment • Other low barrier treatment access points (i.e. SAS, mental health, substance use, etc.). (See Linkage and Navigation)	• Provide a clinician on staff who can prescribe appropriate treatment immediately, on site, and in all low-threshold environments. • Treatment for HIV will be prescribed on site on the same day as diagnosis. • Ensure regular client case conferences • Treatment for HCV will be prescribed on site including low-threshold sites within a week of confirmatory RNA result. • Treatment for STD will be prescribed and delivered on site on the same day as lab results are provided. • PrEP will be prescribed on site on the same day as requested. Medication Storage • HAPs will provide a range of options for medication provision and storage. For example: a) self-serve lockers, b) staff storing it for clients (if allowed by license), c) Directly observed therapy. • Provide incentives for adherence to medications in populations where they are effective.

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

Performance Measures. The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (Note: these can be turned into outcome objectives for contracts)

- % of clients linked to HIV care who initiated ART
- % of clients linked to HCV care who completed treatment
- % of clients linked to STD care who receive treatment
- % of clients provided navigation to PrEP services who initiated treatment

Opt-out criteria

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

COMMUNITY ENGAGEMENT AND MOBILIZATION

Background

Mobilizing communities is critical to the success of all health prevention strategies, especially HIV, HCV, STDs and overdose prevention. Building a long-lasting relationship with the community ensures that its members are proactive in their individual health, actively engaged in care, and confidently accessing resources and services without the fear of judgment or mistreatment.

To successfully address longstanding health disparities, especially within communities of color and other vulnerable populations, funded programs must implement new approaches to outreach and community engagement that go beyond the agencies “four walls”, traditional efforts such as street health fairs, palm cards and “risk-based” testing only models. Services must be built on a deep foundation and understanding of the strong association between socioeconomic status, health inequities and race due to institutionalized racism. This shift will not always require additional resources, but rather a change in thinking about how we design outreach and community engagement models that also focuses on community basic needs, structural, systemic, personally mediated and internalized racism as key determinants of poor health outcomes and health inequities. This requires transforming the way that services reach and connect with communities in the places they live, work, play, pray as well as building strong partnerships with other community agencies and leaders.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Utilize outreach as a tool to engage community members by disseminating pertinent prevention information and supplies to raise awareness, create visibility for the program, recruit participants, and make appropriate referrals to other services. • Utilize outreach as a means to build rapport and trust with the community. • Develop strong partnerships with other community based organizations and leaders within community. • Implement culturally appropriate efforts to raise awareness about HIV, HCV, STD prevention and treatment options. • Implement culturally appropriate efforts to raise awareness about overdose prevention (i.e. How to access Narcan). • Implement efforts to engage individuals in services that might not otherwise have been reached. • Field-based service delivery for marginalized or under-served populations.	• Schedule engagement events and/or activities during evenings and weekends. • Increase mobile service delivery. • Develop and implement a field-based safety protocol.

Required Elements	Preferred Elements
• Staff must reflect the population being served. • Peer-led efforts. • Expand beyond the “HIV prevention risk group” model. • Incorporate health education in community engagement activities. (See Health Education and Counseling) • Provide low-threshold basic needs services and/or resources. (See Basic Needs)	

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

Data Requirements

- 1. Program Performance Measures.** The following measures will be tracked and reported on in the Results Based Accountability (RBA) Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - #/% of staff that reflect the community served.
 - # of community engagement activities (including outreach).
- 2. Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - Date of community engagement activity/event
 - Was this a peer led effort?
 - How the event was promoted.
 - Brief description of activity/event (including location, number of participants, demographics to the extent known, etc.)
 - Describe services provided (including basic need services or resources, was health education and counseling provided).
 - Describe challenges/barriers; clients are facing to access services (including psychosocial and structural factors, stigma, etc.)
 - Describe any lessons learned or best practices.
 - Describe how the program is addressing challenges/barriers or implementing lessons learned.
 - Describe community partnerships/collaborations (if applicable).

Opt Out Criteria

Applicants **must** provide community engagement as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

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

SYRINGE ACCESS AND DISPOSAL

Background

The San Francisco Department of Public Health (SFDPH) funds the San Francisco AIDS Foundation, Glide, Homeless Youth Alliance, St. James Infirmary, and San Francisco Drug Users Union to provide education, resources, referrals, and support groups for people who inject drugs (PWID). These programs provide sterile injecting equipment to PWID to reduce the likelihood of transmission of HIV and Hepatitis C (HCV) and bacterial infections, which often lead to preventable and costly treatment. They also provide a place where people can safely dispose of used syringes. These programs serve as places where people who use drugs can connect with providers to obtain other services and education to keep them healthy and alive. This includes overdose prevention education, naloxone, HIV, Hepatitis C, and STD testing, supportive counseling, drug use management, and referrals to health and drug treatment services. 2015 estimates indicated there were approximately 22,500 people who inject drugs (PWID) in San Francisco. Recent estimates have put the number of PWIDs closer to 24,500 in 2018.

Funded programs will expand the availability of harm reduction supplies, injection equipment, and syringe disposal to be available in the course of receiving other services. Providing expanded access locations, hours, types of sites – will reduce syringe litter *and* promote access to sterile injecting equipment and other ancillary services (e.g. referrals to health care, drug treatment, naloxone training) that address a variety of needs of PWID and promote connection and engagement.

SFDPH will provide training and certification to CHEP programs to become part of the Syringe Programs (SP) Network, with the goal of improving access to new sterile syringes for PWID. SP Network members will provide syringe access and disposal services to PWID as appropriate during the course of their receiving other services. These services will supplement the large-scale citywide syringe access and disposal program.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Provision of the following safer injection supplies during the course of providing other services: syringes, water, needles, tourniquets, cookers, spoons, filters, water, swabs, vitamin C. • Mandatory syringe sizes: “Small” (31 G, 1 CC), “Medium” (28 G, 0.5 CC), “Large” (27 G, 1 CC) and Musclers. • Provision of FitPacks or small biohazard containers • On site disposal (mounted biohazard containers, etc.). • Provision of current syringe site schedule (posted and in handout form). • Provision of current syringe disposal list including locations of 24 hr. boxes and kiosks.	• All client-facing staff* trained to provide supplies • Supplies provided during outreach ONLY upon client request and with prior approval by DPH • Late night and weekend availability and/or hours not covered by the Syringe Access and disposal programs. • Current SAS programs provide mentorship and training opportunities to (SP) Network providers. • SP Network agencies join Syringe Access Collaborative on a quarterly or bimonthly basis to learn best practices and ensure quality of services.)

Required Elements	Preferred Elements
• All client-facing staff* trained on harm reduction, including working with drug users, and syringe access and disposal response. • Drug Overdose Prevention Education (D.O.P.E.) training to train staff and volunteers to distribute naloxone as well as implement overdose response protocol(s) within and/or around (SP) Network spaces. • Training for all client-facing staff trained in administering Naloxone and recognizing signs of possible overdose. Must have a written overdose response plan. • Syringe clean-up/sweeps around the exterior of the site location on a daily basis during business hours. • Monthly data submission on syringes distributed and returned. • Must have a written disposal plan that includes Stericycle collecting waste on a weekly basis. • All staff must proactively offer linkage to HIV/HCV/STD testing services, overdose prevention, basic needs, and condoms (Refer to “Required Elements” section of building blocks for testing, overdose prevention, basic needs, and condoms). • Follow DPH syringe access protocol. • Provide linkage to recovery and mental health services. • Provide disposal education. • Incorporate health education and counseling in syringe access and disposal activities. (See Health Education and Counseling)	

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

Additional Information

- Applicants need to include a line item in their budget for supplies (including syringes).
- DPH will provide syringe access and disposal training.

Data Requirements

1. **Program Performance Measures.** The following measures will be tracked and reported in the Syringe Access and disposal Dashboard (note: these can be turned into outcome objectives for contracts).
 - # of syringes distributed
 - # of syringes collected by DPH-funded efforts
2. **Data Tracking. Applicants must track** the following measures and supply data to DPH upon request.
 - None

All syringe programs must submit data to CHEP on a monthly basis. **Please review the program policies and guidelines (found [HERE](#)).**

Opt Out Criteria

Applicants **must** provide overdose prevention services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

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

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

SUBSTANCE USE HARM REDUCTION SERVICES FOR OPIOIDS, STIMULANTS, ALCOHOL, TOBACCO, AND CANNABIS

Background

People who use drugs (PWUD) experience stigma, trauma, violence, and barriers to care that negatively affect health outcomes. In San Francisco, substance use is a driver of HIV, Hepatitis C (HCV) and sexually transmitted diseases (STDs). LGBT communities, PWUD, and those living with mental health challenges experience the highest tobacco use rates and greatest difficulty quitting, putting them at increased risk for tobacco-related harms. Long-term homelessness and displacement are urgent public health concern for people who use drugs. In order to optimize people's health and reduce HIV/HCV/STI transmission, these complexities must be addressed in an effective, culturally competent manner that aligns with SFPDPH's commitment to harm reduction.

There is a need for substance use services beyond traditional, abstinence-based treatment models that are available on demand to meet the full range of our clients' needs. Integrated, harm reduction-based, trauma informed, non-stigmatizing, low threshold, peer-delivered substance use services in community settings can improve health outcomes for PWUD and also have the potential to reduce HIV/HCV/STD transmission and related morbidity and mortality.

SFPDPH funded programs should align with harm reduction principles and the SFPDPH Harm Reduction Policy (found [here](#)), which states that "Harm reduction is a public health philosophy, which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. Harm reduction methods and treatment goals are free of judgment or blame and directly involve the client in setting their own goals." Funded programs need to demonstrate how they integrate these principles and policies into program design and delivery and put them into practice in a meaningful and impactful way.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Ensure that ALL staff participate in ongoing harm reduction training. • Assess clients' needs on an ongoing, systematic basis for substance use including opioids, stimulants, alcohol, tobacco, and cannabis. • Use client-centered harm reduction counseling to discuss substance use. • Provide harm reduction information and education for all substances in addition to information regarding treatment models, including medication-assisted treatment (MAT) such as opioid-replacement therapy (ORT), naltrexone, nicotine-replacement therapy (NRT). • Provide Tobacco "Quit Kits" to clients, as needed and requested, as well as information about tobacco reduction/quitting classes. (SFPDPH Tobacco Free Project will deliver the	• Provide harm reduction-based substance use support and education groups • Provide onsite outpatient substance use treatment, including MAT (note: cannot use these funds to pay for medication; this can happen in partnership with other agencies, clinics, etc.) • Provide mobile MAT starts (note: cannot use these funds to pay for medication, can occur in partnership with another agency or program). • Provide gender-specific treatment services. • Provide substance-specific treatment services. • Provide tobacco reduction/quitting class onsite (technical assistance available from SFPDPH Tobacco Free Project). • Provide mobile/field-based brief counseling and referral. • Provide participant-delivered services • Provide weekend and evening services. • Provide medication lockers for participants.

Required Elements	Preferred Elements
kits to funded agencies and will provide information on resources.) • Educate clients about their rights and responsibilities under the SFDPH harm reduction policy, including providing written materials and/or signage in agencies. • Link clients (as needed) to substance use treatment services, including MATs for all substances (opioids, stimulants, alcohol, tobacco). • Develop innovative outreach strategies for PWUD. • Incorporate health education and counseling in harm reduction activities. (See Health Education and Counseling) • Develop an “agency-specific harm reduction policy” (putting SFDPH harm reduction policy into practice). This policy should describe how agency will systematically include PWUD in service design and delivery and create a structure in which clients can provide feedback on their experience to assess an agency’s adherence to harm reduction principles. (Technical Assistance will be available from Harm Reduction Coalition).	• Provide information about drug testing services. • Provide fentanyl testing strips

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

Additional Information

- The SFDPH Harm Reduction Training Institute (HRTI), which is a collaboration between Harm Reduction Coalition and SFDPH, is available to provide harm reduction training and technical assistance to funded agencies. Monthly trainings will be provided at 25 Van Ness Avenue, room #610. Trainings can also be provided on-site to funded agencies.
- The SFDPH HRTI is available to provide harm reduction technical assistance to funded agencies. The technical assistance can be used to develop the agency-specific harm reduction policy (see the first bulleted performance measure below)
- The SFDPH Tobacco Free Project will provide “Quit Kits” and informational sessions on tobacco-related resources to all funded agencies.
- The SFDPH Tobacco Free Project will be available to provide technical assistance to agencies interested in implementing on-site tobacco reduction/quit classes to their clients.

Data Requirements

1. **Performance Measures.** The following measures will be tracked and reported in Clear Impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - % of agency staff participating in two harm reduction trainings, provided by SFDPH HRTI (annually).

2. Data Tracking. Applicants must track the following measures and supply data to DPH upon request.

- Technical assistance from SFDPH Harm Reduction Training Institute (HRTI)
- Outreach activities to PWUD
- Referrals to substance use services
- Number of tobacco Quit Kits provided to clients
- Harm reduction groups (if applicable)
- Substance use counseling hours (if applicable)
- Documentation of agency-specific harm reduction policy, developed with technical assistance from SFDPH HRTI, by the end of the first year.

Opt Out Criteria

Applicants **must** provide substance use harm reduction services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

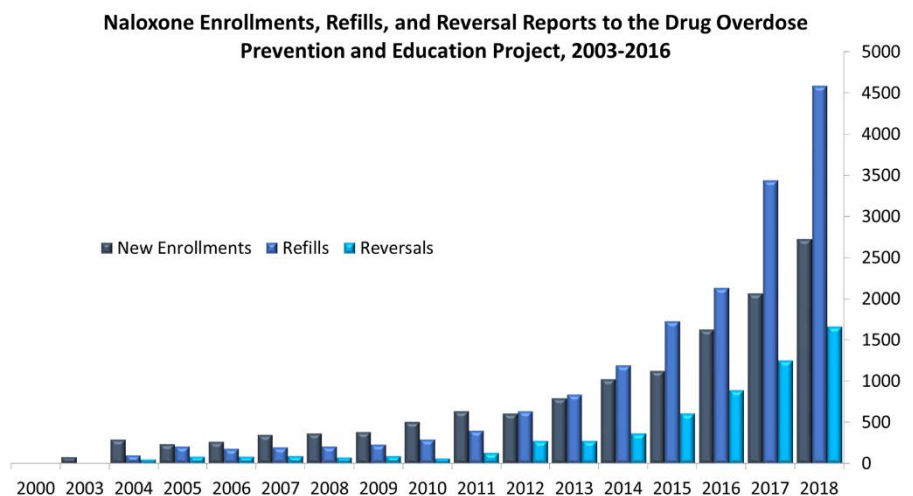
- There is no opportunity to opt out of the required elements of this building block.

OVERDOSE PREVENTION

Background

In San Francisco, people who inject drugs (PWIDs) are an increasing percentage of the population living with HIV, and opioid overdose is the leading cause of accidental death in the United States. San Francisco has experienced some moderate increases in the number of fatal opioid overdoses in recent years in part because of the introduction of synthetic opioids in the drug supply. The city has largely managed to avoid dramatic increases in overdose-related deaths seen in other jurisdictions in part because of its commitment to supporting evidence-based overdose prevention and response programming. Instead, the overall overdose death rate in San Francisco has remained mainly stable, with some steep drop offs in heroin-related overdose deaths and increasing prescription opioid-related overdose deaths.

SFDPH has partnered with the DOPE Project, a program of the Harm Reduction Coalition, since 2002. This program trains those who are most likely to witness an overdose to recognize and respond to an overdose. The DOPE Project also disseminates naloxone, the opioid overdose antidote, to community members most likely to witness an overdose. The figure on the right (credit: Phillip Coffin) depicts the program's growth, demonstrating that the more naloxone that is disseminated in the community, the higher the number of opioid overdose reversals reported.



Funded programs for this building block are required to collaborate with the DOPE Project to develop an onsite overdose response policy, and to ensure program participants have unfettered access to Naloxone and overdose prevention and response trainings.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Post and distribute DOPE Project schedule. • Post and distribute information about how to get naloxone from 1380 Howard Community Pharmacy • Maintain onsite overdose response policy and train staff annually on policy • Review onsite overdose policy semi-annually, and update as needed.	• Train all staff in overdose response. • Incorporate questions about prior overdose experience and overdose knowledge in intakes. • Become a naloxone distribution site. • Identify an overdose prevention liaison on staff who will lead all overdose prevention efforts at the agency (managing policy issues, training staff, educating staff at staff meetings, planning memorials, etc.).

Required Elements	Preferred Elements
- As part of policy, maintain a supply of naloxone on site to use for overdoses occurring on site. - All client-facing staff* trained in overdose response annually (these trainings can happen internally by experience staff, or with the support of the DOPE Project). - Incorporate health education and counseling in overdose prevention activities. (See Health Education and Counseling) - Host overdose prevention trainings for clients at your agency. - Host overdose prevention education groups for clients	- Develop active referral systems and information packets for methadone or buprenorphine-based treatment initiation - Make overdose prevention information visible and accessible in agency spaces that clients frequent. - Agency staff has facility working with people who use drugs. - Provide evening and weekend services.

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

Additional Information

- The Harm Reduction Coalition's DOPE Project, funded by DPH, is available to provide technical assistance in the development of agency's overdose prevention and response policies. The DOPE Project is also available to provide annual trainings to staff.
- Agencies that have internal capacity to train on overdose prevention and response are encouraged to leverage that capacity to train new and existing staff so as not to overburden the DOPE Project.
- Agencies are encouraged to make overdose prevention information visible and available to clients in the lobby of the building and to incorporate questions about prior overdose experience and overdose knowledge in intakes.

Data Requirements

1. Performance Measures. The following measures will be tracked and reported in Clear impact Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)

- # of client-facing staff* participating in annual overdose prevention and response trainings.
- # of overdose prevention training for clients

2. Data Tracking. Applicants must track the following measures and supply data to DPH upon request.

- Overdose prevention education groups for clients
- Documentation of onsite overdose response policy by the end of the first funded year.

Opt Out Criteria

Applicants **must** provide overdose prevention services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

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

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

MENTAL HEALTH SERVICES

Background

Mental Health refers to a person's overall emotional, psychological, and social well-being. It affects how a person thinks, feels, and acts. In 2014, 1 in 5 American adults experienced a mental health issue. The impact of mental health increases among groups or populations that are oppressed and marginalized. One of the main mental health issues is depression. Some of the factors that can contribute to depression and other mental health issues include: major life changes such as a death of a loved one, loss of a job, change of HIV status, abuse, trauma, racism, and family history of mental health. Many studies have found that depression symptoms are associated with greater sexual risk behaviors among people who are HIV positive and those that are at risk for becoming HIV positive. Hepatitis C (HCV) also disproportionately impacts the mental health of some of the most vulnerable populations including people who use substances, people who experience homelessness, trauma, and violence. Anecdotally, people have shared that they did not realize how much HCV affected their mental health until after they had been cured.

Funded programs must integrate mental health services grounded in harm reduction theory, motivational interviewing, or short-term solution focused therapy into their HIV, HCV, and STD programs. These services should address the complex and interwoven needs of people living with and at risk for overdose, HIV, HCV, and STDs who are also experiencing stigma, trauma, homophobia, transphobia, violence, racism, and barriers to receiving appropriate services. Understanding the impact of mental health and providing services that are trauma-informed, non-stigmatizing, devoid of racial bias, peer-delivered, low threshold, harm reduction-based, and co-located/integrated with other services can contribute to reducing the number of overdose cases, HIV, HCV, and STD transmission while improving health outcomes.

Required and Preferred Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, while building rapport and trust. • Address mental health stigma. • Provide appropriate counseling (i.e. motivational interviewing, Cognitive Behavior Therapy, client centered counseling). • Incorporate health education and counseling in mental health activities. (See Health Education and Counseling) • Provide linkages to culturally appropriate therapists. • Establish clear and effective linkage to mental health services • Ensure regular client case conferences • Provide ongoing training for staff around mental health • Collaborate with other city programs, community-based organizations, and/or community mental health clinics	• Provide support groups (focused on depression, anxiety, trauma, anger management) • Provide evening and weekend services • Assess all clients for mental health disorders (i.e. depression, anxiety, trauma) • Provide individual, couple, and family therapy • Incorporate a trauma informed system approach • Establish a policy where the social worker, therapist, or counselor has the flexibility to meet clients where there are at (i.e. home visit) • Embed psychiatrist, therapist, social worker, licensed volunteer, or counselor at site

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

Additional Information

None

Data Requirements

- 1. Performance Measures.** The following measures will be tracked and reported on in the Results Scorecard. Applicants should include Year 1 targets for these measures in their application (note: these can be turned into outcome objectives for contracts).
 - # of counseling sessions in a year,
 - # of staff trained on mental health issues
- 2. Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - # of Mental health service linkages made

Opt Out Criteria

Applicants **must** provide mental health services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

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

CONDOM DISTRIBUTION

Background

In San Francisco, access to free condoms is high. SFDPH and its community partners distributed more than 1.6 million free condoms in 2016, and NHBS data show that 70% of MSM reported receiving free condoms, over 60% reported using them, and free condoms from HIV organizations increased from 9% to 40% from 2004 to 2011⁷. To maintain access, SFDPH will continue to support targeted distribution at clubs, bars, clothing stores, leather goods stores, gyms, and other locations frequented by MSM.

San Francisco's biggest challenge with condoms is not access, but use. The changing role of condoms in HIV prevention is perhaps best exemplified by the change in language—we no longer talk about “unprotected sex” but rather “condomless sex”—because data shows that sex while on PrEP or ART is essentially protected sex when it comes to HIV transmission. With PrEP uptake and the proliferation of the “undetectable=untransmittable” message among MSM, there have been concurrent declines in condom use and increases in STDs. A recent publication using SF Medical Monitoring Project and surveillance data found that HIV-positive MSM reported a higher prevalence of condom-less anal sex with negative partners on PrEP vs. not on PrEP.²³ Among heterosexual men, the number of early syphilis cases has generally increased over time reaching a peak in 2015 and for heterosexual women, the rates have stable, although higher numbers were observed in 2015-2017. Data continues to show how the rates of chlamydia, gonorrhea and early syphilis disproportionately affect the African American and Latinx communities—especially people under 20 years of age.

Consistent and correct use of condoms reduce the risk of STDs and HIV transmission. Condoms are also 98% effective at preventing pregnancy when used correctly. Funded programs are required to make condoms and lubricant accessible and free to clients on site, during outreach, in mobile services and during special events, as well as find ways to promote meaningful messages that emphasize condoms are still relevant for STD prevention.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Make lube and male and female condoms easily accessible and free on site, during outreach, in mobile services and during special events. • Incorporate health education and counseling in condom distribution activities. (See Health Education and Counseling)	• Provide sex-positive training on condom usage, types, varieties, styles, etc. • Implement mechanisms to make condoms available during evenings, late nights, and weekends.

²³ Hughes A, Chen YH, Scheer S. (2017) Condomless anal sex among HIV-positive men who have sex with men: biomedical context matters. AIDS and Behavior. DOI: 10.1007/s10461-017-1852-0

Required Elements	Preferred Elements
When appropriate, client-facing staff* must provide education about condoms for protection against HIV and STDs.	

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

Additional Information

- Agencies can decide whether to include a line item in their budget or go through the CHEP Condom Distribution Program.

Data Requirements

- Performance Measures.** The following measures will be tracked and reported on in the Results Scorecard. Applicants should include Year 1 targets for these measures in their application. (note: these can be turned into outcome objectives for contracts)
 - # of condoms distributed annually
- Data Tracking.** Applicants must track the following measures and supply data to DPH upon request.
 - None

Opt Out Criteria

Applicants must provide condom distribution services as part of their proposed program, even if the services are funded all or in part by another source, with the following exceptions:

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

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

BASIC NEEDS

Background

“Basic Needs” are essential items or referrals to local social service agencies that are necessary for clients to maintain their sexual health and overall well-being. Some of the “needs” may include but are not limited to items such as water, food, condoms, lubricant; and transportation access to get to/from services; health education, prevention information and more. Funded programs should tailor basic need services to meet the needs of the population they serve and provide them at no cost to the client.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Provide culturally humble, non-judgmental, stigma-free, sex-positive services, which entails building rapport and trust. • Programs must make visible to clients the hours of operation by posting them on site and/or website. • Provide clients in need of transportation with muni tokens, taxi vouchers, or car ride services such as Uber or Lyft; or linkage to services that provide the above • Provide clients with access to drinking water. • Provide clients with food insecurities, light snack options and linkages to food resources • Provide clients with hygiene kits containing items such as deodorant, wet wipes, Chap Stick, toothbrush and toothpaste, soap, etc., as needed	• Provide resource information on health, social, employment, disability or other pertinent services that will help address the specific needs of a client. These services may include, but are not limited to the following: housing or shelter, smoking cessation, free clothing items for adults and children, shower locations, childcare, ID card access, free laundry facilities, free animal care and supplies, free cell phone access, etc. • Provide warm weather supplies such as hand warmers, socks, Mylar blankets, other washable blankets, beanies, gloves, etc. • Provide basic need services during evenings, late nights, and weekends.

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

HEALTH EDUCATION AND COUNSELING

Background

The role of health education and counseling is to provide information and behavioral interventions that support clients in adopting HIV, HCV, STD, overdose prevention and harm reduction strategies and link them to testing and other services. Traditionally, health education and counseling has been thought of as testing or one-on-one structured setting interventions only. Moving forward, the expectation is to see every client-facing staff* interaction used as an opportunity for engagement in health education and counseling interventions. These interactions can range from casually engaging a client while in line while accessing syringe access to a more in depth session while a client is going through a PrEP navigation intake.

Health education and counseling can be provided using different interventions (i.e. one-on-ones, groups, social marketing, outreach, or community engagement). In addition, these interventions can be implemented using different modalities (i.e. client centered counseling, harm reduction, motivational interviewing, trauma informed care, or a whole person approach), all using a similar approach with active listening skills and client autonomy as commonalities. The goal is to create a space in which clients can experience the best possible health outcomes and reduce opportunities for overdosing and acquisition or transmission of HIV, HCV, and STDs.

Funded programs should develop an integrated approach that considers health education and counseling an essential component of all client services.

Required and Preferred Service Elements

Required Elements	Preferred Elements
• Ensure that all client-facing staff* develops client centered counseling skills by attending the CHEP's HIV, HCV, and STD Skills Certification Training. • All client-facing staff* must be able to provide HIV, HCV, STD and overdose prevention information and education regarding transmission, prevention, and treatment/cure in a manner that is sex-positive, culturally appropriate, and includes harm reduction strategies appropriate for the population(s) served. • Provide information regarding overdose prevention including how to access Narcan. • De-stigmatize substance use through harm reduction education and messaging. • Provide information regarding PrEP, PEP, condom use, navigation services, and U=U. • Provide information regarding HIV, HCV, STD treatment adherence and treatment as prevention • Refer to clients using their pronoun preference. • Increase education and innovative efforts to address HIV, HCV, and STD stigma.	• Ensure that all client-facing staff* is trained in motivational interviewing. • Increase social media presence of integrated sexual and overdose prevention messages. • Provide health education and counseling services during evenings, late nights, and weekends.

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

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

6.2: Standard of Care Services Performance Measures

Standard of Care Service	Performance Measures	Additional Data Tracking
COMMUNITY ENGAGEMENT AND MOBILIZATION	• #/% of staff that reflect the community served. • # of community engagement activities (including outreach).	• Date of community engagement activity/event • Was this a peer led effort? • How the event was promoted. • Brief description of activity/event (including location, number of participants, demographics to the extent known, etc.) • Describe services provided (including basic need services or resources, was health education and counseling provided). • Describe challenges/barriers; clients are facing to access services (including psychosocial and structural factors, stigma, etc.) • Describe any lessons learned or best practices. • Describe how the program is addressing challenges/barriers or implementing lessons learned. • Describe community partnerships/collaborations (if applicable).
CONDOM DISTRIBUTION	• # of condoms distributed annually	• None
INTEGRATED HIV/HCV/STD TESTING	• HIV Testing • # of HIV tests to date • # of reactive HIV tests to date • HCV Testing • # of HCV tests to date • # of reactive HCV antibodies tests • # of reactive HCV RNA tests • STD Tests/Screenings • # of syphilis tests • # of reactive syphilis tests • # of gonorrhea tests • # of reactive gonorrhea tests • # of chlamydia tests • # of reactive chlamydia tests	• None
LINKAGE AND NAVIGATION	• # of clients linked to HIV care • # of clients linked to HCV care • # of clients linked to STD care • # of clients provided navigation to PrEP services	

	• # of clients provided navigation to HIV services • # of clients provided navigation to HCV services	
PREVENTION AND TREATMENT MEDICATION	• % of clients linked to HIV care who initiated ART • % of clients linked to HCV care who completed treatment • % of clients linked to STD care who receive treatment • % of clients provided navigation to PrEP services who initiated treatment •	
MENTAL HEALTH SERVICES	• # of counseling sessions in a year, • # of staff trained on mental health issues	• Mental health service linkages made
OVERDOSE PREVENTION	• # of client-facing staff* participating in annual overdose prevention and response trainings. • # of overdose prevention training for clients	• Overdose prevention education groups for clients • Documentation of onsite overdose response policy by the end of the first funded year.
SUBSTANCE USE HARM REDUCTION SERVICES FOR OPIOIDS, STIMULANTS, ALCOHOL, TOBACCO, AND CANNABIS	• % of agency staff participating in two harm reduction trainings, provided by SFDPH HRTI (annually).	• Technical assistance from SFDPH Harm Reduction Training Institute (HRTI) • Outreach activities to PWUD • Referrals to substance use services • Number of tobacco Quit Kits provided to clients • Harm reduction groups (if applicable) • Substance use counseling hours (if applicable) • Documentation of agency-specific harm reduction policy, developed with technical assistance from SFDPH HRTI, by the end of the first year.
SYRINGE ACCESS AND DISPOSAL	• # of syringes distributed • # of syringes collected by DPH-funded efforts	• None

6.3: Required Trainings

- **HIV, HCV, and STD Skills Certification**

This five-day course is a state certified training that introduces aspiring counselors from our funded programs to the client-centered counseling model. Topics covered include basic local epidemiology, sexual health (STDs and birth control), HCV, harm reduction and overdose prevention, counseling tools, disclosure of test results. The training also covers HCV (OraQuick) and HIV (Determine) testing procedures and proper fingerstick technique for sample collection.

- **Harm Reduction**

CHEP partners with the Harm Reduction Training Institute to provide staff in our branch and funded agencies with ongoing trainings that promote non-judgmental evidence-based approaches to enhancing individual, organizational and community effectiveness.

- **Overdose Response/Naloxone Administration** (DOPE Project or internal)

The DOPE Project offers a basic and comprehensive training on overdose for staff of San Francisco service providers working with people who use drugs who may be at risk of overdose. This training includes how to recognize an overdose, what puts people at risk for an overdose, how to respond to an overdose with naloxone, how to develop a protocol for overdose response and policy implementation, and what the context and current trends are around overdose in San Francisco.

- **Syringe Access and Disposal (TBD)**

- **Trauma Informed Systems**

This training explores the application of our six principles of trauma-informed systems (Safety and Stability, Cultural Humility and Responsiveness, Compassion and Dependability, Resilience and Recovery, and Empowerment and Collaboration). The work of system change begins with sharing foundational knowledge of the impact of trauma on the people we serve, ourselves, our colleagues, our system and our community. Creating a shared language within our system is critical to responding to this impact.

- **Clear Impact Scorecard**

Clear Impact Scorecard is built using Results-Based Accountability (RBA) methodology. RBA is a decision-making framework used by organizations, agencies, and communities to measure the performance of their programs and services and measure their impact on community well-being. RBA is a popular framework for social change in the public sector because it emphasizes the use of data and context to make effective decisions, gets organizations from talk to action quickly, is easy to understand and follow relative to other frameworks, and is actually leading to measurable results in community wellbeing.

- **Technical Assistance**

CHEP commits to assess the needs of our funded programs and provide technical assistance in an effort to address any issue that may impede reaching contractual obligations with the Health Department.

6.4: Acronyms/Glossary of Terms

Acronyms

AYA	Adolescents and Young Adults
A/PI	Asian and Pacific Islander
ACA	Affordable Care Act
ART	Anti-retroviral therapy
B/AA	Black/African-American
CDC	Centers for Disease Control and Prevention
CHEP	Community Health Equity and Promotion
EHCSF	End Hepatitis C San Francisco
GTZ	Getting to Zero
HAP	Health Access Point
HCPC	HIV Community Planning Council
HCV	Hepatitis C Virus
HIP	High Impact Prevention
HIPPA	Health Insurance Portability Accountability Act
HIV	Human Immunodeficiency Virus
ITN	Invitation to Negotiate
Latinx	Gender-neutral term used in lieu of Latinx or Latina. The plural is Latinxs.
LINCS	Linkage Integration Navigation Comprehensive Services
LOI	Letter of Intent
MOU	Memorandum of Understanding
MSM	Men who have sex with men
MSM-PWID	Men who have sex with men and inject drugs
NHBS	National HIV behavioral Survey
PrEP	Pre-Exposure Prophylaxis
PWID	People who inject drugs
PWUD	People who use drugs
PWUD/ID	People who use drugs, including injecting drugs
RFP	Request for proposals
SAM	System for award management
SAMHSA	Substance abuse and mental health services administration
SFDPH	San Francisco Department of Public Health
STD	Sexually transmitted disease
TFSM	Trans female who has sex with men
TMSM	Trans men who has sex with men
U=U	Undetectable equals untransmittable
UCSF	University of California San Francisco

Glossary of Terms

RBA : a framework used to improve and track the effectiveness of programs. It is data driven and has two distinct parts: population accountability and performance accountability.

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

HAP : a population specific, one-stop shop or network of agencies/programs with a lead agency that provides an equity-focused, stigma-free, and low barrier access to person-centered, standard of care services regardless of HIV, HCV, or STD status.

Linkage: Linkage services are defined as a warm hand-off to a service, typically a one-time occurrence with minimal complexity. A warm hand-off is defined as a face-to-face interaction, where the service providers have an open line of communication. Linkage services differ from a referral in that the service is followed-up on to ensure successful linkage to services. The purpose of linkage services is to ensure that a client is successfully linked to care.

Navigation: Navigation services guide clients through and around barriers in complex health care systems and ensure timely and appropriate care or treatment. Navigation services should help a client address barriers in their own lives that are preventing them from accessing care. Additionally, navigation services are tailored to each individual client to ensure client needs are being met, including mobile services and after hour services. Navigation services usually span a few months in time (1-3 months).

Case Management: Case management services are similar to navigation services, except they span a longer period of time (4-12 months).

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III. Submission Requirements

All forms are available for download at the Department's RFP/Q center at:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts> .

A. Deadlines/Delivery Location

1. Letter of Intent Deadline

A **Letter of Intent (LOI)** to submit a proposal is mandatory. The letter must use the template in Appendix A-1 and must be signed by the appropriate authorities.

Please Note: There are seven (7) Service Categories. Please complete one LOI form per service category.

Please Note: Suppliers/vendors who submit an LOI and then decide to not submit a Proposal afterward, should contact the Contracts Unit and communicate their **intent to not** participate in the RFP.

The Letter of Intent must be submitted as follows:

By: 12:00 Noon On: October 9, 2019

To: Irene Carmona
SFDPH Contracts Unit
101 Grove St. Room 402
San Francisco, CA 94102
email: Irene.carmona@sfdph.org

Please complete the Letter of Intent form and email to irene.carmona@sfdph.org

Please include the following in the Subject area of the email:

LOI response to RFP 4-2019 SFDPH-CHEP Servicers

If your agency does not have access to email you may hand deliver or mail the Letter of Intent. You must submit by the listed deadline. No post stamped dates will be accepted.

2. Qualifications Statement and Proposal Package Deadline

Qualifications Statements, Sub-Contract MOU, and Proposal Packages must be received at the following deadline and address:

Potential contractors interested in multiple Service Categories must submit one Qualification Statement and Proposal Package per service category. Service Category Qualification Statements are located in Appendix A-1.

By:	12:00 Noon	On:	November 25, 2019
Place:	Attn: Irene Carmona SFDPH Contracts Unit 101 Grove St. Room 402 San Francisco, CA 94102		RFP # 4-2019

Proposals may be delivered in person or mailed; however, postmarks will not be considered in judging the timeliness of submissions. Proposals received after the deadline but within 24 hours may be accepted for extenuating circumstances at the sole discretion of the Director of the Department of Public Health. Applicants that submit proposals within this grace period must provide a letter to the Director explaining the extenuating circumstances by **12 noon** on **11/26/2019**. Decisions of the Director to accept or reject the proposal during the grace period will not be appealable. If the proposal is accepted, the letter of explanation will be provided to the Technical Review Panel. Following the 24-hour grace period no late proposals will be accepted for any reason and there will be no appeal. Email letter to Irene.carmona@sfdph.org, include **"Late Submission Request"** in the subject area.

In addition, the required CMD Form 3 and MCO HCAO Declaration forms must be submitted separately in a sealed envelope clearly marked with the above address and solicitation number.

Proposals may NOT be submitted by fax or email and will not be accepted if so received.

B. Solicitation Package Documentation

1. Qualifications Statement and Sub-Contract MOU documents:

To respond to this solicitation, a Proposer must follow the submittal steps outlined in this Submissions Requirements Section, to include a Qualifications Statement, Sub-Contract MOU document, and a complete and assembled proposal package by the deadline outlined in this RFP.

The **Qualifications Statement and Sub-Contract MOU documents can be found in Appendix A-1** and is also available for download at

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts>.

These are the only forms that can be used for the Qualifications Statement and Sub-Contract MOU. Applications that do not use these forms will be rejected.

A person authorized to bind the Lead Applicant/Proposer to the representations, commitments and statements contained in the Qualifications Statement must sign the Qualifications Statement document. The Qualifications Statement must contain the following information and any applicable supporting documents:

- **Description of Proposer:** A description of the Proposer's organizational structure (e.g., corporation, partnership, limited liability company, etc.), the jurisdiction in which the Proposer is organized and date of such organization.
- **Authorized Representative:** The name, address, telephone number, facsimile number and e-mail address of the person authorized to represent the Proposer with respect to all notices, negotiations, discussions and other communications relating to this solicitation and to any negotiations relating to a contract.
- **Representations Regarding Good Standing, Licenses, etc.:** A representation that the Proposer is in good standing in the State of California and has all necessary licenses, permits, approvals and authorizations necessary in order to perform the Work and conduct the Proposer's business.
- **Representations Regarding CITY Contracting Requirements:** A representation that the Proposer is able and willing to comply with all of the contracting requirements described in "Section VII. Standard Contract Requirements."

A person authorized to bind the Lead Applicant/Proposer and the identified Sub-Contractors to the representations, commitments and statements contained in the RFP application must sign the Sub-Contract MOU document.

2. Proposal Package (see Section II, Program Service Specifications, for detailed content)

The process requires submission of a proposal package consisting of the following documentation.

- (a) Introductory Documents
 - (i) Qualifications Statement (use as cover page)
 - (ii) Sub-Contract MOU document
 - (iii) Table of Contents
- (b) Standard Documents
 - (i) Program Narrative
 - (ii) Budget Document
- (c) Mandatory attachments
 - (i) CMD FORM 3 (for the Lead Agency, if a collaboration). Per the San Francisco Contract Monitoring Division (CMD), this form must be submitted with your proposal. The CMD Form 3 is provided in Appendix A-1, with additional forms and instructions in CMD Attachment 2 in Appendix A-2. **Submit only the original (no additional copies are required) in a separate envelope labeled "CMD Form 3" and the solicitation number.**
 - (ii) HCAO and MCO Declaration forms. The HCAO MCO Declaration Forms are provided in Appendix A-1,

Additional pages beyond any limits specified will be eliminated before the proposal is reviewed.

Applicants may not submit other items not listed above. For example, do not submit curricula or policies and procedures manuals. Anything submitted that is not on the list above will be discarded.

3. Proposal Format

- Proposers must submit **One Original** and **five (5) Copies** of the Qualifications Statement and the same number of complete and assembled Proposal Packages.
- The original must be clearly marked "ORIGINAL."
- Each proposal should be unbound (document clips, binder clips, and/or rubber bands as necessary, please **NO STAPLES**, collated, and include a table of contents.
- Each section must be clearly labeled with the appropriate heading, and pages should be clearly numbered.
- The Proposer's name and program name should be shown in the page footers.

IV. Review and Selection Process

A. Initial Screening

Any proposal submitted without the required Qualifications Statement and a complete proposal package will be rejected without further review.

1. Minimum Qualifications

During the initial screening process, any proposal that does not demonstrate that the Proposer meets the Minimum Qualifications specified in the Program Service Category Specifications, Section II, of this solicitation will be considered non-responsive and will not be eligible for further review or consideration.

B. Technical Review, Oral Presentation Review, and Scoring of Proposals

1. Technical Review:

- The proposal will be reviewed and rated by (a) Technical Review Panel(s) with expertise in the services required.
- The Technical Review Panel(s) will be recruited with strict attention to ensuring that no conflict of interest exists related to any member of the panel and the proposals anticipated according to required Letters of Intent received.
- The Technical Review Panel(s) will review and score each proposal according to the criteria outlined in the **“Program Service Specifications, Section II Scoring Criteria Per Service Category”** of this solicitation.
- **Proposals must have a total score of 75 or more to be eligible to advance.**
- The applicants’ proposal with the **highest score in each Service Category** will be recommended and invited to an **“Oral Presentation Review”** with the Department.

2. Oral Presentation Review:

- In the Oral Presentation Review, the applicant will have an opportunity to present their proposed scope of services and negotiate terms of service.
- Applicants who may have submitted multiple proposals, and who have scored the highest in multiple service categories, will only have the opportunity to be selected to provide services in one service category.
- The Department reserves the right to select the applicant who has demonstrated the ability to perform the services requested, and who will reach the desired target populations, and service needs.

- If that Proposer cannot demonstrate that their agency can meet the terms of service or refuses the offer, the Department will continue to contact Proposers from the qualified list until the offer to provide the solicited services is accepted.
- In the event that the review process does not result in the identification of a qualified proposer, the Department reserves the right to solicit services to increase the pool of qualified vendors.
- During program review, any aspect of the proposal will be considered negotiable, including the budget, the services to be provided, and the target population to be reached. Receiving an invitation to the Oral Presentation Review and entering into negotiations does not obligate either the Department or the applicant to enter into a contract; either party may decide to end the review and negotiations at any time for any reason. If the review and negotiations fail to result in a contract award in a reasonable period of time, the Department reserves the right to invite another Proposer to the Oral Presentation and Review process or to issue a new solicitation for the services.

3. Bidder Rating Discount:

Applicants who are LBE Certified will receive additional points. This will be added to the “Technical Review Score”. See LBE Participation terms outlined in the VI. Standard Terms and Conditions for Receipt of Proposals.

Bidder Rating Discount:	0-10
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	10

C. Contract Notification Process

If the Technical Review and Oral Presentation Review process is completed to the satisfaction of both the SFDPH and the applicant, the applicant will receive a notification letter indicating the negotiated services and funding amount.

The anticipated start date for contracts resulting from this solicitation is **July 1, 2020**. Failure to negotiate the contract in a timely manner, or to furnish any and all certificates, bonds, or other materials required in the contract, shall be deemed an abandonment of the contract offer.

The SFDPH reserves the right to award a single contract or multiple contracts to multiple Proposers that submitted proposal(s).

D. Stipulations

The issuance of this solicitation does not constitute an agreement by the City that any contract actually will be entered into by the City. The City reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue this solicitation;
4. Procure any materials, equipment, or services specified in this solicitation by any other means;
5. Ensure that all target populations are served and service requirements are met; and
6. Determine that no project will be funded.

In addition to the ability to provide the specified services, the applicant must comply with general SFDPH and City and County of San Francisco contractual requirements and ordinances, San Francisco Health Network, Primary Care reporting requirements, and the Standard Agreement for Services (P-600).

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V. E-Questions Process and Bidders Conference

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A. E-Questions (Amended 9.19.2019)

~~Only Proposers that have submitted a Letter of Intent (LOI) with an email address by the due date may e-mail questions concerning the specifics of the services solicited.~~

Dates/Period when e-mail questions will be accepted:

Pre-Bidders Conference E-Questions Period:

Begin: **September 16, 2019** End: **September 19, 2019**

Post-Bidders Conference E-Questions Period:

Begin: **September 26, 2019** End: **October 2, 2019**

All questions are to be directed to the following e-mail address:

irene.carmona@sfdph.org

You must insert the following language in the Subject area of your email message: **E-Questions RFP 4-2019 CHEP Prevention Services**

The questions will be compiled and coordinated with program staff for appropriate answers. The compilation of Pre-Bidders Conference questions and answers will be provided at the Bidders Conference and returned by email to the questioners who have provided their contact information. The Post-Bidders Conference questions and answers will be emailed to all potential bidders who have downloaded a copy of the RFP, and who have provided contact information at the Bidders Conference. In addition, a copy of the compiled E-Questions, and other submitted questions and answers will be posted to the RFP Web Site for reference.

B. Bidders Conference

The Department will present an overview of RFP 4-2019 at a Bidders Conference on the following date and location:

- **September 26, 2019**
- **From 9 AM to 12 Noon**
- **Location:**
 - **Department of Public Health**
 - 101 Grove, Room 300, San Francisco, CA 94102**

C. RFP Questions and Answers

The outlined “E-Questions” period(s) and the Bidders Conference event are the only opportunities suppliers/vendors may ask direct programmatic questions of the Departmental staff.

Please Note:

On 09.19.2019 Section V. E-Questions Process and Bidders Conference has been amended to remove the LOI reference and to include an additional time line for potential bidders to submit E-Questions post Bidders Conference.

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VI. Standard Terms and Conditions for Receipt of Proposals

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A. Errors and Omissions in Solicitation

Proposers are responsible for reviewing all portions of this solicitation. Proposers are to promptly notify the Department, in writing, if the Proposer discovers any ambiguity, discrepancy, omission, or other error in the solicitation. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding Solicitation

Technical or procedural inquiries regarding this solicitation, other than programmatic questions addressed at either a Bidder's Conference or through the E-Questions procedure described in Section V, above, must be directed to:

Irene Carmona
 SFDPH – Contracts Unit
 Phone: (415) 554-2652
 Email: irene.carmona@sfdph.org

C. Objections to Solicitation Terms

Should a Proposer object on any ground to any provision or legal requirement set forth in this solicitation, the Proposer must, not more than ten calendar days after the solicitation is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a Proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices

The Department may modify the solicitation, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The Proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the Proposer consult the website frequently, including shortly before the proposal due date, to determine if the Proposer has downloaded all Change Notices.

In the event that modifications are posted to the website, the SFDPH will send a courtesy notice by email to Proposers that have submitted a Letter of Intent. This notice will advise the Proposer that changes have been posted. Notwithstanding this provision, the Proposer shall be responsible for ensuring that its proposal reflects any and all modifications or addenda issued by the SFDPH prior to the proposal due date.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A Proposer may revise a proposal on the Proposer's own initiative at any time before the deadline for submission of proposals. The Proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any Proposer.

At any time during the proposal evaluation process, the Department may require a Proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the solicitation or excuse the vendor from full compliance with the specifications of the solicitation or any contract awarded pursuant to the solicitation.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this solicitation. Submissions of the solicitation will become the property of the City and may be used by the City in any way deemed appropriate.

Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require

approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a Proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the Proposer is prohibited from making contributions to:

- the officer's re-election campaign
- a candidate for that officer's office
- a committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to \$5,000 and a jail term of not more than six months, or both.
2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to \$5,000.
3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to \$5,000 for each violation.

For further information, Proposers should contact the San Francisco Ethics Commission at (415) 581-2300.

I. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to solicitations and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

J. Public Access to Meetings and Records

If a Proposer is a non-profit entity that receives a cumulative total per year of at least \$750,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the Proposer must comply with Chapter 12L. The Proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to Proposer's meetings and records, and (2) a summary of all complaints concerning the Proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the Proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in Proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

K. Reservations of Rights by the City

The issuance of this solicitation does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this solicitation, or the requirements for contents or format of the proposals;

5. Procure any materials, equipment or services specified in this solicitation by any other means; or
6. Determine that no project will be pursued.

L. Waiver

No waiver by the City of any provision of this solicitation shall be implied from any failure by the City to recognize or take action on account of any failure by a Proposer to observe any provision of this solicitation.

M. Local Business Enterprise Goals and Outreach

The requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the “LBE Ordinance”) shall apply to this solicitation.

1. LBE Subconsultant Participation Goals

The LBE subconsulting goal for this project is **0%** of the total value of the goods and/or services to be procured. **(Grant Funded)**

Each firm responding to this solicitation shall demonstrate in its response that it has used good-faith outreach to select LBE subcontractors as set forth in S.F. Administrative Code §§14B.8 and 14B.9, and shall identify the particular LBE subcontractors solicited and selected to be used in performing the contract. For each LBE identified as a subcontractor, the response must specify the value of the participation as a percentage of the total value of the goods and/or services to be procured, the type of work to be performed, and such information as may reasonably be required to determine the responsiveness of the proposal. LBEs identified as subcontractors must be certified with the San Francisco Contract Monitoring Division (CMD) at the time the proposal is submitted, and must be contacted by the Proposer (prime contractor) prior to listing them as subcontractors in the proposal. Any proposal that does not meet the requirements of this paragraph will be non-responsive.

In addition to demonstrating that it will achieve the level of subconsulting participation required by the contract, a Proposer shall also undertake and document in its submittal the good faith efforts required by Chapter 14B.8(C) & (D) and CMD Attachment 2, Requirements for Architecture, Engineering and Professional Services Contracts.

Proposals which fail to comply with the material requirements of S.F. Administrative Code §§14B.8 and 14B.9, CMD Attachment 2 and this solicitation will be deemed

non-responsive and will be rejected. During the term of the contract, any failure to comply with the level of LBE subcontractor participation specified in the contract shall be deemed a material breach of contract. Subconsulting goals can only be met with CMD-certified LBEs located in San Francisco.

2. LBE Participation

The City strongly encourages proposals from qualified LBEs. Pursuant to Chapter 14B, the following rating discount will be in effect for the award of this project for any Proposers who are certified by CMD as a LBE, or joint ventures where the joint venture partners are in the same discipline and have the specific levels of participation as identified below. Certification applications may be obtained by calling **CMD at (415) 581-2310**. The rating discount applies at each phase of the selection process. The application of the rating discount is as follows:

- a. A 10% discount to an LBE; or a joint venture between or among LBEs; or
- b. A 5% discount to a joint venture with LBE participation that equals or exceeds 35%, but is under 40%; or
- c. A 7.5% discount to a joint venture with LBE participation that equals or exceeds 40%; or
- d. A 10% discount to a certified non-profit entity.

If applying for a rating discount as a joint venture: The LBE must be an active partner in the joint venture and perform work, manage the job and take financial risks in proportion to the required level of participation stated in the proposal, and must be responsible for a clearly defined portion of the work to be performed and share in the ownership, control, management responsibilities, risks, and profits of the joint venture. The portion of the LBE joint venture's work shall be set forth in detail separately from the work to be performed by the non-LBE joint venture partner. The LBE joint venture's portion of the contract must be assigned a commercially useful function.

3. CMD Forms to be Submitted with Proposal

- a. All proposals submitted must include the following Contract Monitoring Division (CMD) Form 3 Non Discrimination Affidavit.
 - If these forms are not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected.
- b. Please submit only one copy of the CMD Form 3 with your proposal. The form should be placed in a separate, sealed envelope labeled CMD Form 3.

If you have any questions concerning the CMD Forms, you may call the Contract Monitoring Division at (415) 581-2310.

N. Ban on City Contracts and Travel Involving States with Anti LGBT Laws

Per Administrative Code Section 12X prohibits City contracting with companies from states that have enacted laws after June 26, 2015, reversing anti-discrimination protections for LGBT individuals or that permit discrimination against LGBT individuals. Administrative Code Section 12X.5 (a) cites that the City shall not enter into any Contract with a Contractor that has its United States headquarters in a state on the Covered State List or where any or all of the work on the Contract will be performed in a state on the Covered State List.

In accordance with the Administrative Code Section 12X.5 (b), the Contracting Department may waive the requirements of Section 12X.5 in full or in part if the department determines that strict application of the requirement would not be feasible, would create an undue hardship or practical difficulty, or that similar circumstances otherwise warrant granting of the waiver.

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VII. Standard Contract Requirements

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A. Standard Contract Provisions (Legal Agreement)

Upon award of a contract, the Contractor will be required to enter into and sign a legal agreement ("Agreement") containing standard terms and conditions. A sample Agreement can be found in Appendix A-3, available for download at <http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/>. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, the Minimum Compensation Ordinance; the Health Care Accountability Ordinance; the First Source Hiring Program; and applicable conflict of interest laws, as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the HRC's website at www.sfgov.org/sfhumanrights.

C. Minimum Compensation Ordinance (MCO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements.

For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco.

D. Health Care Accountability Ordinance (HCAO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. First Source Hiring Program (FSHP)

If the contract is for more than \$50,000, then the First Source Hiring Program (Administrative Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at www.onestopsf.org, under the “Employers” menu, and from the First Source Hiring Administrator, (415) 401-4960.

F. Conflicts of Interest

The successful Proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful Proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful Proposer might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful Proposer that the City has selected the Proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Business Associate²⁴ subject to the terms set forth in P-600 - Standard Legal Agreement Boilerplate.
- See Appendix A-3 for further information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the SFDPH a Certificate or Certificates of Insurance, with applicable Additional Insured Endorsements, stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City.

Requirements are listed in Appendix A-3 and are available for download at the Department's RFP/Q center:

<http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/>.

²⁴ "Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.

VIII. Appeals Procedures

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An appeal of an award to provide services decision may be filed if the Proposer has reason to believe that there was a substantial failure by the Department of Public Health in following standard solicitation procedures. The appeal must be filed within five (5) working days of receipt of the notification letter. All appeals will be presented to the Director, Office of Contracts Management and Compliance. Appeals will be ruled on, and the appealing entity notified in writing, within five (5) working days after its receipt. All decisions are final. If you wish to appeal, prepare a brief statement describing the procedural breach that is the reason for your appeal to the SFDPH Office Contracts Management and Compliance, San Francisco Department of Public Health, 101 Grove St. Room 402, San Francisco, CA 94102, irene.carmona@sfdph.org.

Reference Chart of Sources for Standard, City-required forms:

This chart describes the most essential forms, where to find them on the Internet, and where to file them. If a contractor cannot get the documents off the Internet, the contractor should call (415) 554-6248 or e-mail Purchasing (purchasing@sfgov.org) and Purchasing will fax, mail or e-mail them to the contractor. If a contractor has already filled out items 1-3 on the chart, **the contractor should not do so again unless the contractor's answers have changed**. To find out whether these forms have been submitted, the contractor should call Vendor File Support in the Controller's Office at (415) 554-6702.

If a contractor would like to apply to be certified as a local business enterprise, it must submit item 4. To find out about item 4 and certification, the contractor should call Human Rights Commission at (415) 252-2500.

Item	Form name and Internet location	Form	Description	Return the form to; For more info
1.	Request for Taxpayer Identification Number and Certification www.sfgov.org/oca/purchasing/forms.htm www.irs.gov/pub/irs-fill/fw9.pdf	W-9	The City needs the contractor's taxpayer ID number on this form. If a contractor has already done business with the City, this form is not necessary because the City already has the number.	Controller's Office Vendor File Support City Hall, Room 484 San Francisco, CA 94102 (415) 554-6702
2.	Business Tax Declaration www.sfgov.org/oca/purchasing/forms.htm	P-25	All contractors must sign this form to determine if they must register with the Tax Collector, even if not located in San Francisco. All businesses that qualify as "conducting business in San Francisco" must register with the Tax Collector.	Controller's Office Vendor File Support City Hall, Room 484 San Francisco, CA 94102 (415) 554-6702

3.	S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts and Benefits www.sfgov.org/oca/purchasing/forms.htm – in “Vendor Profile Application” Also at www.sfgov.org/site/sfhumanrights under “Equal Benefits”	HRC-12B-101	Contractors tell the City if their personnel policies meet the City’s requirements for nondiscrimination against protected classes of people, and in the provision of benefits between employees with spouses and employees with domestic partners. Form submission is not complete if it does not include the additional documentation asked for on the form. Other forms may be required, depending on the answers on this form. Contract-by-Contract Compliance status vendors must fill out an additional form for each contract.	Human Rights Comm. 25 Van Ness, #800 San Francisco, CA 94102-6059 (415) 252-2500

4.	HRC LBE Certification Application www.sfgov.org/oca/purchasing/forms.htm – in “Vendor Profile Application” Also at www.sfgov.org/site/sfhumanrights under “LBE”		Local businesses complete this form to be certified by HRC as LBEs. Certified LBEs receive a bid discount pursuant to Chapter 14B when bidding on City contracts. To receive the bid discount, you must be certified by HRC by the proposal due date.	Human Rights Comm. 25 Van Ness, #800 San Francisco, CA 94102-6059 (415) 252-2500

How to navigate to the forms on the Internet sites:

Office of Contract Administration (Purchasing)

Homepage: www.sfgov.org/oca/

Purchasing forms: Click on “Required Vendor Forms” under the “Information for Vendors and Contractors” banner.

Human Rights Commission

Homepage: www.sfgov.org/sfhumanrights

Equal Benefits forms: Click on “Forms” under the “Equal Benefits” banner near the bottom.

LBE certification form: Click on “...Forms” un



San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 · Fax: 415.252.3112

Filing Information

Record Number

SFEC126F0001069

Status

BOS Legislative Clerk Acceptance

SFEC126f Form Type

126f4 BOS

File Number (BOS)

260209

Type of Filing

Original

Contractor Information

Contractor Name

Instituto Familiar de la Raza, Inc.

Contractor Email

info@ifrsf.org

Contractor Phone #

(415) 229-0500

International Address?

No

Contractor Address (US)

2919 Mission Street

Contractor City and State

San Francisco - CA

Contractor Zip Code

94110

Country

United States of America

Contract Information

Contract Amount

\$17,087,730.00

Description of Amount of Contract

Not to exceed \$17,087,730

Contract Description

Provide health access point services.

City Agency - Departmental Contact Information

Departmental Contact

Reanna Albert

Departmental Contact Phone #

+14155576693

Full Department Name

DPH - Department of Public Health

Contract Approval

Mayoral Approval Not Required

false

Affiliates and subcontractors

Entity Type	First Name	Last Name	Entity or Sub/Contractor Name
Board of Directors	Tyrone	Navarro	Instituto Familiar de la Raza
Board of Directors	Sebastian	Alioto	Instituto Familiar de la Raza
Board of Directors	Leslie	Manjarrez	Instituto Familiar de la Raza
Board of Directors	Kenny	Gutierrez	Instituto Familiar de la Raza
Board of Directors	Michael	Brown	Instituto Familiar de la Raza
Board of Directors	Roberto Ariel	Vargas	Instituto Familiar de la Raza
Board of Directors	Rafael	Moreno	Instituto Familiar de la Raza
Board of Directors	Estela	Garcia	Instituto Familiar de la Raza
Board of Directors	Willie	Ramirez	Instituto Familiar de la Raza
Board of Directors	Victoria	Juarez	Instituto Familiar de la Raza
Board of Directors	Kevin	Chirino	Instituto Familiar de la Raza
CEO	Gloria	Romero	Instituto Familiar de la Raza
Other Principal Officer	Benny	Ng	Instituto Familiar de la Raza
Other Principal Officer	Omar	Pimentel	Instituto Familiar de la Raza
Other Principal Officer	Claudia	Leon	Instituto Familiar de la Raza
Other Principal Officer	Luis A.	Perez Ramirez	Instituto Familiar de la Raza
Subcontractor	Mission Neighborhood Health Center		Mission Neighborhood Health Center
Subcontractor	San Francisco AIDS Foundation		San Francisco AIDS Foundation



City and County of San Francisco
Daniel Lurie, Mayor

San Francisco Department of Public Health

Daniel Tsai
Director of Health

February 26, 2026

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Instituto Familiar de la Raza, Inc., in the amount of \$17,087,730.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution
- Original Agreement
- Amendment 1
- Proposed Amendment 2
- Form SFEC-126
- PSC 2006-07/08
- RFP 4-2019

For questions on this matter, please contact me at (628) 271-6178, reanna.albert@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Reanna Albert

Reanna Albert
Pre-Award Unit Analyst
Office of Contracts Management and Compliance
DPH Business Office

cc: Daniel Tsai, Director of Health
Michelle Ruggels, Director, DPH Business Office

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

reanna.albert@SFDPH.org – office 621-271-6178 – fax 415 252-3088

101 Grove Street, Room 410 San Francisco, CA 94102
