

File No. 100042

Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS
AGENDA PACKET CONTENTS LIST

Committee: City Operations & Neighborhood Ser. Date: January 25, 2010

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Award Letter |
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

| | | |
|--------------------------|--------------------------|-------|
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Completed by: Victor Young
Completed by: Victor Young

Date January 21, 2010
Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.



1 [Accept & Expend Grant – supporting HIV health services.]
2

3 **Resolution authorizing the San Francisco Department of Public Health (DPH) to accept**
4 **and expend retroactively a grant in the amount of \$3,533,612 from the California**
5 **Department of Public Health (CDPH) Office of AIDS, to assist with a project entitled**
6 **“Single Allocation Model (SAM)” for the period of July 1, 2009 through June 30, 2010.**
7

8 WHEREAS, The CDPH Office of AIDS is the recipient of a grant award from the Health
9 Resources and Services Administration (HRSA) to support the project entitled “Single
10 Allocation Model;” and,

11 WHEREAS, Through this grant, the CDPH Office of AIDS has agreed to fund DPH in
12 the amount of \$3,533,612 for the period of July 1, 2009 through June 30, 2010; and,

13 WHEREAS, An ASO amendment is not required as the grant partially reimburses DPH
14 for five existing positions, Health Program Coordinator III (Job Class #2593) at 0.80 FTE,
15 Senior Administrative Analyst (Job Class #1823) at 0.28 FTE, Public Service Aide (Job Class
16 #9924) at 1.00 FTE, Senior Accountant Clerk (Job Class #1632) at 0.50 FTE, and Accountant
17 II (Job Class #1652) at 0.50 FTE, for the period of July 1, 2009 through June 30, 2010; and,

18 WHEREAS, The budget does not include a provision for indirect costs in order to
19 maximize the use of grant funds on direct services;

20 WHEREAS, The majority of the funding, \$3,270,932, has been allocated to ten already
21 identified subcontractors, including San Francisco General Hospital, Mission Neighborhood
22 Health Center, UCSF/AIDS Project, Project Open Hand, and others with a proven track record
23 of serving the HIV/AIDS community; and,

24 WHEREAS, A request for retroactive approval is being sought because DPH received
25

FILE NO.

RESOLUTION NO.

1 the additional funding allocation on October 8, 2009 and submitted the revised application on
2 November 20, 2009; and now therefore, be it

3 RESOLVED, That DPH is hereby authorized to accept and expend a grant in the
4 amount of \$3,533,612 from the CDPH Office of AIDS; and, be it

5 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
6 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
7 be it

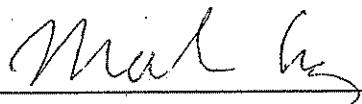
8 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
9 agreement on behalf of the City; and, be it

10 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
11 indirect costs in the grant budget; and be it

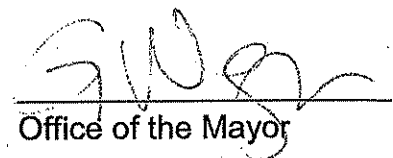
12 FURTHER RESOLVED, That the Controller is directed to designate all positions
13 funded under this agreement as "G" or grant-funded positions which would terminate when
14 the agreement expires.

15
16
17 RECOMMENDED:

APPROVED:

18
19 

20
21 Mitchell Katz, M.D.
22 Director of Health

23 

24 Office of the Mayor

25 

Office of the Controller



Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Mitchell H. Katz, M.D. *MK*
Director of Health
DATE: December 17, 2009
SUBJECT: Accept and Expend Resolution for Subject Allocation
GRANT TITLE: Supporting HIV Health Services

Attached please find the original and 4 copies of each of the following:

- Proposed grant resolution, original signed by Department, Health Commission
- Grant information form, including disability checklist
- Grant budget and justification
- Grant Award Letter from funding agency
- Grant Application

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Grace Alderson

Phone: 554-2655

Interoffice Mail Address: Dept. of Public Health, 101 Grove St., Room 330

Certified copy required Yes

No

11. If new positions are created, explain the disposition of employees once the grant ends? N/A

12a. Amount budgeted for contractual services: \$3,270,932

b. Will contractual services be put out to bid? No; Grant funds will subcontract San Francisco General Hospital, Mission Neighborhood Health Center, SDPH/CHN Southeast Health Center, SFDPH Public Health Lab, UCSF/AIDS Health Project, Westside Community Mental Health, Tenderloin Health, California Pacific Medical Center, Project Open Hand, and the UCSF Men of Color Program.

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes
d. Is this likely to be a one-time or ongoing request for contracting out? N/A

13a. Does the budget include indirect costs? Yes No

b1. If yes, how much? \$0 b2. How was the amount calculated?

c. If no, why are indirect costs not included? N/A

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

14. Any other significant grant requirements or comments:

DPH respectfully requests for approval to accept and expend these funds retroactive to July 1, 2009. The Department received the letter of funding allocation on October 8, 2009 and submitted the revised application on November 20, 2009.

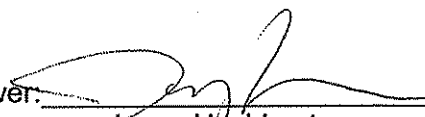
****Disability Access Checklist****

15. This Grant is intended for activities at (check all that apply):


- Existing Site(s) Existing Structure(s) Existing Program(s) or Service(s)
- Rehabilitated Site(s) Rehabilitated Structure(s) New Program(s) or Service(s)
- New Site(s) New Structure(s)

16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: 
Jason Hashimoto

Date Reviewed: 12/17/09

Department Approval: 
Mitchell Katz, M.D. Director of Public Health

| SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH | | | | | | | | | | | | |
|---|----------------|-----------------|---------------------------|-----------|-------------|--------------|-----|----------------|-----------------|----------------|----------|--|
| AIDS OFFICE - HIV HEALTH SERVICES SECTION | | | | | | | | | | | | |
| Single Allocation Model | | | | | | | | | | | | |
| July 1, 2009 to June 30, 2010 | | | | | | | | | | | | |
| Dept / Div: | | | | | | | | | | | | |
| Fund Group: | | | | | | | | | | | | |
| Index Code: | | | | | | | | | | | | |
| Grant Code: | | | | | | | | | | | | |
| Grant Detail: | | | | | | | | | | | | |
| CATEGORY/LINE ITEM | Annual Salary | Annual Frin Ben | Total Annual Sal/Frin Ben | % OF TIME | % OF FTE | Monthly Rate | Mth | Salary Budget | Frin Ben Budget | Total Budget | Comments | |
| A. PERSONNEL | | | | | | | | | | | | |
| 1. Sr. Accountant | | | | | | | | | | | | |
| 1.652 4 J Tso | 69,004 | 17,251 | 86,255 | 50% | 0.50 | 5,750 | 12 | 34,502 | 8,626 | 43,128 | | |
| * 2 Sr Account Clerk | | | | | | | | | | | | |
| 1.632 1 As Needed | 47,345 | 8,049 | 55,394 | 50% | 0.50 | 3,945 | 6 | 11,836 | 2,959 | 14,795 | | |
| * 3 Sr Account Clerk | | | | | | | | | | | | |
| 1.632 1 Deanna Chan | 47,345 | 15,151 | 62,496 | 50% | 0.50 | 3,945 | 6 | 11,836 | 2,959 | 14,795 | | |
| 4 Public Service Aide-Health Services | | | | | | | | | | | | |
| 9924 1 As Needed | 33,774 | 10,808 | 44,582 | 100% | 1.00 | 2,815 | 12 | 33,774 | 10,808 | 44,582 | | |
| 5 Sr Admin Analyst | | | | | | | | | | | | |
| 1823 5 D Goodwin | 94,068 | 30,102 | 124,170 | 28% | 0.28 | 7,839 | 12 | 25,869 | 6,992 | 32,861 | | |
| 6 Health Program Coordinator III | | | | | | | | | | | | |
| 2893 5 H Jones | 93,522 | 29,927 | 123,449 | 80% | 0.80 | 7,794 | 12 | 72,870 | 24,007 | 96,877 | | |
| 5 STEP Increases | 0 | 0 | 0 | 0% | 0.00 | 0 | 0 | 15,642 | | 15,642 | | |
| TOTAL SALARY/FRINGE | 395,059 | 111,287 | 496,346 | | 3.58 | | | 206,329 | 56,351 | 262,680 | | |
| 00101 SALARIES | | | | | | | | | | 206,329 | | |
| 00103 FRINGE BEN | | | | | | | | | | 56,351 | | |
| SUB TOTAL | | | | | | | | | | 262,680 | | |

| SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AIDS OFFICE - HIV HEALTH SERVICES SECTION Single Allocation Model July 1, 2009 to June 30, 2010 | | | | | | | | | | | | | | | |
|--|------------------------------------|------------|------------|--------------|---------------|-----------------|---------------------------|-----------|----------|--------------|-----|---------------|-----------------|------------------|----------|
| DEPT / DIV | FUND GROUP | INDEX CODE | GRANT CODE | GRANT DETAIL | ANNUAL SALARY | ANNUAL FRIN BEN | TOTAL ANNUAL SAL/FRIN BEN | % OF TIME | % OF FTE | MONTHLY RATE | MTH | SALARY BUDGET | FRIN BEN BUDGET | TOTAL BUDGET | COMMENTS |
| CATEGORY/LINE ITEM | | | | | | | | | | | | | | | |
| C: TRAVEL | | | | | | | | | | | | | | | |
| 1. | Local Travel (02301) | | | | | | | | | | | | | 0 | |
| 2. | Out-of-Jurisdiction Travel(021101) | | | | | | | | | | | | | 0 | |
| | Sub Total TRAVEL | | | | | | | | | | | | | 0 | |
| D: EQUIP | | | | | | | | | | | | | | | |
| 1. | Computers @ \$3,000 (06061) | | | | | | | | | | | | | 0 | |
| | Sub Total EQUIPMENT | | | | | | | | | | | | | 0 | |
| E: MATERIALS AND SUPPLIES | | | | | | | | | | | | | | | |
| 1. | Office supplies (04951) | | | | | | | | | | | | | 0 | |
| 2. | Non-invented equipmt (04921) | | | | | | | | | | | | | 0 | |
| | Sub Total SUPPLIES | | | | | | | | | | | | | 0 | |
| F: CONTRACT/MOU | | | | | | | | | | | | | | | |
| 1. | Contracts | | | | | | | | | | | | | 2,287,698 | |
| 2. | MOU | | | | | | | | | | | | | 949,946 | |
| 3. | unallocated | | | | | | | | | | | | | 33,288 | |
| 4. | | | | | | | | | | | | | | 0 | |
| 5. | | | | | | | | | | | | | | 0 | |
| | Sub Total CONTRACTS | | | | | | | | | | | | | 3,270,932 | |
| G: OTHER | | | | | | | | | | | | | | | |
| 1. | Rent support (03011) | | | | | | | | | | | | | 0 | |
| 2. | Telephone/Com (03241) | | | | | | | | | | | | | 0 | |
| 3. | Postage (03561) | | | | | | | | | | | | | 0 | |
| 4. | Delivery/Courier svc (03521) | | | | | | | | | | | | | 0 | |
| 5. | Reproduction/Photocopy | | | | | | | | | | | | | 0 | |
| | a. Photocopier leasing (03131) | | | | | | | | | | | | | 0 | |
| | b. Photocopier maint (02931) | | | | | | | | | | | | | 0 | |
| | c. Repro svc (In House)(03551) | | | | | | | | | | | | | 0 | |
| 6. | Print/Slide svc (Outside)(03552) | | | | | | | | | | | | | 0 | |
| 7. | Pramp/Advertisement (03599) | | | | | | | | | | | | | 0 | |
| 8. | Staff training (02201) | | | | | | | | | | | | | 0 | |
| 9. | Interpretation (03599) | | | | | | | | | | | | | 0 | |
| 10. | Membership (02401) | | | | | | | | | | | | | 0 | |
| 11. | MIS Services (ACE)(02789) | | | | | | | | | | | | | 0 | |
| 12. | Computer Maint., etc. (02931) | | | | | | | | | | | | | 0 | |
| 13. | Misc. Other - mtgs/food (04699) | | | | | | | | | | | | | 0 | |
| 14. | Misc. Other (03599) | | | | | | | | | | | | | 0 | |
| | Sub Total OTHER | | | | | | | | | | | | | 0 | |
| TOTAL DIRECT COSTS | | | | | | | | | | | | | | 3,533,612 | |

| SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH AIDS OFFICE - HIV HEALTH SERVICES SECTION Single Allocation Model July 1, 2009 to June 30, 2010 | | | | | | | | | | | | | | | |
|--|-------------|--------------|-------------|---------------|---------------|-----------------|---------------------------|-----------|----------|--------------|-----|---------------|-----------------|------------------|----------|
| Dept / Div: | Fund Group: | Index Code: | Grant Code: | Grant Detail: | Annual Salary | Annual Frin Ben | Total Annual Sal/Frin Ben | % OF TIME | % OF FTE | Monthly Rate | Mth | Salary Budget | Frin Ben Budget | Total Budget | Comments |
| HPH-03 | 2S/CHS/GNC | HCHPDHIVS/GR | | 1000 | | | | | | | | | | | |
| BUDGET SUMMARY | | | | | | | | | | | | | | | |
| A. SALARIES | | | | | | | | FTE = | 3.58 | | | | | 206,329 | |
| B. MANDATORY FRINGE | | | | | | | | | | | | | | 56,351 | |
| C. TRAVEL | | | | | | | | | | | | | | 0 | |
| D. EQUIPMENT | | | | | | | | | | | | | | 0 | |
| E. MATERIALS AND SUPPLIES | | | | | | | | | | | | | | 0 | |
| F. CONTRACT / MOU | | | | | | | | | | | | | | 3,270,932 | |
| G. OTHER | | | | | | | | | | | | | | 0 | |
| DIRECT COSTS | | | | | | | | | | | | | | 3,533,612 | |
| H. INDIRECT COST | | | | | | | | | | | | | | 0 | |
| TOTAL BUDGET | | | | | | | | | | | | | | 3,533,612 | |
| AWARD | | | | | | | | | | | | | | 3,533,612 | |
| SURPL/(DEFICIT) | | | | | | | | | | | | | | (0) | |

Award Letter

Sajid Shaikh/DPH/SFGOV
12/10/2009 01:56 PM

To Grace Alderson/DPH/SFGOV@SFGOV
cc
bcc
Subject BOS Resolution - SAM

Hi Grace

The following attachments is for a state grant that Health Services received. Attached is the GIF, budget and application for the BOS resolution packet. The email below is from our funder indicating our initial award amount. We were given an additional \$95,750 on Nov 18 to bring our SAM award to \$3,533,612. I will forward you a follow up email with that award amount. Please let me know if you have any questions.



FY 09-10 SAM Budget.xls



SF DPH HHS Grant Information Form 12 09.doc



FY 09-10 SAM - MAI Application.xls



FY 09-10 SAM Application.xls

thanks

Sajid Shaikh
Senior Administrative Analyst
AIDS Office, Budget & Finance
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103
E-Mail: Sajid.Shaikh@sfdph.org
Phone: 415-255-3512
Fax: 415-503-4710

----- Forwarded by Sajid Shaikh/DPH/SFGOV on 12/10/2009 09:15 AM -----

Bill Blum/DPH/SFGOV
10/12/2009 05:07 PM

To Sajid Shaikh/DPH/SFGOV@SFGOV
cc
Subject Fw: Master Agreement budget guidance for Care and Prevention Programs

FYI

Bill Blum
Interim Director, HIV Health Services
San Francisco Department of Public Health
Phone: (415) 554-9000
Fax: (415) 431-7547

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Thank you for your consideration.

----- Forwarded by Bill Blum/DPH/SFGOV on 10/12/2009 05:06 PM -----



"Nelson, Christine
(CDPH-CID-OOA)"
<Christine.Nelson@cdph.ca.
gov>
10/08/2009 03:44 PM

To "Bill Blum" <Bill.Blum@sfdph.org>
cc "Smiley, Cynthia (CDPH-OOA)"
<Cynthia.Smiley@cdph.ca.gov>, "Flores, Schenelle (CDPH)"
<Schenelle.Flores@cdph.ca.gov>, "Lew, Brian
(CDPH-OOA)" <Brian.Lew@cdph.ca.gov>, "Weiss, Barbara
(CDPH-OOA)" <Barbara.Weiss@cdph.ca.gov>, "Simms,
Sandy (CDPH-OOA)" <Sandy.Simms@cdph.ca.gov>,
"Geary, Mary (CDPH-OOA)" <Mary.Geary@cdph.ca.gov>,
"Poole-Sims, Clarissa (CDPH-OOA)"
<Clarissa.Poole-Sims@cdph.ca.gov>, "Iniguez, Richard
(CDPH-OOA)" <Richard.Iniguez@cdph.ca.gov>, "Russell,
Carol (CDPH-OOA)" <Carol.Russell@cdph.ca.gov>, "Willis,
Matthew (CDPH-OOA)" <Matthew.Willis@cdph.ca.gov>
Subject Master Agreement budget guidance for Care and Prevention
Programs

Attached please find the budget guidance for the HIV Care and Prevention Programs for Fiscal Year 2009/10. The guidance includes:

- *information regarding the Master Agreement contract and MOU changes
- *service descriptions for the HIV Care and Prevention Programs
- *instructions for completing the required budget documents and use of the excel file that is attached to this email
- *OA contact information.

Care Program

| Contractor | LHJ | allocation | contract amount | Compliance analyst |
|---------------|---------------|--------------|-----------------|--------------------|
| San Francisco | San Francisco | \$ 3,437,862 | \$ 3,437,862 | Matthew Willis |

Prevention Program

| Contractor | | allocation | contract amount | Compliance analyst |
|---------------|------------------|------------|-----------------|--------------------|
| San Francisco | Formula | \$ 434,324 | \$ 512,960 | Mary Geary |
| | Partner Services | \$ 78,636 | | |

Your compliance analysts are included in this email. Please contact them directly if you have any questions.

Please note that there are no changes to the Surveillance Program, so you do not need to submit any documents for that program.

*Chris Nelson, Assistant Chief
Office of AIDS
California Department of Public Health
1616 Capitol Avenue, Suite 616
P.O. Box 997426, MS 7700
Sacramento, CA 95899-7426*

*ph (916) 449-5896
fax (916) 449-5912*



MA budget guidance for Care and Prevention.pdf MA budget guidelines forms for Care and Prevention.xls

Sajid Shaikh/DPH/SFGOV
12/10/2009 01:58 PM

To Grace Alderson/DPH/SFGOV@SFGOV
cc
bcc
Subject BOS Resolution - SAM

Below is an email from our State representative informing us of the additional \$95,750, that will get added to our SAM grant.

thanks
Sajid Shaikh
Senior Administrative Analyst
AIDS Office, Budget & Finance
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103
E-Mail: Sajid.Shaikh@sfdph.org
Phone: 415-255-3512
Fax: 415-503-4710

----- Forwarded by Sajid Shaikh/DPH/SFGOV on 12/10/2009 01:53 PM -----



"Willis, Matthew
(CDPH-OOA)"
<Matthew.Willis@cdph.ca.go
v>

To "Sajid Shaikh" <Sajid.Shaikh@sfdph.org>
cc

11/18/2009 10:36 AM

Subject RE: MAI Budget and Program Guidelines -- Time sensitive

Hi Sajid,

I checked our tracking tool and SF has been allocated \$95,750 in MAI funds.

Matthew W. Willis
HIV Care Operations Section
HIV Care Branch, Office of AIDS
California Department of Public Health
Matthew.Willis@cdph.ca.gov
916-449-5797
916-449-5959 (FAX)
Location/Overnight Mail:
1616 Capitol Avenue, Suite 74-616
Sacramento, CA 95814
Regular Mail:
P.O. Box 997426, MS 7700
Sacramento, CA 95899-7426

-----Original Message-----

From: Sajid Shaikh [mailto:Sajid.Shaikh@sfdph.org]
Sent: Wednesday, November 18, 2009 9:14 AM
To: Willis, Matthew (CDPH-OOA)

Subject: Fw: MAI Budget and Program Guidelines -- Time sensitive

Hi Matthew -

I read the email below a few times but I could not locate how much MAI dollars SF is allocated.

thanks
Sajid Shaikh
Senior Administrative Analyst
AIDS Office, Budget & Finance
San Francisco Department of Public Health
1380 Howard Street
San Francisco, CA 94103
E-Mail: Sajid.Shaikh@sfdph.org
Phone: 415-255-3512
Fax: 415-503-4710

----- Forwarded by Sajid Shaikh/DPH/SFGOV on 11/18/2009 09:07 AM -----

Bill

Blum/DPH/SFGOV

To 11/16/2009 01:38 Sajid Shaikh/DPH/SFGOV@SFGOV,
Dean PM Goodwin/DPH/SFGOV@SFGOV

cc

Subject Fw: MAI Budget and Program
Guidelines -- Time sensitive

Bill Blum
Interim Director, HIV Health Services
San Francisco Department of Public Health

Phone: (415) 554-9000
Fax: (415) 431-7547

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----- Forwarded by Bill Blum/DPH/SFGOV on 11/16/2009 01:35 PM -----

"Russell, Carol
(CDPH-OOA)"
<Carol.Russell@cd
To ph.ca.gov> "Adrienne Rogers"
<rogersad@saccounty.net>, "Bill
11/10/2009 03:20 Blum" <bill.blum@sfdph.org>,
PM <cleiverm@hsd.cccounty.us>,"
"Craig Webb" <craig.webb@ventura.org>,
"Denise Smith"
<smithde@co.kern.ca.us>, "Emily
S. Sciolto"
<scioltoe@co.monterey.ca.us>,
"Geneva Bell-Sanford"
<gsanford@sjcphs.org>, "Irene
Magana" <imagana@ochca.com>,
"James McPherson"
<james.mcpherson@hhs.sccgov.org>,
"Luchini, David (Fresno #2)"
<dluchini@co.fresno.ca.us>,
"Mario Perez" <mjperez@ladhs.org>, "Matt
Geltmaker"
<mgeltmaker@co.sanmateo.ca.us>,"

"Nettie

"Ron

<ron.hypolite@acgov.org>,

<tjones@ochca.com>,

<terry.cunningham@sdcountry.ca.gov>,

cc

<James.Patterson@sdcountry.ca.gov>,

<Clarissa.Poole-Sims@cdph.ca.gov>,

(CDPH-CID-OOA) "

"Monique Collins"

<mcollins@ph.lacounty.gov>,

DeAugustine"

<nedeaug@ci.long-beach.ca.us>,

Hypolite"

"Susan Strong"

<sstrong@dph.sbcounty.gov>,

"Tamarra Jones"

"Terry Cunningham"

"Victoria Jauregui-Burns"

<vjauregu@co.riverside.ca.us>

"O'Shea, Dan"

<Dan.OShea@sdcountry.ca.gov>,

"Patterson, James"

"Poole-Sims, Clarissa (CDPH-OOA)"

"Iniguez, Richard (CDPH-OOA)"

<Richard.Iniguez@cdph.ca.gov>,

"Post, Toni"

<Toni.Post@cdph.ca.gov>,"Smiley,

Cynthia (CDPH-OOA)"

<Cynthia.Smiley@cdph.ca.gov>,

"Nelson, Christine"

<Christine.Nelson@cdph.ca.gov>,

"Henriques, James"

(CDPH-OOA-HCB-CBCS) "

<James.Henriques@cdph.ca.gov>,

(CDPH-OOA-HCB-CBCS) "

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"Crump, Carol (CDPH-OOA-HCB-EIE)"
<Carol.Crump@cdph.ca.gov>

Subject

MAI Budget and Program Guidelines

-- Time sensitive

<<MAI Budget and Program Guidance FY 09-10.pdf>> <<MAI Budget Forms 2009-2010.xls>> Attached please find the Budget and Program Guidelines and Excel MAI Budget Forms for the FY 2009-10 Minority AIDS Initiative (MAI) funding allocated to your health jurisdiction. Please note that the MAI budgets are due November 20, 2009. I apologize for this short turn-around, but it is necessary in order for us to combine this MAI budget with your HIV Care Program budget (due to our office October 30) into one Care MOU budget.

Please note that, if due to the receipt of MAI funds, you now wish to revise your Care Program Budget, you must notify your Care Operations Advisor immediately. If you are not sure who your Advisor is, please contact me or Toni Post at toni.post@cdph.ca.gov or 916-449-5970.

Please be sure that you identify the primary contact person and all others that you would like to receive MAI information in the future (the LHJ Contact Information Form included in the Budget documents). More information regarding MAI activities and reporting requirements will be coming in the near future.

If you have any additional questions, please don't hesitate to contact Toni or me. Thanks for all of your patience.

All the great things are simple, and many can be expressed in a single word: freedom, justice, honor, duty, mercy, hope. -- Winston Churchill

Carol C. Russell, Chief

916-449-5962 / 916-449-5959 FAX

NOTE NEW: carol.russell@cdph.ca.gov

Early Intervention Section

Office of AIDS - CA Dept. of Public Health

1616 Capitol Ave., Ste. 74-6616

MS 7700, P.O. Box 997426

Sacramento, CA 95899-7426 (See attached file: MAI Budget and Program Guidance FY 09-10.pdf) (See attached file: MAI Budget Forms 2009-2010.xls)

Application

LHJ Contact Information

Enter LHJ Name:

San Francisco Department of Public Health

Fiscal Year

2009-2010

Agency Information

Website Address (if any)

<http://www.sfdph.org/dph>

Federal Taxpayer Identification Number

94-6000417

Contract Signatory

The **Contract Signatory** is the individual with Board Authority to enter into a contract with the State of California. In most cases, this will be the Chair of the County Board of Supervisors.

First and Last Name

Barbara Garcia

Title

Deputy Director of Health, Dir of Com Prgs

c/o (if applicable)

Telephone Number

415-255-3525

Address

1380 Howard Street, 5th Floor, SF, CA 94103

Fax Number

415-252-3005

Minority AIDS Initiative (MAI) Program Contact

The MAI Program Contact is the primary Contractor staff member responsible for MAI program planning, policy matters, progress reports, and contract monitoring, etc.

First and Last Name

Bill Blum

Title

Interim Director of Health Services

Mailing Address

25 Van Ness Ave, 5th Fl, SF, CA, 94102

Telephone Number

415-554-9000

E-Mail Address

bill.blum@sfdph.org

Fax Number

415-431-7547

Minority AIDS Initiative (MAI) Fiscal Contact

The MAI Fiscal Contact is the primary Contractor staff member responsible for MAI program invoicing, budgets revisions, etc. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below.

First and Last Name

Sajid Shaikh

Title

Sr Admin Analyst

Mailing Address

1380 Howard Street, Suite 440, SF, CA 94103

Telephone Number

415-255-3512

E-Mail Address

sajd.shaikh@sfdph.org

Fax Number

415-503-4710

Minority AIDS Initiative (MAI) Budget Detail

Enter LHJ Name:
San Francisco Department of Public Health

Fiscal Year
2009-2010

Section I - Budget Information

| Description | Administrative Costs | Client Services Costs | Total Budget |
|--|--------------------------|-----------------------|--------------|
| Personnel | | | \$0 |
| Total Personnel | | | |
| Operating | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Operating | \$0 | \$0 | \$0 |
| Capital | | | |
| | | | |
| | | | |
| Total Capital | \$0 | \$0 | \$0 |
| Indirect | | | |
| | | | |
| | | | |
| | | | |
| Total Indirect | \$0 | \$0 | \$0 |
| Subtotal LHJ Costs | \$0 | \$0 | \$0 |
| Subcontracts SEHC - Bridge Outreach | | \$95,750 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Subcontracts | \$0 | \$95,750 | \$95,750 |
| Total LHJ MAI Budget | \$0 | \$95,750 | \$95,750 |
| Percentage | 0% Can not exceed 10% | 100% | |

Section 2 - Service Categories - Complete for services provided BY THE LHJ

| MAI Client Services | Estimated Clients Served | Budgeted Amount |
|---|--------------------------|-----------------|
| Outreach to increase minority participation in ADAP/HIV Care | 57 | \$95,750 |
| Treatment Education to increase minority participation in ADAP/HIV Care | | |
| Total Client Services provided by LHJ | | \$95,750 |

Minority AIDS Initiative (MAI) Personnel Detail

Enter LHJ Name:
San Francisco Department of Public Health

Fiscal Year
2009-2010

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | 0% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefits | Benefits | Benefits |
| | | | | \$0 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | 0% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefits | Benefits | Benefits |
| | | | | \$0 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | 0% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefits | Benefits | Benefits |
| | | | | \$0 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | 0% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? <input type="checkbox"/> Yes <input type="checkbox"/> No | Benefits | Benefits | Benefits |
| | | | | \$0 |

| | | | | |
|---|--|-----|-----|-----|
| Total Personnel Expenses (this page) | | \$0 | \$0 | \$0 |
|---|--|-----|-----|-----|

Minority AIDS Initiative (MAI) Subcontractor Budget Detail

Enter LHJ Name:
San Francisco Department of Public Health

Fiscal Year
2009-2010

Section 1 - Subcontractor Information

| Subcontractor Information | |
|--|---|
| Subcontractor Name Southeast Health Center | Bid Status (Check One) <input type="checkbox"/> Sole Source (Attach Justification) <input checked="" type="checkbox"/> Competitive Bid |
| Contact Person Marcellina Ogbu | Title Chief Financial Officer |
| Mailing Address 2401 Keith Street | Telephone Number 415-255-3516 |
| E-Mail Address Marcellina Ogbu@sfdph.org | FAX number |
| Website Address (if any) | Federal Taxpayer Identification Number 94-6000417 |
| Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Ownership Status (Check One) <input checked="" type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated |

Section 2 - Budget Information

| Description | Administrative Costs | Client Services Costs | Total Budget |
|----------------------------------|----------------------|-----------------------|--------------|
| Personnel | | \$95,750 | \$95,750 |
| Operating | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Total Operating | \$0 | \$0 | \$0 |
| Capital | | | |
| _____ | | | |
| _____ | | | |
| Total Capital | \$0 | \$0 | \$0 |
| Indirect | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Total Indirect | \$0 | \$0 | \$0 |
| Total Subcontractor Costs | \$0 | \$95,750 | \$95,750 |
| Percentage | 0 | 1 | |

Section 3 - Service Categories

| MAI Client Services | Estimated Clients Served | Budgeted Amount |
|---|--------------------------|-----------------|
| Outreach to increase minority participation in ADAP/HIV Care | 57 | \$95,750 |
| Treatment Education to increase minority participation in ADAP/HIV Care | | |
| Total Client Services provided by this Subcontractor | | \$95,750 |

Minority AIDS Initiative (MAI) Subcontractor Personnel Detail

Enter LHJ Name:
San Francisco Department of Public Health

Fiscal Year
2009-2010

Enter Subcontractor Name:
Southeast Health Center

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|---|--|--|--|
| 2585 Health Worker 1 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) Under the supervision of the Program Coordinator the Health Worker I is responsible for Bridging clients who are out of care, lost to care or marginally in care into HIV medical services. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | 75% | 75% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$48,542 | | \$36,407 | \$36,407 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | \$13,470 | \$13,470 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|--|--|--|--|
| 2585 Health Worker 1 | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) Under the supervision of the Program Coordinator the Health Worker I is responsible for Bridging clients who are out of care, lost to care or marginally in care into HIV medical services. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | 70% | 70% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$48,542 | | \$33,979 | \$33,979 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | \$11,893 | \$11,893 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|--|--|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | 0% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$0 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|--|--|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | 0% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | \$0 |

| | | | |
|---|-----|----------|----------|
| Total Personnel Expenses (this page) | \$0 | \$95,750 | \$95,750 |
|---|-----|----------|----------|

Document Checklist

Enter LHJ Name:

San Francisco Department of Public Health

Fiscal Year

2009-2010

| Check Off | Required Documents | Office of AIDS Use Only |
|-------------|---|----------------------------|
| x | Document Checklist | |
| x | LHJ Contact Information | |
| x | HIV Care Program Budget Detail | |
| x | HIV Care Program Personnel Detail | |
| In-Progress | HIV Care Program Subcontractor Budget Detail (if applicable) | |
| In-Progress | HIV Care Program Subcontractor Personnel Detail (if applicable) | |
| n/a | HIV Prevention Program Budget Detail | |
| n/a | HIV Prevention Program Personnel Detail | |
| n/a | HIV Prevention Program Subcontractor Budget Detail (if applicable) | |
| n/a | HIV Prevention Program Subcontractor Personnel Detail (if applicable) | |

LHJ Contact Information

Enter LHJ Name: Fiscal Year
 San Francisco Department of Public Health 2009-2010

| Agency Information | |
|--------------------------|--|
| Website Address (if any) | Federal Taxpayer Identification Number |
| http://www.sfdph.org/dph | 94-6000417 |

| Contract Signatory | |
|--|--|
| The Contract Signatory is the individual with Board Authority to enter into a contract with the State of California. In most cases, this will be the Chair of the County Board of Supervisors. | |
| First and Last Name | Title |
| Barbara Garcia | Deputy Director of Health, Dir of Com Prgs |
| c/o (if applicable) | Telephone Number |
| | 415-255-3525 |
| Address | Fax Number |
| 1380 Howard Street, 5th Floor, SF, CA 94103 | 415-252-3005 |

| HIV Care Program Contact | |
|--|-------------------------------------|
| The HIV Care Program Contact is the primary Contractor staff member responsible for Care program planning, policy matters, progress reports, and contract monitoring, etc. | |
| First and Last Name | Title |
| Bill Blum | Interim Director of Health Services |
| Mailing Address | Telephone Number |
| 25 Van Ness Ave, 5th Fl, SF, CA, 94102 | 415-554-9000 |
| E-Mail Address | Fax Number |
| bill.blum@sfdph.org | 415-431-7547 |

| HIV Care Program Fiscal Contact | |
|--|------------------|
| The HIV Care Program Fiscal Contact is the primary Contractor staff member responsible for Care program invoicing, budgets revisions, etc. If this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below. | |
| First and Last Name | Title |
| Sajid Shaikh | Sr Admin Analyst |
| Mailing Address | Telephone Number |
| 1380 Howard Street, Suite 440, SF, CA 94103 | 415-255-3512 |
| E-Mail Address | Fax Number |
| sajid.shaikh@sfdph.org | 415-503-4710 |

| HIV Prevention Program Contact | |
|--|------------------|
| The HIV Prevention Program Contact is the primary Contractor staff member responsible for Prevention program planning, policy matters, progress reports, and contract monitoring, etc. | |
| First and Last Name | Title |
| | |
| Mailing Address | Telephone Number |
| | |
| E-Mail Address | Fax Number |
| | |

| HIV Prevention Program Fiscal Contact | |
|--|------------------|
| The HIV Prevention Program Fiscal Contact is the primary Contractor staff member responsible for Prevention program invoicing, budgets revisions, etc. if this person is the same as the Program Contact enter "Same as above" in the First and Last Name box below. | |
| First and Last Name | Title |
| | |
| Mailing Address | Telephone Number |
| | |
| E-Mail Address | Fax Number |
| | |

HIV Care Program Budget Detail

Enter LHJ Name:
San Francisco Department of Public Health

Fiscal Year
2009-2010

Section 1 - Budget Information

| Description | Administrative Costs | Client Services Costs | Total Budget |
|--|----------------------|-----------------------|--------------------|
| Personnel | \$262,680 | | \$262,680 |
| Operating | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Operating | \$0 | \$0 | \$0 |
| Capital | | | |
| | | | |
| | | | |
| | | | |
| Total Capital | \$0 | \$0 | \$0 |
| Indirect | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Indirect | \$0 | \$0 | \$0 |
| Subtotal LHJ Costs | \$262,680 | \$0 | \$262,680 |
| Subcontracts | | | |
| San Francisco General Hospital - Perinatal Svs | | \$68,831 | |
| San Francisco General Hospital - Ward 86 Outpatient Svs | | \$110,875 | |
| Mission Neighborhood Health Center - EIP Bridge Program | | \$561,477 | |
| SFDPH/CHN Southeast Health Center - EIP Bridge Program | | \$511,815 | |
| SFDPH Public Health Lab - Therapeutic Monitoring Program | | \$400,203 | |
| USCF/AIDS Health Project - Outpatient Mental Health | | \$72,957 | |
| Westside Community Mental Health - AIDS Case Mgmt (11/16/09-06/30/10) | | \$310,225 | |
| Tenderlon Health - AIDS Case Mgmt (11/16/09-06/30/10) | | \$87,563 | |
| California Pacific Medical Center AIDS Case Mgmt (11/15/09-06/30/10) | | \$101,590 | |
| Project Open Hand - Delivered Meals/Grocery Center | | \$610,187 | |
| UCSF Men of Color Prg - Outpatient Mental Health support Services for SAAM | | \$50,000 | |
| Mission Neighborhood Health Center - HIV Treatment, Outreach and Linkage Prg | | \$258,625 | |
| AIDS Case Mgt Programs Reimbursement from 11/01/09-11/15/09 | | \$32,288 | |
| Total Subcontracts | \$0 | \$3,175,182 | \$3,175,182 |
| Total LHJ HIV Care Program Budget | \$262,680 | \$3,175,182 | \$3,437,862 |
| Percentage | 8% | 92% | |
| | Can not exceed 10% | | |

Section 2 - Service Categories - Complete for services provided BY THE LHJ

| Client Services <small>Use the HRSA category name for allowable Tier One and Tier Two services</small> | Estimated Clients Served | Budgeted Amount |
|---|--------------------------|--------------------|
| Ambulatory/Outpatient Med Care | 830 | \$1,250,601 |
| Home Community Based Health Svs | 145 | \$532,609 |
| Food/Home Delivered Meals | 418 | \$610,187 |
| Psycho-Social Support | 20 | \$50,000 |
| Outreach | 208 | \$258,625 |
| Early Intervention Svs | 1800 | \$400,203 |
| Mental Health Services | 166 | \$72,957 |
| Total Client Services provided by LHJ | | \$3,175,182 |

HIV Care Program Personnel Detail

Enter LHJ Name:

Fiscal Year

San Francisco Department of Public Health

2009-2010

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|---|--|--|--|
| 1652 Senior Accountant | Jonathan Tso | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) Responsible for supervision and management of grant accounting activities. Certifies grants revenues and expenditures for annual appropriation. Assists in establishing appropriate classification structure within the general ledger account for grant. Ensures claims/costs are in compliance with appropriate regulations. Performs revenue and expenditure analyses. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | 50% | | 50% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$69,004 | \$34,502 | | \$34,502 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$8,626 | | \$8,626 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|---|--|--|--|
| 1630 Account Clerk | As- Needed | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) Provides fiscal administrative support to HIV Health Services Section and customer service to contractors. Process contract invoices and purchase order requests. Assists contractors with invoice preparation, reviews invoices for errors, mathematical calculations, track YTD expenditures and deliverables, etc. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | 50% | | 50% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$78,578 | \$39,289 | | \$39,289 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$4,032 | | \$4,032 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|---|--|--|--|
| 9924 - Public Service Aide Health Svcs | As-Needed | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) Provides fiscal administrative support to HIV Health Service Section and customer service to contractors. Process purchase order requests and requisitions. Tracks year to date expenditures and grant fiscal activity. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | 100% | | 100% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$33,774 | \$33,774 | | \$33,774 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$10,808 | | \$10,808 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|---|--|--|--|
| 1823 Sr Admin Analyst | Dean Goodwin | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) Coordinates development of contracts and monitoring process. Analyzes service cost/utilization. Prepares required Conditions of Award as related to program utilization and budget. Reviews and approves developed contracts for client services. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | 28% | | 28% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$94,068 | \$25,894 | | \$25,894 |
| | Is travel required? | Benefits | Benefits | Benefits |
| | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | \$6,992 | | \$6,992 |

| | | | |
|---|------------------|------------|------------------|
| Total Personnel Expenses (this page) | \$163,917 | \$0 | \$163,917 |
|---|------------------|------------|------------------|

HIV Care Program Personnel Detail

Enter LHJ Name:
San Francisco Department of Public Health

Fiscal Year
2009-2010

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|--|---|--|--|--|
| 2593 Health Program Coordinator III | Hilda Jones | | | |
| Describe Duties (include purpose and destination of any job-related travel) Charged with programmatic monitoring oversight and monitoring of program. Negotiates contract deliverables and provides technical assistance to subcontractors to help them develop their contract and program budgets. | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | 80% | | 80% |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | \$93,522 | \$72,870 | | \$72,870 |
| | Is travel required? | Benefits | Benefits | Benefits |
| <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | \$25,893 | | | \$25,893 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? | Benefits | Benefits | Benefits |
| <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | \$0 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? | Benefits | Benefits | Benefits |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$0 |

| Position Title | Staff Member's First and Last Name | Admin Costs | Client Services Costs | Total |
|---|---|--|--|--|
| | | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Describe Duties (include purpose and destination of any job-related travel) | If vacant, what is the estimated hire date? | Percentage of time performing these duties | Percentage of time performing these duties | Percentage of time performing these duties |
| | | | | |
| | Annual Salary | Salary paid by this contract | Salary paid by this contract | Salary paid by this contract |
| | | | | \$0 |
| | Is travel required? | Benefits | Benefits | Benefits |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | \$0 |

| | | | | |
|---|--|----------|-----|----------|
| Total Personnel Expenses (this page) | | \$98,763 | \$0 | \$98,763 |
|---|--|----------|-----|----------|

HIV Care Program Subcontractor Budget Detail

Enter LHJ Name: _____

Fiscal Year
2009-2010

Section 1 - Subcontractor Information

| Subcontractor Information | |
|---|--|
| Subcontractor Name | Bid Status (Check One) <input type="checkbox"/> Sole Source (Attach Justification) <input type="checkbox"/> Competitive Bid |
| Contact Person | Title |
| Mailing Address | Telephone Number |
| E-Mail Address | FAX number |
| Website Address (if any) | Federal Taxpayer Identification Number |
| Do members of minority racial/ethnic groups constitute a majority of Board members and/or a majority of staff (volunteer or paid) providing care? (Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No | Ownership Status (Check One) <input type="checkbox"/> Public/Local <input type="checkbox"/> Public/State <input type="checkbox"/> Public/Federal <input type="checkbox"/> Private/Non-Profit <input type="checkbox"/> Private/For Profit <input type="checkbox"/> Incorporated |

Section 2 - Budget Information

| Description | Administrative Costs | Client Services Costs | Total Budget |
|----------------------------------|----------------------|-----------------------|--------------|
| Personnel | | | \$0 |
| Operating | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Total Operating | \$0 | \$0 | \$0 |
| Capital | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Total Capital | \$0 | \$0 | \$0 |
| Indirect | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Total Indirect | \$0 | \$0 | \$0 |
| Total Subcontractor Costs | \$0 | \$0 | \$0 |
| Percentage | #DIV/0! | #DIV/0! | |

Section 3 - Service Categories

| Client Services - Use the HRSA category name for allowable Tier One and Tier Two services | Estimated Clients Served | Budgeted Amount |
|---|--------------------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total Client Services provided by this Subcontractor | | \$0 |