

File No. 10864

Committee Item No. 3

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND
NEIGHBORHOOD SERVICES

Date 8/2/11

Board of Supervisors Meeting

Date _____

Cmte Board

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| <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 checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
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| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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OTHER

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Completed by: Gail Johnson

Date 7/28/11

Completed by: _____

Date _____

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

1 [Application Approval - Comprehensive HIV Prevention Programs - \$8,085,800]
2 **Resolution authorizing the Department of Public Health to submit a one-year**
3 **application for calendar year 2012 to continue to receive funding for the**
4 **“Comprehensive HIV Prevention Programs” grant from the Centers for Disease Control**
5 **and Prevention, requesting \$8,085,000 in HIV prevention funding for San Francisco;**
6 **from January 1, 2012 through December 31, 2012.**

7
8 WHEREAS, Section 10.170.(b) of the San Francisco Administrative Code requires
9 Board review of proposed annual or otherwise recurring grant applications of \$5,000,000 or
10 more prior to their submission; and,

11 WHEREAS, San Francisco Department of Public Health (SFDPH) is currently a
12 recipient of the “Comprehensive HIV Prevention Programs” grant in the amount of
13 approximately \$8,824,991 from the Centers for Disease Control and Prevention (CDC) for
14 calendar year 2011; and,

15 WHEREAS, For this round of funding, SFDPH was instructed by the CDC to submit a
16 one-year application request, with a budget for 2011 that is identical to last year’s budget, with
17 the budget for 2012 to be determined and sent next year when the CDC sends additional
18 instruction to counties; and,

19 WHEREAS, SFDPH uses these funds to cover a multitude of HIV prevention programs
20 for San Francisco residents, with approximately 35 percent of the total award used for
21 administrative costs (including planning, evaluation, coordination of programs, and contract
22 management) and the remaining 65 percent subcontracted to qualified contractors selected
23 through RFP to provide direct services to clients; and,

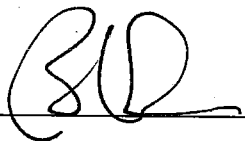
24 WHEREAS, Ordinance No. 265-05 requires that City Departments submit applications
25 for approval at least 60 days prior to the grant deadline for review and approval; and,

1 WHEREAS, The CDC released the application announcement on July 1, 2011 with a
2 due date of August 30, 2011 allowing just 60 days for the entire process; and,

3 WHEREAS, in the interest of timeliness, SFDPH is making this request for approval by
4 submitting last year's application for the Comprehensive HIV Prevention Programs grant
5 funding from the CDC, also including supporting documents as required, all of which are on
6 file with the Clerk of the Board of Supervisors in File No. 110864, which is hereby
7 declared to be part of the Resolution as if set forth fully herein; and, now, therefore, be it

8 RESOLVED, that the Board of Supervisors hereby approves SFDPH's application
9 submission to the CDC for the "Comprehensive HIV Prevention Programs" grant for funding in
10 2012, to be submitted no later than August 30, 2011.

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15 RECOMMENDED:

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19 Barbara A. Garcia, MPA

20 Director of Health
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OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *for* Mayor Edwin M. Lee *AK*
RE: Approval of the Comprehensive HIV Prevention Programs application -
\$8,085,800
DATE: July 19, 2011

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health (SFPDH) to submit a one-year application for calendar year 2012 to continue to receive funding for the "Comprehensive HIV Prevention Programs" grant from the Centers for Disease Control and Prevention (CDC), requesting \$8,085,000 in HIV prevention funding for San Francisco; from January 1, 2012 through December 31, 2012.

Please note this item is cosponsored by Supervisor Scott Wiener.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2011 JUL 19 PM 4:51
BY _____ AK

cc:
Supervisor Scott Wiener



Edwin Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

July 5, 2011

Angela Calvillo, Clerk of the Board of Supervisors
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

RE: Resolution authorizing the San Francisco Department of Public Health (SFDPH) to apply for the Comprehensive HIV Prevention Programs for Health Departments grant from the Centers for Disease Control and Prevention (CDC).

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for the approval of the Board of Supervisors, which authorizes the San Francisco Department of Public Health (SFDPH) to submit an application to the Centers for Disease Control and Prevention (CDC) required to receive continued funding for the Comprehensive HIV Prevention Programs grant. This application represents approximately \$8,085,800 in HIV prevention funding for San Francisco for calendar year 2012.

This resolution is required by Ordinance No. 265-05, which amends Section 10-170 of the Administrative Code to require Board of Supervisors review of recurring grant applications of \$5,000,000 or more prior to their submission. SFDPH received from CDC the application guidance on July 1, 2011. The application deadline is August 30, 2011.

I hope that the Board will support this resolution. If you have any questions regarding the City and County Plan or this resolution, please contact Tracey Packer, Deputy Director of HIV Prevention Section at 554-9992.

Sincerely,

A handwritten signature in black ink, appearing to read "B. Garcia".

Barbara A. Garcia, MPA
Director of Health

Enclosures

cc: Tracey Packer, Deputy Director of HIV Prevention Section

**Department of Health & Human Services
Centers for Disease Control and Prevention (CDC)
Comprehensive HIV Prevention Programs for Health Departments Grant**

REQUIRED INFORMATION, PER SF ADMINISTRATIVE CODE SEC. 10.170(B)

Funding Source's Grant Criteria

The San Francisco Department of Public Health is currently a recipient of the HIV Prevention Project grant in the amount of \$8,824,991 from the Centers for Disease Control and Prevention (CDC), Department of Health & Human Services. The grant is awarded to the City and County of San Francisco.

Applications may be submitted by health departments of states and the six directly funded cities/county and their bona fide agents that currently receive CDC HIV prevention funds under Program Announcement PS-12-1201 (Comprehensive HIV Prevention Programs). This includes the 50 states, six cities (Chicago, Los Angeles, New York, Philadelphia, and San Francisco), the District of Columbia, Puerto Rico, and the Virgin Islands. These six jurisdictions are awarded funding due to the high level of HIV in each jurisdiction.

Department's Most Recent Draft of Grant Application Materials

Year 2012 application announcement for the CDC Comprehensive HIV Prevention Programs for Health Departments grant has been issued to the Department on June 30, 2011 and due on August 30, 2011. Thus please see Attachment A for the latest HIV Prevention Project application materials dated August 18, 2010 for calendar year 2011.

Anticipated Funding Categories That The Department Will Establish In The Subsequent Request For Proposals (RFPs) Process

The funds are awarded to the Department on an annual basis to cover a multitude of HIV prevention programs for San Francisco residents. Approximately 35% of the total award amount is utilized to pay administrative costs, including planning, evaluation, coordination of programs, and contract management, and the remaining 65% is subcontracted to qualified contractors selected through RFP to provide direct services to clients.

The funds to qualified contractors are established in the categories of Community-Based Testing HIV, Prevention with Positives, Health Education and Risk Reduction, Partner Services and Linkages, Community Planning Group Support, Technical Assistance on Evaluation, and Perinatal Transmission Prevention for the following behavioral risk population groups:

Behavioral Risk Population (BRP) Definitions Table

Behavioral Risk Populations (BRPs)	
BRP #	BRP Definition
BRP 1	Males Who Have Sex With Males, Males Who Have Sex With Males and Females, and Transmales who have sex with males.
BRP 2	Injection Drug Users
BRP 3	Transfemales who have sex with males
BRP 4	Females who have sex with males.
BRP 5	Males Who Have Sex With Females

Comments From Any Relevant Citizen Advisory Body

The HIV Prevention Planning Council (HPPC) writes the HIV Prevention Plan, upon which the application for funding is based and all RFP are based. A list of the HPPC members is included in Attachment B.

Attachment B

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH - HIV PREVENTION SECTION
HIV PREVENTION PLANNING COUNCIL MEMBERSHIP LIST - Year 2012

Year 2012 HPPC Member List		
Title	First	Last
Mr	Shane	Anglin
Mr	Jonathan	Batiste
Mr	Jackson	Bowman
Ms	Gayle	Burns
Mr	Ben	Cabangun
Mr	Ed	Chitty
Dr	Grant	Colfax
Mr	Denmark	Diaz
Mr	Michael	Discepola
Dr	Katerina	du Lac
Mr	Charles	Fann
Mr	Gabriel	Galindo
Ms	Arcelia	Gomez
Mr	David	Gonzalez
Ms	Isela	González
Mr	Enrique	Guzman
Mr	Jose Luis	Guzman
Mr	Paul	Harkin
Mr	Kevin	Jefferson
Mr	Weihaur	Lau
Mr	Derrick	Mapp
Mr	Desmond	Miller
Dr	Steve	Muchnick
Mr	Kyriell	Noon
Ms	Tracey	Packer
Mr	Ken	Pearce
Mr	Frank	Perez
Mr	Joseph	Ramirez-Forcier
Mr	Stefan	Rowniak
Ms	Gwen	Smith
Mr	Frank	Strona
Mr	Tee	Tagor
Mr	Luke	Tao
Mr	Yavante'	Thomas-Guess
Ms	Barbara	Weiss
Ms	Tonya	Williams

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Section I: Reporting on Community Planning Programmatic Activities

1. Please provide progress in achieving each of the following goals (i.e. for further information on the goals and its respective objectives refer to "HIV Prevention Community Planning Guide pages 13-14).

a. Goal One: Community planning supports broad-based community participation in HIV prevention planning:

The HIV Prevention Planning Council (HPPC) is the group that guides HIV prevention in San Francisco, along with the HIV Prevention Section (HPS) of San Francisco Department of Public Health (SFDPH). The council consists of 21-37 members from local communities and government organizations that reflect the local HIV epidemic, as well as the diverse population city of San Francisco. The Membership Committee oversees and implements new member recruitment, application, selection, and orientation for the HPPC; and also ensures Parity, Inclusion, and Representation (PIR) on the Council.

In March of 2010, the Membership Committee conducted confidential on-line Membership Exit surveys. Seven (7) out of the ten (10) exiting members completed the on-line survey. The goal of this survey was to gather feedback on membership strengths and weaknesses in order maintain and enhance retention. This information will be used by the Membership Committee to support current and future Council members and activities. A copy of the full report can be found in Attachment B.

The Membership Committee also organized a Pot-luck Luncheon to provide an informal opportunity for new members to check-in with Co-chairs and HPS staff. The luncheon gave new members a chance to share their experience on the Council and express any challenges they've encountered within their first six-months of their participation on the HPPC. The meeting was such a success that it was decided that this informal meeting, will become part of the norm for welcoming new members.

In the spring of 2010, the Membership Committee reviewed the composition of the HPPC in relation to the 2010 Epidemiological Profile and identified gaps in membership.

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Recruitment will be conducted through the AIDS Office mailing list which includes prevention and health services providers. Recruitment will begin in early July.

In February 2010, the HPS and the HPPC released the 2010 Plan and HPS developed a comprehensive process of disseminating the Plan to the community and providers. HPS worked with the Community Engagement and Education Committee and held four two hour trainings on the 2010 Plan. The goal of the training was to provide an opportunity for community members and organizations to understand the process and outcomes of the work of the HPPC in order to ensure broad-based implementation of the 2010 Plan. The trainings systematically reviewed each chapter of the new Plan. The trainings placed special emphasis on the priority setting and the strategies and interventions chapters outlined in the new Plan. After the training presentation the participants had an opportunity to do an activity which allowed them to use the information presented to become familiar with the chapters of the Plan.

In February 2010, The Steering Committee provided facilitation training to Council and Committee Co-Chairs. The training was designed to develop facilitation skills and gave techniques which would ensure participation from all members at HPPC and committee meetings. The curriculum included the following topic areas: the difference between a HPPC co-chair and a facilitator; how to create active participation by all members (i.e. “attending behaviors”); how to engage members who are active participants vs. those who participate less or are shy; time management techniques; how to set meeting priorities, ground rules, and Robert’s Rules of order.

- b. Goal Two: Community planning identifies priority HIV prevention needs (e.g., a set of priority target populations and interventions for each identified target population) in each jurisdiction.

The Council determines priority populations using a science-based priority setting model developed by a committee of Council members, community members, and health educators of HPS; and approved by the full HPPC. The Epidemiological Profile of the 2010 Comprehensive HIV Prevention Plan (referred throughout this document as the

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2010 Plan or the Plan), provides the data for the model. The priority setting model ranks behavioral risk populations by the estimated number of new infections expected annually. In order to reach specific groups within behavioral risk populations, sub-populations are identified using additional data. In addition, the council works with health department epidemiologists, representatives from community-based organizations, and researchers to monitor data that might indicate infections emerging in new populations. Table 2 provides you an overview of the priority target populations identified in the 2010 Plan. The HPPC has opted not to set interventions for each identified target population, and has chosen to emphasize five priority focus areas. Table 1 provides an overview of the focus areas.

- c. Goal Three: Community planning ensures that HIV prevention resources target priority populations and interventions set forth in the Comprehensive HIV Prevention Plan. The HPPC recommends that resources be allocated to each of the Behavioral Risk Populations (BRPs) outlined in the Plan. The funding percentages correspond approximately to the estimated percentage of new infections occurring within each BRP. However, in some cases the funding percentages are comparatively greater than the proportion of new infections occurring in those BRPs because a substantial baseline dollar amount is required in order to do meaningful prevention for each group and to ensure culturally competent programming. Table 2 provides the resource allocation in the 2004 Plan and the recommendation that we developed as a result of the 2010 Plan.
2. Detail the challenges faced to meet the goals and objectives, and describe the strategies used to overcome these challenges.
There were no challenges faced in order to meet the goals.
 3. Submit as an attachment the planning group concurrence, non concurrence or concurrence with concerns letter. If the jurisdiction needs additional time to submit the letter to CDC, then, the grantee must submit the letter no later than September 15, 2010 to CDC.
A copy of the Letter of Concurrence can be found in Attachment C: Letter of Concurrence.

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4. Did the planning group make any changes to the following documents:
 - a. Comprehensive HIV Prevention Plan
 - b. Target population prioritization
 - c. Interventions/Services per target population
 - d. Epidemiological profile

One of the primary roles of the HPPC is to develop the Comprehensive HIV Prevention Plan. In 2007, the HPPC began the process of updating the Plan. Table 1 provides you an overview of the changes that were adopted by the HPPC at the August 2009 council meeting. The 2010 HIV Prevention Plan will guide the direction of priorities for the new HPS Request for Proposal (RFP) that is projected to be released in the fall of 2010. New services are anticipated to be implemented in July 2011. Table 2 provides you an overview of the Priority Setting Model opted by the HPPC for the 2010 Plan. The model identifies the BRPS, definitions of high-risk behaviors for acquisition of HIV, as well as the prioritized subpopulations, prioritized drivers or cofactors, and recommended funding allocation by percentage for each BRP.

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	2004 Plan	2010 Plan
Chapter Introduction	<p>In 2004, the Plan introduced the San Francisco Leadership Initiative. The goal of the initiative was to develop a proactive plan for promoting the most efficient, effective use of resources to ensure that HIV prevention in San Francisco will always remain a community-driven, community-based response to the local epidemic.</p>	<p>Given the current state of HIV in San Francisco, the plan introduces the five focus areas that are the focal points of prevention efforts in the upcoming years:</p> <ul style="list-style-type: none"> <input type="checkbox"/> HIV Status Awareness <input type="checkbox"/> Prevention with Positives <input type="checkbox"/> Drivers of HIV in SF <input type="checkbox"/> Syringe Access <input type="checkbox"/> Structural Change
Epidemiologic Profile	<p>The 2004 profile provided an overall picture of the epidemic, information about the disproportionate effects of AIDS on various demographic groups and recent trends in HIV.</p>	<p>The chapter was developed using the <i>Integrated Guidelines for Developing Epidemiologic Profiles: HIV Prevention and Ryan White CARE Act Community Planning</i> guidelines developed by CDC and the Health Resource Service Administration (HRSA)</p> <p>The chapter aims to answer the five core questions identified in the guidelines:</p> <ol style="list-style-type: none"> 1. What are the demographic characteristics of the general population in San Francisco? 2. What is the scope of the HIV/AIDS epidemic in San Francisco? 3. What are the indicators of risk for HIV infection in San Francisco? 4. What are the patterns of service utilization among HIV+ persons in San Francisco? 5. What are the numbers and characteristics of persons who know they are HIV+ but who are not receiving HIV primary medical care?
Community Assessment	<p>This chapter discusses how HIV has affected different populations in San Francisco as well as the cofactors that may play a role in HIV risk. It talks about the needs of different populations living with or at risk for HIV and presents the priorities for how to do HIV prevention with these populations.</p>	<p>This chapter is modeled after the 2004 plan. It describes what is known about the needs of different San Francisco populations and the drivers and cofactors that affect them and summarizes the latest epidemiologic and behavioral research.</p> <p>The chapter expands information on the role of drivers of HIV in San Francisco.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Explains what drivers are

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<p>Priority Setting</p> <ul style="list-style-type: none"> ▣ Describes the prioritized drivers of HIV in San Francisco and how they relate to HIV risk ▣ Presents the data supporting the prioritization of each driver ▣ The following changes were made to the priority setting model in 2010: <ul style="list-style-type: none"> ▣ The eight BRPs from the 2004 model are collapsed into five BRPs, which continue to be ranked by the anticipated number of new HIV infections per year. ▣ Drivers are identified for the high-risk BRPs based on the driver's prevalence in those BRPs and their direct link to new HIV infections. ▣ Prioritized cofactors are identified for low-risk BRPs based on prevalence, incidence, and behavioral data ▣ The Priority Setting Considerations Box was added to allow the HPPC to respond to HIV prevention community needs by strongly recommending research or assessments on populations or issues with limited data 	<ul style="list-style-type: none"> ▣ The Priority-Setting chapter outlines who and what issues are prioritized for funding in San Francisco. ▣ The 2004 model included: <ul style="list-style-type: none"> ▣ The eight BRPs were ranked by anticipated number of new infections per year. ▣ Both subpopulations and cofactors were identified and prioritized for funding, based on prevalence, incidence, and behavioral data. ▣ BRPs were grouped into four tiers, and recommendations were made regarding the percentage of funding to be allocated to each tier
<p>Strategies and Interventions</p> <ul style="list-style-type: none"> ▣ This chapter provides the tools that providers need to design and implement programs in San Francisco. ▣ The chapter provided four "tool boxes" to assist the providers: <ul style="list-style-type: none"> ▣ Tool box #1: Program design and implementation principles ▣ Tool box #2: Behavioral theory ▣ Tool box #3: Strategies and Interventions ▣ Tool box #4: Standards of practice and quality assurance 	<ul style="list-style-type: none"> ▣ The new model can be seen on page 5 and 6 of this appendix. ▣ The following changes were made to the priority setting model in 2010: <ul style="list-style-type: none"> ▣ The chapter was divided into two sections. The first section outlines the principles for program design and recommendations for addressing the drivers and cofactors of HIV in SF. It also has five sections to support the focus areas prioritized by the HPPC. ▣ The highlighted sections are: <ul style="list-style-type: none"> ▣ HIV Status Awareness ▣ Syringe Access and Disposal Programs ▣ Health Education and Risk Reduction (HERR) ▣ Prevention with Positives ▣ Structural Changes ▣ The second section is the "Guide" to strategies and interventions. This section provides a list of resources and three "tool boxes" to assist the providers in developing program models:

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<ul style="list-style-type: none"> ☐ Tool box #1: Behavioral theory ☐ Tool box #2: Strategies and Interventions <ul style="list-style-type: none"> ☐ Interventions ☐ Individual-level ☐ Group-level ☐ Community-level ☐ Screening for co-morbidities (i.e., STDs, viral hepatitis, TB) ☐ Strategies that support interventions ☐ Tool box #3: Structural Interventions 	
<p>Evaluation</p> <p>The purpose of the chapter is to provide an overview of San Francisco's approach to evaluation of prevention efforts and to outline the specific objectives, activities, and timeline related to evaluation for 2004 through 2008.</p> <p>The Evaluation Chapter has six sections:</p> <ul style="list-style-type: none"> ☐ Section 1 San Francisco Evaluation Approach: Reviews San Francisco's evaluation philosophy, current approach to evaluation, and vision for the future of evaluation. ☐ Section 2 San Francisco's Evaluation Framework for 2004-2008: Presents a model to guide evaluation efforts for the next five years. ☐ Section 3 Implementation Plan for Evaluation: Outlines the requirements, activities, timeline, and individuals responsible for evaluation efforts. ☐ Appendix 1: Evaluation Successes in San Francisco ☐ Appendix 2: CDC Performance Indicators ☐ Appendix 3: Resources for implementing Program Evaluation 	<p>The following changes were made to the priority setting model in 2010:</p> <p>The Evaluation Chapter has six sections:</p> <ul style="list-style-type: none"> ☐ Section 1 HIV Prevention Evaluation in SF: Defines evaluation and describes the HPPC's evaluation goals, core beliefs, and guiding principles. ☐ Section 2 The HIV Prevention Evaluation Cycle: Defines and give examples of needs/strengths assessment, process evaluation, outcome evaluation, and impact evaluation ☐ Section 3 Roles and Responsibilities: Outlines the roles and responsibilities of HIV prevention providers, HPS, and the HPPC. As well as provides guiding principles for HIV prevention research and requirements for researchers requesting a letter of support from the HPPC. ☐ Section 4 Achievements to Date and Future Objectives: Highlights evaluation activities that have been accomplished since the 2004 Plan and Sets objectives for evaluation activities and projects for 2010 and beyond. ☐ Section 5 Conclusion: Reinforces the HPPC's vision for evaluation. Appendices: Describes how Project STOREE started, acknowledgments, defines acronyms, tips, and resources

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Priority	Target Population	Behavioral Objectives	Risk Behavior	Substance Use Behavior	Sexual Risk Behavior	Targeted Population	MMM, MSMIF	
1.	Males who have sex with Males Males who have sex with Males and Females Transfemales who have sex with Males	The primary risk for this BRP is HIV- males/transfemales engaging in unprotected receptive or insertive anal intercourse with HIV+ males. Transfemales may also engage in frontal receptive intercourse with HIV+ males. These risks may be enhanced by the use of alcohol or drugs.	<p>Sexual Risk Behavior: The primary risk for this BRP is HIV- individuals who engage in unprotected anal receptive or insertive intercourse with HIV+ individual(s). This risk may be enhanced by the use of alcohol or drugs, injected or not.</p> <p>Sexual Risk Behavior: The secondary risk for this BRP is HIV- individuals who engage in unprotected anal receptive or insertive intercourse and/or unprotected vaginal intercourse with HIV+ individual(s). This risk may be enhanced by the use of alcohol or drugs, injected or not.</p>	<p>Substance Use Behavior: The primary risk for this BRP is HIV- individuals who engage in needle sharing with HIV+ individual(s). This risk may be enhanced by the use of alcohol or drugs, injected or not.</p>	<p>Sexual Risk Behavior: The primary risk for this BRP is HIV- transfemales who engage in unprotected anal receptive or insertive intercourse and/or unprotected vaginal intercourse with HIV+ individual(s). This risk may be enhanced by the use of alcohol or drugs.</p>	<p>MSM</p> <ul style="list-style-type: none"> ▪ African Americans ▪ Asians/Pacific Islanders ▪ Latinos ▪ Native Americans ▪ Whites ▪ Gay men ▪ Adults 30 and older ▪ Youth 29 and younger <p>MSM-IDU:</p> <ul style="list-style-type: none"> ▪ African Americans ▪ Asians/Pacific Islanders ▪ Whites ▪ Bisexual men ▪ Gay men ▪ Heterosexually identified men ▪ Adults 30 and older ▪ Youth 29 and younger <p>TFSM-IDU:</p> <ul style="list-style-type: none"> ▪ African Americans ▪ Asians/Pacific Islanders ▪ Latinos ▪ Native Americans ▪ Whites ▪ Youth 29 and younger <p>Female IDU</p> <ul style="list-style-type: none"> ▪ African Americans ▪ Native Americans ▪ Youth 29 and younger <p>Male-IDU</p> <ul style="list-style-type: none"> ▪ African Americans ▪ Adults 30 and older 	<p>Drivers:</p> <ul style="list-style-type: none"> ▪ Cocaine/Crack ▪ Gonorrhea ▪ Heavy alcohol use ▪ Methamphetamine ▪ Multiple partners ▪ Poppers 	<p>MMM, MSMIF</p> <p>70 – 79%</p> <p>TMSM</p> <p>1 – 2%</p> <p>IDU</p> <p>15 – 20%*</p> <p>* Approximately half of these funds should reach MsM-IDUs</p>
2.	Injection Drug Users							
3.	Transfemales who have sex with Males						<p>TFSM</p> <p>5 – 8%</p>	

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Population Subpopulation	High-Risk Behaviors/Interventions	Identified Subpopulations	Cofactors	FSM
4. Females who have sex with Males	<p>Sexual Risk Behavior: The primary risk for this BRP is HIV-females who engage in unprotected vaginal intercourse and/or unprotected anal receptive intercourse with HIV+ male(s). This risk may be enhanced by the use of alcohol or drugs.</p>	<ul style="list-style-type: none"> ▪ Adults 30 and older ▪ Youth 29 and younger 	<p>Cofactors:</p> <ul style="list-style-type: none"> ▪ Chlamydia ▪ Crack use ▪ Having an HIV+ partner ▪ Having an IDU partner ▪ Incarceration ▪ Methamphetamine use ▪ Sex work 	<p>1 - 4%</p>
5. Males who have sex with Females	<p>Sexual Risk Behavior: The primary risk for this BRP is HIV-males who engage in unprotected vaginal or insertive anal intercourse with HIV+ female(s). This risk may be enhanced by the use of alcohol or drugs.</p>	<ul style="list-style-type: none"> ▪ African American ▪ Adults 30 and older 	<p>Cofactors:</p> <ul style="list-style-type: none"> ▪ Having an HIV+ partner 	<p>MSF <1%</p>

* This box will allow for the HPPC to respond to HIV prevention community needs by strongly recommending research or assessments on populations or issues with limited data that are not adequately covered elsewhere in this model. The HPPC recommends that 1% of prevention funds be set aside to fund items in this box until these needs have been met.
 Note: Populations or items in this box will be identified and updated by the HPPC on an annual basis.

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5. Provide the demographic information for the voting and non-voting CPG members for January 1, 2010 through June 30, 2010. Also, provide job related/professional and community representation for both voting and non-voting CPG members.

Tables 3-6 provide you the demographic information and job related/professional and community representation for voting HPPC members and non voting members.

Voting Member Demographic Information on Voting HPPC Members January 1 - June 30, 2010							
	Latino/ Latina	More Than One Race	Black or African American	Native American or Alaska Native	Asian /Pacific Islander	White	HPPC MEMBER
Male	3	1	4	1	1	12	6
Female	1		3	1		1	
Trans female	1		1			1	
Trans male		1	1			2	
Not disclosed							
MSM	3	1	3	1	1	13	
High Risk							
Heterosexual							
IDU							
MSM/IDU							
Heterosexual	2	1	5	1		3	
Other			1				
Living with HIV/AIDS				1		5	6

Voting Member Demographic Information on Non-Voting HPPC Members January 1 - June 30, 2010							
	Latino/ Latina	More Than One Race	Black or African American	Native American or Alaska Native	Asian /Pacific Islander	White	HPPC MEMBER
Male	3		2			2	4
Female	1	1		1	2	9	
Trans female					1		
Trans male						1	
Not disclosed							
MSM							
High Risk							
Heterosexual							
IDU							
MSM/IDU							
Heterosexual			1			3	
Living with HIV/AIDS			1			3	4

¹ Demographic Information for Non-Voting CPG members may include but are not limited to non-voting regional groups; focus group participants; and any additional groups of people that may assist the CPG in making informed decisions about prioritizing populations and selecting appropriate interventions for at-risk populations.

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Table 5: Non-Related Professional and Community Representation of Voting HPPC Members January 1st 2008

Professional and Community Representation	Number of Voting HPPC Members
Health department HIV/AIDS staff	5
Health department STD/STI staff	1
Health department hepatitis staff	
Health department tuberculosis staff	
Health department epidemiologist	
Other health department staff (identify): SFDPH Jail Health Services and Primary Care Services	2
Non-Health Department Staff:	
Health or health services researchers	2
Program evaluators	1
Behavioral or social scientists	1
Representatives of the substance abuse community	
Representatives of the mental health community	
Representatives of the education community	2
Representatives of the corrections/criminal justice community	1
Medical doctors	1
Staff from community-based HIV prevention agencies	27
Staff from community-based social service agencies (includes services for homeless persons)	4
Faith leaders	
Community members interested in or affected by HIV/AIDS	27
Other (identify): Harm Reduction Coalition	
Other (identify): Researcher/Epidemiologist	1
Other (identify): Experience working the Transgendered Community	7
TOTAL Number of Voting CPG Members	82

*Please note that on January 1st, the HPPC had 37 voting members; the total number reflects individuals with dual affiliations.

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Table 6: Job Related/Professional and Community Representation of Non-Voting HPPC Members	
Professional and Community Representation	Number of Non-Voting HPPC Members ²
Health department HIV/AIDS staff	8
Health department STD/STI staff	
Health department hepatitis staff	
Health department tuberculosis staff	
Health department epidemiologist	
Other health department staff (identify): Representative from the State Office of AIDS	
Non-Health Department Staff:	
Health or health services researchers	3
Program evaluators	4
Behavioral or social scientists	
Representatives of the substance abuse community	1
Representatives of the mental health community	2
Representatives of the education community	
Representatives of the corrections/criminal justice community	1
Medical doctors	
Staff from community-based HIV prevention agencies	6
Staff from community-based social service agencies (includes services for homeless persons)	1
Faith leaders	
Community members interested in or affected by HIV/AIDS	14
Other (identify):	
TOTAL Number of Non-Voting CPG Members	40

*Please note that many 29 non-voting members have more than one job related/professional and community affiliations.

6. In 2011, if the CPG plans to update their existing Comprehensive HIV Prevention Plan, describe the process by which the applicant will revise and update.

The 2010 HIV Prevention Plan was approved by the HIV Prevention Planning Council (HPPC) at the August 2009 Council meeting. There are no further revisions planned for the Plan in 2011.

7. How many FTEs/consultants/contracts were assigned to CPG activities during the reporting period?

² Demographic Information for Non-Voting CPG members may include but are not limited to non-voting regional groups; focus group participants; and any additional groups of people that may assist the CPG in making informed decisions about prioritizing populations and selecting appropriate interventions for at-risk populations.

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During the period of January-June 2010 there were 3.5 internal health department FTEs to assist in planning and implementation of HPPC activities. The Community planning Coordinator was responsible for overseeing the overall support to the HPPC, Steering Committee, and Staff.

Each committee also included one internal health department staff to support the logistics and gathering of data relevant to the committee's scope of work. Internal staff ensured that the Council's process follows the State of California Brown Act and San Francisco Sunshine Ordinance, which mandates that all deliberations are conducted before the people and that City operations are open to the public's review. We had one contract (Harder+Co), with an external technical consultant, which provided three services to the HPPC and HPS: technical support, process evaluation, and minute taking.

8. How many FTEs/consultants/contracts will be assigned to CPG activities during implementation of 2011 plan?

In 2011, HPS will continue to support community planning activities by providing 3.5 FTEs to assist in the planning and implementation of HPPC activities. HPS will have one contract with Harder+Co who will provide 3 services to the HPPC and HPS: technical support, process evaluation, and minute taking.

Section II: Reporting on Counseling, Testing, and Referral Services (CTRS) Programmatic Activities

1. State the 2010 CTRS goals and objectives and describe progress during reporting period. In the progress report address the following:

Table 7: 2010 CTRS Goals: To promote knowledge of HIV status and link all clients who have HIV to medical care and support services

Objective 1	By the end of each contract period, funded testing sites will perform a minimum of 16,000 tests, and a minimum of 1% of all tests will yield new HIV diagnoses.
Objective 2	By the end of each contract period, 85% of newly identified, confirmed HIV-positive test results will be returned to clients.
Objective 3	By the end of each contract period, 65% of clients testing positive who were referred to medical care will attend a medical appointment.

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- a. How efforts to identify newly infected persons is being improved.

During this period, HPS conducted a pilot partner services with a high volume HIV testing site to increase identification of partners of an index patient who might be HIV infected and unaware of their status.

- b. How the provision of tests results (especially positive results) is being improved

During this period, one of the HIV testing sites that had a number of false positive rapid HIV test results using one finger stick rapid test. HPS worked with the agency to conduct a second rapid test (different manufacturer) to confirm the first rapid reactive and rule out false positive first tests. Formal confirmation testing is still required but the message to the client acknowledges a possible false positive if the second rapid is negative, or believes positive if the second rapid is reactive.

- c. Which strategies/activities were conducted to provide and track the completion of referrals for persons with positive results

Referral to medical care continues to be a high priority for HPS. The HPS Linkage to Care and Partner Services Coordinator continues to work with HIV Testing Coordinators to ensure that clients testing HIV positive have and keep a medical appt. In addition HPS continues to work with Surveillance to identify the percentage of persons testing HIV positive have a CD4/viral load test within 3 months of testing HIV positive.

- d. How the health department works with

- i. Departments of corrections in their jurisdictions to encourage and, when appropriate, support routine voluntary HIV screening and referral in correctional facilities.

HPS supports a staff person at SFDPH Jail Health Services, Forensic AIDS Project who had worked with jail clinic staff to integrate routine voluntary HIV screening and referral. During this period, testing changed from risk based to routine. HPS honored each jail clinic with a certificate of appreciation for their ground breaking work.

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- ii. Medical care entities to encourage and support routine HIV screening in medical settings.

HPS worked with SFGH and the Department's primary care clinics and hospital clinics to identify HIV testing data Department wide. A written needs assessment was produced by UCSF/CAPS using this testing data to help identify HIV testing needs and planning for expanding HIV testing in the Department took place during this period.

- iii. Community-based organizations' efforts to provide CTRS.

During this period, HPS continues to support community-based efforts. See table 10a-10c.

- iv. Any other providers of CTRS.

During this period, planning took place with CVS (pharmacy) located in the Castro, to offer HIV counseling and testing at their store in collaboration with one of HPS's funded testing agencies.

- e. How the integration of CTRS and STD services has or will be encouraged in 2010
HPS has been working with the STD Prevention and Control Section. Table's 10a-10c lists the CTRS programs and which agency also screens for STDs.

- f. How data is analyzed to determine the scope and reach of the program? How is the information used to guide and adjust future activities?

HIV CTRS data is collected by testing sites and processed and analyzed by HPS staff. During this reporting period, data reports are now produced for the Management Team every month. During this reporting period, department-wide HIV testing data was collected, cleaned and analyzed. Plans for expanding HIV testing will be undertaken in the next reporting period.

- 2. Detail the challenges faced to meet the goals, objectives, and highlighted activities. Describe the strategies used to meet these challenges.

HPS expected to meet the goals, objectives and highlighted activities.

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3. Provide a CTRS plan for 2011. Provide a brief rationale for proposed changes, if applicable.
January 1- June 30, 2011: Below is a modified CTR Plan for the period of January 1, 2011 through June 30, 2011. HPS has modified the annual target of 16,000 to reflect the contractual efforts for the first 6 months of 2011 (see Table 8).

Table 8: CTRS Goal: To promote knowledge of HIV status and link all clients who have HIV to medical care and support services (January 1, 2011 through June 30, 2011).	
Objective 1	By the end of each contract period, funded testing sites will perform a minimum of 8,000 tests, and a minimum of 1% of all tests will yield new HIV diagnoses.
Objective 2	By the end of each contract period, 85% of newly identified, confirmed HIV-positive test results will be returned to clients.
Objective 3	By the end of each contract period, 65% of clients testing positive who were referred to medical care will attend a medical appointment.

Additional, during January through June 2010, HPS will continue to work with non-medical and medical testing providers to transition to new models, provide training and quality assurance for existing testing programs, and plan and develop system improvements for increasing, tracking, managing and reporting departmental testing efforts. Table 9, provides the objectives and activities HPS will support during this period of time.

Table 9: Additional objectives and activities planned for CTRS	
Objectives:	Activities:
Objective 1: Support the transition of testing sites in medical clinics to enable their capacity to integrate testing into medical services.	1.1 HPS will provide capacity building and technical assistance to testing sites in medical clinics that are currently supported by HPS (through training and/or testing supplies and not funding) to conduct CTRS to integrate testing into their medical services. HPS will provide technical assistance to assist these testing sites to bill for this service and once billing and reimbursement are in place; will continue to provide technical assistance as needed.
Objective 2: Develop system improvements for increasing, tracking, managing and reporting testing efforts.	2.1 Establish a system for tracking, managing and reporting of HIV testing within the Department of Public Health including all primary care clinics and hospital clinics 2.2 Continue to support DPH's Jail Health Services, Forensic AIDS Project expansion of HIV testing in the San Francisco City and County Jails. 2.3 Develop and pilot a new HIV testing, counseling, outreach policies and procedure manual for implementation July 1, 2011.

July 1- December 31, 2011: Testing and linkage to care activities for the period of July 1 through December 31, 2011 will be determined through the RFP process. HPS will utilize

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the goals and recommendations identified in the 2010 Prevention Plan to set new targets for CTRS services beginning July 2010.

Goal of HIV Status Awareness Programs

To promote knowledge of HIV status and link all clients who have HIV to medical care and support services.

- High-risk individuals should test for HIV at least every six months.
- HIV testing should be widely accessible, client-centered, and responsive to the community.
- Although pre-test counseling has traditionally been paired as a standard requirement with HIV testing and linkages, San Francisco acknowledges that options for a variety of testing models (e.g., with or without counseling) are necessary in order to reach the most people.
- Provide linkage to care, defined as assistance in making a medical appointment, verification of whether the appointment was kept and medical workup completed.

4. How many FTEs were assigned/designated to conduct CTRS in 2010?

In 2010, the HIV Prevention Section will not directly deliver CTRS services.

5. How many contractors are designated to conduct CTRS in 2010?

In 2010, HPS funds testing efforts through medical and community efforts. Currently Tables 10a-10c, identify the types of sites, testing technology used and screening efforts for comorbid conditions. Four health department sites are funded to support HIV testing effort. Community Health Programs for Youth conducts counseling, testing and linkages services. Tom Waddell Health Center provides rapid testing in their Urgent Care sections, Jail Health Services integrates testing into a routine part of medical care, and STD prevention and control uses a hybrid model of testing as part of STD screening and counseling for clients at highest risk for HIV.

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Table 10a: Current SFDPH medical sites supported to conduct HIV testing

Medical Testing, Linkage, HIV Partner Services	HIV Testing Technology	Screening for Comorbidities
SFDPH, Community Health Programs for Youth	Conventional test (blood) and Rapid HIV test	STD screening
SFDPH, Jail Health Services	Conventional test (blood) and Lab based Rapid HIV test	STD screening and HCV testing
SFDPH, STD Prevention and Control Services	Rapid HIV test and Conventional test (blood or oral)	STD screening
SFDPH, Tom Waddell Health Center	Rapid HIV test	STD screening and HCV testing

HPS uses funds from this cooperative agreement to support seven sites to conduct Counseling, Testing, and Linkages (CTL) services.

Table 10b: Community CTL Sites (direct funding)

Organizations	HIV Testing Technology	Screening for Comorbidities
Glide Health Services	Rapid HIV test	
Larkin Street Youth Services	Rapid HIV test	STD screening
Magnet	Rapid HIV test	STD screening and HCV testing
Mission Neighborhood Health Center	Rapid HIV test and Conventional test (blood or oral)	STD screening and HCV testing
St. James Infirmary (in partnership with City Clinic)	Rapid HIV test and Conventional test (blood or oral)	STD screening and HCV testing
Tenderloin Health	Rapid HIV test and Conventional test (blood or oral)	STD screening and HCV testing
UCSF, AIDS Health Project	Rapid HIV test	STD screening

Additionally four sites are supported with funds through this cooperative agreement to cover the cost of counselor training, technical assistance and quality assurance.

Table 10c: Collaborating Agencies CTL Sites (support and fund with TA and training)

Organization	HIV Testing Technology	Screening for Comorbidities
AIDS Healthcare Foundation	Rapid HIV test	
Asian Pacific Islander Wellness Center	Rapid HIV test	HCV testing
Positive Direction Equals Change	Rapid HIV test	
West Side Integrated Services	Rapid HIV test	HCV testing

6. How many FTEs will be assigned/designated to conduct CTRS in 2011?
In 2011, the HIV Prevention Section will not directly deliver CTRS services.
7. How many contractors will be designated to conduct CTRS in 2011?

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January 1- June 30, 2011: Table 10a-10c, provide the list of contractors designated to conduct CTRS from January 1- June 30, 2011.

July 1- December 31, 2011: Testing sites for the period of July 1 through December 31, 2011 will be determined through the RFP process. The 2010 Plan identifies HIV Status Awareness as one of the five prioritized focus areas. HIV status awareness is the umbrella term for multiple strategies or services that help people know their HIV status. These strategies and services usually refer to HIV testing, partner services, and linkage to care, but within these three areas can also include HIV health education, risk reduction counseling, public information and public/private partnerships when those activities facilitate HIV status knowledge. HIV status awareness also encompasses HIV RNA (ribonucleic acid) testing, which helps people know their HIV status shortly after exposure and before they develop HIV antibodies.

HIV status awareness programs are driven by certain requirements mandated by law. The 2010 Prevention Plan supports supplementing these requirements with additional activities to creatively reach identified populations. The table below lists each of the required elements for HIV status awareness programs, as well as supplemental elements. In the table, the required elements are those that status awareness programs must include and are based on California laws and regulations. In order to expand the flexibility of status awareness programs, organizations are encouraged to add in supplemental elements to tailor their programs to meet the needs of the populations that they aim to serve. The supplemental elements are not specific only to HIV status awareness, and are applicable to multiple focus areas. Table 11 lists the required and supplemental elements for HIV Status Awareness projects.

Table 11: HIV Status Awareness Required and Supplemental Elements	
Required Elements	Supplemental Elements
Informed Consent	HIV Prevention Education
HIV Antibody Testing	HIV RNA Testing
Disclosure of HIV Test Results	Individual Risk Reduction Counseling
	Methods to Increase Access to Testing for Underserved Populations
	Prevention Case Management
	Sexually Transmitted Diseases
	Viral Hepatitis Services

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Section III: Reporting on Partner Services (PS) Programmatic Activities

1. State the 2010 PS goals and objectives and describe progress during reporting period. In the progress report address how the applicant is ensuring that:

Table 12 provides you with the goals and objectives that we developed in the 2010 application to CDC.

Table 12: 2010 Goals for PS: To promote disclosure of HIV status and supports efforts to inform sexual and/or syringe-sharing partners of possible exposure to HIV, STDs and viral hepatitis.	
Objective 1	By the end of each contract period, 30% of eligible index patients will be interviewed for partner services by health department staff.
Objective 2	By the end of each contract period, 60% of named partners will be notified of potential exposure to HIV by health department staff.
Objective 3	By the end of each contract period, 80% of partners who are notified, and are not previously HIV positive, will be tested for HIV by health department staff.
Objective 4	By the end of each contract period, 80% of partners who are newly identified HIV positive will receive their confirmatory results.

- a. Duplication of partner services activities are minimized across HIV prevention and STD programs.

During this reporting period, STD Prevention and Control (STDPC) and HPS piloted a new approach to partner services at Magnet to streamline the offer of partner services to index patients at the testing program, a high volume HIV testing site. To support this pilot, HPS shared a 50% FTE staff person to work with STD to provide partner services. Results of the pilot will be available in the next reporting period.

- b. Between HIV or STD surveillance programs there is collaboration to maximize the number of persons identified as candidates for PS.

See Magnet pilot in a.

- c. Between non-health department providers, including CBOs and private medical treatment providers there is collaboration to identify more opportunities to provide PS.

STDPC, HPS and the HIV Epidemiology Section (HES) have continued to work together to improve partner services for patients of private providers in San Francisco. Recent improvements include allowing the physician a period of time in which to decline efforts by STD to contact persons newly infected rather than the

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previous approach which was for physicians to agree before STD could contact the patient. This has resulted in smoother process for contacting index patients of private medical providers.

- d. Data is analyzed to determine the scope and reach of the program and the information is used to guide and adjust future activities.

During this time period and based in part on findings in the Magnet partner services pilot, HPS and STDPC staff reviewed the new National HIV Monitoring and Evaluation (NHM & E) partner services variables, discussed and recommended ways to reduce the burden and duplication of data collection by the client and agency.

Next steps for HPS and STDPC staff include a cross walk with CDC staff regarding the PEMS data and a plan to implement the recommendations.

2. Detail the challenges faced to meet the goals and objectives, and describe the strategies used to address these challenges.

HPS expects to meet the goals and objectives.

3. Provide a PS plan for 2011. Provide a brief rationale for the proposed change/s.

January 1- June 30, 2011: From January-June 2011, HPS will continue to implement the plan developed in the 2010 CDC application.

July 1- December 31, 2011: Beginning July 2011, HPS will expand PS efforts in San Francisco, with the goal that all individuals testing for HIV will be directly offered partner services by health department staff. HPS will work with our partners in the STD Prevention and Control Section to develop new targets for these efforts in 2011.

4. How many FTEs were assigned/designated to conduct PS in 2010?

HPS supported a.5 FTE for the Magnet partner services pilot plus the current 1 FTE Linkage and Partner Services Coordinator who manages linkage and partner services data and works with the HIV testing site coordinators to follow up with the index patient regarding partner services and linkage to medical care.

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5. How many contractors are designated to conduct PS in 2010?

In 2010, HPS has one contract for Partner Services efforts through the SFDPH STD Prevention and Control Section.

6. How many FTEs will be assigned/designated to conduct PS in 2011?

In 2011, the HIV Prevention Section will not directly deliver Partner Services activities.

7. How many contractors will be designated to conduct PS in 2011?

In 2011, HPS will continue to contract Partner Services efforts through the SFDPH STD Prevention and Control Section

Section IV: Prevention for HIV-Infected Persons (HIV-IP)

1. State the 2010 goals and objectives and describe progress during the reporting period. In the progress report describe:

- a. Prevention services for HIV-IP.

Table 13 provides you with the goals and objectives that we developed in the 2010 application to CDC. HIV-IP providers continued to collect core variables data either in their own systems or in a database provided by the HPS. Core variables data is collected on the client level and contain information on demographics, risk and service utilization. This includes reporting on attendance and retention addressing the objectives.

Table 13: 2010 Goals for HIV-IP: To reduce the spread of HIV and other STDs; to suppress viral load in order to promote health outcome and reduce the opportunities of HIV infection; and to help people living with HIV achieve and maintain physical, emotional, mental, sexual and reproductive health, economic stability and well-being.

Objective 1	By the end of each contract period, 95% of HIV positive clients who are enrolled in ILIs and GLIs will complete the intended number of sessions.
Objective 2	By the end of each contract period, 60% of HIV positive clients who are enrolled in multi-session GLIs will complete the intended number of sessions.
Objective 3	By the end of each contract period, 50% of HIV positive clients who are enrolled in CRCS will complete four or more sessions.

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- b. The manner in which the applicant provided financial assistance to CBOs and other HIV prevention providers.

HPS supports eight community based organizations providing HIV-IP services through contracts and supports the department's STDPC Section through a memorandum of understanding.

- c. Collaborations with health care providers to provide prevention services to HIV infected persons (i.e. prevention counseling).

HPS continues to work with Tom Waddell Primary Care Clinic to provide prevention services to HIV infected persons by providing on-going training and support to staff at the Clinic.

- d. Participation of primary care clinics in integrating prevention and care services. The SFDPH, HIV Health Services Section has developed seven "Centers of Excellence". All seven centers or networks are connected to primary care clinics and are funded to conduct prevention with positive services.

- e. Services to partners of newly diagnosed or reported HIV-IP.

HPS funds STDPC to provide partner services, specifically provider notification, for the partners of someone newly diagnosed.

- f. How data was used, collected and analyzed to determine the provision of services to HIV-IP.

Organizations collect data at the point of service and enter this either into a core variables database that HPS provides or a database developed by the specific agency. Agencies that use the HPS core variables may run data reports on service utilization and risk populations in real time. This data is submitted quarterly and both client-level and service level data is analyzed on a quarterly basis on an aggregate level as well. Agencies and the HPS review these data periodically as needed to determine services are reaching and serving the behavioral risk populations as intended. This includes reporting on attendance and retention.

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2. Detail the challenges faced to meet the goals objectives, and describe the strategies used to address these challenges.

There were no challenges faced to meet the goals and objectives during this period.

3. Provide the propose prevention for HIV-IP plan for 2011. Provide a brief rationale for the propose change/s.

January 1- June 30, 2011: HPS will continue to utilize the prevention plan for HIV-IP Plan identified in Table 13, for the period of January 1, 2011 through June 30, 2011, HPS may need to modify the plan as a result of the outcomes of the RFP process.

July 1- December 31, 2011: As noted above, the HIV Prevention Section anticipates the release a new Request for Proposals in the fall of 2010, with new services to be implemented in 2011. Given the open competitive nature of the RFP we cannot indicate what services will be “on the ground” in 2011. The HPPC continues to prioritize PWP efforts in the 2010 Plan. While many HIV prevention interventions are similar when working with high risk individuals, regardless of their HIV status; the HPPC has identified the following central activities that are particularly valuable to conducting HIV prevention with PLWHA. These activities support the overall health and wellness of people living with HIV and support reducing HIV transmission.

Central Activities for Prevention with Positive Programs:

Disclosure and Partner Services: Disclosure in the context of prevention with positives goes beyond the initial partner services of HIV status awareness and is an ongoing activity. For people living with HIV, disclosure assistance will be offered through coaching and support for disclosure in a variety of life situations (e.g., family, friends, workplace, etc.). In addition, disclosure of HIV status may help to address the issue of stigma related to having HIV.

Engagement in HIV Care: Engagement in HIV care requires providers to go beyond the initial process of linking individuals who are HIV infected to care by ensuring that they are fully involved in the process of finding and maintaining HIV primary medical care. This strategy involves the use of multiple interventions that address issues such as health literacy,

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readiness, health status perceptions, fear, stigma, missed appointments, and substance use and mental health issues.

Linkage to Ancillary Services: HIV prevention programs with people living with HIV/AIDS will also include methods to ensure that clients are linked to appropriate support services in order to facilitate a seamless continuum of care. Providers will be required to be knowledgeable about appropriate community resources to which they may refer individuals who need further assistance (e.g., health and social services, mental health, substance use, etc.).

Sexually Transmitted Diseases (STD), Viral Hepatitis, and TB Screening and

Treatment: There is substantial biological evidence that the presence of STDs increases the likelihood of both transmitting and acquiring HIV. Additionally, hepatitis C (HCV) screening and treatment is important as co-infection with HCV may increase risk for adverse health outcomes for PLWHA (CDC, 2008b). Due to the link between HIV, STD, and HCV transmission/susceptibility the HPPC recommends that all people living with HIV receive comprehensive STD and HCV screening and appropriate treatment. Tuberculosis (TB) is a disease that is spread from person to person through the air. This disease is particularly dangerous for persons infected with HIV because coinfection with HIV and TB can result in possible complications from interactions between the drugs used to treat HIV and the drugs used to treat TB. This high level of risk underscores the need for TB screening and preventive treatment programs for people with HIV and those at greatest risk for HIV infection. The HPPC further encourages screening and treatment for sexual partners of PLWHA.

Treatment Adherence: Ongoing access to HIV care and treatment will be an integral component of PwP programs. The HPPC supports ensuring that people living with HIV have access to antiretroviral therapy and remain engaged in care. Treatment adherence assistance is complimentary with engagement in HIV care. Effective HIV treatment aggressively suppresses viral replication and progression of HIV disease. From a biological perspective, data show that when viral load is decreased, individuals are likely to be less infectious to others, although it is important to note that persons with very low viral loads

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may still transmit HIV (Attia et al., 2008; Quinn et al., 2000). Socially, treatment can help people feel healthy enough to be sexually active. Increased health and interest in establishing relationships creates an opportunity for interventions to address safer sex behavior. PLWHA should to be linked with risk reduction education to make informed decisions regarding their sexual behavior. Greater access to treatment may provide the opportunity to engage PLWHA in care and treatment and also allow providers to deliver and reinforce HIV prevention messages and interventions. Providers of PwP services should be knowledgeable about factors that may make it difficult for an individual to adhere to an HIV treatment regimen and work with PLWHA to develop strategies to improve adherence.

4. How many FTEs were assigned/designated to conduct prevention for HIV-IP in 2010?

In 2010, HPS did not assign/designate any FTE to conduct prevention for HIV-IP.

5. How many contractors are designated to conduct prevention for HIV-IP in 2010?

In 2010, eight contractors are designated to conduct prevention for HIV-IP. Table 14 list the name of the contractor, program models supported by CDC funds and target populations serviced by the contractors.

Table 14: HIV-IP Interventions/program models supported the CDC funds		
Organization	Target Population Served	BRP
AGUILAS (PWP Model: GLI, CRCS)	Gay Latino Males	MSM-LWHA
Ark of Refuge: (PWP Model: Outreach, GLI, ILI)	African American and Latina Trans-female	TFSM-LWHA
Bay Area Young Positives (PWP Model: Outreach, GLI, ILI, CRCS)	Youth	PLWHA
Black Coalition on AIDS (PWP Model: GLI, ILI, CRCS)	African American Males	PLWHA
Instituto Familiar de la Raza (PWP Model: GLI, CRCS)	Gay Latino Males	MSM- LWHA
SFDPH, STD Prevention & Control (PWP Model: Outreach, ILI)	Gay Males	MSM- LWHA
Shanti (PWP Model: Outreach, GLI, ILI, CRCS)	Gay Males	MSM- LWHA
Tenderloin Health (PWP Model: GLI, CRCS)	HIV-positive clients	PLWHA

6. How many FTEs will be assigned/designated to conduct prevention for HIV-IP in 2011?

HPS does not currently provide direct services for HIV-IP. Beginning July 2011, HPS will expand direct health department staff prevention with positives efforts in San Francisco.

The goal of these efforts is to decrease the number of clients that are lost to care, increase

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engagement in care and treatment adherence, and improve HIV health outcomes for people living with HIV/AIDS. HPS will work with our partners in the HIV Health Services Section to develop new targets for these efforts in 2011.

7. How many contractors will be designated to conduct prevention for HIV-IP in 2011?

January 1- June 30, 2011: Table 14, provide the current SF contractors, intervention and target populations served with HIV-IP services in San Francisco.

July 1- December 31, 2011: Organization supporting HIV-IP for the period of July 1 through December 31, 2011 will be determined through the RFP process. New services will focus on the central Activities for Prevention with Positive Programs.

Section V: Health Education and Risk Reduction Services (HE/RR)

1. State the 2010 goals and objectives and describe progress in providing HE/RR services. In the progress report describe:

Table 15 provides you with the goals and objectives that we developed in the 2010 application to CDC.

Table 15: 2010 Goals and Objectives for HE/RR to address objectives and contractors of all HIV prevention activities from risk behaviors to medical use of HIV medications.	
Objective 1	By the end of each contract period, 95% of clients who are enrolled in ILIs and GLIs will complete the intended number of sessions.
Objective 2	By the end of each contract period, 60% of clients who are enrolled in multi-session GLIs will complete the intended number of sessions.
Objective 3	By the end of each contract period, 50% of clients who are enrolled in CRCS will complete four or more sessions.

- a. Was HE/RR provided directly or through financial assistance to CBOs and other HIV prevention providers?
- i. Select all that apply:
1. Through HD staff (at clinics or community outreach)-No
 2. Through financial assistance to CBOs-Yes
 3. Other HIV prevention providers. Detail type of providers and type of agreement.- Yes. HPS supported HE/RR services through memoranda of

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understanding with the STD Prevention and Control Branch, Tom Waddell Clinic, and the Jail Health Services.

4. Name of intervention/program model/public health strategy.

Table 16 provides you with the intervention/program model and target population served by organizations provided HERR. These interventions are additional prevention activities from Table 14, which are specific prevention activities for individuals living with HIV/AIDS.

Organization and Interventions/program models	Target Population Served	BRP
AGUILAS (HERR Model: Outreach, GLI, CRCS)	Gay Latino Males	MSM
Black Coalition on AIDS (HERR Model: Community Promise & Safety Counts)	African American Males	MSM
EL/LA Program(HERR Model: Outreach, GLI, ILI)	Latina Trans-female	TSM
Instituto Familiar de la Raza (HERR Model: Outreach, GLI, ILI)	Gay Latino Males	MSM
Instituto Familiar de la Raza (HERR Model: Outreach, GLI, ILI)	Latino Youth	MSM
Iris Center (HERR Model: Outreach, GLI, ILI, CRCS)	African American injectors and non injecting Females and their partners	FSM
Mission Neighborhood Health Center (HERR Model: GLI, ILI)	Gay Latino Males	MSM
Native American AIDS Project (HERR Model: Outreach, GLI, ILI)	Native Americans	MSM, IDU
New Leaf (HERR Model: GLI, CRCS)	Gay males with substance use issues (injectors and non injectors)	MSM
UCSF AIDS Health Project-Project REACH (HERR Model: GLI, ILI, CRCS)	Gay Males	MSM
Walden House (HERR Model: GLI, ILI, CRCS)	Clients in a drug- treatment program	MSM, IDU

b. Number of providers by prioritized population and funded intervention.

There are 11 projects that provide HERR interventions and an additional 8 projects that provide HIV-IP. Tables 14 and 16 list the funded interventions.

c. Target populations and their risk behaviors (e.g., Latinas who are commercial sex workers; Caucasian MSM who party with crystal meth).

Tables 14 and 16 list the target populations for each project.

d. How these services were consistent with the prioritized populations and interventions established in the Comprehensive HIV Prevention Plan.

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All services are consistent with the prioritized populations and interventions established in the Comprehensive HIV Prevention Plan. Table 14 and 16 list the BRPs targeted by the HERR and HIV-IP interventions.

- e. How HE/RR services focus on the most at risk of transmitting or acquiring HIV infection and have evidence of demonstrated or probable outcome effectiveness (see CDC's most current Compendium of HIV Prevention Interventions with Evidence Effectiveness at <http://www.cdc.gov/HIV/topics/research/prs/evidence-based-interventions.htm> or are based on scientific theory.

HPS has a formalized a process to ensure that their services focus on those most at risk of transmitting or acquiring HIV infection, reflecting the priorities established in the Comprehensive HIV Prevention Plan. Each contract has the following component:

Goal Statement

All HPS funded programs have the standard goal in their contract from the 2004 HIV Comprehensive Plan of "To reduce new HIV infections in San Francisco."

Target Population

In the 2004 HIV Comprehensive Plan (see Table 1), the HPPC identified eight BRPs. Each contractor must provide information on the Units of Services (UOS), Number of Clients (NOC), and Unduplicated Clients (UDC) that will be served by the organization. This enables the health department to develop baseline information for the services that are contracted in SF, and assess whether the overall number of individuals targeted by contracts reflects the priorities established by the Council. Exhibit 1 is used in each of the providers' contract documents this information.

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Exhibit 1: BRP Exhibit in provider contract			
Behavioral Risk Populations	UOS	NOC	UDC
BRP 1: MSM, MSM/F			
BRP 2: TG			
BRP 3: MSM-IDU, MSM/F-IDU			
BRP 4: F- IDU			
BRP 5: MSF-IDU			
BRP 6: TG-IDU			
BRP 7: FSM			
BRP 8: MSF			
TOTAL (minus evaluation)			

In order to understand document the sub-population supported through the contracts, funded programs must also provide a description in their contract of the target population served by their program. For example: *“The target population is African American MSM who identify as gay or bisexual and live in or frequent the Tenderloin and/or 6th Street corridor. They are between 30-50 years of age, low-income, marginally housed, with a history of substance abuse.”*

In 2004, HPS established requirements in the Request for Proposal (RFP) regarding evidence-based proposed programs. Each proposal was required to be based on one or more of the following four types of evidence, listed from strongest (1) to weakest (4):

1. Evaluation findings from the same program or intervention;
2. Evaluation findings from a similar program or intervention;
3. Theory from the scientific literature; and/or
4. Informal theory/Lived experience.

If the provider intended to offer evaluation findings as evidence of program effectiveness (evidence type 1 or 2 above), the evaluation must have been conducted with a certain degree of rigor, and the results must have demonstrated that the program or intervention was effective at changing behavior and/or achieving other identified outcomes. For example, a client satisfaction survey providing evidence that clients liked participating in a program was not sufficient, because this says nothing about program effectiveness. Likewise, an evaluation showing that 10 clients increased their

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condom use was not sufficient, because a rigorous evaluation would include a higher number of participants.

Types of Evidence: Details:

Evidence Type 1: Evaluation Findings from the Same Program/Intervention

With this type of evidence, the proposed intervention is identical to one that has already been scientifically evaluated and shown to be effective. (It could be evidence from a program that your agency has implemented and evaluated, or evidence from a program someone else has implemented that you are replicating.) Congruence must exist between the proposed intervention and the evaluated intervention with regard to the population served, program setting, and core elements of the program.

Evidence Type 2: Evaluation Findings from a Similar Program/Intervention

With this type of evidence, the proposed program is similar, though not identical, to a program that has already been evaluated. Although adapting a previously evaluated program may compromise its effectiveness, it may be necessary if available resources cannot support full implementation of the evaluated intervention or if the intervention needs to be adapted to be culturally appropriate for a different population and setting. Generally, “evaluation of a similar intervention” means that there are differences between the proposed intervention and the previously evaluated intervention in one or more of the following areas: population served; program setting, content, and format; method of delivering the program; and the number and length of intervention sessions. If differences are too significant between the proposed and the previously evaluated program, the prior evaluation may no longer provide sufficient evidence to support using the proposed intervention.

Evidence Type 3: Theory from the Scientific Literature

With this type of evidence, the proposed intervention is based on formal behavioral science theory, social science theory, or some other theory that is published in the scientific literature. The theory is divided into component parts (e.g., skills, self-

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efficacy) and corresponding program and intervention elements are then developed (e.g., intervention activities to develop condom use skills and increase self-efficacy to use condoms). When using this approach, the program description cannot simply mention a theory. It must explain how the theory is integrated into the content, format, and delivery of the intervention. A summary and explanation of common behavioral theories are listed in the 2004 San Francisco HIV Prevention Plan.

Evidence Type 4: Informal Theory/Lived Experience

If none of the other three types of evidence were available to reach the target population, then informal theory/lived experience could be offered. With this type of evidence, the proposed program is based on a theory that is not described in conventional theoretical language and is not published in the scientific literature. The distinction between an informal and formal theory is subtle. Informal theory usually describes a provider's "practice wisdom" or "lived experience" (i.e., knowledge that comes from working with or being a member of a population).

HPS has quality assurance and monitoring procedures in place to review and maintain HE/RR written procedures or protocols and services. All HPS contractors and programs provided through memoranda of understanding are monitored annually. Included in this monitoring is a section on Continuous Quality Improvement activities where programs must describe adherence to the standards, guidelines, and definitions relevant to the particular intervention(s) as provided by the 2004 HIV Prevention Plan.

How grantee ensures that HE/RR services are acceptable to and understood by the target population, i.e. are culturally appropriate. All providers submit a comprehensive cultural competency plan which must be updated each year. This plan and subsequent updates must contain objectives and describe progress in ensuring the involvement of target populations in designing, providing and evaluating services.

How HE/RR data collection and reporting is consistent with CDC requirements and how these data are used for planning, local program monitoring, and program improvement. HPS teleconferences at least once a month with CDC to discuss data collection requirements. Client level data is used for monitoring and evaluation efforts

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by both the grantees and HPS itself. Data is reviewed on the agency level to review success at reaching target populations and efforts are tailored in response to this.

2. Detail the challenges faced to meet the goals and objectives and describe the strategies used to address these challenges.

There were no challenges faced meeting the objectives and goal during this period.

3. Provide a HE/RR plan for 2011. Provide a brief rationale for the proposed change/s.

January 1- June 30, 2011: HPS will continue to utilize the 2010 HERR Plan for the period of January 1, 2011 through June 30, 2011 (see table 15). HPS may need to modify the plan as a result of the outcomes of the RFP process.

July 1- December 31, 2011: As noted above, the HIV Prevention Section anticipates the release a new Request for Proposals in the fall of 2010, with new services to be implemented in 2011. Given the open competitive nature of the RFP we cannot indicate what services will be “on the ground” in July 2011. The overall goal of HERR is to address drivers and cofactors of HIV and reduce conditions and high-risk behaviors to decrease HIV infections. HPS will support the following HERR activities:

- 1) Interventions that directly address drivers of HIV infection, i.e. crack/cocaine, methamphetamine, heavy alcohol, poppers, multiple partners and gonorrhea
- 2) HERR activities, particularly recruitment, in efforts addressing the other focus areas, HIV Status Awareness, HIV-IP and Syringe Access
- 3) HERR activities that promote healthier behaviors and address contextual factors such as HIV stigma and mental health.

4. How many FTEs were assigned/designated to conduct/monitor HE/RR in 2010?

Overall there are 10 FTEs to support program monitoring, evaluation and quality assurance (QA) for HIV prevention services supported through this cooperative agreement. Three FTE are directly assigned to conduct monitoring of HERR activities.

5. How many FTEs will be assigned/ designated to conduct/monitor HE/RR in 2011?

In 2011, HPS will continue to 3 FTE to conduct monitoring of HERR activities.

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Section VI: Reporting on Public Information Programs

1. If CDC funds were used for Public Information, state the 2010 goals and objectives and describe progress during reporting period. In the progress report please describe:

No CDC funds were used to provide for Public Information from January –June 2010.

- a. Planned public information efforts and how they are consistent with the jurisdiction's Comprehensive HIV Prevention Plan.
 - b. Describe how data will be collected, analyzed and used to evaluate program components in an effort to guide and adjust future activities.
2. Detail the challenges faced to meet the goals and objectives, and describe the strategies used to overcome these challenges.

See question 1

3. In 2011, if CDC funds will support Public Information activities, provide a Public Information plan.

January 1- June 30, 2011: HPS will not use CDC funds to support Public Information activities during this period

July 1- December 31, 2011: As noted above, the HIV Prevention Section anticipates the release a new Request for Proposals in the fall of 2010, with new services to be implemented in 2011. Organization may request funds to conduct Public Information activities, but this will not be done until the review process is completed.

4. How many FTEs were assigned/designated to Public Information activities in 2010?
HPS has not assigned/designated any FTE to support Public Information activities in 2010.
5. How many FTEs will be assigned/ designated to Public Information activities in 2011?
HPS does not anticipate assigning any FTEs to support Public Information activities in 2011.

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Section VII: Reporting on Perinatal HIV Transmission Prevention (all jurisdictions *NOT* receiving supplemental perinatal funding)

1. Describe the progress in:

- a. Working with all health-care providers to promote routine, universal opt-out HIV screening for all of their pregnant patients. Please include a description of the current HIV testing laws and regulations pertinent to pregnant women.

The HIV Prevention Section works with the Bay Area Perinatal AIDS Center (BAPAC). BAPAC is part of UCSF Positive Health Program, which is affiliated with SFDPH, San Francisco General Hospital. BAPAC brings together medical and social service providers, all specially trained in the complex medical and social issues faced by HIV positive women. BAPAC is the primary referral site for services for HIV positive women who are pregnant or considering pregnancy and works with clinics and organizations to support HIV/AIDS perinatal services in San Francisco. BAPAC provides comprehensive preconception counseling and prenatal care to women and families infected and affected by HIV. All pregnant women who test positive through our Counseling, Testing, and Linkages network that are not in medical care are referred to BAPAC for services.

- b. Working with organizations and institutions involved in prenatal and postnatal care for HIV-infected women and their infants to ensure that appropriate HIV prevention counseling, testing, and therapies are provided to reduce the risk of perinatal transmission.

See perinatal question 1a.

- c. Collecting and reporting data on prevention of perinatal transmission. Briefly describe how the data was used planning, local program monitoring, and program improvement purposes.

California law (Stats. 2003, c. 749 (A.B. 1676)) requires that an HIV test be offered to all pregnant women and that she be advised that she has the right to accept or refuse the test. Her agreement to testing must be documented and maintained in her medical record. HIV negative test and women who refuse to test are not reported; therefore access to documentation to quantify the actual number of women who

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deliver and have an HIV test during pregnancy cannot be measured. However, if the test result is positive, then the result is reported to the local health officer and our HARS data indicate that no newly diagnosed HIV infections were reported among infants born from January 1, 2010 through June 30, 2010.

2. Describe the challenges faced for each of the above activities and the strategies used to meet these challenges.

In 2010, there were no challenges faced in meeting the activities for perinatal prevention,

3. Provide an updated plan for 2011 for each of the activities above. As part of the 2011 plan, indicate whether the activities are the same, will be changed or are new. Provide a brief rationale for the proposed change(s).

In 2011, HPS will continue to work with Bay Area Perinatal AIDS Center (BAPAC) to support HIV testing as a routine part of medical care and ensure that women who test HIV positive are link to medical care and prenatal services.

Section VIII: Program Monitoring and Quality Assurance

1. Is the applicant collecting and submitting the required NHM & E variables for each of the areas listed below? If not, explain any challenges encountered and how these challenges were addressed.
 - a. Community planning: HPS is not yet required to submit the NHM&E variables for community planning. HPS has done a crosswalk for the required data and looks forward to participating in the PEMS roll-out.
 - b. Financial and agency data: HPS is not yet required to submit the NHM&E variables for financial and agency data. HPS has done a crosswalk for the required data and looks forward to participating in the roll-out.
 - c. HIV prevention intervention activities including HIV testing and other prevention program activities. CTRS data is being collected and submitted on time.
 - d. Client demographic and risk characteristics: At part of CTRS, HERR and HIV-IP collected data, client demographic and risk characteristics are being routinely collected, submitted to HPS for analysis.

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- e. Summary data for outreach and recruitment activities: This information is not yet required to submit the NHM&E variables for outreach and recruitment activities. HPS has done a crosswalk for the required data and looks forward to participating in the roll-out.
2. Describe briefly the applicant's efforts to ensure **data security**. Describe challenges encountered and how they were addressed and the plan for the next reporting period. Data is submitted both electronically and on paper. All paper records are submitted in a clearly mark manila folder and deposited into a locked safe that only data entry staff have access to. Once received, they are data entered into a password protected database accessible to only data entry staff on a secure network and then stored in locked file cabinets in a locked room. Electronic data is encrypted and submitted either via a secure network connection or FTP.
3. Describe any **data quality assurance activities** that have implemented or maintained during this reporting period, challenges encountered, and plans for the next reporting period. Every record is checked for completeness and lab data is checked for test validity prior to being imported into the testing database. All incomplete or inaccurate records are resubmitted to testing sites to correct. Monthly testing summaries are submitted on a monthly basis and are cross-checked to submitted data. In addition, data entry staff meets on a monthly basis to cross-check positive client data with the data available through the linkage coordinator.

The paper Counseling Information Form and testing lab slips were condensed into one form in order to minimize the errors made on paper and to provide a more streamlined process for both testing coordinators and DPH staff to check test records. A more robust data entry screen and extensive training that began on January 1st, 2010 has ensured even more complete and useful data.

4. Describe any training or technical support provided for staff responsible for data collection, entry, and analysis related to this program area during the reporting period. Describe any staff-related challenges and the plan to address them.

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With the implementation of a new Counselor Information Form, the data manager and technical assistance staff met individually with each testing site coordinator to review the new form and new protocol. Sites are also provided with one-on-one assistance with checking and submitting their testing data as needed. For sites that routinely have a large number of resubmits, the data manager and/or technical assistance lead for the site will meet with the coordinator and review the data and data submission protocol in order to ensure more complete and accurate data. Data entry staff have received extensive training on the new data system and are given regular feedback about the completeness and accuracy of their data entry and provided with support to address and resolve any routine data entry errors.

Quality Assurance

1. Describe the process in implementing and maintaining a Quality Assurance Plan for CTRS, PS, and HE/RR. Include activities conducted by the health department, community-based programs funded by the health department (if relevant), and /or other prevention providers. In the progress report address how the applicant is:
 - a. Ensuring that counseling includes the CDC recommended counseling elements?

All HIV test counseling staff must take and pass a three day “Basic Counselor Skills Training (as well as other locally required training). This training, which includes the CDC recommended counseling elements, is required for all HIV test counselors at government supported test sites in the State of California. Counselors are observed a minimum of once a year by the Testing Site Coordinator and the HPS Testing QA Coordinator also observes one or two counselors at each site once a year. Reports of these observations are in writing and on file with corrective action recommended and monitored as appropriate.
 - b. Ensuring that HIV-positive clients receive test results and are linked to appropriate medical care and treatment services.

All agencies that receive funding for CTRS are contractually obligated to follow up with persons newly infected with HIV to ensure that they received appropriate medical care and treatment services. The HPS Linkage and Partner Service Coordinator, who has access to all lab data follows up with the CTRS Coordinators to ensure and support this linkage. At the end of each year, working with Surveillance,

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HPS is able to identify the % of persons testing HIV positive at CTRS sites who have a CD4/viral load test. The goal is 85% within three months of testing HIV infected.

- c. Ensuring the development and implementation of a QA system for HIV rapid testing processes.

HPS has a fully developed and implemented QA system for HIV rapid testing that includes proficiency training, regular and periodic observed competency assessment testing on all rapid tests used by the agency, annual site visit to review storage, temp logs and other items on an annual QA check list and observed testing as well as counseling, all requirements for HIV rapid testing are spelled out in the Agency's Policies and Procedures that require HPS approval.

- d. Assessing referral and completion strategies

All referral at CTRS sites are documented on the Client Information Form. Referral to medical care is followed up by the HPS Linkage and Partner Services Coordinator.

- e. Reviewing referral data for referral process improvement

Data for refers is review annually by HPS staff. Referral to medical care is further verified by working with the Surveillance staff to determine the percentage of persons received a CD4/viral load after testing positive for HIV at a CTRS site.

- f. Ensuring the development and implementation of a system that allows the applicant to assess the PS program and improve its function (e.g., improving the percentage of persons who receive PS, quality of PS interview sessions,).

Note: See the guidance on quality assurance provided in the MMWR

“Recommendations for Partner Services Programs for HIV Infection, Syphilis, Gonorrhea, and Chlamydia Infection, page 54.”

During this report period, HPS and STDPC piloted a new partner service approach working with a high volume testing site. Based on these finding and previous partner services models by the end of 2010. HPS will develop an improved PS model that will place responsibility for PS primarily with Health Department staff. This improved model will be implemented by July 1, 2011 if not before.

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g. Ensuring that HE/RR activities are appropriate, understandable, and acceptable for the specific populations served? All providers submit a comprehensive cultural competency plan which must be updated each year. This plan and subsequent updates must contain objectives and describe progress in ensuring the involvement of target populations in designing, providing and evaluating services.

h. Ensuring consistency, accuracy, and relevance of public information provided through local hotlines and other channels?

HPS does not support a local hotline, however the office works with prevention providers to disseminate accurate HIV prevention and treatment information utilizing our list-serves, community meeting and the through HPPC.

i. Ensuring the development and implementation of a system to assess HE/RR activities and make improvements using the collected data.

As noted in previous sections of this report, on a quarterly basis, HERR providers submit client level data and information of service provided through Core variable. HPS provides reports to providers so that they may review the number of clients, contacts and activities (e.g. ILI, GLI) provided during the quarter. This allows providers to assess their HE/RR activities and make improvements using the collected data.

j. Monitoring the provision of HE/RR services and programs?

As noted in QA question 1i, HPS monitors the provisions of HERR through core variables. Additionally, through monthly invoices providers are asked to report the number of activities, number of clients and number of contacted provided. This process allows HPS to monitor the HE/RR services and programs.

k. Identifying the training and technical assistance needs?

HPS works with each provider to identify training and technical assistance needs. Additionally, HIV testing sites have a list of required trainings they must attend as well as a requirement for annual Continuing Educational Trainings (CETs)

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2. Analyzing and using quality assurance data to meet and improve HE/RR activities?

As noted in previous sections of this report, on a quarterly basis, HERR providers submit client level data and information of service provided through Core variable. HPS provides reports to providers so that they may review the number of clients, contacts and activities (e.g. ILI, GLI) provided during the quarter. This allows providers to assess if they are meeting the target populations and activities that they identified in their individual program plans. Additionally, on an annual basis, each organization completes a Monitoring and Cultural Competency report. These reports are reviewed by HPS staff which provides the organization with a score and recommendation/action steps for improvements to their HERR activities. The staff then works with the organization to link them to capacity building activities and/or trainings to improve their outcomes.

3. Provide a list of the trainings and technical assistance through which all managers (health departments and their contractors) were trained for quality assurance policies and procedures, data collection, entry and analysis. Describe challenges encountered and strategies used to address them.

Table 17 provides a list of the trainings and technical assistance provided in January –June 2010.

Table 17: List of the trainings and technical assistance provided in January–June 2010
Disclosure Assistance and Partner Services (DAPS) DAPS Training for CTL providers
Quarterly CTL Coordinators' Meeting
Ongoing TA for Core Variables provided by HPS Evaluation Team staff.
Ongoing one on one TA for CTL contractors provided by dedicated HPS staff.
Hepatitis C Counseling, Testing & Linkages

4. How many FTEs were assigned/designated to QA activities in 2010?

In 2010, HPS assigned/designated approximately 10 FTEs to support program monitoring, evaluation and quality assurance (QA) for HIV prevention services supported through this cooperative agreement. Currently the primary staff involved in evaluation of CTL activities is a Data/QA/Reporting Coordinator and staff responsible for non-CTL activities are a Data Manager, Data Analyst and Evaluation Coordinator for a total of 4 FTE. HPS supports 3 FTE to Data/QA/Reporting and evaluation of HERR and HIV-IP interventions and 3 FTE to

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support programs in QA to adherence to contract deliverables and support for the implementation of the interventions.

5. How many FTEs will be assigned/designated to QA activities in 2011?

In 2011, HPS will continue to support approximately 10 FTEs to support program monitoring, evaluation and quality assurance (QA) for HIV prevention services supported through this cooperative agreement.

Section IX: Capacity Building

1. Was a capacity building plan submitted in the applicant’s 2010 application, yes or no?

Yes, a capacity building plan submitted in the applicant’s 2010 application

a. If a capacity building plan was not completed did the applicants complete an assessment of capacity building needs during the 2010 reporting period, yes or no?

b. If a capacity building plan or assessment was not submitted, go to #3

2. If yes, describe the capacity building activities that occurred during the 2010 reporting period. Please include the following:

a. Describe how data collected will be analyzed and used to evaluate capacity building efforts to guide and adjust future activities.

Table 17 provides you a list of trainings conducted by HPS to support technical assistance to organizations. Additionally, from January – June 2010, two request (see table 18) were placed in CDC CRIS to provide capacity building activities to CBOs during this period.

Table X: CDC CBA Request from January—June 2010		
Organization receiving CBA	CBA organization	Request
Mission Neighborhood Health Center	American Psychological Association/BSSV Program	Training for all staff of on working in culturally competent ways with African Americans in health settings
UCSF, The Sexual Health and Empowerment Program	UCSF, Transitions Project/CAPS	The program is developing a transgender adaptation of Seeking Safety, a cognitive behavioral therapy intervention, and worked with the transition Project to develop focus group questions and data interpretation.

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3. Detail the challenges faced in meeting the capacity building goals and objectives, and describe the strategies used to meet these challenges. During this project period, HPS has not experienced any challenges with capacity building activities.
4. Provide an updated Capacity Building program plan for 2011. If there are changes, provide a brief rationale for the proposed changes.

In 2011, HPS will continue to use a three part model for providing capacity building assistance (CBA) for organizations supported to conduct HIV prevention services.

1. Access CBA through CDC network of CBA providers;
2. Provide training and technical assistance, quality assurance to HPS CTL, HERR and HIV-IP providers; and
3. Provide quarterly peer driven meeting to support information exchange and best practices.

Section X: STD Prevention Activities

1. Were CDC prevention funds used to augment local efforts to identify persons with STD that may facilitate the transmission of HIV infection? If yes, how was the CPG involved in making the decision to augment STD services (e.g., indicated in the Comprehensive HIV Prevention Plan)?

HPS supports STD Prevention and Control to providing HIV testing efforts. Additionally, funds STD Prevention and Control to conduct broader HERR and HIV-IP prevention activities that integrate health information about HIV and STDs.

2. Describe how PS are coordinated with STD programs, and address the following in the report:
 - a. STD services offered at counseling and testing sites. Many HIV CTRS programs also provide STD screening (see tables 10a,-10c)
 - b. STD or HIV PS programs are fully integrated. PS is partially integrated. CTRS programs offer partner services and elicited partners names and identifying information is given to STD for follow up. STD partner services are fully offered and partners are followed up by STD.
 - c. STD and/or HIV PS programs are offered independently (See above response 2.b)

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- d. STD services offered through outreach services Yes.
 - e. Incorporation of STD messages with HIV prevention messages Yes, STD messages are incorporated with HIV prevention messages. Regular STD/HIV meeting help to insure this collaborative messaging.
3. Provide an updated description of your plan to coordinate HIV prevention services with STD services in 2011. If changes are proposed, provide a brief rationale for making the proposed changes.

The HIV Prevention Section works closely with the STD Prevention & Control Services Section. One of the sites in our CTRS network is the municipal STD clinic, City Clinic, which provides comprehensive STD services. In addition, as noted in the table above (Tables 10a-10c), numerous other sites in our CTRS network provides STD testing in conjunction with HIV testing. HPS also supports the STD Prevention and Control to provide partner services City wide.

Section XI: Collaboration and Coordination

1. Describe the progress on the collaboration and coordination with the following programs and groups.

Table 19 provides HPS's progress in working with partners in supporting collaboration and coordination efforts in San Francisco.

Table 19: Collaboration and Coordination	
Organizations	Activities
a. CDC Directly Funded CBOs	HPS provided a letter of support for all organization directly applying for CDC funding. Upon the announcement of the awards, HPS will work with the organization provided training and capacity building assistance.
b. HIV/AIDS Care Programs	Sixteen of the organizations that funded to provide HIV preventions services are also funded to provide Ryan White Part A services. Additionally, all organizations are required to develop a Program Model which included linkages to support services. Organizations are asked to develop MOUs that matched their target population and Logic Model and how these MOUs were to be monitored to ensure that the linkage to services occurred. The SFDPH, HIV Health Services Section has developed seven "Centers of Excellence". All seven centers or networks have PWP services funded by the HIV Prevention Section.
c. Surveillance programs	HPS works with the HIV Epidemiological Section (HES) to develop the Epidemiological Profile in the Plan. HPS has also partners with the HES to develop social network testing models to increase HIV status awareness. The HPS, HES and STD, Sections are also working together to find ways to increase the use of surveillance to support partners services efforts.

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d. Substance use prevention and treatment programs	Nine of the organizations that are funded to provide HIV prevention are also funded to provide substance use treatment/prevention services. Seven of our substance use prevention and treatment programs also offer HIV testing services at their facilities. HPS manages the SAMHSA Substance Abuse Prevention and Treatment HIV Early Intervention Set-Aside.
e. Juvenile and adult corrections settings;	HPS funds our partners at the SFDPH Jail Health Services, Forensic AIDS Project to provide HIV testing and linkages into their HIV prevention and care services. HPS also funds Larkin Street Youth Services to provide rapid testing at the Youth Guidance Center/Log Cabin Ranch.
f. American Indian/Alaska Native tribal councils, Tribal CBOs, Tribal governments, and Indian Health Service-funded programs	HPS supports Native American AIDS Project and Native American Health Center. The organizations work with regional Tribal governments to support HIV prevention and care efforts to the San Francisco native communities.
g. Hepatitis prevention programs	Five of our testing sites offer Hepatitis C screening and through our partnership with Communicable Disease Control and Prevention Section many of our CTL network sites offer Hepatitis A and B vaccinations. All of our HERR/PWP provides must offer information and referral services to participants in their programs.
h. Tuberculosis (TB) clinics and programs	HPS supports efforts in SFDPH TB clinic to provide HIV opt-screening.
i. Mental health departments and community mental health centers	Four of the organizations that are funded to provide HIV prevention services are also funded to provide Ryan White Part A services, mental health and substance use treatment/prevention services.
j. Family planning and women's health agencies and programs, including providers of service to women in high-risk situations;	HPS is working with the Women's Community Clinic and Lyon Martin Health Centers to transition to opt out testing models. HPS also works with BAPAC to support evaluation efforts to strengthen perinatal prevention efforts at SFGH.
k. State and local education agencies; schools, boards of education, universities and schools of public health.	HPS works with the San Francisco Unified School District to provide health education and risk reduction services to high school students. These services include one-on-one confidential HIV prevention, STI prevention, and reproductive health education, group workshops, and capacity building/skills building workshops for teachers & staff. HPS is working with the clinic at San Francisco State University, Student Health Services to transition to an opt-out testing model through their clinical care services.
l. Other community groups, businesses, and faith-based organizations	The HIV Prevention Section Condom Distribution Program works with community groups, business and local organization who do not receive funding from the office to provide condoms, lube and health education materials to them.

- k. Describe the challenges faced to establish those collaboration and coordination and the strategies used to meet these challenges.

Given the delay in CDC selection process for CDC Directly Funded CBOs, HPS has not been able to identify which organization will need support in implementing their new prevention projects.

SFDPH Project Narrative: Interim Progress Report and 2010 Proposed Plan

1. Please provide an update plan for 2011 for the collaborations/coordination. As part of the 2011 Plan please indicate whether the activities are the same, will be changed or are new. Please provide a brief rationale for the propose change/s.

In 2011, HPS will continue to work with all partners identified in table 18 to provide coordination of services. Additional we will continue to work with Communicable Disease Prevention and Control, HIV Epidemiological Section, HIV Health Services Section, STD Prevention and Control, TB Control and DPH Lab Services to improve collaboration and services integration efforts among health department services.

Section XII: Laboratory Support

1. If CDC funds were used for laboratory support, describe the laboratory performance evaluation conducted to assure quality in testing services and promptness in reporting findings.

During this period, HPS met regularly with the Director of the Microbiology lab to discuss lab related QA issues for HIV testing. The lab maintains a log of all complaints and there were no complaints by agency during this time period. The lab also hires a company to conduct biannual proficiency testing of all lab procedures, including EIA, IFA, Western Blot, Viral Load and other lab tests related to HIV antibody or virus testing. All lab results were provided to testing sites within 7 days of specimen collection. All results were documented in the MLAB database which is accessible to HPS staff for follow-up.

2. In 2011, if the applicant plans to use CDC funds for laboratory support, describe how quality laboratory services will be assured.

CDC funds will support DPH lab at 101 Grove to conduct conventional antibody testing, confirmatory testing for a rapid reactive test, pooled RNA testing, quantitative viral load tests. The HPS testing staff meets regularly with Lab personnel to review testing services, provide feedback from CBO's/STD Clinic. The DPH lab provides internal and external quality control measures for all lab procedures, including HIV antibody and viral testing.

SFDPH Project Narrative: Interim Progress Report and 2010 Proposed Plan

Section XIII: HIV/AIDS Epidemiologic and Behavioral Surveillance

1. If CDC funds were used for HIV/AIDS Epidemiologic and Behavioral Surveillance activities, describe the progress achieved on meeting the proposed activities funded through this program announcement.

HPS did not use funds in January through June 2010 from this cooperative agreement to support Epidemiologic and Behavioral Surveillance activities.

2. Describe the challenges faced to meet the activities and the strategies used to overcome these challenges.

See question 1.

3. In 2011, if you plan to use CDC funds for HIV/AIDS Epidemiologic and Behavioral Surveillance activities, describe the propose activities. Provide a brief rationale for the propose change/s.

At this time, HPS does not anticipate using any not use funds in 2011 from this cooperative agreement to support Epidemiologic and Behavioral Surveillance activities.

Section XIV: HIV Prevention Resources

Based on the proposed budget plan submitted with the applicant's 2010 application, please address whether there have been changes during the reporting period from Jan. 1- June 30, 2010 that have had an impact on the HIV prevention programs for the following:

1. Unanticipated vacancies (e.g. layoffs, hiring freezes, re-alignment of staff, position cuts). *If yes, please explain the response.*

There were no unanticipated vacancies during January to June 2010.

2. Unanticipated work schedule interruptions (e.g. furloughs, changes in staff assignments-H1N1) *If yes, please explain the response*

During the reporting period, one labor union representing some employees funded through CDC negotiated for unpaid holidays for these staff. Staff were not paid for legal holidays during the six month period.

3. Redirections of funds to cover unanticipated costs. *If yes, please explain response.*

No CDC funds were redirected during the reporting period.

SFDPH Project Narrative: Interim Progress Report and 2010 Proposed Plan

4. Changes in other key funding resources (e.g., cuts in local or state funds, STD, Hepatitis, increased expanded testing initiatives via CDC, HRSA, SAMHSA). If yes, please explain responses.

The California State Office of AIDS informed the SFDPH HPS that funding for San Francisco would be reduced from approximately \$3,000,000 to \$510,994 beginning July 1, 2010. The Board of Supervisors of the City and County of San Francisco added back \$2,400,000 to close this gap in HIV prevention funding for at least one year.

5. Unanticipated changes in local contractual obligations (i.e. subcontractors). If yes, please explain response.

There were no changes to contractual obligations for HPS subcontractors.

If an applicant has answered yes to any of the above areas, address any challenges this has created for your proposed HIV prevention plan for 2010. Outline key strategies used to address these challenges and indicate how these changes have influenced your proposed HIV prevention program plan and proposed budget for 2011.

Response to #2 above: This change had no effect on the proposed plan for 2010. Since that time, the unions renegotiated the contracts for City and County employees and legal holidays are now paid holidays.

Response to #4 above: While an anticipated cut in funding was of concern, due to the add-back from the Board of Supervisors, the State Office of AIDS funding reduction had no impact on the proposed plan.

Section XV: Assurance of Compliance

HPS has provided the Assurance of Compliance for the project period, please see Attachment D.



August 12, 2010

Angie Tuttle, Grants Management Officer
Centers for Disease Control and Prevention
Procurement and Grants Office, Branch 1
2920 Brandywine Road, Mail stop: E-14
Atlanta, GA 30341

Dear Ms. Tuttle:

On behalf of the members of the San Francisco HIV Prevention Planning Council (HPPC), we are pleased to provide this "Letter of Concurrence" with the San Francisco Department of Public Health, HIV Prevention Section (HPS) Interim Progress Report for continuation of award under PS10-1001 Funding Opportunity Announcement number CDC-RFA-PS10-100102CONT11

The HPPC was actively involved in the review of 2011 programmatic activities and budget of the progress report. During the past few months, members of the HPPC received a series of opportunities to provide their input on the narrative and budget:

- **Thursday, May 24th:** HIV Prevention Section (HPS) received notice of Cooperative Agreement application due July 26, 2010;
- **Thursday, June 12th HPPC Meeting:** HPS presented an Introduction to CDC Cooperative Agreement/Interim Progress Report (IPR) to the full council;
- **Thursday, June 24th Steering Committee Meeting:** HPS updated the Steering Committee on status of application and the Steering Committee made recommendations on how to proceed with the review of the IPR.
- **Thursday, July 8th HPPC Meeting:** HPS updated the HPPC on status of application and recommendations from Steering Committee for HPPC review.
- **Tuesday, July 6th:** HPS sent the Steering Committee a draft of the 2011 Section of the IPR for review;
- **Thursday, July 22nd Steering Committee Meeting:** HPS provided a review of the Draft Narrative and Budget--all HPPC members were encouraged to attend this meeting.
- **Friday, July 23rd:** HPS sent a copy of the Draft Narrative and Budget to HPPC members for review.
- **Thursday, August 5th Special Meeting:** An informal meeting was held to review the application narrative and budget--all HPPC members were encouraged to attend this meeting.
- **Thursday, August 12th HPPC Meeting:** The final Presentation on 2011 Section of the Narrative and Budget as well as vote for Letter of Concurrence was held.

The final progress report/cost extension was discussed at the full August Council meeting, when a motion was made, seconded and unanimously approved by the membership to authorize the inclusion of this Letter of Concurrence in the application.

These deliberations demonstrate the effective and on-going partnership between the community planning group and the Department of Public Health in San Francisco. Should you wish additional information regarding this letter and/or HPPC involvement in preparation of the Cooperative Agreement Application, please let us know.

We appreciate the CDC's continuing support for San Francisco's HIV prevention efforts.

Sincerely,

Handwritten signature of Grant Colfax in black ink.

Grant Colfax
Government Co-Chair

Handwritten signature of Isela González in black ink.

Isela González
Community Co-Chair

Handwritten signature of Ben Hayes in black ink.

Ben Hayes
Community Co-Chair



**ASSURANCE OF COMPLIANCE
with the**

"REQUIREMENTS FOR CONTENTS OF AIDS-RELATED WRITTEN MATERIALS, PICTORIALS, AUDIOVISUALS, QUESTIONNAIRES, SURVEY INSTRUMENTS, AND EDUCATIONAL SESSIONS IN CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC) ASSISTANCE PROGRAMS"

By signing and submitting this form, we agree to comply with the specifications set forth in the "Requirements for Contents of AIDS-Related Written Materials, Pictorials, Audiovisuals, Questionnaires, Survey Instruments, and Educational Sessions in Centers for Disease Control and Prevention (CDC) Assistance Programs," as revised June 15, 1992, 57 Federal Register 26742.

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

We agree that all written materials, audiovisual materials, pictorials, questionnaires, survey instruments, proposed group educational sessions, educational curricula and like materials will be submitted to a Program Review Panel. The Panel shall be composed of no less than five (5) persons representing a reasonable cross-section of the general population; but which is not drawn predominantly from the intended audience. (See additional requirements in attached contents guidelines, especially paragraph 2.c. (1)(b), regarding composition of Panel.)

The Program Review Panel, guided by the CDC Basic Principles (set forth in 57 Federal Register 26742), will review and approve all applicable materials prior to their distribution and use in any activities funded in any part with CDC assistance funds.

Following are the names, occupations, and organizational affiliations of the proposed panel members: (if panel has more members than can be shown here, please indicate additional members on the reverse side.)

NAME	OCCUPATION	AFFILIATION
Joseph Imbriani	Community Health Worker	HIV Prevention Section
Tony Robles	Medical Records Staff	Community Member
Thomas Hughes	Artist	Self employed
Sylvia Young	Group Facilitator	CAPS
Catherine Brannigan	Health Care Provider	Kaiser Permanente
Andrew Williams III	Program Coordinator	Community Member
Jenna Rapues	Health Educator	SFDPH – AIDS Office (Health Department Representative)

Applicant/Grantee Name: City and County of San Francisco Department of Public Health, HIV Prevention Section	Grant Number (If Known): CDC- PS10-100102CONT11
Signature: Project Director 	Signature: Authorized Business Official
Date: August 2, 2010	Date: August 2, 2010

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		Total (g)
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	
1. HIV Prevention Projects	93.940	\$ 606,768.00	\$	\$	\$	606,768.00
2.						
3.						
4.						
5. Totals		\$ 606,768.00	\$	\$	\$	606,768.00

SECTION B - BUDGET CATEGORIES

6. Object Class Categories	GRANT PROGRAM, FUNCTION OR ACTIVITY				Total (5)
	(1)	(2)	(3)	(4)	
	HIV Prevention Projects				
a. Personnel	\$ 1,710,688.00	\$	\$	\$	1,710,688.00
b. Fringe Benefits	578,806.00				578,806.00
c. Travel	17,000.00				17,000.00
d. Equipment	0.00				
e. Supplies	195,814.00				195,814.00
f. Contractual	5,846,883.00				5,846,883.00
g. Construction	0.00				
h. Other	64,550.00				64,550.00
i. Total Direct Charges (sum of 6a-6h)	8,413,741.00			\$	8,413,741.00
j. Indirect Charges	411,250.00			\$	411,250.00
k. TOTALS (sum of 6i and 6j)	\$ 8,824,991.00	\$	\$	\$	8,824,991.00
7. Program Income		\$	\$	\$	

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SECTION C - NON-FEDERAL RESOURCES

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) TOTALS
8.	\$	\$	\$	\$
9.				
10.				
11.				
12. TOTAL (sum of lines 8-11)	\$	\$	\$	\$

SECTION D - FORECASTED CASH NEEDS

Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	\$	\$	\$	\$
14. Non-Federal	\$			
15. TOTAL (sum of lines 13 and 14)	\$	\$	\$	\$

SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT

(a) Grant Program	FUTURE FUNDING PERIODS (YEARS)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	\$	\$	\$	\$
17.				
18.				
19.				
20. TOTAL (sum of lines 16 - 19)	\$	\$	\$	\$

SECTION F - OTHER BUDGET INFORMATION

21. Direct Charges:	\$1,710,688	22. Indirect Charges:	\$411,250
23. Remarks:	indirect cost rate based on 24.04% of total salaries		

San Francisco Department of Public Health (SFDPH)
AIDS Office
HIV Prevention Section

Funding Opportunity Number: CDC-RFA-PS10-100102CONT11
Grant #2U62PS923478

HIV Prevention Projects

Budget Summary

January 1, 2011 to December 31, 2011

A.	Personnel	\$1,710,688
B.	Mandatory Fringe	\$578,806
C.	Travel	\$17,000
D.	Equipment	\$0
E.	Materials and Supplies	\$195,814
F.	Contractual	\$5,846,883
G.	Other Expenses	\$64,550
	TOTAL DIRECT COSTS	\$8,413,741
H.	Indirect Costs (24.04% of Total Salaries)	\$411,250
	TOTAL BUDGET	\$8,824,991

Detailed Budget Justification: 1/1/2011 – 12/31/2011

A. PERSONNEL

B. MANDATORY FRINGE

1. 0.55 2232 Director of HIV Prevention & Research, Sr. Phys Spec: G. Colfax
Annual Salary \$183,092 x 0.55 FTE for 12 months = \$100,701
Mandatory Fringe Benefits (@ 35%) = \$35,245 \$135,946

The Director of the HIV Prevention and Research administers the overall HIV prevention program including the prevention budget, RFPs, prevention providers, evaluation and prevention research, and oversees the HIV prevention community planning component. The Director oversees the activities of Health Education and Risk Reduction, Prevention with Positives, and Counseling, Testing, and Linkages and provides direction to the overall program including reviewing contract status, progress and monitoring reports, budget requests and other administrative functions.

2. 0.50 0922 Manager I: T. Packer
Annual Salary \$108,888 x 0.50 FTE for 12 months = \$54,444
Mandatory Fringe Benefits (@ 35%) = \$19,055 \$73,499

The Deputy Director reports to and assists the HIV Prevention Director with fiscal management, resource allocations, and human resources. The position will supervise the units of the HIV Prevention Section in cooperation with and under the supervision of the Director. The Deputy Director is responsible for supervising, training and evaluating the activities of Health Program Coordinators I, III (2589/2593) and other program staff, including community planning staff. Participates in the preparation and maintenance of HIV Prevention Section budget, monitoring of expenditures and financial reporting. Assists in the preparation of federal and state grants.

3. 0.45 2822 Health Educator: D. Geckeler
Annual Salary \$84,084 x 0.45 FTE for 12 months = \$37,838
Mandatory Fringe Benefits (@ 35%) = \$13,243 \$51,081

This position is the coordinator of evaluation for HIV prevention, including the Core Variables project. Works with community groups, providers, health department staff, researchers to develop and implement evaluation plans for San Francisco. Works with the HIV Prevention Planning Council (HPPC) and its committees to ensure community input to evaluation and other HIV prevention priorities. Coordinates the development and maintenance of a data collection system for prevention providers in San Francisco with state and federal input and collaboration, which includes developing and conducting training and providing technical assistance for providers in data collection requirements.

4. 1.00 2822 Health Educator: M. Paquette
Annual Salary \$84,084 x 1.00 FTE for 12 months = \$84,084
Mandatory Fringe Benefits (@ 35%) = \$29,429 \$113,513

This position oversees and coordinates training initiatives for providers and community members. Coordinates HIV prevention efforts related to methamphetamine use. Develops and convenes program related provider groups to increase networking, prevent duplication, develop capacity for providing services. Acts as the programmatic liaison between HIV and STD issues.

5. 1.00 2819 Assistant Health Educator: A. Rivas
Annual Salary \$72,618 x 1.00 FTE for 12 months = \$72,618
Mandatory Fringe Benefits (@ 35%) = \$25,416 \$98,034

This position works in the HIV Counseling, Testing, and Linkages Unit. Provides technical assistance to CTL providers on testing and programs to agencies providing HIV Counseling, Testing, and Linkages. Provides training to HIV counselors on testing, HIV counseling, partner services, and linkages to care.

6. 1.00 2818 Health Program Planner: I. Nieves-Rivera
Annual Salary \$76,258 x 1.00 FTE for 12 months = \$76,258
Mandatory Fringe Benefits (@ 35%) = \$26,690 \$102,948

This position serves as the policy director and national representative for the HIV Prevention Section, including representing San Francisco on the Urban Coalition for HIV/AIDS Prevention Services (UCHAPS). Duties include preparing the CDC Cooperative Agreement and required reports. Oversees and develops local policy initiatives, works with State and federal representatives to ensure HIV prevention policy addresses local prevention needs.

7. 1.00 2806 Health Program Coordinator I & II: V. Fuqua
Annual Salary \$65,702 x 1.00 FTE for 12 months = \$65,702
Mandatory Fringe Benefits (@ 35%) = \$22,996 \$88,698

This position works with the HIV Prevention Health Education Unit to assess the prevention and other health needs of gay men and other behavioral risk populations. Develops relevant prevention programs. Convenes and coordinates community members to assess and document the needs of African American communities, especially gay men and youth and organize priorities to ensure that HIV prevention needs are met.

8. 0.05 2803 Epidemiologist II: TBD
Annual Salary \$92,222 x 0.05 FTE for 12 month² = \$4,611
Mandatory Fringe Benefits (@ 35%) = \$1,614 \$6,225

The Epidemiologist will oversee evaluation efforts for the HIV Prevention Section. This includes oversight of outcome evaluation and data collection and analysis for CTL, HERR, and PWP data. Position will be responsible for data dissemination and reports of data and study findings through community meetings and written reports. This position also provides evaluation technical assistance to the HPPC and prevention providers.

9. 0.65 2593 Health Program Coordinator III: E. Davis
 Annual Salary \$90,818 x 0.65 FTE for 12 months = \$59,032
 Mandatory Fringe Benefits (@ 35%) = \$20,661 \$79,693

This position is responsible for the development, management, and monitoring of contracts and Memoranda of Understanding (MOU). Provides programmatic input on RFP and provides contract technical assistance to contractors.

10. 0.45 2593 Health Program Coordinator III: T. Dowling
 Annual Salary \$90,818 x 0.45 FTE for 12 months = \$40,868
 Mandatory Fringe Benefits (@ 35%) = \$14,304 \$55,172

This position is the Manager of HIV Counseling, Testing, and Linkages (CTL) and is responsible for supervising all activities of the CTL program. Responsibilities include supervising staff and consultants, working with providers to set goals and objectives for the program, overseeing data collection and management, providing technical assistance to contractors, and evaluating the program.

11. 0.35 2593 Health Program Coordinator III: E. Dubon
 Annual Salary \$90,818 x 0.35 FTE for 12 months = \$31,786
 Mandatory Fringe Benefits (@ 35%) = \$11,125 \$42,912

This position is responsible for contract and MOU development, quality assurance, contract technical assistance to providers, and program monitoring for contract compliance. Assists in the development of prevention RFPs.

12. 1.00 2593 Health Program Coordinator III: J. Melichar
 Annual Salary \$90,818 x 1.00 FTE for 12 months = \$90,818
 Mandatory Fringe Benefits (@ 35%) = \$31,786 \$122,604

This position is responsible for coordinating the data collection and management for Core Variable data collected by HIV prevention contractors. Provides oversight to data team, technical assistance to contractors, and prepares reports to the HPPC and HIV Prevention Section.

13. 1.00 2593 Health Program Coordinator III: J. Pabustan
 Annual Salary \$90,818 x 1.00 FTE for 12 months = \$90,818
 Mandatory Fringe Benefits (@ 35%) = \$31,786 \$122,604

This position is responsible for contract and MOU development, quality assurance, contract technical assistance to providers, and program monitoring for contract compliance. Assists in the development of prevention RFPs.

14. 0.80 2593 Health Program Coordinator III: M. Rodriguez
 Annual Salary \$81,736 x 0.80 FTE for 12 months = \$65,389
 Mandatory Fringe Benefits (@ 35%) = \$22,886 \$88,275

This position coordinates the planning and implementation of data security and compliance requirements and other data activities for the HIV Prevention Section. Oversees staff training requirements and implements training programs.

15. 0.65 2589 Health Program Coordinator I: E. Loughran
Annual Salary \$70,486 x 0.65 FTE for 12 months = \$45,816
Mandatory Fringe Benefits (@ 35%) = \$16,036 \$61,851

This position manages the community planning activities for the HIV Prevention Section. Works with the HIV Prevention Planning Council (HPPC) to develop and coordinate council and committee scopes of work, meetings, and special projects. Representative to the Urban Coalition for HIV/AIDS Prevention Services. Participates in the development of the HIV Prevention Plan.

16. 1.00 2587 Health Worker III: A. Heimsoth
Annual Salary \$56,056 x 1.00 FTE for 12 months = \$56,056
Mandatory Fringe Benefits (@ 35%) = \$19,620 \$75,676

This position works with the CTL Unit to ensure quality control and inventory of rapid testing. Delivers CTL materials to providers. Provides documentation of CTL and HIV prevention activities.

17. 1.00 2587 Health Worker III: J. Imbriani
Annual Salary \$56,056 x 1.00 FTE for 12 months = \$56,056
Mandatory Fringe Benefits (@ 35%) = \$19,620 \$75,676

This position works with the HIV Prevention Health Education Unit to assess the prevention and other health needs of gay men and develop relevant prevention programs. Conducts formative research, works with other staff to create and evaluate appropriate programs.

18. 1.00 2587 Health Worker III: J. Rapues
Annual Salary \$56,056 x 1.00 FTE for 12 months = \$56,056
Mandatory Fringe Benefits (@ 35%) = \$19,620 \$75,676

This position works with the Health Education team to coordinate programs and develop networks and supplies for transgendered populations. Convenes Transgender Advisory Group. Staffs the Membership and Community Liaison Committee of the HIV Prevention Planning Council. Provides technical assistance to providers on reaching transgender population.

19. 1.00 2585 Health Worker I: O. Macias
Annual Salary \$45,786 x 1.00 FTE for 1 month = \$3,816
Mandatory Fringe Benefits (@ 35%) = \$1,099 \$4,914
1.00 2586 Health Worker II: O. Macias

Annual Salary \$51,220 x 1.00 FTE for 11 months = \$46,952
Mandatory Fringe Benefits (@ 35%) = \$16,433 \$63,385

This position works with the HIV Prevention Health Education Unit to assess the prevention and other health needs of gay men and develop relevant prevention programs. Coordinates the development and dissemination of the Latino Action Plan. Coordinates the Materials Review Process.

20. 1.00 1842 Management Assistant: B. Chan Lew
Annual Salary \$67,132 x 1.00 FTE for 12 months = \$67,132
Mandatory Fringe Benefits (@ 35%) = \$23,496 \$90,628

This position supports the HIV Prevention Planning Council and staff through the development and implementation of systems for coordination of Council activities. Works closely with HPPC Co-Chairs to facilitate coordination of meetings, retreats, and databases. Prepares meeting agendas and materials. Manages the condom distribution program.

21. 0.25 1823 Sr. Administrative Analyst: S. Shaikh
Annual Salary \$91,338 x 0.25 FTE for 12 months = \$18,268
Mandatory Fringe Benefits (@ 35%) = \$6,394 \$24,661

This position provides fiscal and administrative support to the HIV Prevention Section. Prepares statistical reports on HIV Prevention contracts. Works with Program Managers and contractors to resolve issues related to invoices.

22. 0.25 1822 Administrative Analyst: D. Cheung
Annual Salary \$72,956 x 0.25 FTE for 12 months = \$18,239
Mandatory Fringe Benefits (@ 35%) = \$6,384 \$24,623

This position provides fiscal and administrative support to the HIV Prevention Section. Monitors grant and contractor budgets and expenditures. Works with Program Managers and grantors to resolve fiscal issues. Serves as the liaison between Contracts and Accounts Payable Units.

23. 0.25 1822 Administrative Analyst: A. Salcedo
Annual Salary \$72,956 x 0.25 FTE for 12 months = \$18,239
Mandatory Fringe Benefits (@ 35%) = \$6,384 \$24,623

This position provides operations support to the HIV Prevention Section. This employee is responsible for fiscal processing of operating expenditures, invoices, requisitions and payments, preparing monthly expenditure reports.

24. 0.40 1824 Principal Administrative Analyst: I. Carmona
Annual Salary \$105,742 x 0.40 FTE for 12 months = \$42,297
Mandatory Fringe Benefits (@ 35%) = \$14,804 \$57,101

The Chief of the Contracts Unit is responsible for overall management of contract planning and development. This position manages the contract negotiations, requests for proposals (RFP), contract development and technical review processes.

25. 0.15 1823 Senior Administrative Analyst: N. Foote
Annual Salary \$91,338 x 0.15 FTE for 12 months = \$13,701
Mandatory Fringe Benefits (@ 35%) = \$4,795 \$18,496

Under the direction of the Chief of Contracts Unit, this position assists program managers with contract development, planning, negotiation, technical review, and certification. Assists with request for proposal process, bidders' conferences, and compliance with Federal, State, and local laws.

26. 0.50 1823 Senior Administrative Analyst: K. Ly
Annual Salary \$91,338 x 0.50 FTE for 12 months = \$45,669
Mandatory Fringe Benefits (@ 35%) = \$15,984 \$61,653

Under the direction of the Chief of Contracts Unit, this position assists program managers with contract development, planning, negotiation, technical review, and certification. Assists with request for proposal process, bidders' conferences, and compliance with Federal, State, and local laws.

27. 0.50 1822 Administrative Analyst: W. Gaitan
Annual Salary \$72,956 x 0.50 FTE for 12 months = \$36,478
Mandatory Fringe Benefits (@ 35%) = \$12,767 \$49,245

Under the direction of the Chief, Contracts Unit, this position assists contracts staff and program management staff with tracking the status of contracts from development through the certification processes. This position manages the contracts status and tracking system.

28. 0.50 1052 IS Business Analyst: A. DeGuzman
Annual Salary \$86,580 x 0.50 FTE for 12 months = \$43,290
Mandatory Fringe Benefits (@ 35%) = \$15,152 \$58,442

This position is responsible for developing data management systems and coordinating all databases related to program evaluation, behavioral surveys, and data gathering constructs as identified in the prevention planning process. These include standardization of data variables, development of protocols, developing data entry screens and data checking programs. Coordinates data systems with federal and state requirements.

29. 0.50 1002 Information Systems Operator: S. Cheung
Annual Salary \$54,990 x 0.50 FTE for 12 months = \$27,495
Mandatory Fringe Benefits (@ 35%) = \$9,623 \$37,118

Responsibilities include input of data associated with CTL, generating of reports and preparation of spreadsheets.

30. 0.25 1241 Personnel Analyst: TBD
Annual Salary \$67,080 x 0.25 FTE for 12 months = \$16,770
Mandatory Fringe Benefits (@ 35%) = \$5,870 \$22,640

Responsibilities include assisting in the personnel classification, recruitment, hiring, labor union negotiations and employee grievances.

31. 0.25 1657 Senior Systems Accountant: M. Quinonez
Annual Salary \$101,660 x 0.25 FTE for 12 months = \$25,415
Mandatory Fringe Benefits (@ 35%) = \$8,895 \$34,310

This position is responsible for management of grant accounting activities. Analyzes year-end accruals and liquidation of encumbrances. Performs revenue and expenditures analysis. Prepare financial reports and performs account reconciliation.

32. 0.50 1652 Senior Accountant: TBD
Annual Salary \$72,618 x 0.50 FTE for 12 months = \$36,309
Mandatory Fringe Benefits (@ 35%) = \$12,708 \$49,017

This position is responsible for 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 grants. Ensures claims/costs are in compliance with the appropriate regulations. Performs revenue and expenditures analysis.

33. 0.50 1652 Senior Accountant: E. Salcedo
Annual Salary \$72,618 x 0.50 FTE for 12 months = \$36,309
Mandatory Fringe Benefits (@ 35%) = \$12,708 \$49,017

This position is responsible for establishing appropriate classification structure within the general ledger account for grants. Ensures claims/costs are in compliance with the appropriate regulations. This position is responsible for grant accounts payable activities. Reconciles with expenditure reports and claims.

34. 0.50 1652 Senior Accountant: TBD
Annual Salary \$72,618 x 0.50 FTE for 12 months = \$36,309
Mandatory Fringe Benefits (@ 35%) = \$12,708 \$49,017

This position is responsible for establishing appropriate classification structure within the general ledger account for grants. Ensures claims/costs are in compliance with the appropriate regulations. This position is responsible for grant accounts payable activities. Reconciles with expenditure reports and claims.

35. 0.50 1650 Accountant: TBD
 Annual Salary \$65,546 x 0.50 FTE for 12 months = \$32,773
 Mandatory Fringe Benefits (@ 35%) = \$11,471 \$44,244

This position is responsible for performing grant accounting activities, assists in establishing appropriate classification structure within the general ledger account for grants. Monitors status of claims and/or reimbursements to ensure documents are accurate and timely and in compliance with the appropriate regulations.

36. COLA (4%) - Cost of living adjustments as determined by the appropriate union labor agreements. And Step increases (5%) - Cover cost associated with employee pay increases according to the appropriate job classification and pay scale. \$56,278

Total Personnel: \$2,289,494
 Total Salaries \$1,710,688
 Total Fringe \$ 578,806

TOTAL PERSONNEL: \$2,289,494

C. TRAVEL

1. Local Travel \$1,000

Allows for staff travel to meetings within San Francisco with contractors, HIV Prevention Planning Council (HPPC) members, community members and prevention researchers.

Approximate costs for 5 program staff x 40 site visits per year = 100 site visits x 17 miles x .585 cents per mile = \$1,000

2. Out-of-Jurisdiction Travel \$16,000

Provides for program staff and HIV Prevention Planning Council (HPPC) co-chairs to attend CDC meetings and other national or international conferences and meetings, such as the Community Planning Leadership Summit, US Conference on AIDS, and the CDC National Prevention Conference.

Approximate costs for three days stay: \$293 lodging + \$80 transportation + \$694 airfare = \$1,067 x 5 staff x 3 meetings per year = \$16,000

TOTAL TRAVEL: \$17,000

D. EQUIPMENT \$0

E. MATERIALS AND SUPPLIES

1. Computer and clinic supplies \$195,714

Costs include computer software for upgrades and data analysis to implement evaluation requirements for CDC, the State and HPS, and purchase of condoms and test kits.

Software \$8,000 + Desk top computers \$1500 x 2 + condoms \$60 x 400 cases + test kits total \$140,000 + office supplies \$20,714 = \$195,714

2. Meeting expenses/Food \$100
Costs include meeting expenses for community participants to attend conferences.

TOTAL MATERIALS AND SUPPLIES: \$195,814

F. CONTRACTUAL \$5,846,883
(The Contractual detail information is next to the total budget.)

G. OTHER

1. Facility Rentals \$1,600
To cover expenses of space rentals for focus group meetings and regular meetings of the HIV Prevention Planning Council (HPPC). There are approximately 4 meetings per year x \$400 average rent = \$1,600

2. Office Space Rentals \$43,000
To cover expenses of office space rentals and maintenance for the Prevention staff to perform their duties.
\$1.58 per sq. ft/per month x 2267.93 sq. ft for all HIV Prevention section x 12 months = \$43,000 per year.

3. Telephone/Communications \$5,000
Local and long distance, fax usage, internet, and voice mail for program staff and administrative staff. All means necessary to communicate with contractors, community organizations and grantors.
Average monthly cost \$416 x 12 months = \$3,180

4. Printing \$7,000
To publish, design, reproduce and distribute the Comprehensive resource Guide, booklets, flyers, banners for use by the community members and providers throughout the country.
Graph design \$2,320 + 40 booklets x @\$105 + 12 banners x @\$40 = \$7,000

5. Participant Incentives/Client Stipends \$2,000
Cash incentives are provided to HIV Prevention Planning Council (HPPC) members and living with HIV to support meeting attendance. HPPC will also provide stipends to compensate invited guests, community members, and HPPC members for special events and circumstances associated with HPPC/HIV Prevention Section meetings according to HPPC policies. The stipends will be given to those who are not compensated or reimbursed by other financial resources. Estimated average per stipend is \$100 to \$600 will issue to approximately 20 persons.

6. Staff Training \$2,000

Estimated registration fees for special training and workshops for staff and HPPC members to ensure continuing education in areas such as cultural competency, integration of HIV and STD and Hepatitis C, linkages of prevention and care services, and advances in community planning.

Registration fees for staff to attend training sessions, \$200 per session x 10 = \$2,000

7. Other Fees \$1,950
License and permit fees \$300, software licensing \$1,300, Postage \$150, ISD services \$200 = \$1,950

8. IT Server \$2,000
Costs to set up and provide information and technology supports and services for computer users.
Average set up and monthly cost \$166 x 12 months = \$2,000

TOTAL OTHER: \$64,550

TOTAL DIRECT COSTS: \$8,413,741

H. INDIRECT COSTS (24.04% of total salaries) \$411,250

TOTAL BUDGET: \$8,824,991

F. Contractual Services

Method of Selection. The method of selection for all contractors and Memoranda of Understanding (MOUs) was a Request for Proposal (RFP) through a competitive process.

Period of Performance. The period of performance for the following contractors and MOUs is for 01/01/2011 to 12/31/2011.

Method of Accountability. HIV Prevention Services contracts and MOU are reviewed and renewed annually to ensure that programs are providing services to target

populations according to the evidence/science based methodologies set forth in their contracts. Each contract and MOU has at least one outcome measure per intervention and a number of process objectives. All HIV prevention contracts and MOU are monitored annually, and SFPDPH policy requires at least one monitoring site visit for each agency during the term of the solicited RFP. Data incorporated within the annual monitoring report include client satisfaction reports, program services delivery information, and client's process monitoring outcomes. Program managers work with agencies to ensure that performance improvement directives are incorporated within renewed contracts and memoranda of understanding and are implemented in the following year.

Evidence Basis for Interventions. All contractors/grantees must adhere to the 2004 San Francisco HIV Prevention Plan, which lays out the principles of successful HIV prevention services. The Plan includes an overview of HIV prevention theories, strategies and interventions, offers examples of their practical application, and provides step by step instructions on how to develop an integrated HIV prevention program, including designing needs assessments, programs, and evaluation plans. Following the Plan's guidance, all contractors/grantees are required to set forth the scientific/evidence basis for their programs and activities in the methodology section of their contracts. HIV Prevention Services (HPS) works closely with funded agencies on program design, and provider trainings are held on a regular basis to assist programs in fine-tuning their prevention interventions and include suggested modifications within renewed contracts.

CONTRACTUAL SERVICES

Target populations are listed by Behavioral Risk Populations (BRP) as defined in the 2004 San Francisco HIV Prevention Plan. See table below for complete definitions of the Behavioral Risk Populations.

Behavioral Risk Population (BRP) Definitions Table

Behavioral Risk Populations (BRPs)	
BRP #	BRP Definition
HIV+	HIV positive individuals are prioritized first within each BRP
BRP 1	MSM, MSM/F: Males Who Have Sex With Males and Males Who Have Sex With Males and Females
BRP 2	TSM, TSM/F, TSF: Transgendered Persons Who Have Sex With Males, Transgendered Persons Who Have Sex With Males and Females, and Transgendered Persons Who Have Sex With Females. This category also includes people who have sex with transgendered individuals.
BRP 3	MSM-IDU, MSM/F-IDU: Males Who Have Sex With Males and Inject Drugs and Males Who Have Sex With Males and Females and Inject Drugs
BRP 4	FSM-IDU, FSM/F-IDU, FSF-IDU: Females Who Have Sex With Males and Inject Drugs, Females Who Have Sex With Males and Females and Inject Drugs, and Females Who Have Sex With Females and Inject Drugs.

BRP 5	MSF-IDU: Males Who Have Sex With Females and Inject Drugs
BRP 6	TSM-IDU, TSM/F-IDU, TSF-IDU: Transgendered Persons Who Have Sex With Males and Inject Drugs, Transgendered Persons Who Have Sex With Males and Females and Inject Drugs, Transgendered Persons Who Have Sex With Females and Inject Drugs. This category also includes people who have sex with transgendered individuals.
BRP 7	FSM, FSM-F, FSF: Females Who Have Sex With Males, Females Who Have Sex With Males and Females and Females Who Have Sex With Females
BRP 8	MSF: Males Who Have Sex With Females

The following contractual budget total \$2,923,442 is for 6 months from Jan 1, 2011 through June 30, 2011. We are conducting a Request for Proposal (RFP) through a competitive process and will submit the qualified contract budget total \$2,923,441 for the remaining period from July 1, 2011 through December 31, 2011.

Contracts:

1) ***AGUILAS*** ***\$141,500***
 Address: 1841 Market Street, 3rd Floor, San Francisco, CA 94103
 Target Populations: BRP 1 (MSM, MSM/F)
 Sub Populations: Gay Latino men
 Funding Category: HERR
 Interventions: Outreach, IDG, CRCS

Target Populations: BRP 1 (MSM, MSM/F)
 Sub Populations: Gay Latino men
 Funding Category: PWP
 Interventions: Outreach, IDG, CRCS

2) ***Ark of Refuge, Inc.*** ***\$75,000***
 Address: 1025 Howard Street, San Francisco, CA 94103
 Target Populations: BRP 2 (TSM, TSM/F, TSF), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU)
 Sub-populations: African-American and Latina Transfemales
 Funding Category: PWP
 Interventions: Outreach, IDG, IDI

3) ***Bay Area Young Positives*** ***\$61,830***
 Address: 701 Oak Street, San Francisco, CA 94117
 Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 3 (MSM-IDU, MSM/F-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU)
 Sub-populations: HIV-positive youth
 Funding Category: PWP

Interventions: Outreach, IDG, IDI, CRCS

4) ***Black Coalition on AIDS*** **\$130,191**

Address: 2800 Third Street, San Francisco, CA 94107
Target Populations: BRP 1 (MSM, MSM/F), BRP 3 (MSM-IDU, MSM/F-IDU)
Sub-populations: African American men
Funding Category: HERR Subtotal: \$69,369
Interventions: Community Promise, Safety Counts

Funding Category: PWP Subtotal: \$60,822
Interventions: Healthy Relationships, CRCS

5) ***Glide Health Services*** **\$38,890**

Address: 330 Ellis Street, San Francisco, CA 94102
Target Populations: BRP1: MSM, MSM/F. BRP 2: TSF, TSM, TSF, BRP 3: MSM, MSM/F-IDU, BRP 7: FSM, and BRP 8: MSF
Subpopulations: People of Color and Marginally Housed
Funding Category: CTL
Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure Counseling

6) ***Harder + Company Community Research*** **\$72,052**

Address: 1550 Bryant Street, Suite 1000, San Francisco, Ca 94103
Activity: Technical assistance and process evaluation for the HIV Prevention Planning Council, the CPG for San Francisco. Works with HPPC to provide annual updates on the HIV Prevention Plan
Funding Category: CPG Support

7) ***Instituto Familiar de la Raza*** **\$251,669**

Address: 2919 Mission Street, San Francisco, CA 94110
Target Populations: BRP 1 (MSM, MSM/F)
Sub Populations: Gay Latino men
Funding Category: HERR
Interventions: Outreach, IDG, IDI

Target Populations: BRP 1 (MSM, MSM/F)
Sub Populations: Gay Latino men
Funding Category: PWP
Interventions: IDG, CRCS

Target Populations: BRP 2 (TSM, TSM/F, TSF)
Sub-populations: Latina Transfemales
Funding Category: HERR
Interventions: Outreach, IDG, IDI

- 8) ***Iris Center*** ***\$85,000***
 Address: 333 Valencia Street, San Francisco, CA 94103
 Target Populations: BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 7 (FSM, FSM/F, FSF)
 Sub-populations: African-American women and their partners
 Funding Category: HERR
 Interventions: Outreach, IDG, IDI, CRCS
- 9) ***Larkin Street Youth Services*** ***\$30,856***
 Address: 1138 Larkin Street, San Francisco, CA 94109
 Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 5 (MSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU), BRP 7 (FSM, FSM/F, FSF), BRP 8 (MSF)
 Sub-populations: Homeless and marginally housed youth
 Funding Category: CTL
 Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure Counseling
- 10) ***Mission Neighborhood Health Center*** ***\$172,100***
 Address: 240 Shotwell Street, San Francisco, CA 94110
 Target Populations: BRP 1 (MSM, MSM/F)
 Sub-populations: Gay Latino men
 Funding Category: HERR Subtotal: \$93,890
 Interventions: Outreach, IDG, IDI
- Funding Category: CTL Subtotal: \$78,210
 Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure Counseling
- 11) ***Native American AIDS Project*** ***\$77,883***
 Address: 470 Carolina Street, San Francisco, CA 94107
 Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 7 (FSM, FSM/F, FSF)
 Sub-populations: Native Americans
 Funding Category: HERR
 Interventions: Outreach, IDG, IDI
- 12) ***Public Health Foundation Enterprise*** ***\$104,255***
 Address: 13200 N. Cross Roads, City of Industry, CA 91715
 To provide MIS related programming, website maintenance, materials and supplies to support HIV prevention and program evaluation.
 Funding Category: Technical Assistance on Evaluation

Budget Justification: Contract in negotiation and budget justification will be completed and submitted to CDC in January 2010.

13) *Shanti* **\$328,102**

Address: 730 Polk Street, 4th Floor, San Francisco, CA 94109

Target Populations: BRP 1 (MSM, MSM/F)

Sub-populations: HIV-positive gay men

Funding Category: PWP

Interventions: Outreach, IDG, IDI, CRCS

14) *Tenderloin Health* (TH)-Continuum **\$115,200**

Address: 255 Golden Gate Avenue, San Francisco, CA 94102

Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 5 (MSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU), BRP 7 (FSM, FSM/F, FSF), BRP 8 (MSF)

Sub-populations: HIV-positive clients, many of which are awaiting release or recently released from incarceration

Funding Category: CTL Subtotal \$115,200

Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure Counseling

15) *University of California SF. AIDS Health Project* **\$463,275**

Address: Box 0884, San Francisco, CA 94143

Target Populations: HERR: BRP 1 (MSM, MSM/F)
CTL: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 5 (MSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU), BRP 7 (FSM, FSM/F, FSF)

Sub-populations: HERR: Gay men
CTL: Primarily gay men

Funding Category: HERR Subtotal: \$125,164

Interventions: IDG, IDI, CRCS

Funding Category: CTL Subtotal: \$338,111

Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure Counseling

16) *University of California SF, Women's Specialty Program* **\$83,265**

Address: 400 Parnassus Avenue, A-405, San Francisco, CA
94143-0320
Target Populations: BRP 2 (TSM, TSM/F, TSF), BRP 4 (FSM-IDU, FSM/F-
IDU, FSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSM-
IDU), BRP 7 (FSM, FSM/F, FSF)
Sub-populations: HIV-positive women in clinical setting
Funding Category: PWP
Interventions: IDG, IDI, CRCS

17) **Walden House** **\$188,789**
Address: 520 Townsend Street, San Francisco, CA 94103
Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP
3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-
IDU, FSF-IDU), BRP 5 (MSF-IDU), BRP 6 (TSM-IDU,
TSM/F-IDU, TSF-IDU)
Sub-populations: HIV-positive and negative clients in a drug-treatment
program

Funding Category: HERR Subtotal: \$93,820
Interventions: IDG, IDI, CRCS

Funding Category: PWP Subtotal: \$94,969
Interventions: IDG, IDI, CRCS

Total Contractual Services – Contracts from 1/1/2011 to 6/30/2011 \$2,419,857

Memorandum of Understanding (MOUs):

1) **San Francisco Dept of Public Health, Forensic AIDS Project** **\$57,911**
Address: 798 Brannan Street, San Francisco, CA 94103
Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP
3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 5
(MSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU), BRP 7 (FSM, FSM/F,
FSF), BRP 8 (MSF)
Sub-populations: Clients are currently incarcerated in San Francisco jail
system
Funding Category: CTL
Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner
Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure
Counseling

2) **San Francisco Dept of Public Health, Lab** **\$147,474**
Address: 101 Grove Street, San Francisco, CA 94102
Funding Category: CTL

Interventions: Processing HIV tests for all funded CTL programs.

3) San Francisco Dept of Public Health, STD Prevention and Control \$254,673

Address: 1360 Mission Street, Suite 401, San Francisco, CA 94103
Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 5 (MSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU), BRP 7 (FSM, FSM/F, FSF), BRP 8 (MSF)
Sub-populations: HERR: Primarily gay men
PWP: Primarily gay men
CTL: Primarily gay men Subtotal: \$219,673

Funding Category: HERR
Interventions: Outreach, IDI

Funding Category: PWP
Interventions: Outreach, IDI

Funding Category: CTL
Interventions: Anonymous Third Party Notification

Target Populations: BRP 1 (MSM, MSM/F)
Sub-populations: Gay men who use methamphetamine
Funding Category: HERR Subtotal: \$35,000
Interventions: HIV Prevention with Substance Users

4) San Francisco Dept of Public Health, Tom Waddell Health Center \$43,527

Address: 50 Ivy Street, San Francisco, CA 94102
Target Populations: BRP 1 (MSM, MSM/F), BRP 2 (TSM, TSM/F, TSF), BRP 3 (MSM-IDU, MSM/F-IDU), BRP 4 (FSM-IDU, FSM/F-IDU, FSF-IDU), BRP 5 (MSF-IDU), BRP 6 (TSM-IDU, TSM/F-IDU, TSF-IDU), BRP 7 (FSM, FSM/F, FSF), BRP 8 (MSF)

Sub-populations: Homeless and marginally housed patients at a DPH health center.

Funding Category: CTL
Interventions: Risk Assessment, Disclosure, Post-Disclosure, Basic Partner Disclosure Services, Referral Counseling, No-show follow-up, Post-Disclosure Counseling

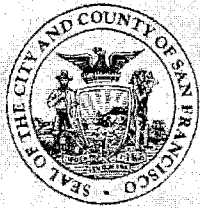
Total Contractual Services – MOUs from 1/1/2011 to 6/30/2011 \$503,585

Contractual Services - Contracts and MOUs:

6 months from Jan 1, 2011 to Jun 30, 2011- see above list	\$2,923,442
6 months from Jul 1, 2011 to Dec 31, 2011 – TBD	\$2,923,441
Total Contractual Services - Contracts and MOUs Year 2011:	\$5,846,883

CITY AND COUNTY OF SAN FRANCISCO

DEPARTMENT OF PUBLIC HEALTH
POPULATION HEALTH AND PREVENTION



DATE: February 26, 2010
TO: Grant/Program Managers
Anne Kronenberg
Valerie Inouye
FROM: Nelly Lee
Finance Manager
RE: FY 09-10 Indirect Cost Rate

Effective immediately, the Indirect Cost rate for Population Health & Prevention, Public Health Division is 24.04% of salaries. This rate was based on FY 2008-09 costs and includes COWCAP and Non-funded costs. Grant Managers should use 24.04% indirect cost rate on all current grants and new or renewal grant applications, unless the grantor has specified a maximum rate lower than 24.04%.

Other Divisions in the Health Department should add the following costs to the divisions' internal indirect costs in order to reflect total indirect costs:

	<u>Amount</u>
Mental Health	8,863,904
Substance Abuse	687,836
Primary Care	3,664,292
Health at Home	688,001
Jail Health	1,443,508
LHH	2,930,683
SFGH	9,342,109

Attachments

cc:
Anne Okubo
Barbara Garcia
Tristan Levarado
Michelle Ruggels
Jim Stillwell
Duane Einhorn

Budget Justification

Salaries and Benefits

Executive Director – The executive director (ED) is responsible for overseeing all of the contractual requirements of the program and corporation, represents the agency. The ED works with the Board of AGUILAS and makes sure that policy is implemented, supervises management staff, and trains program facilitators. The ED assist in the development of intervention protocols, facilitates linkages to event promoters, oversees all the financial and legal issues of the corporation, reviews all reports and financial statements, and designs and conducts the qualitative and quantitative evaluation for the program. Minimum qualification for this position is Ph.D. or equivalent, licensed to practice in health field and able to provide clinical supervision, and four years experience in administration, program development, grant writing, experience with CBOs organizational management and quantitative and qualitative evaluation procedures and methods.
 $\$139,359.42 \text{ per year} \times 20\% = 27,871.88.$

Program Coordinator– The program coordinator (PSC) is responsible for day-to-day implementation of the services provided by the program. These activities include assisting the PCM counselors on conducting intake and tracking of referrals provided by the organization. The PSC will support the intervention coordinator in recruitment, organizing the various venues with staff, organizing and setting up all of the workshops and group sessions. The PSC will also work closely with the research assistant to implement the PEMS system. Minimum qualification for this position is a bachelor's degree with a least two years experience in the health field or four years equivalent experience.
 $\$46,800 \text{ per year. } 50\% \text{ of the contract is } \$23,400.$

Administrative Assistant – The administrative Assistant is responsible for day-to-day practical operations of the office, makes appointments for clients, take minutes at meetings, provides clerical support to the staff, and maintains files, and order supplies, Minimum qualification for this position is a high school diploma with some college courses with a experience in the working with people. Also is knowledgeable about computers and related office software.
 $\$35,256 \text{ per year} \times 65\% = \$22,916.4.$

Prevention Case Manager Counselor - Responsible for all of the prevention case management sessions offered in the program, assists in the protocol development for interventions, assists in the supervision of facilitators for the groups sessions, and assists in the program development efforts of the organization. Minimum educational qualifications include licensed or licensed eligible, bilingual clinician (MFCC, LCSW, M.A., psychologist, or equivalent) supervised by Licensed clinician
 $\$55,633.18 \text{ per year} \times .50 = \$27,817$

Total Salaries = \$102,005

Contractor: AGUILAS
Program: El Ambiente HERR/PWP
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Benefits \$ 8,792.82= Payroll 8.62% of salary
 \$ 7,731.97= Health Ins @ 7.58% of salary
 \$ 2,274.71= Worker Comp @ 2.23% of salary
 \$ 6,701.72= Life/LTD/TSA @ 6.57% Of salary
 \$25,501.22= Total Benefits at 25%

Total Salary and Benefits = 127,506.09

Operating Expenses

Rental of Property

All services are provided in the Market Street offices Rental on the office space property is \$1.951 for 1,900 sq. ft for 12 months = \$44,483. **Cost charged to this program is \$22,400**

Utilities - (Electric, water, gas, telephone, internet service, and scavenger service). Based on last year's experience we expect an average \$550 per month. **Cost charged to this project is \$5,400**

Building Maintenance-For repairs, carpet cleaning, janitorial services and other similar expenses. **Charged to this program is \$2,400**

Materials and Supplies

Office Supplies and Postage - Based on last year's costs office supplies includes copies paper, stationary, envelopes, writing pads, pens, easels, upgrading computer programs, markers and files. At \$733 per month. **Cost to this project = \$6,000**

Printing and Reproduction - Covers the costs printing and reproduction of recruitment cards, copies of questionnaires (when needed), and printing of the program newsletter. Revised Average \$400 . **Charged to this grant = \$4,000**

Program/Educational Supplies - Printed AIDS information packets, condoms, lubes and instructional supplies for participants in workshops, and ongoing meetings. **Charged to this grant = \$600**

Staff Training - For attending training, workshops, courses. It is expected that registration for conferences, workshop fees and in-service trainers. = **\$1,400**

Staff Travel - For attending training, workshops, courses. Estimated costs for travel to conference. = **\$1,500**

Consultants/Subcontractors

Recruiters- will be recruiting participants at the various venues for participation in the program. Recruiters function in doing the Individual outreach with staff at the events. They are budgeted

Contractor: AGUILAS
Program: El Ambiente HERR/PWP
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

to cover each the venue for a total of 14.35 hours at \$35 per hour. **\$500**

Facilitators

The Single Session Groups are conducted by a licensed or licensed eligible clinician with a co-facilitator who provides simultaneous translations if needed and co-facilitates the sessions. For the Single Session Groups facilitators are used who have particular expertise in the topic of the workshop series. Time paid is limited to workshop facilitation.

Intervention Facilitators - Clinically trained professionals who are license eligible and trained for the intervention of this program.

Single Session Groups: \$75 per hour x 146 hrs of facilitation = \$10,950

Total Facilitators = \$10,950

Co-Facilitators -

Single Session Groups: \$40 per hour x 58 hrs of facilitation = \$2,320

Total Co-facilitators = \$2,320

Statistician - To conduct data analysis for the quantitative evaluation portion of the outcome objectives. This analysis is needed for the increased number of participants being used in this evaluation as well as data analysis from the data based of PEMS. Total cost is @ \$100 per hour for 10 hours which comes to a total of \$1,000 for this contract.

Accountant - Responsible for all of the fiscal management of contracts and general ledger, provides financial reports regularly to management staff and Board, works with accountants and auditors. \$40 per hour x 30 hours = **Total \$1,200**

Bookkeeper - Responsible for all journal entries into the ledger, billing and invoicing, processing checks, managing payroll, and providing all financial statements as supervised by the Accountant. \$25 per hour X 48 hours = estimated **\$1,200**

Research Evaluation Assistant - Responsible for all of the evaluation data entry, overseeing the day to day operations of the evaluation, works with the program evaluator in data analysis, conducts the phone interviews when self-administered questionnaires can not be received, conducts all follow ups of participants for their scheduled follow ups, collects all baseline (pretest) data, maintains the data set ready for analysis. Minimum qualification for this position is a bachelor's degree with a least two years experience in the health field research or four years equivalent experience.

\$15 per hour for 320 hours = **\$4,800**

Volunteer Coordinator - Oversees all volunteers, recruits, trains and supervises volunteers.

Contractor: AGUILAS
Program: El Ambiente HERR/PWP
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Also assists in recruitment efforts with the volunteers budgeted at \$20 per hour for 300 hours =
Total \$6,000

Other

Participant Expenses - Funds will be used to meeting expenses during the Single Session Group. Many of the activities will during the evening. In order to obtain 6-month data participants need to be paid \$40 per data collection. The participants may complete the questionnaires in person or be interviewed over the phone by the research evaluation assistant. The combined meeting expenses and follow up questionnaires are estimated at \$150 for meeting expenses for 26 groups of 10 to 18 persons each group = \$3,900; 44 groups with 10 persons at \$5 per person = \$2,200; and 34 follow up post tests at \$40 each = \$1,360. **Total = \$7,460.**

Outreach Expenses - Venue based outreach events that are agency sponsored. Cost will vary based on magnitude Cost of event can be partial rental of booths at a street fairs for recruitment, e.g. Castro Street Faire, Gay Pride Day, Folsom Street Faire, = **\$43,000**

Advertising - For the social marketing campaign and recruiting persons to the program ads are needed. = **\$600**

Volunteer Expenses - Based on our experience expenses for volunteer's center around given them awards, having socials, and field trips locally. We currently have 100 volunteers enrolled. Expenses are estimated at **\$ 1,068**

Total Operating Expenses = \$83,798

Indirect Costs

Executive Director - The executive director (ED) is responsible for overseeing all of the contractual requirements of the program and corporation, represents the agency. The ED works with the Board of AGUILAS and makes sure that policy is implemented, supervises management staff, and trains program facilitators \$139,359.42 per year x 5% = 6,967.97

Administrative Assistant- Responsible for maintaining corporate files, and assisting the board. This person is budgeted at 10% of a salary base of \$35,256= \$ 3,525.60

Total Salaries = \$10,493.57

Benefits \$ 904.55 = Payroll 8.62% of salary
 \$ 795.41= Health Ins @ 7.58% of salary
 \$ 234.01 = Worker Comp @ 2.23% of salary
 \$ 689.43= Life/LTD/TSA @ 6.57% Of salary
\$2,623.39 = Total Benefits at 25%

Total Salaries and Benefits

\$13,116.96

Contractor: AGUILAS

Exhibit B-1A

Program: El Ambiente HERR/PWP

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Bank Fees - Bank finance fees also included for the costs of maintaining payroll, and bank accounts. The costs are. = **\$2,250**

Insurance - Base on last year's costs payment for liability, theft and vandalism and increases for this year Insurance for the corporation and building is estimated at = **\$5,795**

Audit Fees - The accounting firm of Boydston & Klingner, CPS's will manage the accounting for this contract. Services include annual audit. Costs are **\$4,000**

Computer Tech Support & Programmer - will provide Tech support for all computers in the facility and provide computer-programming services to maintain a proper MIS system and other program needs. We will also need tech support for the installation networking capability and maintaining office technical infrastructure. Cost are **\$1,934.**

Program Development - For strategic planning and development of infrastructure of the organization.= **\$4,600**

Total Indirect Expenses = \$31,695.96

Total Costs = \$283,000

BUDGET JUSTIFICATION

SALARIES & BENEFITS

Transgender Coordinator

Responsible for coordinating and administering all aspects of HIV-prevention programs and services for this project, including staff support, client relations, program administration and implementation, etc. Attends all relevant meetings. Reports to Chief Operating Officer.

Minimum Qualifications:

- 1) Minimum of two years working with homeless, low-income and diverse populations.
- 2) Demonstrated competence in addressing issues related to high risk behaviors associated with Trans-gender clients.
- 3) Substantial experience working with substance abuse, domestic violence, mental health issues -- clear understanding of appropriate referrals and resources.
- 4) Understanding of and commitment to developing Transgender specific resources and collaborations to enhance client services.
- 5) Minimum of two years conducting client assessments, individual counseling, facilitating group meetings, focus groups and workshops.
- 6) Demonstrated ability to maintain program documentation and appropriate logs for UOS/UDC tracking.

1.0 FTE X \$40,000/yr = \$40,000

Peer Advocate

Provides one-on-one prevention counseling for clients. Performs street-based "patient navigation" and provides prevention education to clients and prospective clients. Assists the Transgender Coordinator in planning and implementing the various prevention modalities in this contract.

Minimum Qualifications

- 1) Previous experience conducting outreach activities to hard to reach client populations.
- 2) Minimum of two years working with homeless, low income and diverse populations. 3) Demonstrated competence in advocating for and supporting HIV+ Transgender clients.
- 4) Ability to create effective outreach plans and activities in areas frequented by the TG Community.
- 5) Experience maintaining outreach activity log for UOS tracking.
- 6) At least one year experience in facilitating support groups and client specific workshops.
- 7) Working knowledge of Transgender specific resources (primary care, mental health, recovery, housing).

1.0 FTE X \$28,000/yr = \$28,000

Other Skills And Abilities Required For Both Positions

Contractor: Ark of Refugee, Inc.
Program: PWP Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

\$366.67/month x 12 months = \$4,400

Program/Educational Supplies

Vouchers--400 clients x \$25/voucher = \$10,000.

Snacks--\$5 x 25 clients/group x 1 group/month x 12 months = \$1,500

Meeting Meals--\$10 x 25 clients/group x 4 groups/month x 12 months = \$12,000

General Operating

Insurance

Share of agency liability insurance policy for 12 months. \$1,200

Staff Training

8 workshops for 2.0 FTE @ \$75 each = \$600

Other

Outreach Materials

Design and production of outreach materials such as palm cards and program incentives, as well as design of a magazine layout for publication in a major African American LGBTQQ publication. \$273.67/month x 12 months = \$3,284

Special Event Expenses

Non-food expenses related to special events, such as facilities rental or speaker honorariums. \$2,000

TOTAL OPERATING EXPENSES: \$50,184

INDIRECT COSTS

Senior Program Administrator

Responsible for data collection and input, monitoring reports, monthly UOS report.
0.10 FTE x \$38,500/yr = \$3,850

Chief Operating Officer

Oversees agency-wide operations, including systems development and implementation, developing agency-wide policies and procedures, and Human Resources administration.
0.10 FTE x \$64,980/yr = \$6,498

Accountant

Provides general accounting support.
0.05 FTE x \$40,000/yr = \$2,000

TOTAL INDIRECT COSTS: \$12,348

FRINGE BENEFITS @ 20% \$2,468

TOTAL INDIRECT COSTS & BENEFITS: \$14,816

TOTAL PROGRAM COSTS: \$150,000

Budget Justification

Salaries and Benefits (\$83,750)

Executive Director

Serves as Program Manager and organizes and supervises all staff and program activities and develops and directly implements Quality Assurance plan. (.10 FTE of DPH funded portion of ED salary is included in Indirect Costs Justification below.)

.350 FTE x \$57,000 per year = \$19,950

Outreach Specialists

Delivers Outreach and Prevention with Positives Interventions, and Member Services

.500 FTE x \$30,160 per year = \$15,080

Peer Educators

Delivers Outreach and Prevention with Positives Interventions, and Member Services

.250 FTE x \$29,120 = \$7,280

Peer Advocates

Delivers Outreach and Prevention with Positives Interventions, and Member Services

.250 FTE x \$20,800 = \$5,200

Administrative Assistant

Provides support staff functions that assist all staff and performs some direct services

.250 FTE x \$24,960 = \$6,240

Clinical Consultant

Manages and delivers PCM & IRRC program, provides clinical training and supervision to all staff, and implements Quality Assurance Plan.

.275 FTE x \$48,181 = \$13,250

Fringe Benefits

These include FICA, FUTA, SUI, and SDI, medical, dental, and vision coverage. There is long-term disability as well as life insurance offered to all staff.

Total Salaries \$67,000 x 25% fringe benefits = \$16,750

Program Expenses (\$9,000)

Contractor: Bay Positives
Program: PWP Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Client Meeting Expenses

DPH portion is for meeting expenses associated with 12 TLC MSW interventions.
24 Sessions x \$33.33 = \$800

Member Incentives

DPH portion provides case incentives for completing required satisfaction surveys, and for participating in TLC Workshops

24 sessions x 6 Participants x \$20 = \$2,880
4 Surveys x 14 Respondents x \$20 = \$1,120
Total \$4,000

Outreach Supplies

DPH portion of costs for safe sex packets, condoms, HIV prevention literature and other outreach materials

12 months = \$4000

Program Travel

DPH portion of staff travel to outreach and community events & meetings (including cost of MUNI Tokens)

12 months = \$200

Occupancy Expenses (\$9,271)

Rent, Utilities and Security

DPH portion of program site, maintenance and storage. This includes repair, janitorial services, and securing the premises.

12 months x \$700 = \$8,400

Telephone and Internet

DPH portion of telephone and internet access.

12 months x \$72.58 = \$871

Operating Expenses (\$5,901)

Accounting and Audit

To cover the costs for accounting, tax preparation, and audit fee.

12 months x \$357.17 = \$4,286

Contractor: Bay Positives
Program: PWP Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Equipment Rental & Maintenance

Cost of rental and maintenance of office equipment, excluding IT equipment which is donated. This includes photocopier.

12 months x \$52.5 = \$630

Office Supplies

DPH portion of standard office supplies (paper, note pads, envelopes, etc.)

12 months x \$52.5 = \$630

Dues and Subscriptions

DPH portion of organizational and other memberships (HAPN, etc.)

12 months x \$5 = \$60

Postage

Mail and associated costs

12 months x \$7.08 = \$85

Other Operating Expenses

Unexpected items not specified in previous line items.

12 months x \$17.5 = \$210

Indirect Costs (\$15,738)

Executive Director \$10,687

The Executive Director for this small agency is responsible for organizing managing, and implementing all financial and human resource functions. The Executive Director will also assist with issues of service delivery, data collection, evaluation, and program improvement. Minimum qualifications: BA (Masters Level degree preferred) in relevant field and or three years relevant experience.

. 150 FTE x \$57,000 = \$8550 + .25 Fringe Benefits \$2,137 = \$10,687

Operating Cost \$5,051

Insurance

The program expects annual insurance expenses will cover liability insurance, directors and officers insurance and other expenses.

12 months x 250 = \$3,000

Contractor: Bay Positives
Program: PWP Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Payroll Processing Charges

To costs to process payroll and employees deductions

12 months x \$85.25 = \$1,023

Bank Charges

Bank fees

12 months x \$14.25 = \$171

Board Development

Board development costs

12 months x \$71.41 = \$857

TOTAL Program Costs: \$123,660

Budget Justification

Personnel Expenses

<u>Director of Programs</u> 0.20 of \$65,000.00	\$13,000.00
Oversees the operational planning, establishment, execution, and evaluation of the agency's client services department including the Brothas Alive Program. As a member of the senior management team, the Director of Programs oversees fiscal, operational, administrative, and human resources management of the agency's programs; serves as principal point of representation and liaison with external constituencies on programmatic matters, and provides day-to-day technical/professional guidance and leadership as appropriate to the area of expertise. The Director of Programs serves as a senior manager of the organization.	
<u>Program Coordinator</u> 0.50 of \$50,000.00	\$25,000.00
The Program Coordinator shall be responsible for the day to day activities of the project, and will report to the Director of Programs, provide prevention services, and supervise project staff in the provision of services, and shall ensure the overall quality of the work and of data collection and reporting.	
<u>Health Educator</u> 0.50 of \$30,000.00	\$15,000.00
The health educator will report to the program coordinator and provide IRRC and follow-up (Safety Counts) under the direct supervision of the Program Coordinator. Minimum qualifications include two years experience in health education to the target population and training in providing Safety Counts.	
<u>Health Education Peer Advocates</u> 0.50 of \$25,000.00	\$12,500.00
Two Health Education Peer Advocates will report to the Program Coordinator and provide Health Education services to targeted individuals through venue based outreach, and disseminate role model stories to individuals in the target group. These individuals will receive shall be trained in Community Promise and will have two years minimum experience in providing health education to the target population.	
<u>Program Assistant</u> 0.10 of \$33,000.00	\$3,300.00
The Program Assistant will report to the Program Coordinator and provide project-related administrative support, including support with the handling of appointments, correspondence, report writing, purchasing of supplies, and in maintaining project records and files. This individual will have at least two years experience providing administrative support.	
Total Salaries 1.80	\$68,800.00
<u>Benefits</u>	
Fringe benefits to include payroll tax, workers compensation, and medical insurance at 25% of employee salaries	
Total Benefits	\$17,200.00

Contractor: Black Coalition on AIDS
Program: Safety Counts HERR Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Total Salaries & Benefits	\$86,000.00
OPERATING EXPENSE	
Occupancy	
<u>Rental of Property</u>	\$9,230.17
Rental of office space for Housing Programs \$472.22 monthly	
<u>Utilities</u>	\$1,723.71
Electricity, Water, Garbage, Telephone \$160.08 monthly	
<u>Building Maintenance Supplies and Repairs</u>	\$1,445.69
Building maintenance supplies, repairs and monthly janitorial service based on indirect cost allocation of program UOS times total cost	
Materials & Supplies	
<u>Office Supplies / Postage</u>	\$1,223.28
General office supplies, postage, and additional, replacement of general household items based on indirect cost allocation of program UOS times total cost	
<u>Printing and Reproduction</u>	\$2,000.00
Printing and reproduction costs will be incurred in the production of correspondence, forms, and reports, and informational materials for clients.	
<u>Program/Educational Supplies</u>	\$4,259.86
BCA will acquire necessary program supplies, including materials selected from the California AIDS Clearing House, and materials for the demonstrated model (e.g., Healthy Relationships), and risk-reduction supplies (e.g. condoms).	
General Operating	
<u>Insurance</u>	\$2,594.83
For general liability insurance and fidelity bond based on indirect cost allocation of program UOS times total cost	
<u>Staff Training</u>	\$1,000.00
In-service training will be provided, and staff will be encouraged to attend relevant, locally scheduled conferences and training; stipend to trainers, and for registration at conferences and local training events.	
<u>Equipment Rental & Maintenance</u>	\$2,112.96
Water dispenser, copier lease and information technology based on indirect cost allocation of program UOS times total cost	

Contractor: Black Coalition on AIDS
Program: Safety Counts HERR Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Staff Travel

Staff Travel – Local & Out-of-Town

For client related travel between agencies, meetings, offices and medical appointments.
Local Mileage 100 miles per month @\$.045 per mile; Out-of-Town Travel@\$500

Other

Client Incentives

\$2,800.00

Safety Counts recommends the use of client incentives to keep clients engaged in services and complete the five session intervention. Gift certificates for twenty clients, a \$20 per certificates x seven contacts.

Financial Audit

\$2,000.00

Program financial audit, legal and accounting

Total Operating Expense

\$33,050.50

Total Direct Expense

\$119,050.50

Indirect Expense

Executive Director 0.05 of \$85,000.00

\$4,250.00

Director of Finance 0.05 of \$65,000.00

\$3,250.00

Director of Contract Compliance 0.05 of \$65,000.00

\$3,250.00

Director of Development & Communications 0.05 of \$65,000.00

\$3,250.00

Finance Assistant 0.5 of \$35,000.00

\$1,750.00

Total Salaries 0.25

\$15,750.00

Benefits

Fringe benefits to include payroll tax, workers compensation, and medical insurance at 25% of employee salaries 0.3= \$3,937.50

Total Benefits

\$3,937.50

Total Salaries & Benefits

\$19,687.50

Total Indirect Expense

\$19,687.50

Total Expense

\$138,738.00

Budget Justification

Personnel Expenses

Director of Client Services 0.05 of \$65,000

\$3,250.00

Oversees the operational planning, establishment, execution, and evaluation of the agency's client services department including the PwP component of the Brothas Alive Program. As a member of the senior management team, the Director of Programs oversees fiscal, operational, administrative, and human resources management of the agency's programs; serves as principal point of representation and liaison with external constituencies on programmatic matters, and provides day-to-day technical/professional guidance and leadership as appropriate to the area of expertise. The Director of Programs serves as a senior manager of the organization.

Program Coordinator 0.90 of \$47,000

\$42,3000

The Program Coordinator shall be responsible for the day to day activities of the project, and will report to the Director of Programs, provide prevention services, and supervise project staff in the provision of services, and shall ensure the overall quality of the work and of data collection and reporting.

Health Educator 0.50 of \$30,000

\$15,000

The health educator will report to the program coordinator and provide IRRC and follow-up (Safety Counts) under the direct supervision of the Program Coordinator. Minimum qualifications include two years experience in health education to the target population and training in providing Safety Counts.

Health Education Peer Advocates 0.50 of \$25,000

\$12,500

Two Health Education Peer Advocates will report to the Program Coordinator and provide Health Education services to targeted individuals through venue based outreach, and disseminate role model stories to individuals in the target group. These individuals will receive shall be trained in Community Promise and will have two years minimum experience in providing health education to the target population.

Program Assistant 0.05 of \$33,000

\$1,650

The Program Assistant will report to the Program Coordinator and provide project-related administrative support, including support with the handling of appointments, correspondence, report writing, purchasing of supplies, and in maintaining project records and files. This individual will have at least two years experience providing administrative support.

Total Salaries 2.0

\$74,700

Benefits

Fringe benefits to include payroll tax, workers compensation, and medical insurance at 25% of employee salaries

Total Benefits

\$18,675

Contractor: Black Coalition on AIDS
Program: Brothas Alive PWP Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A7

Funding Source: Federal CDC

Total Salaries & Benefits	\$93,375
OPERATING EXPENSE	
Occupancy	
<u>Rental of Property</u>	\$6,666.67
Rental of office space for Housing Program \$555.56 monthly	
<u>Utilities</u>	\$2,260.00
Electricity, Water, Garbage, Telephone \$188.33 monthly	
<u>Building Maintenance Supplies and Repairs</u>	\$2,147.29
Building maintenance supplies, repairs and monthly janitorial service based on indirect cost allocation of program UOS times total cost	
Materials & Supplies	
<u>Office Supplies / Postage</u>	\$784.31
General office supplies, postage, and additional, replacement of general household items based on indirect cost allocation of program UOS times total cost	
<u>Printing and Reproduction</u>	\$784.31
Printing and reproduction costs will be incurred in the production of correspondence, forms, and reports, and informational materials for clients.	
<u>Program/Educational Supplies</u>	
BCA will acquire necessary program supplies, including materials selected from the California AIDS Clearing House, and materials for the demonstrated model (e.g., Healthy Relationships), and risk-reduction supplies (e.g. condoms).	\$1,568.63
General Operating	
<u>Insurance</u>	\$2,151
For general liability insurance and fidelity bond based on indirect cost allocation of program UOS times total cost	
<u>Staff Training</u>	\$1,568.63
In-service training will be provided, and staff will be encouraged to attend relevant, locally scheduled conferences and training; stipend to trainers, and for registration at conferences and local training events.	
<u>Equipment Rental & Maintenance</u>	\$1,176.47
Water dispenser, copier lease and information technology based on indirect cost allocation of program UOS times total cost	
Staff Travel	
<u>Staff Travel – Local & Out-of-Town</u>	\$1,080.00
For client related travel between agencies, meetings, offices and medical appointments.	

Contractor: Black Coalition on AIDS
Program: Brothas Alive PWP Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A8

Funding Source: Federal CDC

Local Mileage 100 miles per month @\$.045 per mile; Out-of-Town Travel@\$500

Other

Client Incentives \$1,800
Incentives for clients engaged in services and complete the five session intervention. Gift certificates for twenty clients, a \$20 per certificates x seven contacts.

Financial Audit \$968.66
Program financial audit, legal and accounting

Total Operating Expense \$22,956.50

\$116,351.50

Indirect Expense

Executive Director \$4,250

Total Salaries \$4,250

Benefits

Fringe benefits to include payroll tax, workers compensation, and medical insurance at 25% of employee salaries 0.3=\$3,937

Total Benefits \$1,062.50

Total Salaries & Benefits \$5,312.50

Total Indirect Expense \$5,312.50

Total Expense \$121,644

Budget Justification

Salaries and Benefits

Project Director: The Project Director is responsible for the overall management of the project, supervision of staff, and ensuring the quality and timeliness of deliverables. The Project Director is also responsible for attending HPPC and committee meetings, providing technical assistance to the Substance Use Issues and Structural Solutions Committee, conducting literature reviews, gathering secondary data (e.g., census data), and performing other research and technical support tasks as requested. This results in an estimated total of 324 hours over the 12-month project period.

Minimum qualifications include at least three years of experience in evaluation, Master's Degree in social sciences or associated field, demonstrated ability in qualitative and quantitative data collection and analysis, excellent critical thinking, problem-solving, writing, and oral communication skills, and the ability to work productively and steadily without close supervision.

$\$69.00 \text{ per hour} \times 324 \text{ hours (0.18 FTE)} = \$22,356$

Research Associate:

The Research Associate is responsible for attending HPPC and committee meetings, providing technical assistance to the Show Me the Data (Pre-Plan) Committee, and providing other technical support as needed. The research associate will also assist the Project Director with administration and oversight as needed. This results in an estimated total of 360 hours over the 12-month project period.

Minimum qualifications for Research Associate include those of the Project Director (see above) and also require 3-5 years management experience with 2-3 years experience working at Harder + Company.

$\$56.25 \text{ per hour} \times 360 \text{ hours (0.20 FTE)} = \$20,250$

Research Assistant

The Research Assistant is responsible for attending HPPC and committee meetings, providing technical assistance to the Points of Integration Committee, and providing other technical support as needed. The research assistant will also assist the Project Director with administration and oversight as needed. This results in an estimated total of 378 hours over the 12-month project period.

Minimum qualifications for Research Assistant include undergraduate education in the social sciences, 1-2 years project management experience and 1-2 years experience working with or for community-based organizations

$\$41.25 \text{ per hour} \times 378 \text{ hours (0.21 FTE)} = \$15,593$

Minute-taker

The Research Assistant/Minute-taker is responsible for provide minute taking support to the Show Me the Data (Pre-Plan) Committee and to HPPC and committee meetings when contract staff is unavailable. This results in an estimated total of 74 hours over the 12-month project period.

Minimum qualifications for Research Assistant include undergraduate education in the social sciences, 1-2 years project management experience and 1-2 years experience working with or for community-based organizations

$\$41.25 \text{ per hour} \times 74 \text{ hours} (0.041 \text{ FTE}) = \$3,040$

Total Salaries \$61,239

Benefits: This covers the cost of employee benefits (e.g., health insurance) for the employees described above for the 12-month project period @ 25% = \$15,310

Total Salary + Benefits \$76,548

Operating Expenses

Occupancy

Rental of Property: Included in Indirect Costs

Materials and Supplies

Printing and Reproduction: This covers the costs of materials duplication for Council members, including committee handouts and literature reviews.
(4 meetings/month x 12 months = 48 meetings x \$8.67/meeting = \$416).

Program/Educational Supplies: This covers the cost of meeting expenses for full HPPC meetings (12 regular meetings + 2 special meetings X \$429 per meeting = \$6000). Meeting expenses for each committee (\$15 per meeting X 5 meetings per month X 12 months = \$900). \$6,900

Staff Travel

Travel – Local and Out of Town: This covers parking costs program staff people to attend meetings over the 12-month project period.
(5 meetings/month x 12 months = 60 meetings + 20 floating planning meetings x \$3.75 per meeting = \$300).

Consultant/Subcontractor

Process Evaluation Subcontractor: This will cover the cost of subcontracting with Community Health Studies Group to evaluate HPPC’s progress toward the three core objectives of community planning as outlined in the CDC Guidance.
\$60/hr x 575 hours = \$34,500

Minute Takers: This covers the cost of subcontracting with two individuals to take minutes at the full Council and committee meetings.
\$25/hr x 400 hours = \$10,000

Total Operating Expenses \$52,116

Indirect Cost

Salaries and Benefits

This covers the administrative costs associated with project oversight (Vice President), payroll (Office Manager), contract processing (Administrative Assistant), and invoicing (Accountant).

Vice President \$2,722

Administrative Assistant \$1,246

Office Manager \$2,235

Accountant \$2,228

Benefits: This covers the cost of employee benefits (e.g., health insurance) for the employees described above for the 12-month project period.

25%, \$2,108

Total Salaries + Benefits=\$10,538

Indirect Operating Costs

This covers the indirect operating costs associated with providing workspace and equipment for the project team.

Occupancy Costs \$4,901

Total Indirect Operating Costs= \$4,901

Total Indirect Costs \$15,439

Budget Total

\$144,103

BUDGET JUSTIFICATION

Note: Budget Justification for additional \$146,338 will be completed and submitted in January 2011.

SALARIES AND BENEFITS

- 0.35 FTE Program Director @ \$51,418 \$17,996
Responsible for program accountability to the AIDS Office, Fiscal Management, Program Development and supervision of the Program Coordinator. Minimum Requirements: MA in Public Health or related field. Five years of experience in the development, implementation and evaluation of HIV Prevention Programs.
- 0.85 FTE Program Coordinator @ \$33,930 \$28,840
Responsible for the day-to-day operations of the program. Responsible for quality assurance, evaluation procedures and reporting. Supervises Senior Health Educator. Provides Individual Risk Reduction as needed. Coordinates Annual Special Event. Requires: MA in Public Health or comparable training and experience. Three years experience in the development, implementation and evaluation of HIV Prevention Programs. Spanish-English Bilingual.
- 1.00 FTE Senior Health Educator @ \$40,000 \$40,000
Conducts Recruitment and Linkage activities. Provides Individual Risk Reduction Counseling. Implements Multiple Session Group Workshop. Assist Program Coordinator with Annual Special Event. Minimum Requirements: BA in Health Education or related field or comparable training and experience. Three years providing HIV prevention services to the target population. Spanish-English bilingual.
- .50 FTE Health Educator @ \$30,000 \$15,000
Conducts Recruitment and Linkage activities. Provides Individual Risk Reduction Counseling under the supervision of the Senior Health Educator. Assist Program Coordinator with Annual Special Event. Minimum Requirements: BA in Health Education or related field or comparable training and experience. Knowledge of the target population. Spanish-English bilingual.
- 0.50 FTE Mental Health Specialist @ \$60,000 \$30,000
Provides PCM-Mental Health Services to HIV+ Latino Gay Males. Provides Clinical Supervision to the Prevention Case Manager. Minimum Requirements: MA in Psychology, Social Work or other related. Three years providing mental health services. One year providing clinical supervision. Spanish-English bilingual.
- 1.00 FTE Prevention Case Manager @ \$38,000 \$38,000
Provides Prevention Case Management to HIV+ Latino Gay Males. Minimum Requirements: BA in Health Education or related field or comparable training and experience. Three years providing HIV prevention services to the target population. Spanish-English bilingual.
- 1.00 FTE Administrative Assistant @ \$32,001 \$32,001
Provides administrative support to the program including attending reception area,

Contractor: Instituto Familiar de la Raza, Inc.
Program: HERR and PWP Programs
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

directing phone calls from clients and data entry. Minimum Requirements: High School Diploma, Extensive Administrative Support Training and two years working in a fast passed community based organization. Spanish-English Bilingual.

TOTAL SALARIES \$201,837

25% FRINGE BENEFITS \$50,460

Including Health, Dental, SUL, FICA and Workers Compensation

TOTAL SALARIES AND BENEFITS \$252,297

OPERATING EXPENSES

Rental of Property – Office space for program staff and space for client related meetings.
\$1,017.83 monthly x 12 months \$12,214

Utilities – For program staff usage as well as client related usage during meeting/activities. \$5,167

\$430.58 monthly x 12 months

Building Maint. Supplies and Repairs – Janitorial services and provides practical necessities such as garbage bags, cleaning supplies and repairs. \$5,638

\$469.83 monthly x 12 months

Office Supplies/Postage – Supplies to support program staff on a day-to-day operation.
\$195.66 monthly x 12 months \$2,348

Printing and Reproduction – Expenses for staff business cards and copies for staff/client related needs, reports, forms, and correspondence promotional materials.

\$117.41 monthly x 12 months \$1,409

Program Educational Supplies \$15,900

Condoms and lubricants \$226.33 per month x 12 months = \$2,716

Meeting expenses for 8 MSGW at \$5 per participant x

8 participants per session x 40 sessions = \$1,600

Incentives for clients- Final HIV+ MSGW session/outing =

8 participants x \$50 x 4 MSGW = \$1,600

Journals for MSGW HIV+ clients = 32 participants x \$12 each = \$384

Art Supplies for 40 MSGW sessions at \$20 per session = \$800

Program Promotion – 2 Newspaper Adds at \$600 each = \$1,200

Books, videos, posters and other instructional aides = \$500

Educational brochures – \$200 per month x 6 months = \$1,200

Program brochure - \$2,200

Special Event \$3,700

Rental of Space \$2,700

Music \$500

Costumes and Props \$500

Insurance – General, professional, and Auto insurance to comply with funding sources.
\$352.16 monthly x 12 months \$4,226

Contractor: Instituto Familiar de la Raza, Inc.
Program: HERR and PWP Programs
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Staff Training— Trainings and Conferences 3 FTE x \$1,180 each to attend appropriate trainings	\$3,540
Rental of Equipment – Copier and postage machine to support program’s activities. \$234.91 monthly x 12 months	\$2,819
Staff Travel Fast Pass for 3 FTE at \$45 p/month x 12 months = \$1,620 Out of town travel to attend conferences for 3 FTE x \$353.33 each=\$1,060	\$2,680
Audit – For costs to comply with funding sources requirement. \$81.5 monthly x 12 months	\$978
Payroll Services \$101.75 monthly x 12 months	\$1,221
TOTAL OPERATING EXPENSES	\$58,140
INDIRECT EXPENSES	
SALARIES AND BENEFITS	
Executive Director 0.090 FTE @ \$82,425	\$7,418
Associate Director 0.090 FTE @ \$68,000	\$6,120
Human Resources Manager 0.090 FTE @ \$58,500	\$5,265
Operations Manager 0.090 @48,000	\$4,320
Accounting Manager 0.090 @ \$62,000	\$5,580
Payroll Accountant 0.094 @ \$48,000	\$4,497
Accounts Payable Clerk 0.090 @ \$45,000	\$4,050
TOTAL SALARIES	\$37,250
25% FRINGE BENEFITS	\$9,313
TOTAL INDIRECT EXPENSES	\$46,563
Total Direct	\$310,437

Contractor: Instituto Familiar de la Raza, Inc.
Program: HERR and PWP Programs
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Total Indirect **\$46,563**

TOTAL EXPENSES **\$357,000**

Note: Budget Justification for additional \$146,338 will be completed and submitted in January 2011

BUDGET JUSTIFICATION

PERSONNEL

1. Executive Director – MA & 2 years of nonprofit management experience required. Oversees the administrative functions of the contract; provides fiscal oversight and negotiates terms. Monitors units of service and compliance with terms of contract. Directly supervises Clinical Director and oversees program when Program Director is absent. \$65,000 x .05 FTE = \$3,250
2. Program Director – MA & 2 years of experience serving women of color at high risk of HIV infection. Responsible for hiring, evaluating and training all program staff; supervises all aspects of program delivery and evaluation. \$50,000 x .45 FTE = \$22,500.
3. Prevention Case Manager- BA & 1 year of experience serving women of color at high risk of HIV infection. Provides direct counseling services to women and their significant others. \$30,000 x 1 FTE = \$30,000.
4. Community Health Advocate – BA or equivalent experience in working with women of color at high risk of HIV infection. Responsible for conducting venue-based outreach, individual risk reduction counseling, coordination of health fairs, distributing HIV prevention materials, providing counseling and support services. \$28,400 x 1 FTE = \$28,400.
5. Program Assistant – BA or Business School Degree and 2 years of experience. Collects and enters all data for evaluation, conducts data analyses, prepares room for groups and assists program staff in delivery of services as needed. \$32,000 x .2 FTE = \$6,400.

Total FTE = 2.70

Total Salaries = \$90,550

Fringe: Fringe benefits including health, payroll taxes and worker's compensation = 25% of salary = \$22,638.

Total Salaries and benefits = \$113,188

OPERATING EXPENSES

Rental of Property: Leased facility at 333 Valencia Street for office and counseling space. \$7,052/FTE x 2.70 FTE = \$19,040.

Utilities (electricity, water, gas, and scavenger): \$1,020/FTE x 2.70 FTE = \$2,754.

Building Maintenance Supplies and Repair: Janitorial services and supplies: \$264/FTE x 2.70 FTE = \$713.

Office Supplies and Postage: Office supplies for program staff and materials for group sessions including paper, markers, folders, pens, etc.: $\$245/\text{FTE} \times 2.70 \text{ FTE} = \662 .

Printing and Reproduction includes printing and photocopying of outreach materials and program-related correspondence and documentation: $\$750/\text{FTE} \times 2.70 \text{ FTE} = \$2,025$.

Program and Educational Supplies include HIV prevention materials such as condoms and other barriers, lubricants and bleach, alcohol wipes, neosporine, pouches, cotton balls: $\$355.08/\text{month} \times 12 \text{ months} = \$4,261/\text{year}$.

Insurance includes office commercial and other liabilities: $\$713/\text{FTE} \times 2.70 \text{ FTE} = \$1,925$.

Staff Training/Recruiting includes in-service training for project staff and participation fees at conferences: $\$107/\text{FTE} \times 2.70 \text{ FTE} = \289 .

Equipment Rental includes postage meter and scale, copier. $\$273/\text{FTE} \times 2.70 \text{ FTE} = \737 .

Staff Travel (local and out-of-town) includes staff mileage to attend meetings at \$.41 per mile plus parking, bus fare or contribution to fast pass. $\$37.5/\text{month} \times 12 \text{ months} = \450 .

Meeting Expenses include the purchase of supplies and educational prizes for individuals participating in all interventions: \$2,000 projected annual expense.

Telephone and Communication includes phone service, voice mail and e-mail accounts. $\$462/\text{FTE} \times 2.70 \text{ FTE} = \$1,247$.

Equipment Maintenance and Repair includes shared expense for repairing damaged equipment. $\$325/\text{FTE} \times 2.70 \text{ FTE} = \878 .

Total Operating Expenses = \$36,981

INDIRECT COST JUSTIFICATION

Indirect Salaries and Benefits

1. Executive Director – Responsible for Board coordination and oversight of Financial Director. $\$65,000 \times .05 \text{ FTE} = \$3,250$
2. Finance Director – Oversees Accounts Payable and Receivable, financial reporting and payroll. $\$60,000 \times .08 \text{ FTE} = \$4,800$.
3. Account Analyst – Responsible for paying bills and tracking agency expenses. $\$45,000 \times .08 \text{ FTE} = \$3,600$.

Fringe: Fringe benefits including health, payroll taxes and worker's compensation = 25% of salary = \$2,913.

Total Salary and Benefits = \$14,563.

Indirect Operating Expenses

Rental of Property: Leased facility at 333 Valencia Street for office and counseling space. \$7,052/FTE x .21 FTE = \$1,481.

Utilities (electricity, water, gas, and scavenger): \$1,020/FTE x .21 FTE = \$214.

Telephone and Communication includes phone service, voice mail and e-mail accounts. \$462/FTE x .21 FTE = \$97.

Building Maintenance Supplies and Repair: Janitorial services and supplies: \$264/FTE x .21 FTE = \$55.

Office Supplies and Postage: Office supplies for program staff and materials for group sessions including paper, markers, folders, pens, etc.: \$245/FTE x .21 FTE = \$51.

Printing and Reproduction includes printing and photocopying of outreach materials and program-related correspondence and documentation: \$750/FTE x .21 FTE = \$158.

Insurance includes office commercial and other liabilities: \$713/FTE x .21 FTE = \$150.

Staff Training/Recruiting includes in-service training for project staff and participation fees at conferences: \$107/FTE x .21 FTE = \$22.

Equipment Rental includes postage meter and scale, copier. \$273/FTE x .21 FTE = \$57.

Audit includes professional fees for independent certified public accountant: \$658/FTE x 2.91 FTE = \$1,915.

Board Costs include related operating expenses of the Board of Directors including retreat and consultants = \$1,000 projected annual expense attributed to this project.

Equipment Maintenance and Repair includes shared expense for repairing damaged equipment. \$325/FTE x .21 FTE = \$68.

Total Indirect Operating Costs = \$5,268

Total Indirect Expense = \$19,831.

Total Costs = \$170,000

Contractor: Larkin Street Youth Services
Program: Counseling, Testing and Linkage Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Budget Justification

PERSONNEL

HIV Prevention Manager \$10,000

Responsible for: (1) supervising certified test counselors; ($\$45,000 * .22 \text{ FTE} = \$10,000$) (2) coordinating with host sites; (3) conducting counseling, $\$833.33$ monthly X 12 months testing and linkage services; and (4) program evaluation. Requirements: Bachelor's Degree, Master's degree preferred, in related field (psychology, social work, counseling, public administration). Experience working with homeless and runaway youth. Two years of program management and supervision. Experience leading a multicultural staff.

HIV Specialist \$25,000

Responsible for: (1) maintaining testing certification ($\$29,000 * .85 \text{ FTE} = \$25,000$ yearly) (2) conducting counseling, testing and linkage $\$2,083.33$ monthly X 12 months services at Larkin Street and community-based testing sites. Requirements include BA degree or equivalent or experience. Knowledge of HIV prevention. Ability to communicate with various types of people. Ability to work with and relate to diverse high-risk youth who are living on the streets. Ability to work in a multicultural environment. Experience in Peer Education. Bilingual English/Spanish preferred.

Data Entry Specialist \$5,000

Responsible for entering client-level data for reporting purposes. ($\$33,333$ annually * .15 FTE) = $\$2,800$ annually. Requirements include BA or suitable experience. $\$416.66$ monthly X 12 months.

Total Salaries	\$40,000
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Fringe @ 25%	\$10,000
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Includes FICA, Workers Compensation, SSUI, and Medical.

TOTAL PERSONNEL EXPENSE	\$50,000
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OPERATING EXPENSES

Utilities	\$2,212
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Includes water, gas, scavenger, etc. for LSYS testing sites.
 $\$184.33$ monthly X 12 months

Building Maintenance	\$500
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General maintenance and repairs for LSYS testing sites.
 $\$41.66$ monthly X 12 months

Program Supplies	\$5,000
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General program supplies.
 $\$416.66$ monthly X 12 months

Staff Training	\$500
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Training for certified test counselors.

Contractor: Larkin Street Youth Services
Program: Counseling, Testing and Linkage Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

\$41.66 monthly X 12 months

TOTAL OPERATING EXPENSES \$8,212

TOTAL DIRECT EXPENSES \$58,212

INDIRECT COSTS:

Occupancy \$3,500

To provide for building occupancy.
\$291.66 monthly X 12 months

TOTAL INDIRECT EXPENSES \$3,500

TOTAL EXPENDITURES \$61,712

Budget Justification

SALARIES AND BENEFITS

HIV Testing Counselors:

Responsible for conducting community outreach to target population. Provides information, education and peer counseling outside the clinic to at-risk individuals and to HIV positive individuals that are out of care; escorts clients interested in HIV testing to clinic, refers and links clients to services. Minimum Qualifications: High school diploma required, 2 years of college preferred, one year experience with HIV/AIDS. Bilingual (Spanish/English) is required.

Annual salary:	\$35,000	x 1.0 FTE	=	\$35,000
Annual salary:	\$35,000	x 0.5 FTE	=	\$17,500

Program Coordinator:

Responsible for coordination and implementation of the HIV Testing Program and coordination of community outreach. Supervises and provides training and support to HIV Testing Counselors and other program staff. Maintains the program statistical database and prepares monthly program reports to the HIV Services Director.. Minimum Qualifications: Bachelor's Degree in Human Services, one year of supervisory experience, and bilingual (Spanish/English); possession of CA HIV Test Counseling Certificate.

Annual salary:	\$45,000	x 0.45 FTE	=	\$20,250
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HIV Services Director:

Responsible for program development, coordination of various contracts and overall program implementation. Minimum Qualifications: Masters Degree and 2 years administrative experience. Demonstrated expertise in HIV/AIDS Services. Bilingual Spanish/English required.

Annual salary:	\$67,600	x 0.125 FTE	=	\$8,450
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Administrative Assistant:

Responsible for clerical and administrative support for this program. Reports to the HIV Services Director. Minimum Qualifications: High school diploma, 2 years of college preferred. Three years experience as administrative assistant. Bilingual Spanish/English required preferred.

Annual salary:	\$35,000	x 0.125 FTE	=	\$4,375
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Clinic Assistant/Receptionist:

Responsible for providing reception services and handing clinic flow on HIV Testing Days. Minimum Qualifications: High school diploma, two years of college preferred. Two years reception experience in a health care setting. Good communication skills. Bilingual (Spanish/English) required.

Annual salary:	\$30,000	x 0.125 FTE	=	\$3,750
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Total Salaries			=	\$89,325
Total FTE			=	2.33

Contractor: Mission Neighborhood Health Center
Program: Counseling, Testing and Linkages Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Fringe Benefits:

At 30.5% of salaries, consists of payroll taxes (FICA 7.65%, SDI 4.3%, Worker's Compensation 4.3%); plus retirement benefits and standard health coverage including medical, dental and vision care at 14.25%.

Total salaries: \$89,325 x 0.305 (Fringe Benefits) = \$27,244

TOTAL SALARIES AND BENEFITS = \$116,569

OPERATING EXPENSES

OCCUPANCY:

Rental of Property

Costs to cover monthly rent of office space for program staff at \$2,500 per month. Calculated at 29% of FTEs assigned to this office space (2.3 FTE÷8 FTE).

\$2,500 (Monthly Rent) x 12 months = \$30,000 x 0.29% = \$8,700

Utilities:

Costs to cover telephone, electricity, water, gas, garbage removal, fax, and internet/e-mail costs. Based on a 1.07% allocation of Salaries and Benefits.

\$116,569 (Salaries and Benefits) x 0.0107 (Utilities allocation) = \$1,247

Building Maintenance, Supplies and Repairs:

Monthly costs for janitorial service calculated at \$450/month x 12 months = \$5,400. Monthly costs for cleaning supplies and for the purchase of light bulbs, toilet paper, duplication of door and cabinet keys and for the payment of minor building repairs calculated at \$85.58/month x 12 months = \$1,027. \$5,400 (Janitorial Service) + \$1,027 = \$6,427. Calculated at 29 % of FTEs assigned to this office space (2.3 FTE÷8 FTE).

\$5,400 (Janitorial Services) + \$1,027 (Supplies) = 6,427 x 0.29% = \$1,864

MATERIALS AND SUPPLIES:

Office Supplies and Postage:

Basic general supplies needed by the program such as paper, pens, printer toner, folders for client charts, envelopes, etc. calculated at a monthly cost of \$90 x 12 months = \$1,080; For the mailing of correspondence to clients and general correspondence calculated at a monthly cost of \$20.83 x 12 mo = \$250.

\$1,080 (Office Supplies) + \$250 (Postage) = \$1,330

Contractor: Mission Neighborhood Health Center
Program: Counseling, Testing and Linkages Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Printing and Reproduction:

For the general reproduction of forms for client charts and the printing of HIV Testing schedule cards. Calculated at a monthly cost of \$85.

\$85 per month x 12 months = \$ 1,020

Program/Educational Supplies:

For the purchase of condoms and lubricants, and HIV prevention pamphlets for clients. Calculated at a monthly cost of \$83.75.

\$83.75 per month x 12 months = \$1,005

GENERAL OPERATING:

Insurance:

Program's share of MNHC's general liability and business insurance. Based on a 0.746% allocation of Salaries and Benefits.

\$116,569 (Salaries and Benefits) x 0.0107 (Insurance allocation) = \$ 870

CONSULTANT/SUBCONTRACTOR:

Clinical Supervision:

Licensed Clinical Social Worker to provide 4 hours monthly of clinical supervision to program staff on their assessments and counseling skills.

\$65 per hour x 48 hours (4 hours/mo.) x 12 months = \$ 3,120

TOTAL OPERATING EXPENSES = \$19,156

TOTAL DIRECT EXPENSES = \$135,725

INDIRECT EXPENSES

SALARIES AND BENEFITS:

Includes the salaries and benefits of the following administrative personnel:

Executive Director:

Annual salary: \$83,304 0.045 FTE = \$3,749
x

Chief Financial Officer:

Annual salary: \$75,005 0.045 FTE = \$3,375
x

Contractor: Mission Neighborhood Health Center
 Program: Counseling, Testing and Linkages Program
 Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Human Resources Director:

Annual salary: \$56,996 0.045 FTE = \$2,565
 x

Senior Accountant:

Annual salary: \$52,000 0.05 FTE = \$2,600
 x

IT Manager:

Annual salary: \$55,164 0.05 FTE = \$2,758
 x

Total Salaries = \$15,047
Total FTE = 0.235

Fringe Benefits:

At 30.5% of salaries, consists of payroll taxes (FICA 7.65%, SDI 4.3%, Worker's Compensation 4.3%); plus retirement benefits and standard health coverage including medical, dental and vision care at 14.25%.

Total salaries: \$15,047 x 0.305 (Fringe Benefits) = \$4,589

TOTAL SALARIES AND BENEFITS = \$19,636

OPERATING EXPENSES:

Payroll Services:

For an outside agency to process MNHC's payroll checks. Calculated at 2.728% of direct labor.
 \$24,960 0.02728 (estimated direct labor percentage) \$ 681
 x =

Audit Fees:

MNHC's annual audit (OMB Circular A-122 compliance). Calculated at 2.907% of direct labor.
 \$13,000 (Audit Fees) 0.02907 (estimated direct labor percentage) \$ 378
 x =

TOTAL OPERATING EXPENSES = \$1,059

TOTAL INDIRECT EXPENSES = \$20,695

TOTAL EXPENSES (DIRECT + INDIRECT) = \$156,420

Budget Justification

SALARIES AND BENEFITS

HLS Program Coordinator:

Responsible for program coordination of HLS Program, provision of IRRC services, and facilitating workshops. Minimum Qualifications: Bachelor's Degree and experience in group facilitation. Demonstrated expertise in HIV/AIDS education/prevention. Knowledge and experience of the Latino gay/bisexual community. Bilingual Spanish/English required.

Annual salary: \$45,000 x 1.0 FTE = \$45,000

Community Health Educator:

Responsible for client recruitment activities, screening interviews, group facilitation and provision of IRRC services. Minimum Qualifications: High school diploma, 2 years of college preferred. Two years experience in HIV/AIDS education/prevention. Knowledge and experience of the Latino gay/bisexual community. Bilingual Spanish/English required.

Annual salary: \$35,000 x 1.0 FTE = \$35,000

HIV Services Director:

Responsible for program development, coordination of various contracts and overall program implementation. Minimum Qualifications: Masters Degree and two years administrative experience or Bachelors Degree and five years administrative experience. Demonstrated expertise in HIV/AIDS services. Bilingual (Spanish/English) required.

Annual salary: \$67,600 x 0.20 FTE = \$13,520

Administrative Assistant:

Responsible for clerical and administrative support for this program. Reports to the HIV Services Director. Minimum Qualifications: High school diploma, 2 years of college preferred. Three years experience as administrative assistant. Bilingual Spanish/English preferred.

Annual salary: \$35,000 x 0.175 FTE = \$6,125

Total Salaries = \$99,645

Total FTE = 2.38

Fringe Benefits:

At 30.5% of salaries, consists of payroll taxes (FICA 7.65%, SDI 4.3%, Worker's Compensation 4.3%); plus retirement benefits and standard health coverage including medical, dental and vision care at 14.25%.

Total salaries: \$99,645 x 0.305 (Fringe Benefits) = \$30,392

TOTAL SALARIES AND BENEFITS = \$130,037

OPERATING EXPENSES

OCCUPANCY:

Rental of Property \$2,500 (Monthly Rent) x 12 months x 29% **\$8,700**

=

Costs to cover monthly rent of office space for program staff at \$2,500/month x 12 months = \$30,000. Calculated at 29% of FTEs assigned to this office space (2.38 FTE ÷ 8.2) = \$8,700.

Utilities:

Costs to cover telephone, electricity, water, gas, garbage removal, fax, and internet/e-mail costs. Based on a 1.07 allocation of Salaries and Benefits.

\$130,037 (Salaries and Benefits) x 0.0107 (Utilities allocation) **\$1,391**

=

Building Maintenance, Supplies and Repairs:

Monthly costs for janitorial service calculated at \$450/month x 12 months = \$5,400. Monthly costs for cleaning supplies and for the purchase of light bulbs, toilet paper, duplication of door and cabinet keys and for the payment of minor building repairs calculated at \$85.58/month x 12 months = \$1,027. \$5,400 (Janitorial Service) + \$1,027 = \$6,427. Calculated at 29 % of FTEs (2.38 FTE ÷ 8.2 FTE) share of cost assigned to these expenses.

\$5,400 + \$1,027 = \$6,427 x 29% = \$1,864 **\$1,864**

MATERIALS AND SUPPLIES:

Office Supplies and Postage:

Basic general supplies needed by the program such as paper, pens, printer toner, folders for client charts, envelopes, etc. calculated at a monthly cost of \$86.87 x 12 months = \$1,042; For the mailing of correspondence to clients and general correspondence calculated at a monthly cost of \$31.25 x 12 months = \$375.

\$1,042 (Office Supplies) + \$375 (Postage) **\$1,417**

=

Printing and Reproduction:

For the general reproduction of program materials and related interventions, the printing of recruitment cards, and other materials. Calculated at a monthly cost of \$84.87.

\$84.87 per month x 12 months = **\$ 1,018**

Program/Educational Supplies:

For the purchase of condoms and lubricants, and educational pamphlets for program participants. Calculated at a monthly cost of \$138.66.

\$138.66 per month x 12 months = **\$1,664**

GENERAL OPERATING:

Contractor: Mission Neighborhood Health Center
Program: Hermanos de Luna y Sol HERR Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Insurance:

Program's share of MNHC's general liability and business insurance. Based on a .746% allocation of Salaries and Benefits

\$130,037 (Salaries and Benefits) x 00746 (Utilities allocation) = \$970

CONSULTANT/SUBCONTRACTOR:

Evaluation Consultant:

Evaluation Consultant to develop statistical analysis and write BRA evaluation reports, and train program staff in the implementation of these tools.

\$60 per hour x 50 hours = \$3,000

Clinical Supervision:

Licensed Clinical Social Worker to provide 4 hours monthly of clinical supervision to program staff on their assessments and interventions with participants in the multiple session workshops and IRRC.

\$65 per hour x 4 hours per month x 12 months = \$3,120

OTHER:

Program Refreshments:

For the purchase of refreshments for participants to the multiple session workshops. Calculated at \$8.96 per participant (number of contact). Initial Discussion MSW = 336 NOC; Follow-up MSW = 720 NOC; Drop-In Single Session Groups = 192 NOC. 336 + 720 + 192 = 1,248 NOC.

\$8.01 per participant (NOC) x 1,248 NOC = \$10,000

TOTAL OPERATING EXPENSES = \$33,145

TOTAL DIRECT EXPENSES = \$163,182

INDIRECT EXPENSES

SALARIES AND BENEFITS:

Includes the salaries and benefits of the following administrative personnel:

Executive Director:

Annual salary: \$83,304 x 0.0525 FTE = \$4,373

Chief Financial Officer:

Annual salary: \$75,005 x 0.0525 FTE = \$3,938

BUDGET JUSTIFICATION

DIRECT COSTS

SALARIES

Executive Director: \$62,000/12 mo x .35 FTE x12 months 21,700
Responsible for management of all contract services, personnel and administrative direction.
Required qualifications: 3 years managing government contracts including reporting and compliance, designing and implementing HIV health service programs, supervising staff, experience working with HIV positive individuals and individuals at high risk for HIV infection.

Program Assistant: \$40,000/12 mo x .35 FTE x12 months 14,000
Responsible for telephone reception, greeting clients, photocopying, filing, computer entry and other office related and/or clerical support duties.
Required qualifications: Bachelor's degree and/or 2 years office management experience, knowledgeable and sensitive to issues of Native Americans and HIV.

Prevention Case Manager \$40,000/12 mo x 1 FTE x 12 months 40,000
Responsible for assisting clients in reducing initial HIV risk and/or reducing their risk of re-infection, if risky behavior has resulted in a recent HIV Positive determination.
Required qualifications: Bachelor's degree or work equivalent, 3 years experience with HIV positive Native Americans with multiple health concerns including mental health and alcohol/drug issues. Familiarity with the diverse Native populations as well as agencies that target the Native populations in the Bay Area.

Health Educator \$37,000/12 mo. X .5 FTE x 12 months 18,500
Responsible for developing and implementing drop-in group sessions, venue-based group outreach at powwows and other community events and individual risk reduction counseling.
Required qualifications: a minimum of 2 years experience in the HIV field and/or AA degree, experience in cultural sensitivity and competency to communities of color, familiarity of the principles of HIV prevention and harm reduction.

TOTAL FTE AND SALARIES 1.01 FTE **\$94,200**

Benefits @25% 23,550
Includes FICA, SUI, worker's comp, life, long-term disability, TSA, medical, dental and vision coverage.

TOTAL SALARIES AND BENEFITS **\$117,750**

OPERATING EXPENSES

Rent: \$340.91/mo X 12mo. X 2.2 FTE 9,000
Lease of program space for provision of services.

Contractor: Native American AIDS Project
 Program: Counseling, Testing and Linkages Program
 Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

<u>Utilities</u>	\$56.82/FTE/mo X12. X 2.2 FTE FTE	1,500
Includes electricity, gas, water, and telephone services.		
<u>Bldg. Maint., Supplies & Repair</u>	\$37.88/FTE/mo X 12mo. X 2.2 FTE	1,000
Includes custodial, trash and recycling services		
<u>Office Supplies/Postage:</u>	\$75.76/FTE/mo. X 12 mo X 2.2 FTE	2,000
Supplies include flip charts visual aids, postage and all other office supplies.		
<u>Printing and Reproduction</u>	\$37.88/FTE/mo X 12mo. X 2.2 FTE	1,000
Flyers and announcements of program services.		
<u>Program/Education Supplies:</u>	\$75.76/FTE/mo. X 12 mo X 2.2 FTE	2,000
Client support/educational materials, safer sex supplies, bleach kit supplies		
<u>Staff Travel:</u>		1,580
\$45/fastpass X 12 mo. X 2 FTE	= \$1080	
Monthly FastPass for direct service staff to conduct street-based IRRC and Recruitment and Linkages		
116 miles/RT x 12 events x .36/mi	= \$500	
Staff mileage reimbursement for HHE conducted at area powwows and community events such as Stanford Powwow, Vallejo Powwow, Running is My High, etc.		
<u>Traditional Healer:</u>		6,000
14 hours/mo x \$35/hr x 12 months	= \$5,880	
Ceremonial supplies	= \$120	
The Traditional Healer contracts on an hourly basis to provide culturally competent risk reduction sessions and ceremonies, drumming, healing circles and sweat lodges.		
TOTAL OPERATING EXPENSES		\$24,080
TOTAL DIRECT COSTS		\$141,830
INDIRECT COSTS		
<u>Financial Manager</u>	\$35,000/12mo x .2 FTE x 12 mo	7,000
Responsible for overall financial operation and monitoring budgets and budget compliance.		
<u>Benefits @ 25%</u>		1,750
Includes FICA, SUI, worker's comp, life, long-term disability, TSA, medical, dental and vision coverage.		
Total Personnel		\$8,750
<u>Annual Agency Audit</u>		\$1500

Contractor: Native American AIDS Project
Program: Counseling, Testing and Linkages Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Consultants/Subcontractors

The Board of Directors of NAAP have retained Polaris Research and Development to serve as the administrative support for the existing projects. This will include the development of budgets, all fiscal activities including payroll, accounts payable and accounts receivable. It is estimated that the services will average \$75 hour for approximately 4.1 hours per month for 12 months = \$3,686

Total Indirect Operating Cost	\$5,186
TOTAL INDIRECT COSTS	13,936
TOTAL DIRECT COSTS	141,830
<u>TOTAL EXPENSES</u>	<u>\$155,766</u>

Budget Justification:

a&b. PHFE Personnel and Mandatory Fringe Benefits

1. IS Admin. & QA Assurance Coord
1.00 FTE 4 Months Salary @ \$5,500.00 per month = \$ 22,000

This position will manage the HIV Prevention website that include CTL information, ensure the quality of the CTL data, manage the data entry staff and assist in the design and development of the documentation of positive and high risk client's link to care and to coordinate the development of CTL online tool.

2. Linkages and Partner Services Coordinator=
1.00 FTE 4 Months Salary @ \$4,583.25 per month = \$ 18,333

This position will work directly with the staff at HIV counseling testing and linkages sites to follow-up and document HIV+ clients receiving medical care services as well as other needed services.

3. Health Program Coordinator
1.00 FTE 3 Months Salary @ \$5,970.33 per month = \$ 17,911

This position will oversee the development of the coordinated plan for counseling testing and linkages services in SFDPH settings.

Total Personnel: \$ 58,224

Basic Benefits/Extended Benefits 23.9% \$ 13,892

Total Personnel and Mandatory Fringe Benefits \$ 72,116

c. Operating Expenses

1. Materials and Supplies \$ 3,023

2. Insurance
Calculated at approximately 0.40% of
Total costs \$ 308

3. Other expenses: single audit \$ 77
Calculated at 0.10% of total costs

PHFE Management Solutions
Program: HIV Prevention Prgs & Evaluation
Contract Term: January 1, 2011 – December 31, 2011

Exhibit B1A
Funding Source CDC

	Total Operating Expenses	\$ 3,408
d.	Capital Expenditure	-0-
e.	Total Direct Costs	\$ 75,524
f.	Total Indirect Costs (at 8.0% of Total Direct Costs)	\$ 6,036
g.	Total Costs	\$ 81,560

Budget Justification:

a&b. PHFE Personnel and Mandatory Fringe Benefits

1. IS Admin. & QA Assurance Coord
1.00 FTE 5 Months Salary @ \$5,500.00 per month = \$ 27,500

This position will manage the HIV Prevention website that include CTL information, ensure the quality of the CTL data, manage the data entry staff and assist in the design and development of the documentation of positive and high risk client's link to care and to coordinate the development of CTL online tool.

2. Linkages and Partner Services Coordinator=
1.00 FTE 4 Months Salary @ \$4,583.25 per month = \$ 18,333

This position will work directly with the staff at HIV counseling testing and linkages sites to follow-up and document HIV+ clients receiving medical care services as well as other needed services.

3. Health Program Coordinator
1.00 FTE 3 Months Salary @ \$5,970.33 per month = \$ 17,911

This position will oversee the development of the coordinated plan for counseling testing and linkages services in SFDPH settings.

Total Personnel: \$ 63,744

Basic Benefits/Extended Benefits 26.69% \$ 17,013

Total Personnel and Mandatory Fringe Benefits \$ 80,757

c. Operating Expenses

1. Materials and Supplies \$ 3,806

2. Insurance
Calculated at approximately 0.40% of
Total costs \$ 308

3. Other expenses: single audit \$ 77
Calculated at 0.10% of total costs

PHFE Management Solutions
Program: HIV Prevention Prgs & Evaluation
Contract Term: January 1, 2011 – December 31, 2011

Exhibit B-1A
Funding Source: Federal CDC

	Total Operating Expenses	\$ 3,471
d.	Capital Expenditure	-0-
e.	Total Direct Costs	\$ 84,948
f.	Total Indirect Costs (at 8.0% of Total Direct Costs)	\$ 6,796
g.	Total Costs	\$ 91,560

Budget Justification

Salaries and Benefits

Director

Responsible for directing the entire program – includes leadership, health and clinical aspects, program design, personnel, contracts, and fiscal aspects.

(Minimum Qualifications: Professional degree in mental health, 5 years experience in health counseling, and experience with HIV/AIDS issues.)

0.80 FTE x \$92,700 per year = \$74,160

Program Manager

Supervises Health Counselors; provides logistical and administrative support services to program staff for all services.

(Minimum Qualifications: College degree, minimum 5 years experience in program administration and operation, plus knowledge of HIV/AIDS issues.)

1.00 FTE x \$50,000 per year = \$50,000

Research & Internet Manager

Manages all aspects of data design, collection, security and quality, analysis, and reporting.

(Minimum Qualifications: Graduate degree in public health, and 3 years of biostatistics experience with research and evaluation projects.)

0.70 FTE x \$46,350 per year = \$32,445

Senior Health Counselor

Provides direct client services – intake, referral and linkage, individual counseling, health education, and group facilitation.

Contractor: Shanti

Exhibit B-1A

Program: Positive L.I.F.E.

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

(Minimum Qualifications: Professional degree in mental health counseling plus 5 years experience in related field.)

0.80 FTE x \$59,740 per year =	\$47,792
<u>0.70 FTE x \$56,650 per year =</u>	<u>\$39,655</u>
1.50 FTE	\$87,447

Health Counselor

Provides direct client services – intake, referral and linkage, individual counseling, health education, and group facilitation.

(Minimum Qualifications: Graduate degree in mental health counseling.)

1.000 FTE x \$45,000 per year =	\$45,000
1.000 FTE x \$43,000 per year =	\$43,000
<u>0.929 FTE x \$42,000 per year =</u>	<u>\$39,000</u>
2.929 FTE	\$127,000

Research Analyst

Responsible for providing expertise and effort in evaluation strategies and biostatistical data analysis.

(Minimum Qualifications: Graduate Degree plus knowledge of HIV/AIDS issues, and experiences with biostatistics.)

0.561 FTE x \$18,720 per year =	\$10,500
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Administrative Coordinator

Provides logistical and administrative support services to program staff for all services and assists with data entry.

(Minimum Qualifications: College degree, minimum 5 years experience in program administration and operation, plus knowledge of HIV/AIDS issues.)

0.189 FTE x \$40,000 per year =	\$7,548
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Administrative Assistant

Assists the Administrative Coordinator with clerical and office logistics, data entry, and other duties as needed.

Contractor: Shanti

Exhibit B-1A

Program: Positive L.I.F.E.

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

(Minimum Qualifications: College degree plus 3 years administrative experience.)

0.50 FTE x \$35,000 per year =

\$17,500

Fringe Benefits

Program fringe benefit rate is 23% of salary amount - includes health, dental, vision, life, and short and long term disability insurances, FICA, Medicare, SUTA, and Federal s125 medical spending account administration.

\$93,518

Total Salaries and Benefits

\$500,118

Contractor: Shanti
Program: Positive L.I.F.E.
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Operating Expenses

Occupancy:

Rental of Property

Share of cost for rental for staff offices, meeting space, and client intake.
\$1,324.17 per month x 12 months = \$15,890

Utilities

Cost for communication needs with clients and other service providers.
\$450 per month x 12 months = \$5,400

Building Maintenance Supplies and Repair

Building facilities maintenance and janitorial service.
\$352.50 per month x 12 months = \$4,230

Materials and Supplies:

Office Supplies / Postage

Typical needs for office administrative work and for mailing letters & brochures to clients and friends' mailing lists as outreach.
\$239.17 per month x 12 months = \$2,870

Printing and Reproduction

Typical needs for office administrative work and printing of Client Guidebooks and Facilitator Manuals.
\$833.34 per month x 12 months = \$10,000

Program / Educational Supplies

Books, educational materials, and space rental for interventions and services provided in locations near target subgroups.
\$2,020 per month x 12 months = \$24,240

Contractor: Shanti
Program: Positive L.I.F.E.
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

General Operating:

Insurance

Share of cost for general liability insurance required for operations
\$233.34 per month x 12 months = \$2,800

Staff Training

Clinical and evaluation studies, conferences and presentations.
2 trainings x \$500 per training x 6 attendants = \$6,000

Rental of Equipment

Share of cost to operate leased copiers for printing and reproduction of
materials and reports.
\$460 per month x 12 months = 5,520

Staff Travel

Local travel between agency & service sites
\$83.34 per month x 12 months = \$1,000

Consultants / Subcontractor:

Program Consultant

As needed for training facilitation and developmental production for
promotional materials to recruit and support clients.
\$50 per hours x 50 hours throughout the year = \$2,500

Information Technology:

Provides daily back up of program data, manages server activity, and
maintains and troubleshoots information system.
\$67.40 x 100 hours throughout the year = \$6,740

Contractor: Shanti
Program: Positive L.I.F.E.
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A
Funding Source: Federal CDC

Other:

Advertising / Promotion

Ad placement for client recruitment and small program-based social marketing campaign.

\$1,000 per month x 12 months = \$12,000

Intervention Materials

Incentives to support recruitment, attendance, participation, and punctuality; and to create client bonds, and illustrate model behavior.

\$943.34 per month x 12 months = \$11,320

Total Operating Expenses \$110,510

Total Direct Expenses \$610,628

Indirect Expenses

Indirect Salaries and Benefits:

Executive Director

Provides strategic direction, generation of board support, and integration with other agency services.

(Minimum Qualifications: Graduate degree plus 10+ years of experience, and knowledge of HIV/AIDS issues.)

0.15 FTE x \$82,400 per year = \$12,360

Fiscal Controller

Oversees integrity of financial tracking and reporting; provides contract fiscal reports.

(Minimum Qualifications: College degree plus 8 years experience with finance and accounting management.)

0.15 FTE x \$61,800 per year = \$9,270

Senior Accountant

Responsible for cost accounting for entire the contract; responsible for invoicing and generating expense tracking to program staff.

(Minimum Qualifications: College degree plus 2 years of bookkeeping experience.)

0.20 FTE x \$40,000 per year = \$8,000

Fringe Benefits

Contractor: Shanti
Program: Positive L.I.F.E.
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Program fringe benefit rate is 23% of salary amount - includes health, dental, vision, life, and short and long term disability insurances, FICA, Medicare, SUTA, and Federal s125 medical spending account administration.

\$6,814

Total Indirect Salaries and Benefits

\$36,444

Indirect Operating Expenses:

Audit Fees

Share of costs for preparation and audit fees relating to requirements of OMB circular A-133.

\$761 average per month x 12 months =

\$9,132

Total Indirect Operating Expenses

\$9,132

Total Indirect Expenses

\$45,576

Total Award

\$656,204

BUDGET JUSTIFICATION

SALARIES AND BENEFITS:

Community Services Director

Responsible for AIDS Office liaison and for supervision of the HIV CTL Manager and the Resource Center Manager. Minimum requirements: five years of progressively responsible experience in non-profit program development, supervision, administration and fundraising.

0.05FTE X \$4,583 X 12months = \$2,750

HIV CTL Program Manager

Responsible for day-to-day implementation of the CTL interventions, for participating in program planning and evaluation and for management of program staff. Oversees the subcontract with TWHC for contracted CTL services. Minimum requirements: a Bachelor's degree and three years of health promotion management or community organizing experience.

1.00FTE X \$4,028 X 12months = \$48,332

Employment Vocational/HR Manager

Responsible for providing training for peer staff and interns, as well Human Relations management for these positions (such as insurance, PTO compliance). Serves as programmatic staffing support to the prevention program and other duties. Minimum requirements: a Bachelor's degree and three years of training or teaching experience.

0.05FTE X \$3,750 X 12months = \$2,250

Program Assistant

Responsible for providing clerical and other programmatic support to the prevention program, including ordering of supplies, scheduling, assistance with report preparation, technical support for sub contractors and other duties. Minimum requirements: a Bachelor's degree and two years of administrative support experience

0.25FTE X \$3,000 X 11months = \$8,250

Contractor: Tenderloin Health
Program: Counseling, Testing and Linkages Program

Exhibit B-1A

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Health Educators

Responsible for all HIV CTL health education services, documentation of services provided, recruitment, street-based and community outreach; one position is held for a bilingual staff (Spanish/English) receive differential pay. Minimum requirements: a high school diploma or GED, experience in community organizing/health education and familiarity with the Tenderloin community.

0.25FTE X \$3,146 X 12months = \$9,438

0.25FTE X \$2,741 X 12months = \$8,222

0.25FTE X \$3,305 X 12months = \$9,916

Volunteer Coordinator

Responsible for recruiting, training and managing agency volunteers; public speaking for recruitment; portion prorated for prevention program volunteers. Minimum requirements: a two-year degree, experience in volunteer services and familiarity with the Tenderloin community.

0.25FTE X \$3,690 X 12months = \$11,071

MIS/Operations Manager

Responsible for systems to gather data for the interventions, for participating in program planning and evaluation. Minimum requirements: a Bachelor's degree and four years of health promotion or community organizing experience.

0.10FTE X \$4,250 X 12months = \$5,100

Total Salaries: \$105,329

Total FTE: 2.45

Fringe Benefits:

Including Health, Dental, Life and Disability Insurance, SUI, FICA and Workers' Compensation.

14% - Health, Dental, etc = \$14,746

9% - FICA & SUI = \$9,480

2% - Workers' Comp = \$2,107

Total Benefits: = \$26,332

Total Salaries and Benefits:

\$131,661

OPERATING EXPENSES:

Occupancy:

Rental of Property

Rental for staff offices, community drop-in center, small conference rooms, client reception and storage facilities. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

$$0.10\text{FTE} \times \$17,000 \times 12\text{months} = \$20,400$$

Utilities

Monthly costs for telephone, electricity, water, gas and garbage removal. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

$$0.10\text{FTE} \times \$5,417 \times 12\text{months} = \$6,500$$

Building Maintenance Supplies and Repair

Monthly costs for janitorial service and supplies and for minor repairs. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

$$0.10\text{FTE} \times \$4,167 \times 12\text{months} = \$5,000$$

Materials and Supplies:

Office Supplies and Postage

Monthly costs for basic office needs such as paper, pens, files, printer cartridges and similar, for expendable equipment, and for postage and delivery. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

$$0.10\text{FTE} \times \$2,917 \times 12\text{months} = \$3,500$$

Printing and Reproduction

Monthly costs for out-of-house photocopying for flyers, schedules of services and information for regarding CTR and other client materials. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

Contractor: Tenderloin Health
Program: Counseling, Testing and Linkages Program

Exhibit B-1A

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Program Supplies

These are direct charges for condoms, lubricant, and hygiene kit supplies, purchase of educational brochures and other items that support prevention

0.20FTE X \$1,000 X 12months = \$2,400

General Operating:

Insurance

Liability Insurance, professional liability, medical liability, Fidelity Bond and similar. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.10FTE X \$2,083 X 12months = \$2,500

Staff Training

For registration at conferences, seminars, classes and other trainings that will further the professional development of TARC's staff.

0.10FTE X \$1,250 X 12months = \$1,500

Equipment Rental and Repair

Rental and repair of basic office equipment such as photocopiers. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

0.10FTE X \$2,000 X 12months = \$2,400

Staff Travel

Cost for Car Share, Muni, Bart and other forms for travel for staff. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

0.10FTE X \$833 X 12months = \$1,000

Consultant/Subcontractor:

HRTC/Clinical Consultant

For a licensed LCSW to provide clinical supervision of TARC's HIV prevention program staff and clinical program oversight and ongoing Harm Reduction training. Calculated via a shared cost method that assigns costs based on percentage of project compared

0.05FTE X \$17,271 X 12 months = \$10,363

Contractor: Tenderloin Health
Program: Counseling, Testing and Linkages Program

Exhibit B-1A

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Nancy Botkin/Programmer

To provide computer programming for TARC' data tracking system for reporting and evaluative purposes; utilizing Filemaker Pro 7. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.05FTE X \$5,833 X 12 months = \$3,500

Other:

Food Vouchers

Cost for \$1, \$5 and \$10 vouchers used as incentives for clients' completion of evaluative assessments, for return as part of their HIV health services linkage (if HIV+) and for targeted outreach.

0.10FTE X \$3,733 X 12months = \$4,479

Internship Stipends

To provide housing and health care coverage for students conducting at least 32 hours of services, and enrolled in an accredited institution of higher learning. Calculated at \$800 room and \$425 health insurance

0.15FTE X \$1,225 X 12months = \$2,205

Volunteer Retention

To provide ongoing incentives and recognition for volunteers participating in health services programming.

1.00FTE X \$320 X 12months = \$3,840

Total Operating Expenses:

\$69,587

TOTAL DIRECT EXPENSES:

\$201,248

INDIRECT EXPENSES:

SALARIES AND BENEFITS:

Executive Director

Responsible for AIDS Office liaison and for supervision of the Health Promotion Services Director, Finance Director and Executive Assistant. Minimum requirements: ten years of progressively responsible experience in non-profit program development, administration and fundraising.

0.03FTE X \$9,167 X 12months = \$3,300

Contractor: Tenderloin Health
Program: Counseling, Testing and Linkages Program

Exhibit B-1A

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Finance Director

Responsible for management of the organizations financial records, billings, completion of monthly reports to funders and the board. Minimum requirements: a bachelor's and four years experience or a Master's degree and two years experience as a finance manager.

0.05FTE X \$4,583 X 12months = \$2,750

Development & PR Manager

Responsible for providing stewardship with private funders to attract and sustain additional resources for program services. Minimum requirements: a four-year degree and two years of fun development and/or public relations support experience.

0.05FTE X \$5,000 X 12months = \$3,000

Finance Assistant

Responsible for accounts payable, accounts receivable and payroll. Minimum requirements: two years of bookkeeping experience.

0.05FTE X \$4,167 X 12months = \$2,500

Administrative Assistant

Responsible for providing indirect administrative support including maintaining minutes of staff meetings, scheduling trainings, travel, assistance with financial issues such as making all deposits and maintaining petty cash. Minimum requirements: a four year degree and two years of administrative support experience.

0.04FTE X \$3,125 X 12months = \$1,500

Total Salaries: \$13,050

Total FTE: 0.22

Fringe Benefits:

Including Health, Dental, Life and Disability Insurance, SUI, FICA and Workers' Compensation.

14% - Health, Dental, etc. = \$1,827

9% - FICA & SUI = \$1,175

2% - Workers' Comp = \$261

Contractor: Tenderloin Health
Program: Counseling, Testing and Linkages Program

Exhibit B-1A

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Total Benefits: \$3,263

Total Salaries and Benefits for Indirect:
\$16,313

Rental of Property

Rental for staff offices, community drop-in center, small conference rooms, client reception and storage facilities. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.03FTE X \$17,000 X 12months = \$6,120

Utilities

Monthly costs for telephone, electricity, water, gas and garbage removal. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.03 FTE X \$5,417 X 12months = \$1,950

Office Supplies and Postage

Monthly costs for basic office needs such as paper, pens, files, printer cartridges and similar, for expendable equipment, and for postage and delivery. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.03FTE X \$2,917 X 12months = \$1,050

Building Maintenance Supplies and Repair

Monthly costs for janitorial service and supplies and for minor repairs. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

0.03FTE X \$4,167 X 12months = \$1,500

Printing and Reproduction

Monthly costs for out-of-house photocopying for flyers, schedules of services and information for regarding CTR and other client materials. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

Contractor: Tenderloin Health
Program: Counseling, Testing and Linkages Program

Exhibit B-1A

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

0.00FTE X \$1,000 X 12months = \$0

Insurance

Liability Insurance, professional liability, medical liability, Fidelity Bond and similar. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.03FTE X \$2,083 X 12months = \$750

Staff Training

For registration at conferences, seminars, classes and other trainings that will further the professional development of TARC's staff.

0.03FTE X \$1,250 X 12months = \$450

Staff Travel

Cost for Car Share, Muni, Bart and other forms for travel for staff. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget.

0.03FTE X \$833 X 12months = \$300

Equipment Rental and Repair

Rental and repair of basic office equipment such as photocopiers. Calculated via a shared cost method that assigns costs based on percentage of project compared to overall organization budget

0.03FTE X \$2,000 X 12months = \$720

Total In-Direct Expenses **\$29,153**

Total Direct & In-Direct Expenses: **\$230,400**

BUDGET JUSTIFICATION

Salaries and Benefits

Program Assistant

Will provide administrative support services to the program, including the maintenance of client's records, will develop and maintain the client tracking database, as well as the service utilization database. Minimum qualifications: high school graduation and four years of related administrative/clerical experience.

\$38,187 annual salary X 0.15 X 12 months = \$5,728

Deputy Director

Will be responsible for program oversight. In addition, will provide all budgetary oversight and budget projections, as well as operations oversight and program planning. Minimum qualifications: college degree with an appropriate major and four years experience in program management, or an equivalent combination of education and experience and at least 5 years experience in HIV service sector required.

\$107,140 annual salary X 0.10 X 12 months = \$10,714

Program Manager

Will provide program coordination, responsible for day to day operation. Provides clinical supervision to the program; develops new service models as needed. Responsible for ensuring outcome objectives are completed. Minimum qualifications: M.A. in Psychology, Social Work, or other appropriate area, license-eligible, 5 years experience in social service/counseling and 5 years experience in HIV/AIDS-related work.

\$78,146 annual salary X 0.90 FTE X 12 months = \$70,331

Clinical Supervisor

Supervises and provides clinical training to test site supervisors, counselors, and volunteers. Minimum qualifications: M.A. in Psychology, Social Work, or other appropriate area, license-eligible, three years clinical and counseling experience, and 3 years experience in HIV/AIDS-related work.

\$72,821 annual salary X 1.00 X 12 months = \$72,821

Laboratory Director/Medical Supervisor

Will coordinate STD testing component and provide supervision and coverage of counselors and phlebotomists. Minimum qualifications: Completion of high school or equivalent and 5 years experience in STD testing and counseling.

\$176,320 annual salary X 0.05 FTE X 12 months = \$8,816

Computer Resource Specialist

Will provide coordination of information systems required by the contracting agency. Responsible for the performance of data analysis and will oversee of all aspects of data management. Minimum qualifications: Skills, knowledge, and abilities essential to the successful performance of the duties assigned to the position; approval by UCSF Human Resources.

Contractor: UCSF AIDS Health Project
Program: HCAT, Counseling Testing and Linkages Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

\$66,500 annual salary X 0.10 at 12 months = \$6,650

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

33,425 annual salary X 0.40 at 12 months = \$13,370

Operations Coordinator

This position will be responsible for the performance of data analysis; will oversee all aspects of data management; will perform standard and complex computations on the collected data; will produce summaries of the data; will maintain the STD client tracking database as well as the service utilization database and coordinates the inclusion of data into various report formats. Minimum qualifications: five years database management experience.

\$38,626 annual salary X .35FTE at 12 months = \$13,519

Site Supervisor

Will provide supervision and coverage for counselors. Minimum qualifications: Completion of high school or equivalent and 5 years experience in HIV testing and counseling.

\$55,702 annual salary X 0.50 at 12 months = \$27,851

Mobile Site Coordinator

Will provide supervision and coverage for counselors. Minimum qualifications: Completion of high school or equivalent and 5 years experience in HIV testing and counseling.

\$53,664 annual salary X 0.80 at 12 months = \$42,931

Site Clerk/Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$35,568 annual salary X 0.50 at 12 months = \$17,784

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$33,424 annual salary X 0.25 at 12 months = \$8,356

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$33,424 annual salary X 0.25 at 12 months = \$8,356

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$37,357 annual salary X 0.35 at 12 months = \$13,075

Phlebotomist

Provides phlebotomy services. Minimum qualifications: at least 1 year experience drawing blood, current certification as a venipuncturist, and current cardio-pulmonary certification.

\$31,720 annual salary X 0.25 at 12 months = \$7,930

Phlebotomist

Provides phlebotomy services. Minimum qualifications: at least 1 year experience drawing blood, current certification as a venipuncturist, and current cardio-pulmonary certification.

\$33,593 annual salary X 0.30 at 12 months = \$10,078

Phlebotomist

Provides phlebotomy services. Minimum qualifications: at least 1 year experience drawing blood, current certification as a venipuncturist, and current cardio-pulmonary certification.

\$36,088 annual salary X 0.50 at 12 months = \$18,044

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$33,427 annual salary X 0.30 at 12 months = \$10,028

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$33,426 annual salary X 0.35 at 12 months = \$11,699

Counselor

Will provide assessment, disclosure and post disclosure counseling. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$31,720 annual salary X 0.25 at 12 months = \$7,930

Linkage Counselor

Will provide assessment, disclosure and post disclosure counseling with emphasis on connecting recently converted clients to services. Minimum qualifications: must have three years previous counseling or related experience and be certified.

\$42,432 annual salary X 0.50 at 12 months = \$21,216

TOTAL SALARIES = \$407,227

FRINGE

25% = Fringe Percentage (based on total salaries)
\$101,807 = Fringe Total

TOTAL SALARIES AND BENEFITS = \$509,034

Operating Expense Detail

OCCUPANCY

Rent

Includes rent and building maintenance expense based on a standardized formula that allocates agency cost for this area based on the square footage usage in this contract. The rental agreement is structured to include maintenance costs such as utilities (not telephone), elevator service and maintenance agreement, building security system maintenance, and other services and repairs expense. Rent = \$23,436

\$23,436 = 8.15 x \$2,875.58 per FTE annual rent
\$23,436 = Total

Utilities

Telephone expense. Amount of this line based on a standardized formula which allocates agency cost in this category to contracts based on the number of FTEs included in the contract.

\$9,780 = 8.15 FTE x \$100/FTE/month x 12 months
\$9,780 = Total

Building Maintenance

Includes building maintenance expense based on a standardized formula that allocates agency cost for this area based on the square footage usage in this contract. Maintenance costs such as utilities (not telephone), elevator service and maintenance agreement, \$11,304 = 8.15 x \$115.58 per FTE/month x 12 months

MATERIALS AND SUPPLIES

Office Supplies/Postage

Includes office expenses such as paper, desk and file supplies, clerical pool expense, business cards/stationery, small office equipment such as calculators and staplers necessary to provide program services = \$32,600. Amount of these lines based on standardized formulas which allocate agency cost as follows:

\$32,600 = 8.15 FTE x \$333.33/FTE/month x 12 months
\$32,600 = Total

Printing and Reproduction

Includes program brochures, and xeroxing of patient related materials, based on historical costs. An estimated 5,500 copies will be printed at a cost of .10 cents per copy.

\$550	=	5,500 copies x \$0.10
\$550	=	Total

Program/Educational Supplies

Includes program-specific costs to include medical supplies necessary to blood drawing including gloves, blood storage tubes, gauze pads; health education supplies related to HIV counseling and testing such as condoms, lube, and dental dams; other items could include binders, publications, program supplies, educational materials, computer supplies and software upgrades. Cost estimates based on historical annual costs.

\$3,640	=	\$303.33/month x 12 months
\$3,640	=	Total

GENERAL OPERATING

Staff Training

Includes registration fees for work-related conferences and related expenses estimated for four staff at \$218.50 per training to train career staff to enable them to stay current in knowledge and skills necessary to perform their jobs.

\$874	=	\$218.50 X 4 Trainings
\$874	=	Total

Rental of Equipment

Includes rental costs of office equipment such as copier, typewriter, and postage meter. Amount of this line based on historical costs which allocates agency cost as follows:

\$4,564	=	8.15 FTE x \$46.67/FTE/month x 12 months
\$4,564	=	Total

Staff Travel

Includes automobile travel (charged at 44.5 cents per mile), parking, emergency auto rental, and public transportation expense to provide services in community based settings. Based on historical costs.

\$ 750	=	Total
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CONTRACTORS/SUBCONTRACTORS

Interpreters

Provides interpreting services for clients and translation of materials at \$75/hour for an estimated 6 hours.

Contractor: UCSF AIDS Health Project

Exhibit B-1A

Program: HCAT, Counseling Testing and Linkages Program

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

\$ 450	=	\$75/hr. x 6 hours
\$ 450	=	Total

Computing and Data Processing

Includes expenses related to the purchase of software and hardware upgrades. Cost estimates based on historical annual costs.

\$ 1250	=	Total
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OTHER

Advertising

Costs related to the purchase of advertising space in various newspapers such as the *Bay Area Reporter*, *Frontiers*, and *Bay Times* to advertise program services. Based on historical costs of \$500- \$850 per advertisement.

\$5,537	=	\$553.70/ad x 10 ads
\$5,537	=	Total

TOTAL OPERATING EXPENSE = \$94,735

Indirect Cost Detail

Administrative Cost

Includes 12% indirect charge mandated by the University to support University-supplied services such as the Library, Accounting Department, Human Resources Department, Office of Research Affairs, and Materiel Management.

\$72,452	=	\$603,769 x 12%
\$72,452	=	Total

TOTAL INDIRECT EXPENSE = \$72,452

TOTAL DIRECT AND INDIRECT EXPENSE = \$676,221

BUDGET JUSTIFICATION

Salaries and Benefits

MIS Manager

Will provide coordination of information systems required by the contracting agency. Responsible for the performance of data analysis and will oversee of all aspects of data management. Minimum qualifications: Skills, knowledge, and abilities essential to the successful performance of the duties assigned to the position; approval by UCSF Human Resources.

\$59,240 annual salary X 0.10 at 12 months = \$5,924

Deputy Director

Will be responsible for program oversight. In addition, will provide all budgetary oversight and budget projections, as well as operations oversight and program planning. Minimum qualifications: college degree with an appropriate major and four years experience in program management, or an equivalent combination of education and experience and at least 5 years experience in HIV service sector required.

\$99,460 annual salary X 0.10 X 12 months = \$9,946

Publications Coordinator

Responsible for coordinating production and printing of all program materials including marketing materials, palm cards. Requires high school diploma, two years art training, three years experience or equivalent combination. Minimum qualifications: high school graduation plus two years art training and three years experience.

\$60,830 annual salary X 0.10 X 12 months = \$6,083

REACH Program Manager

Will be responsible for oversight of the Negatives Services Program. Provides clinical supervision to the groups' program; develops new group models as needed; assures clients and volunteer facilitators have access to ongoing clinical supervision; takes crisis calls as needed from facilitators or staff. Responsible for ensuring outcome objectives are completed. Manages recruitment and supervision of volunteer facilitators. Minimum qualifications: Master's degree in social work or psychology and license eligible, experience in substance abuse/mental health services delivery setting, and experience working with people with HIV, as well as experience working with men who have sex with men.

\$88,800 annual salary X 0.12 FTE X 12 months = \$10,656

Clinical Social Worker

Will provide clinical services including PCM counseling, client assessments, single session group services and multiple session workshops. Minimum qualifications: Master's degree in social work or psychology and license eligible, experience in substance abuse/mental health services delivery setting, and experience working with people with HIV, as well as experience working with men who have sex with men.

\$73,885 annual salary X 0.40 X 12 months = \$29,554

Clinical Social Worker

Will provide clinical services including PCM counseling, client assessments, single session group services, and multiple session workshops. Minimum qualifications: Master's degree in social work or psychology and license eligible, experience in substance abuse/mental health services delivery setting, and experience working with people with HIV, as well as experience working with men who have sex with men.

\$63,816 annual salary X 0.70 X 12 months = \$44,671

Clinical Social Worker

Will provide clinical services including PCM counseling, client assessments, single session group services, and multiple session workshops. Minimum qualifications: Master's degree in social work or psychology and license eligible, experience in substance abuse/mental health services delivery setting, and experience working with people with HIV, as well as experience working with men who have sex with men.

\$57,528 annual salary X 0.40 X 12 months = \$23,011

Program Assistant

Will provide administrative support services to the program, including the maintenance of client's records, will develop and maintain the client tracking database, as well as the service utilization database. Minimum qualifications: high school graduation and four years of related administrative/clerical experience.

\$43,210 annual salary X 0.20 X 12 months = \$8,642

Services Center Manager

Will set up all record keeping systems; oversee data entry; order supplies. Will supervise reception staff. Minimum qualifications: High school graduation and four years of related administrative experience; knowledge of computer word processing and excellent typing skills; and experience with diverse populations and HIV service delivery system.

\$51,130 annual salary X 0.18 X 12 months = \$9,101

Clinical Social Worker

Will provide clinical services including PCM counseling, client assessments, single session group services and multiple session workshops. Minimum qualifications: Master's degree in social work or psychology and license eligible, experience in substance abuse/mental health services delivery setting, and experience working with people with HIV, as well as experience working with men who have sex with men.

\$51,130 annual salary X 0.20 X 12 months = \$10,226

Project Director/Psychiatrist

Will provide all overall direction to the program. Ensures quality assurance; assures adherence to University policies and procedures. Will provide clinical back-up support to the program as needed and maintains liaison relationships with administrators from the collaborating agencies. Minimum requirements include: Must be a licensed psychiatrist in State of California with proven experience with the medical aspects of HIV and psychiatry as well as five years clinical experience in an HIV setting.

1% Effort= no salary

TOTAL SALARIES = \$157,814

FRINGE

22% = Fringe Percentage (based on total salaries)
 \$34,715 = Fringe Total

TOTAL SALARIES AND BENEFITS = \$192,529

Operating Expense Detail

OCCUPANCY

Rent

Includes rent and building maintenance expense based on a standardized formula that allocates agency cost for this area based on the square footage usage in this contract. The rental agreement is structured to include maintenance costs such as utilities (not telephone), elevator service and maintenance agreement, building security system maintenance, and other services and repairs expense. Rent = \$11,146 and maintenance = \$5,163.

\$16,309 = 10.92% x \$145,076 annual rent x 12 months
 \$16,309 = Total

Utilities

Telephone expense. Amount of this line based on a standardized formula which allocates agency cost in this category to contracts based on the number of FTEs included in the contract.

\$3,557 = 2.52 FTE x \$117.62/FTE/month x 12 months
 \$3,557 = Total

MATERIALS AND SUPPLIES

Office Supplies/Postage

Includes office expenses such as paper, desk and file supplies, clerical pool expense, business cards/stationery, small office equipment such as calculators and staplers necessary to provide program services = \$5,472. Expenses related to shipping and postage = \$912. Amount of these lines based on standardized formulas which allocate agency cost as follows:

\$5,472 = 2.52 FTE x \$181.67/FTE/month x 12 months
 \$ 912 = 2.52 FTE x \$30.16/FTE/month x 12 months
 \$6,384 = Total

Program/Educational Supplies

Includes program-specific costs to include medical supplies necessary to blood drawing including gloves, blood storage tubes, gauze pads; health education supplies related to HIV counseling and testing such as condoms, lube, and dental dams; other items could include binders, publications, program supplies, educational materials, computer supplies and software upgrades. Cost estimates based on historical annual costs.

\$1,847 = \$153.91/month x 12 months
\$1,847 = Total

GENERAL OPERATING

Staff Training

Includes registration fees for work-related conferences and related expenses estimated for four staff at \$212 per training to train career staff to enable them to stay current in knowledge and skills necessary to perform their jobs.

\$848 = \$212 X 4 Trainings
\$848 = Total

Rental of Equipment

Includes rental costs of office equipment such as copier, typewriter, postage meter, and beepers. Amount of this line based on historical costs which allocate agency cost as follows:

\$2,034 = 2.52 FTE x \$67.26/FTE/month x 12 months
\$2,034 = Total

TOTAL OPERATING EXPENSE = \$30,979

Indirect Cost Detail

Administrative Cost

Indirect expense is charged by the University of California at 12% of total direct costs, to cover operating expenses incurred by the University including building maintenance, library and student services. This represents the negotiated rate between UCSF and the City of San Francisco.

\$26,820 = \$223,508 x 12%
\$26,820 = Total

TOTAL INDIRECT EXPENSE = \$26,820

TOTAL DIRECT AND INDIRECT EXPENSE = \$250,328

BUDGET JUSTIFICATION

PERSONNEL

HIV Transmission Prevention/Harm Reduction Counselors are responsible for the majority of the +SHE program's "face-to-face" client services. Responsibilities include: performing transmission risk assessment interviews, calculating prevention acuity scores, and formulating prevention treatment plans for a specified number of women; attending weekly multidisciplinary meetings at the site(s) where the interviews were conducted to disseminate information and coordinate care for those women with significant transmission issues; performing individual risk reduction counseling and prevention case management on a set number of individuals with high prevention acuity scores and, along with the Director, conceptualizing and coordinating the single session workshops (SSW) and multiple session workshops (MSW) as well as trainings for the staff at the various sites regarding PwP. Minimum qualifications include a BA and 1 year HIV-specific counseling experience and/or an equivalent combination of education and experience.

1.30 FTE x 49,847 = \$64,801

Program Administer is responsible for the majority of administrative functions for the +SHE program. Responsibilities include: entering data into the client database that tracks the units of service, unduplicated clients and client demographic information; overseeing and managing REGGIE and PEMS compliance; compiling client statistics and generating statistical reports for the AIDS Office reporting requirements; ledger reconciliation, ordering, preparation of forms, including check requests and cost transfers; and maintaining the policies and procedures manual. Minimum qualifications: 1-year experience providing administrative services to a busy academic clinical care facility and the satisfaction of UCSF AA3 requirements.

.25 FTE x 48,102 = \$12,026

Grant Analyst is responsible for all aspects of financial grant compliance with the City and Country of San Francisco and UCSF; primary financial and budgetary oversight; and submission of new applications and budgets to the City. Minimum qualifications: 1-year experience providing grant compliance and financial overview to a busy academic clinical care facility.

.1 FTE x 66,751 = \$6,675

Program Director is responsible for all aspects of the +SHE program design, administration, oversight, and evaluation; grant compliance; financial management; quality assurance; supervising, hiring, and firing staff; and all interface the City and County of San Francisco. In addition, specific responsibilities are: to develop a baseline prevention with positives assessment tool, acuity score system, and prevention treatment plan protocol; to develop a system to integrate the transmission risk information into the multidisciplinary meetings such that needed referrals and linkages are made; conceptualize, implement, and evaluate the single session workshops and multiple session workshops; coordinate trainings for the staff at the various FSN sites regarding PwP (e.g.: harm reduction, disclosure...); supervise the Prevention Coordinator in all aspects of her work; and to develop and oversee the system to provide ongoing evaluation of the +SHE program. Minimum qualifications: M.D., 2 years experience providing HIV primary

Contractor: Regents of the University of California
Program: UCSF Women's HIV Program – Sexual Health and
Empowerment Program (SHE+)
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

care to a similar population of patients, 1 year experience with university clinical administration duties. Desired qualifications: HIV Specialist credential from AAHIVM, ID board certified.

$.25 \times 149,817 = \$37,454$

Fringe Benefits for Personnel

$22\% \times 120,956$ in total salaries = \$26,562

Total Personnel Costs

\$147,518

OPERATING EXPENSES

Rental of Property

This charge represents payment for 2% of the UCSF Positive Health practice at Parnassus office space, based on prior use by the Women's program relative to the larger clinic and projected uses by the +SHE program.

\$610.00

Program/Educational Supplies

This cost includes purchasing and upkeep of basic supplies for prevention services, including harm reduction brochures and other materials, safe sex literature and supplies, and resource guides.

\$500.00

Staff Training

Funds are requested for staff training in order to ensure training of all program staff in prevention with positives.

\$70.00

Total Operating Expenses

\$ 1,180

TOTAL DIRECT COSTS

\$148,698

INDIRECT COSTS

The University of California, San Francisco has an agreement with CCSF allowing 12% indirect costs. Indirect costs include but are not limited to departmental administration expenses, operation and maintenance expenses.

$\$148,698 \times 12\% = \$17,832$

TOTAL EXPENDITURES

\$166,530

BUDGET JUSTIFICATION

SALARIES AND BENEFITS

HERR Program Administrator

Responsible for supervising the program director and coordinating HIV services across all facilities. Liaison with community providers, and city agencies.

01/01/11-12/31/11 - 0.0229 FTE/YR x \$54,662 = \$1,250

ARCH Program Director

Responsible for all program development activities and for creating or modifying program curricula. The Program Director is responsible for the day-to-day management of the ARCH program, including ensuring that all grant commitments are being met and that reporting is occurring in a timely and accurate fashion. The Program Director is responsible for managing all ARCH staff members, including the hiring, training, evaluation, and supervision of one full-time Health Educator and one full-time Prevention Case Manager. The Program Director is responsible for representing the ARCH program to the larger San Francisco prevention community, including the San Francisco Health Commission, HIV Prevention Planning Council, the San Francisco Department of Public Health, and the State Office of AIDS, as well as maintaining and expanding ARCH collaborations with other relevant service agencies and ensuring the proper management of all agencies with which ARCH shares Memoranda of Understanding (MOU). The Program Director will provide back-up for all multiple session workshops and individual risk reduction counseling sessions, and will hold weekly drop-in hours for ARCH clients. The Program Director will attend appropriate and relevant prevention-related trainings from Bay Area training organizations, including the Healthy Relationships training, as well as conduct prevention-related internal trainings for Walden House staff members. Finally, the Program Director is responsible for attending all relevant Walden House meetings, including staff, managers, and facility. Approximately 45% of a Program Director's time is spent providing direct services, which include group facilitation, client drop-in hours, and back-up support for workshops and individual risk reduction counseling sessions.

01/01/11-12/31/11 0.50 FTE/YR x \$50,500 = \$25,250

ARCH Case Manager

Responsible for conducting ten prevention case management sessions per week—which might include two-hour assessment or exit interviews, or hour-long standard prevention case management sessions (for a total of approximately 12 hours per week). The PCM is responsible for coordinating with CARE staff to assess client eligibility for PCM services. The PCM will co-facilitate one multiple session workshop each week. In addition, the PCM is responsible for conducting outreach activities for prevention case management clients who have left treatment at Walden House, and establishing, following up, and documenting services provided both to current and outreach clients. The PCM is responsible for their own data collection and data entry, including all data reporting for grant management purposes. The PCM will have office hours open to all PCM and potential PCM clients for two hours each day. The PCM will attend appropriate and relevant prevention-related trainings from Bay Area training organizations,

including the Healthy Relationships and Prevention Case Management trainings offered through the California STD/HIV Prevention Training Center. The PCM will attend weekly ARCH staff meetings and Walden House staff meetings, including weekly meetings with staff from mental health services. Approximately 85% of the Prevention Case Manager's time is spent providing direct services, including PCM sessions, multiple session workshops, outreach activities, and client drop-in hours.

01/01/11-12/31/11 1.0 FTE/YR x \$40,000 = \$40,000

ARCH Sr. Health Educator (1.0 FTE)

Facilitate one multiple session workshop per week and is responsible for all workshop-related preparation, including the creation of appropriate hand-outs and visual aids, video clips, safer sex kits, and the maintenance of workshop-related supplies. The Health Educator will conduct approximately 13, one-hour individual risk reduction counseling sessions each week and will have office hours open to all clients for two hours each day. The Health Educator is also responsible for establishing, following up, and documenting referrals and linkages, for their own data collection and data entry, and will attend appropriate and relevant prevention-related trainings from Bay Area training organizations, including the Healthy Relationships training. The Health Educator will attend weekly ARCH staff meetings and all appropriate Walden House staff meetings. Approximately 75% of the Coordinator's time is spent providing direct services, including multiple session workshops, individual risk reduction counseling sessions, following-up on referrals and linkages, and client drop-in hours.

07/01/11-12/31/11 1.00 FTE/YR x \$36,000 = \$36,000

ARCH Case Manager

Responsible for conducting ten prevention case management sessions per week—which might include two-hour assessment or exit interviews, or hour-long standard prevention case management sessions (for a total of approximately 12 hours per week). The PCM is responsible for coordinating with CARE staff to assess client eligibility for PCM services. The PCM will co-facilitate one multiple session workshop each week. In addition, the PCM is responsible for conducting outreach activities for prevention case management clients who have left treatment at Walden House, and establishing, following up, and documenting services provided both to current and outreach clients. The PCM is responsible for their own data collection and data entry, including all data reporting for grant management purposes. The PCM will have office hours open to all PCM and potential PCM clients for two hours each day. The PCM will attend appropriate and relevant prevention-related trainings from Bay Area training organizations, including the Healthy Relationships and Prevention Case Management trainings offered through the California STD/HIV Prevention Training Center. The PCM will attend weekly ARCH staff meetings and Walden House staff meetings, including weekly meetings with staff from mental health services. Approximately 85% of the Prevention Case Manager's time is spent providing direct services, including PCM sessions, multiple session workshops, outreach activities, and client drop-in hours.

01/01/11-12/31/11 0.50 FTE/YR x \$20,000 = \$10,000

Contractor: Walden House
Program: ARCH/HERR
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Maintenance Staff

Responsible for maintaining the cleanliness and safety of the building in which the program operates.

01/01/11-12/31/11 0.025FTE/YR x \$28,000 = \$700

Training Coordinator

Responsible for ensuring that the staff is trained on the latest best practices.

01/01/11-12/31/11 .009 FTE/YR x \$27,777 = \$250

Total FTE & Salaries:

01/01/11-12/31/11 3.034 FTE = \$113,450

Fringe Benefits:

Estimated at 25% of salary line item for full time employees, and include: FICA (7.65%); State Unemployment (5%); Workers' Compensation (2.13%); Health Plan Complete Coverage (9.72%); SDI (.5%).

01/01/11-12/31/11 \$113,450 X 25% = \$28,364

Total Personnel (Salaries + Fringe):

01/01/11-12/31/11 \$113,450 Total Salaries + Fringe = \$141,814

OPERATING EXPENSES

Rental of Property: Project staff relating to program will be housed at Walden House's Facilities. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$260.93 Per FTE X 3.034 FTE x 12 Months = \$9,500

Utilities: (Electricity, Water, Gas, Phone, Garbage) Costs based on previous experience at same location. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$68.12 Per FTE X 3.034 FTE x 12 Months = \$2,480

Bldg Maintenance, Supplies and Repairs: Cost of program's fair share of supplies and professional services for maintenance and repair of facilities; Cost of cleaning and janitorial supplies necessary to maintain a safe and hygienic working environment. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$15.11 Per FTE X 3.034 FTE x 12 Months = \$550

Office Supplies/Postage: Cost of desk supplies for program staff (paper, pens, etc.) for program staff and for postage (first class, bulk rate and express mail). Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$10.99 Per FTE X 3.034 FTE x 12 Months = \$400

Contractor: Walden House
Program: ARCH/HERR
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Printing and Reproduction: Costs associated with Printing program materials and copying. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$13.73 Per FTE X 3.034 FTE x 12 Months = \$500

Insurance: Cost of general liability, professional liability, property and vehicle insurance for program. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$13.73 Per FTE X 3.034 FTE x 12 Months = \$500

Staff Training: Costs necessary for in- and out-of house staff training, including tuition and workshop registration fees. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$13.73 Per FTE X 3.034 FTE x 12 Months = \$500

Rental Equipment: Rental of basic office equipment such as copiers and printers. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$16.48 Per FTE X 3.034 FTE x 12 Months = \$600

Staff Travel: Estimated to reimburse staff for mileage and public transportation cost in providing services. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$21.97 Per FTE X 3.034 FTE x 12 Months = \$800

Client Costs: Includes program's costs associated with client personal needs, activities, health services, identification, field trips and laundry services.

01/01/11-12/31/11 \$41.20 Per FTE X 3.034 FTE x 12 Months = \$1,500

General Operating: Operating costs include Medical Supplies, Advertising, and Furnishings necessary for program and offices; the annual review of account records by independent auditor; furnishings for program areas.

01/01/11-12/31/11 \$110.64 Per FTE X 3.034 FTE x 12 Months = \$4,028

Total Operating:

01/01/11-12/31/11 \$21,358

Total Direct Expenses:

01/01/11-12/31/11 \$163,172

INDIRECT EXPENSES:

Walden House requests the maximum 15% reimbursement for indirect costs, to partially reimburse Walden House for indirect costs associated with overall operations of the agency, including administrative personnel, rent, utilities, building maintenance, supplies, postage, insurance, training, staff travel, equipment rental, transportation and vehicles, and general operating costs.

Contractor: Walden House
Program: ARCH/HERR
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

SALARIES AND BENEFITS:

Executive Director: Executive Director: Provides general agency oversight. Supervises all Vice Presidents. Reports to the Board of Directors.

1/1/11 - 12/31/11 \$298,700 Annual x .0029 FTE = \$858

Executive Office Manager: Provides administrative and clerical support to the President/CEO.

1/1/11 - 12/31/11 \$39,375 Annual x .0067 FTE = \$262

Chief Financial Officer Provides oversight and direction for the fiscal department including the Budget, Payroll, Accounting, and Accounts Receivable/Payable Departments.

1/1/11 - 12/31/11 \$151,349 Annual x .0037 FTE = \$554

Budget Manager: Responsible for managing the Budget Department, including the development of agency budgets for all contracts and grants submissions.

1/1/11 - 12/31/11 \$69,539 Annual x .0058 FTE = \$403

Budget/Fiscal Analyst: Responsible for analyzing agency budgets for grants and contracts and assisting budget manager.

1/1/11 - 12/31/11 \$57,218 Annual x .0040 FTE = \$227

Budget/Fiscal Coordinator: Responsible for coordinating agency budgets, grant and contract budgets, assisting budget managers and CFO with audits.

1/1/11 - 12/31/11 \$46,944 Annual x .0048 FTE = \$226

Budget Coordinator: Responsible for coordinating agency budgets for grants and contracts and assisting budget managers and CFO.

1/1/11 - 12/31/11 \$44,753 Annual x .0050 FTE = \$226

Payroll Coordinator Receives and maintains all employee time sheets, tracks paid time off and coordinates payroll for the agency.

1/1/11 - 12/31/11 \$47,081 Annual x .0042 FTE = \$200

Payroll Assistant (32 hrs) Receives and maintains all employee time sheets, tracks paid time off and coordinates payroll for the agency and serves as backup to the Payroll Coordinator.

1/1/11 - 12/31/11 \$22,520 Annual x .0031 FTE = \$70

Accounting Manager Responsible for managing the agency's bank accounts as well as accounting and

1/1/11 - 12/31/11 \$69,673 Annual x .0057 FTE = \$396

General Ledger Coordinator Maintains and regularly reconciles the agency's general ledger.

1/1/11 - 12/31/11 \$45,265 Annual x .0055 FTE = \$249

Contractor: Walden House
Program: ARCH/HERR
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

A/R Budget Coordinator: Responsible for applying all incoming finances to appropriate programs. Works with the Budget/Fiscal Coordinator to develop agency budgets that are in line with current

1/1/11 - 12/31/11 \$35,094 Annual x .0121 FTE = \$424

Accounts Payable Manager: Responsible for overseeing the Accounts Payable Department to ensure vendors are paid on a timely basis.

1/1/11 - 12/31/11 \$64,640 Annual x .0043 FTE = \$278

Accounts Payable Clerk (30 hrs): Assists A/P Supervising Clerk and A/P Manager, data entry and tracking of bills.

1/1/11 - 12/31/11 \$23,722 Annual x .0087 FTE = \$207

Supervising A/P Clerk: Supervises A/P personnel and assists with data entry, billing, and tracking.

1/1/11 - 12/31/11 \$46,294 Annual x .0045 FTE = \$210

Accounts Payable II: Works together with the Accounts Payable Coord. The above mentioned duties, and assists with data entry and tracking maintenance.

1/1/11 - 12/31/11 \$42,016 Annual x .0049 FTE = \$207

Accounts Payable II: Works together with the Accounts Payable Coord. The above mentioned duties, and assists with data entry and tracking maintenance.

1/1/11 - 12/31/11 \$37,310 Annual x .0055 FTE = \$207

Fiscal Assistant: Provides the Budget Manager with updated agency expenses and assists in the development of program budgets. Works closely with the Accounts Receivable/Budget Coordinator and provides administrative support to the Budget Department.

1/1/11 - 12/31/11 \$32,703 Annual x .0055 FTE = \$179

Receptionist: Responsible for screening and announcing agency visitors and appointments, incoming and outgoing mail, and transferring incoming agency telephone calls.

1/1/11 - 12/31/11 \$26,163 Annual x .0059 FTE = \$155

Human Resources Director: Advises on human resource issues, pre-approves all contracts between Walden House and outside persons/agencies.

1/1/11 - 12/31/11 \$156,718 Annual x .0028 FTE = \$435

SF Human Resources Manager: Responsible for managing the Human Resources Department including hiring and terminating employees, establishing employee benefits and file compliance, providing training, and maintaining resumes, job descriptions, and outside contractor agreements.

Contractor: Walden House

Exhibit B-1A

Program: ARCH/HERR

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

1/1/11 - 12/31/11 \$56,238 Annual x .0026 FTE = \$146

H/R Benefits Administrator: Responsible for distributing employee benefit information and maintaining all employee paperwork related to benefits. Maintains relationships and communication with Walden House benefit providers.

1/1/11 - 12/31/11 \$46,743 Annual x .0053 FTE = \$249

Human Resources Assistant: Provides the Human Resources Department with administrative support.

1/1/11 - 12/31/11 \$30,680 Annual x .0054 FTE = \$165

Recruiting Specialist: Recruits qualified candidates.

1/1/11 - 12/31/11 \$32,590 Annual x .0075 FTE = \$245

IT Director: Provides oversight, supervision, and direction to the Information Technology department, which includes data analysis, application development, customer support, network services and data control.

1/1/11 - 12/31/11 \$96,282 Annual x .0060 FTE = \$581

Network Computer Operations Mgr: Responsible for maintaining the agency's network services and system security.

1/1/11 - 12/31/11 \$61,725 Annual x .0082 FTE = \$508

IT Manager - Information Services: Responsible for overseeing all IS services including desktop support and network support

1/1/11 - 12/31/11 \$57,788 Annual x .0034 FTE = \$194

IT Manager - Data Control: Responsible for overseeing all program data entry including admission, transfer, and discharge information.

1/1/11 - 12/31/11 \$48,351 Annual x .0039 FTE = \$190

Sr. Database Application Analyst: Responsible for overseeing database systems and ensuring uptime.

1/1/11 - 12/31/11 \$73,530 Annual x .0084 FTE = \$619

IT Specialist - Data Control: Responsible for data entry including admission, transfer, and discharge information.

1/1/11 - 12/31/11 \$30,863 Annual x .0061 FTE = \$189

IT Senior Specialist - Data Control: Responsible for quality assurance, data integrity, and data entry including admission, transfer, and discharge information.

1/1/11 - 12/31/11 \$33,701 Annual x .0056 FTE = \$189

Contractor: Walden House
Program: ARCH/HERR
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

IT Sr Analyst - Application Development: Responsible for developing and maintaining databases and reporting programs current with the needs of the agency.

1/1/11 - 12/31/11 \$55,080 Annual x .0112 FTE = \$618

IT PC Support Analyst: Provides technical support and applies software upgrades to the agencies computers.

1/1/11 - 12/31/11 \$40,073 Annual x .0107 FTE = \$430

Chief Development Officer: Responsible for managing the Contracts Department, providing oversight to all contract compliance and assisting in grant development.

1/1/11 - 12/31/11 \$84,971 Annual x .0041 FTE = \$352

Corp. Communications Coord: Responsible for coordinating, editing, and distributing all Walden House publications, including program brochures and the Walden House Journal

1/1/11 - 12/31/11 \$26,293 Annual x .0084 FTE = \$222

Evaluation Specialist: Responsible for Evaluation of Programs

1/1/11 - 12/31/11 \$33,329 Annual x .0055 FTE = \$184

Contract Compliance Specialist : Responsible for renewing and reporting on all contracts.

1/1/11 - 12/31/11 \$40,100 Annual x .0109 FTE = \$438

Contract Compliance Specialist: Responsible for renewing and reporting on all contracts.

1/1/11 - 12/31/11 \$40,100 Annual x .0109 FTE = \$438

Contract Compliance Office Manager: Provides administrative and clerical support to the Contracts and Development Department.

1/1/11 - 12/31/11 \$33,000 Annual x .0055 FTE = \$183

Fringe Benefits:

Estimated at 25% of salary line item for full time employees, and include: FICA (7.65%); State Unemployment (5%); Workers' Compensation (2.13%); Health Plan Complete Coverage (9.72%); SDI (.5%).

01/01/11-12/31/11 \$12,113 X 25% = \$3,028

Total Indirect Personnel (Salaries + Fringe):

1/01/11 -12/31/11 \$12,113 Total Salaries + Fringe = \$15,141
\$3,028

OPERATING

Rental of Property: Percentage of facility expenses relating to program, based on fair share at current facility.

1/01/11-12/31/11 \$163.08 /month x 12 months = \$1,957

Contractor: Walden House
Program: ARCH/HERR
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Utilities, Communications: (Electricity, Water, Gas, Phone, Garbage) Costs based on previous experience at same location.

1/01/11-12/31/11 \$183.92 /month x 12 months = \$2,207

Office and Computer Supplies, Postage: Cost of supplies for clinical, medical, educational and statistical documentation; and for postage (first class, bulk rate and express mail) based on previous experience.

1/01/11-12/31/11 \$36.50 /month x 12 months = \$438

Building Maintenance, Supplies and Repair: Cost of program's fair share of: supplies and professional services for maintenance and repair of facilities; Cost of cleaning and janitorial supplies necessary to maintain a safe and hygienic working environment. Based on previous experience.

1/01/11-12/31/11 \$35.75 /month x 12 months = \$429

Insurance: Cost of general liability, professional liability, property and vehicle insurance for the program. Based on previous experience.

1/01/11-12/31/11 \$31.75 /month x 12 months = \$381

Staff Training: Costs necessary for in- and out-of house staff training, including tuition and workshop registration fees.

1/01/11-12/31/11 \$15.42 /month x 12 months = \$185

Staff Travel: (Local & Out of Town): Fair share for Staff's mileage reimbursement, estimated.

1/01/11-12/31/11 \$30.08 /month x 12 months = \$361

Rental of Equipment: Program's fair share of facility costs of leasing clinical and business equipment (i.e. copiers, typewriters, and calculators) based on previous experience. Share of other facility equipment lease.

1/01/11-12/31/11 \$31.25 /month x 12 months = \$375

General Operating: Operating costs include Medical Supplies, Advertising, and Furnishings necessary for program and offices; the annual review of account records by independent auditor; furnishings for program areas

1/01/11-12/31/11 \$249.50 /month x 12 months = \$2,994

Total Indirect Operating:

1/01/11-12/31/11 \$9,327

Total Indirect Expenses:

01/01/11-12/31/11 \$24,468

Contractor: Walden House

Exhibit B-1A

Program: ARCH/HERR

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

BUDGET SUMMARY	01/01/11 – 12/31/11
Total Personnel & Fringe:	\$141,814
Total Operating Expenses:	\$21,358
Total Direct Expenses:	\$163,172
Total Indirect Expenses (Total Direct Expenses x 15%):	<u>\$24,468</u>
Total Expenses:	\$187,640

BUDGET JUSTIFICATION

SALARIES AND BENEFITS

PWP Program Administrator

Responsible for supervising the program director and coordinating HIV services across all facilities. Liaison with community providers, and city agencies.

01/01/11-12/31/11 - 0.0229 FTE/YR x \$54,662 = \$1,250

ARCH Program Director

Responsible for all program development activities and for creating or modifying program curricula. The Program Director is responsible for the day-to-day management of the ARCH program, including ensuring that all grant commitments are being met and that reporting is occurring in a timely and accurate fashion. The Program Director is responsible for managing all ARCH staff members, including the hiring, training, evaluation, and supervision of one full-time Health Educator and one full-time Prevention Case Manager. The Program Director is responsible for representing the ARCH program to the larger San Francisco prevention community, including the San Francisco Health Commission, HIV Prevention Planning Council, the San Francisco Department of Public Health, and the State Office of AIDS, as well as maintaining and expanding ARCH collaborations with other relevant service agencies and ensuring the proper management of all agencies with which ARCH shares Memoranda of Understanding (MOU). The Program Director will provide back-up for all multiple session workshops and individual risk reduction counseling sessions, and will hold weekly drop-in hours for ARCH clients. The Program Director will attend appropriate and relevant prevention-related trainings from Bay Area training organizations, including the Healthy Relationships training, as well as conduct prevention-related internal trainings for Walden House staff members. Finally, the Program Director is responsible for attending all relevant Walden House meetings, including staff, managers, and facility. Approximately 45% of a Program Director's time is spent providing direct services, which include group facilitation, client drop-in hours, and back-up support for workshops and individual risk reduction counseling sessions.

01/01/11-12/31/11 0.50 FTE/YR x \$50,500 = \$25,250

HIV Prevention Health Educator

Facilitate one multiple session workshop per week and is responsible for all workshop-related preparation, including the creation of appropriate hand-outs and visual aids, video clips, safer sex kits, and the maintenance of workshop-related supplies. The Health Educator will conduct approximately 13, one-hour individual risk reduction counseling sessions each week and will have office hours open to all clients for two hours each day. The Health Educator is also responsible for establishing, following up, and documenting referrals and linkages, for their own data collection and data entry, and will attend appropriate and relevant prevention-related trainings from Bay Area training organizations, including the Healthy Relationships training. The Health Educator will attend weekly ARCH staff meetings and all appropriate Walden House staff meetings. Approximately 75% of the Health Educator's time is spent providing direct services, including multiple session workshops, individual risk reduction counseling sessions, following-up on referrals and linkages, and client drop-in hours.

Contractor: Walden House
Program: ARCH/PWP
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

01/01/11-12/31/11 1.00 FTE/YR x \$36,050 = \$36,050

HIV Prevention Case Manager

Responsible for conducting ten prevention case management sessions per week—which might include two-hour assessment or exit interviews, or hour-long standard prevention case management sessions (for a total of approximately 12 hours per week). The PCM is responsible for coordinating with CARE staff to assess client eligibility for PCM services. The PCM will co-facilitate one multiple session workshop each week. In addition, the PCM is responsible for conducting outreach activities for prevention case management clients who have left treatment at Walden House, and establishing, following up, and documenting services provided both to current and outreach clients. The PCM is responsible for their own data collection and data entry, including all data reporting for grant management purposes. The PCM will have office hours open to all PCM and potential PCM clients for two hours each day. The PCM will attend appropriate and relevant prevention-related trainings from Bay Area training organizations, including the Healthy Relationships and Prevention Case Management trainings offered through the California STD/HIV Prevention Training Center. The PCM will attend weekly ARCH staff meetings and Walden House staff meetings, including weekly meetings with staff from mental health services. Approximately 85% of the Prevention Case Manager's time is spent providing direct services, including PCM sessions, multiple session workshops, outreach activities, and client drop-in hours.

01/01/11-12/31/11 1.00 FTE/YR x \$35,000 = \$35,000

Administrative Support Staff

Will support Director, Health Educator and Case Manager with administrative and data entry workload.

01/01/11-12/31/11 0.50 FTE/YR x \$20,000 = \$10,000

Maintenance Staff

Responsible for maintaining the cleanliness and safety of the building in which the program operates.

01/01/11-12/31/11 .025 FTE/YR x \$28,000 = \$700

Training Coordinator

Responsible for ensuring that the staff is trained on the latest best practices.

01/01/11-12/31/11 .009 FTE/YR x \$27,778 = \$250

Total FTE & Salaries:

01/01/11-12/31/11 3.034 FTE = \$108,500

Fringe Benefits:

Estimated at 25% of salary line item for full time employees, and include: FICA (7.65%); State Unemployment (5%); Workers' Compensation (2.13%); Health Plan Complete Coverage (9.72%); SDI (.5%).

01/01/11-12/31/11 \$108,500 X 25% = \$27,125

Contractor: Walden House
Program: ARCH/PWP
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Total Personnel (Salaries + Fringe):

01/01/11-12/31/11 \$108,500 Total Salaries + Fringe = \$135,625
\$27,125

OPERATING EXPENSES

Rental of Property: Project staff relating to program will be housed at Walden House's Facilities. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$315.86 Per FTE X 3.034 FTE x 12 = \$11,500
Months

Utilities: (Electricity, Water, Gas, Phone, Garbage) Costs based on previous experience at same location. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$109.87 Per FTE X 3.034 FTE x 12 = \$4,000
Months

Bldg Maintenance, Supplies and Repairs: Cost of program's fair share of: supplies and professional services for maintenance and repair of facilities; Cost of cleaning and janitorial supplies necessary to maintain a safe and hygienic working environment. Calculated via shared cost method that assigns costs based on FTEs.

01/01/1-12/31/11 \$27.47 Per FTE X 3.034 FTE x 12 = \$1,000
Months

Office Supplies/Postage: Cost of desk supplies for program staff (paper, pens, etc.) for program staff and for postage (first class, bulk rate and express mail). Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$20.60 Per FTE X 3.034 FTE x 12 = \$750
Months

Printing and Reproduction

Costs of printing brochures and informational material. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$21.97 Per FTE X 3.034 FTE x 12 = \$800
Months

Insurance: Cost of general liability, professional liability, property and vehicle insurance for program. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$19.23 Per FTE X 3.034 FTE x 12 = \$700
Months

Staff Training: Costs necessary for in- and out-of house staff training, including tuition and workshop registration fees. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$20.60 Per FTE X 3.034 FTE x 12 = \$750

Contractor: Walden House
Program: ARCH/PWP
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Months

Rental Equipment: Rental of basic office equipment such as copiers and printers. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$20.60 Per FTE X 3.034 FTE x 12 = \$750
Months

Staff Travel: Estimated to reimburse staff for mileage and public transportation cost in providing services. Calculated via shared cost method that assigns costs based on FTEs.

01/01/11-12/31/11 \$27.47 Per FTE X 3.034 FTE x 12 = \$1,000
Months

Client Costs: Includes program's fair share of costs associated with client personal needs, activities, health services, identification, field trips and laundry services.

01/01/11-12/31/11 \$61.80 Per FTE X 3.034 FTE x 12 = \$2,250
Months

General Operating: Operating costs include Medical Supplies, Advertising, and Furnishings necessary for program and offices; the annual review of account records by independent auditor; furnishings for program areas.

01/01/11-12/31/11 \$165.84 Per FTE X 3.034 FTE x 12 = \$6,038
Months

Total Operating:

01/01/11-12/31/11 \$29,538

Total Direct Expenses:

01/01/11-12/31/11 \$165,163

INDIRECT EXPENSES:

Walden House requests the maximum 15% reimbursement for indirect costs, to partially reimburse Walden House for indirect costs associated with overall operations of the agency, including administrative personnel, rent, utilities, building maintenance, supplies, postage, insurance, training, staff travel, equipment rental, transportation and vehicles, and general operating costs.

SALARIES AND BENEFITS:

Executive Director: Executive Director: Provides general agency oversight. Supervises all Vice Presidents. Reports to the Board of Directors.

1/1/11 - 12/31/11 \$298,700 Annual x .0029 FTE = \$882

Executive Office Manager: Provides administrative and clerical support to the President/CEO.

1/1/11 - 12/31/11 \$39,375 Annual x .0068 FTE = \$269

Contractor: Walden House

Exhibit B-1A

Program: ARCH/PWP

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Chief Financial Officer Provides oversight and direction for the fiscal department including the Budget, Payroll, Accounting, and Accounts Receivable/Payable Departments.

1/1/11 - 12/31/11 \$151,349 Annual x .0038 FTE = \$569

Budget Manager: Responsible for managing the Budget Department, including the development of agency budgets for all contracts and grants submissions.

1/1/11 - 12/31/11 \$69,539 Annual x .0060 FTE = \$416

Budget/Fiscal Analyst: Responsible for analyzing agency budgets for grants and contracts and assisting budget manager.

1/1/11 - 12/31/11 \$57,218 Annual x .0041 FTE = \$233

Budget/Fiscal Coordinator: Responsible for coordinating agency budgets, grant and contract budgets, assisting budget managers and CFO with audits.

1/1/11 - 12/31/11 \$46,944 Annual x .0049 FTE = \$232

Budget Coordinator: Responsible for coordinating agency budgets for grants and contracts and assisting budget managers and CFO.

1/1/11 - 12/31/11 \$44,753 Annual x .0052 FTE = \$232

Payroll Coordinator Receives and maintains all employee time sheets, tracks paid time off and coordinates payroll for the agency.

1/1/11 - 12/31/11 \$47,081 Annual x .0042 FTE = \$200

Payroll Assistant (32 hrs) Receives and maintains all employee time sheets, tracks paid time off and coordinates payroll for the agency and serves as backup to the Payroll Coordinator.

1/1/11 - 12/31/11 \$22,520 Annual x .0034 FTE = \$77

Accounting Manager Responsible for managing the agency's bank accounts as well as accounting and

1/1/11 - 12/31/11 \$69,673 Annual x .0058 FTE = \$405

General Ledger Coordinator Maintains and regularly reconciles the agency's general ledger.

1/1/11 - 12/31/11 \$45,265 Annual x .0057 FTE = \$256

A/R Budget Coordinator: Responsible for applying all incoming finances to appropriate programs. Works with the Budget/Fiscal Coordinator to develop agency budgets that are in line with current

1/1/11 - 12/31/11 \$35,094 Annual x .0124 FTE = \$435

Accounts Payable Manager: Responsible for overseeing the Accounts Payable Department to ensure vendors are paid on a timely basis.

1/1/11 - 12/31/11 \$64,640 Annual x .0044 FTE = \$285

Contractor: Walden House

Exhibit B-1A

Program: ARCH/PWP

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Accounts Payable Clerk (30 hrs): Assists A/P Supervising Clerk and A/P Manager, data entry and tracking of bills.

1/1/11 - 12/31/11 \$23,667 Annual x .0090 FTE = \$213

Supervising A/P Clerk: Supervises A/P personnel and assists with data entry, billing, and tracking.

1/1/11 - 12/31/11 \$46,294 Annual x .0046 FTE = \$213

Accounts Payable II: Works together with the Accounts Payable Coord. The above mentioned duties, and assists with data entry and tracking maintenance.

1/1/11 - 12/31/11 \$42,016 Annual x .0051 FTE = \$213

Accounts Payable II: Works together with the Accounts Payable Coord. The above mentioned duties, and assists with data entry and tracking maintenance.

1/1/11 - 12/31/11 \$37,310 Annual x .0057 FTE = \$213

Fiscal Assistant: Provides the Budget Manager with updated agency expenses and assists in the development of program budgets. Works closely with the Accounts Receivable/Budget Coordinator and provides administrative support to the Budget Department.

1/1/11 - 12/31/11 \$32,703 Annual x .0056 FTE = \$184

Receptionist: Responsible for screening and announcing agency visitors and appointments, incoming and outgoing mail, and transferring incoming agency telephone calls.

1/1/11 - 12/31/11 \$26,163 Annual x .0061 FTE = \$159

Human Resources Director: Advises on human resource issues, pre-approves all contracts between Walden House and outside persons/agencies.

1/1/11 - 12/31/11 \$156,718 Annual x .0029 FTE = \$447

SF Human Resources Manager: Responsible for managing the Human Resources Department including hiring and terminating employees, establishing employee benefits and file compliance, providing training, and maintaining resumes, job descriptions, and outside contractor agreements.

1/1/11 - 12/31/11 \$56,238 Annual x .0027 FTE = \$150

H/R Benefits Administrator: Responsible for distributing employee benefit information and maintaining all employee paperwork related to benefits. Maintains relationships and communication with Walden House benefit providers.

1/1/11 - 12/31/11 \$46,743 Annual x .0055 FTE = \$256

Human Resources Assistant: Provides the Human Resources Department with administrative support.

1/1/11 - 12/31/11 \$30,680 Annual x .0055 FTE = \$169

Recruiting Specialist: Recruits qualified candidates.

Contractor: Walden House

Exhibit B-1A

Program: ARCH/PWP

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

1/1/11 - 12/31/11 \$32,590 Annual x .0077 FTE = \$251

IT Director: Provides oversight, supervision, and direction to the Information Technology department, which includes data analysis, application development, customer support, network services and data control.

1/1/11 - 12/31/11 \$96,282 Annual x .0062 FTE = \$597

Network Computer Operations Mgr: Responsible for maintaining the agency's network services and system security.

1/1/11 - 12/31/11 \$61,725 Annual x .0084 FTE = \$521

IT Manager - Information Services: Responsible for overseeing all IS services including desktop support and network support

1/1/11 - 12/31/11 \$57,788 Annual x .0034 FTE = \$194

IT Manager - Data Control: Responsible for overseeing all program data entry including admission, transfer, and discharge information.

1/1/11 - 12/31/11 \$48,351 Annual x .0080 FTE = \$387

Sr. Database Application Analyst: Responsible for overseeing database systems and ensuring uptime.

1/1/11 - 12/31/11 \$73,530 Annual x .0086 FTE = \$634

IT Specialist - Data Control: Responsible for data entry including admission, transfer, and discharge information.

1/1/11 - 12/31/11 \$30,863 Annual x .0063 FTE = \$194

IT Senior Specialist - Data Control: Responsible for quality assurance, data integrity, and data entry including admission, transfer, and discharge information.

1/1/11 - 12/31/11 \$33,701 Annual x .0058 FTE = \$194

IT Sr Analyst - Application Development: Responsible for developing and maintaining databases and reporting programs current with the needs of the agency.

1/1/11 - 12/31/11 \$55,080 Annual x .0115 FTE = \$635

IT PC Support Analyst: Provides technical support and applies software upgrades to the agencies computers.

1/1/11 - 12/31/11 \$40,073 Annual x .0065 FTE = \$260

Chief Development Officer: Responsible for managing the Contracts Department, providing oversight to all contract compliance and assisting in grant development.

1/1/11 - 12/31/11 \$84,971 Annual x .0042 FTE = \$361

Contractor: Walden House

Exhibit B-1A

Program: ARCH/PWP

Contract Term: January 1, 2011 to December 31, 2011

Funding Source: Federal CDC

Corp. Communications Coord: Responsible for coordinating, editing, and distributing all Walden House publications, including program brochures and the Walden House Journal

1/1/11 - 12/31/11 \$26,293 Annual x .0087 FTE = \$228

Evaluation Specialist: Responsible for Evaluation of Programs

1/1/11 - 12/31/11 \$33,329 Annual x .0055 FTE = \$184

Contract Compliance Specialist : Responsible for renewing and reporting on all contracts.

1/1/11 - 12/31/11 \$40,100 Annual x .0112 FTE = \$449

Contract Compliance Specialist: Responsible for renewing and reporting on all contracts.

1/1/11 - 12/31/11 \$40,100 Annual x .0112 FTE = \$449

Contract Compliance Office Manager: Provides administrative and clerical support to the Contracts and Development Department.

1/1/11 - 12/31/11 \$33,000 Annual x .0055 FTE = \$183

Fringe Benefits:

Estimated at 25% of salary line item for full time employees, and include: FICA (7.65%); State Unemployment (5%); Workers' Compensation (2.13%); Health Plan Complete Coverage (9.72%); SDI (.5%).

01/01/11-12/31/11 \$12,429 x 25% = \$3,106

Total Indirect Personnel (Salaries + Fringe):

01/01/11-12/31/11 \$12,429 Total Salaries + Fringe = \$15,535
\$3,106

OPERATING

Rental of Property: Percentage of facility expenses relating to program, based on previous experience at current facility.

1/01/11-12/31/11 \$167.33/month x 12 months = \$2,008

Utilities, Communications: (Electricity, Water, Gas, Phone, Garbage) Costs based on previous experience at same location.

1/01/11-12/31/11 \$180.17/month x12 months = \$2,163

Office and Computer Supplies, Postage: Cost of supplies for clinical, medical, educational and statistical documentation; and for postage (first class, bulk rate and express mail) based on previous experience.

1/01/11-12/31/11 \$37.50/month x12 months = \$449

Contractor: Walden House
 Program: ARCH/PWP
 Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Building Maintenance, Supplies and Repair: Cost of program's fair share of: supplies and professional services for maintenance and repair of facilities; Cost of cleaning and janitorial supplies necessary to maintain a safe and hygienic working environment. Based on previous experience.

1/01/11-12/31/11 \$36.67/month x 12 months = \$440

Printing & Reproduction: Costs associated with delivery of reports and documents.

1/01/11-12/31/11 \$8.50/month x 12 months = \$102

Insurance: Cost of general liability, professional liability, property and vehicle insurance for the program. Based on previous experience.

1/01/11-12/31/11 \$32.50/month x 12 months = \$390

Staff Training: Costs necessary for in- and out-of house staff training, including tuition and workshop registration fees.

1/01/11-12/31/11 \$15.83/month x 12 months = \$189

Staff Travel: (Local & Out of Town): Fair share for Staff's mileage reimbursement, estimated.

1/01/11-12/31/11 \$30.83/month x 12 months = \$370

Rental of Equipment: Program's fair share of facility costs of leasing clinical and business equipment (i.e. copiers, typewriters, and calculators) based on previous experience. Share of other facility equipment lease.

1/01/11-12/31/11 \$32/month x 12 months = \$384

General Operating: Operating costs include Medical Supplies, Advertising, and Furnishings necessary for program and offices; the annual review of account records by independent auditor; furnishings for program areas

1/01/11-12/31/11 \$228.75/month x 12 months = \$2,745

Total Indirect Operating:

01/01/11-12/31/11 \$9,240

Total Indirect Expenses:

01/01/11-12/31/11 \$24,775

BUDGET SUMMARY	1/01/11 – 12/31/11
Total Personnel & Fringe:	\$135,625
Total Operating Expenses:	\$29,538
Total Direct Expenses:	\$165,163
Total Indirect Expenses (Total Direct Expenses x 15%):	\$24,775
Total Expenses:	\$189,938

Contractor: Forensic AIDS Project
Program: Counseling, Testing and Linkages Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

BUDGET JUSTIFICATION

January 1, 2011 – December 31, 2011

Salaries

FAP Program Director

Responsible for health planning and program development, grant writing, preparation of statistical reports, preparation of report to founding sources, policy formulation, operational procedures, personnel management and overall responsibility for all aspects of program management including outreach to community groups, working collaboratively with the Sheriff's Department, courts, Department of Public Health and serves on Jail Health Services' Executive Team.

Minimum qualifications: Must have 3-5 year experience in social work, public health or other related field, experience coordinating health, forensic and/or social services programs and supervision, experience working with diverse populations.

0.22 FTE = \$4,069 x 13 pay periods = \$11,637
= \$4,150 x 13 pay periods = \$11,869

\$23,506

Health Worker IV

Responsible for day-to-day management, coordination and supervision of HIV/STD/TB and hepatitis risk assessment, testing and disclosure and groups throughout the jails and at the San Francisco General Hospital jail ward. Directly supervises Counseling and Testing team, implementing and monitoring rapid HIV testing, development of new collaborations, weekly and monthly QA of rapid testing, *Client Information* and lab slip forms and review of medical record charting of team. Also responsible for developing and monitoring referrals and linkage and for cross-checking AIDS Office requirements with team compliance and counseling and testing of Spanish mono-lingual clients.

Minimum qualifications include: Two years verifiable experience providing HIV prevention, risk assessment and individual/group counseling in institutional settings, and trained and certified to provide HIV rapid testing, experience working with diverse populations and be fluent in Spanish.

1.00 FTE x \$2,407 x 7 pay periods = \$16,849
x \$2,455 x 19 pay periods = \$46,648

\$,63,497

Health Worker III

Responsible for providing HIV and hepatitis risk assessment, disclosure and referrals to prisoners in the San Francisco county jails.

Minimum qualification include: Two years verifiable experience providing HIV prevention, risk assessment and individual/group counseling in institutional settings, and trained and certified to provide HIV rapid testing, and experience working with diverse populations.

1.00 FTE x \$2,161.57 x 7 pay periods = \$15,131
x \$2,204 x 19 pay periods = \$41,876

\$57,007

Senior Clerk Typist

Responsible for typing reports, word processing, answering telephones, maintaining communication with all team members when they are dispersed throughout the jails, assisting in the preparation and typing of required reports for the AIDS Office, entering statistical data into the computer, coordinating, scheduling and updating all training requirements for the Counseling and Testing team, filing and other clerical duties as required.

1.0 FTE x \$1,985 x 7 pay periods = \$13,895
 x \$2,025 x 19 pay periods = \$38,469

\$52,364

Total Salaries

\$196,374

Fringe Benefits @25%

\$49,094

Health Worker III As- Needed

Responsible for providing HIV and hepatitis risk assessment, disclosure and referrals to prisoners in the San Francisco county jails.

Minimum qualification include: Two years verifiable experience providing HIV prevention, risk assessment and individual/group counseling in institutional settings, and trained and certified to provide HIV rapid testing, and experience working with diverse populations.

\$7,963

\$7,963 /\$26.375 an hour x 20 hours weekly = 302 hours, or 15 weeks at 20 hours a week

TOTAL PERSONNEL EXPENSES

\$253,431

TOTAL EXPENSES

\$253,431

TOTAL EXPENSES

\$253,431

Budget Justification

SALARIES AND BENEFITS

Health Worker III (2587): This position is responsible for performing individual risk reduction counseling (IRRC); providing and confirming referrals; providing follow up for G/MSM infected with an STD to ensure that they receive adequate treatment and counseling; providing STD/HIV training and technical assistance to community based organizations. Minimum Qualifications: Two years of verifiable experience working with culturally diverse populations and possession of a valid CA driver's license. . 1.0 FTE Step 5 @ \$2,163 bi-weekly x 6.0 pay periods = \$12,978+ \$2,206 x 20.1 pay periods = \$44,346, Total = \$57,324

Health Worker II (2586): This position is responsible for providing and confirming referrals; performing follow-up for HIV negative G/MSM who are infected with an STD; providing STD/HIV health education and screening services in high-risk community based venues and performing STD/HIV related training, as requested. Minimum Qualifications: One year of verifiable experience working with culturally diverse populations, possession of a valid CA driver's license and access to a personal vehicle for performing field investigations. 1.0 FTE Step 5 @ \$2,153 bi-weekly x 6.0 pay periods = \$12,918+ \$2,196 x 20.1 pay periods = \$44,141, Total = \$57,059

IS Operator-Journey (1002): This position is responsible for entering all required data into specified computerized databases, performing quality assurance on the data and ensuring that any errors that are identified are corrected, generating standardized statistical reports, updating data files and providing routine computer programming support. Minimum Qualifications: Experience in performing computer data entry and the ability to type 60 wpm. .50 FTE Step 5 @ \$2,100 bi-weekly x 6.0 pay periods = \$12,600 + \$2,142 biweekly x 20.1 = \$43,054, Total = \$55,654 x .50 = \$27,827

Epidemiologist I (2802): This position is responsible for implementing, monitoring, and maintaining the HIV MOU database; verifying, analyzing, interpreting, and summarizing HIV data for quarterly reports, grants, and other documents; providing technical assistance to Program staff with interpreting and analyzing HIV data and supervising the IS Operator. Minimum Qualifications: A Master's Degree in epidemiology, biostatistics, or the behavioral science with classes in statistics. .60 FTE Step III @ \$2,503 bi-weekly x 6.0 pay periods = \$15,018 + Step IV @ \$2,681bi-weekly x 20.1 pay periods = \$53,879, Total, \$68,897 x .60 = \$41,338

Psychiatric Social Worker (2930): This position is responsible for providing crisis intervention, IRRC and referrals for high-risk negative clients and well as HIV positive clients identified through the third party notification program. Minimum Qualifications: A Master's Degree in Social Work Degree (MSW) and past experience working with diverse cultural populations. .10 FTE Step 5 @ \$2,999 bi-weekly x 6.0 pay periods = \$17,994 + \$3,059 biweekly x 20.1 = \$61,485, Total = \$79,479 x .10 = \$7,948 + \$100 bilingual premium, Grand Total = \$8,048

Total Salaries = \$191,596

Contractor: SFDPH STD Prevention and Control
Program: HERR & PwP Venue Based STD Testing/Third Party Notification
Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Fringe benefits: This figure is based on actual fringe for each employee which averages 35.0% of actual benefits negotiated between the City and County of San Francisco and the various bargaining units.

35% x \$191,496 (excludes \$100 in bilingual premium) = \$61,349

Total Fringes = \$67,024

Total Salaries & Fringes = \$258,620

OPERATING EXPENSES

EXPENDITURE CATEGORY:

Occupancy

Rental of Property: Funds are requested for two (2) small offices, three (3) large offices, partial support of seven (7) interview rooms, one (1) conference/meeting/lunch room and one (1) large waiting room. The main facility is located at 356 7th Street although most of the epidemiological and data entry staff supported by this contract are housed at 1360 Mission Street, Suite 401. Total rent for these facilities per fiscal year is \$139,740. \$1.70/sq ft x 6,850 sq feet = \$11,645/mo. X 2.03 months = \$23,726. Rental costs include utilities and building maintenance costs.

Total Occupancy = \$23,726

Materials and Supplies

Program/Educational Supplies:

In addition to offering HIV counseling and testing during outreach events, STD staff also offer pharyngeal, rectal and urine gonorrhea (GC) and chlamydia (CT) testing and syphilis testing. A total of \$28,199 is requested to purchase STD testing supplies. GC, CT and syphilis tests cost approximately \$9.482 per test x 2,974 = \$28,199.

Total Materials & Supplies = \$28,199

Consultants/Subcontractor

Name of Organization: Public Health Foundation Enterprises, Inc. (PHFE)

Method of Selection: RFQ 31-2003

Period of Performance: 1/1/11 – 12/31/11

Total Contract Amount: \$154,917

Method of Accountability: Quarterly Reports/Regular Meetings

Funds are requested to continue to fund a contract with the Public Health Foundation Enterprises, Inc. to provide funding for several Community Health Intervention Specialists. PHFE will act as a fiscal agent to provide staff for

HIV/STD prevention activities targeted toward gay and bisexual men in San Francisco. PHFE is a community-based organization that has been in existence for 34 years. They have worked with the City and County of San Francisco, both a fiscal agent as well as the provider of both HIV and STD services, for more than 20 of those years. The STD Program has worked with the Foundation in both of these capacities for the past two years. Funds will be used to hire culturally appropriate personnel to perform

Contractor: SFDPH STD Prevention and Control
Program: HERR & PwP Venue Based STD Testing/Third Party Notification
Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

community based STD services for G/MSM, IRRC and third party notification services for sexual contacts to eligible HIV positive G/MSM. Funds will also be used to purchase print and other advertisements as well as to cover some of the administrative costs of the organization.

Salaries

Community Health Intervention Specialist

These positions are responsible for performing IRRC; STD/HIV related training and technical assistance, providing and following up on referrals, providing HIV/STD health education, screening and follow up in various community based venues such as bars, sex clubs, street fairs, gymnasiums and for performing third party notification services. Minimum Qualifications: A Bachelor's Degree in psychological, behavioral and/or social sciences, possession of a valid CA driver's license and access to a personal vehicle to perform field investigations and the ability to establish and maintain jail clearance from the Sheriff's department.

2.0 FTE @ \$3,841.50 monthly x 12 pay periods = \$92,196

Fringe Benefits

This figure is based on 27% of salaries as negotiated between the City and County of San Francisco and PHFE. Total salaries = \$92,196 x 27% = \$24,893

Total Salaries & Fringes = \$117,089

Travel

Local Mileage

Funds are requested to reimburse the Community Health Specialist Worker for costs related to performing community based STD/HIV education, screening, follow up and training/technical assistance as well as third party notification investigations. 50 miles/month x .405 = \$20.25/month x 12 months = \$243. Funds are also requested to reimburse staff for parking meters utilized while in the field. \$5.00/month x 12 months = \$60.00.

Total for 12 months = \$303 x 2 staff = \$606

Total Travel = \$606

Advertising/Materials Development & Reproduction

Funds are requested to support the cost of developing and reproducing STD/HIV materials for use with HIV positive G/MSM as well as for placing 8 full page advertisements that emphasize the relationship between HIV and STD in the Bay Area Reporter, the City's largest free publication targeting G/MSM. Twelve full-page ads x \$1,211 each = \$14,533 Development and reproduction of STD/HIV materials, such as the Reading This Could Save Your Ass Pamphlet that is updated and reproduced on a yearly basis prior to Gay Pride Week is approximately \$10,500 for 35,000 copies (.30 cents each).

Total Advertising/Materials Development & Reproduction = \$25,033

Single Audit - .10% of Personnel & Operating Expenses of \$142,728-----\$143

Insurance - .40% of Personnel & Operating Expenses of \$142,728-----\$571

Contractor: SFDPH STD Prevention and Control
Program: HERR & PwP Venue Based STD Testing/Third Party Notification
Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Total Direct Costs = \$143,442

Indirect Costs

This figure is based on 8% of total direct costs as negotiated between the City and County of San Francisco and PHFE, plus insurance and audit fees. Total Direct Costs = \$143,442 x 8% = \$11,475

Total PHFE Contract Budget = \$154,917

Total Consultants/Subcontractor = \$154,917

Total Operating Expenses = \$206,842

TOTAL BUDGET = \$465,462

Contractor: SFDPH STD Prevention and Control
Program: Positive Reinforcement Opportunity Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

Budget Justification

Reproduction: **\$4,618**

Funds are requested to pay for the cost of reproducing PROP materials such as PROP pamphlets for both providers and for possible participants. Services will be provided either by the DPH Reproduction Department or another City approved vendor.

Program/ Educational Supplies: **\$ 3,691**

Funds are requested to purchase PROP outreach, educational or promotional supplies such as Dump Tina buttons, temporary tattoos, etc. Funds may also be used to purchase condoms for PROP clients.

Consultants/Subcontracts: **\$ 37,693**

Name of Organization: Public Health Foundation Enterprises, Inc. (PHFE)
Phone Number: 1-800-699-7320
Method of Selection: RFQ 31-2003
Period of Performance: 7/1/11 – 12/31/11
Contract Amount: \$37,693
Method of Accountability: Quarterly Reports/Regular Meetings

Funds are requested to contract with PHFE to act as a fiscal agent for the provision of PROP services in San Francisco. Funds will be used to purchase program supplies, outreach materials and advertising as well as to cover some of the administrative costs of the organization.

Subcontractor Direct Costs

Program/Educational Supplies: **\$11,300**
Funds are requested to purchase methamphetamine prevention promotional materials to use during outreach.

Advertising: **\$23,428**
Funds are requested to pay for ads on websites to publicize the PROP Program as well as to design and produce methamphetamine prevention advertising materials.

Single Audit Fee - .0010% of Direct Costs of \$34,728 = **\$ 35**

Insurance Costs - .0040% of Direct Costs of \$34,728 **\$139**

Total Subcontractor Direct Costs: \$ 34,901

Indirect Costs: Costs for administrative support are calculated at 8% of total Direct Costs.
8% x \$34,901 = \$2,792

TOTAL Contractual Budget: **\$37,693**

Contractor: SFDPH STD Prevention and Control
Program: Positive Reinforcement Opportunity Program
Contract Term: January 1, 2011 to December 31, 2011

Exhibit B-1A

Funding Source: Federal CDC

F. Other: 23,998

Advertising:

Funds are requested to pay for the cost of full page color ads highlighting PROP services in the Bay Area Reporter as well as purchasing a package of public service announcements (PSAs)/sponsorship services from Energy 92.7 to publicize the PROP Program. 11 full page color advertisements x \$1,500 per ad = \$16,500; 37 prime time PSAs per month x 3 months + Energy 92.7 sponsorship at PROP related events = \$7,498, Total \$23,998.

TOTAL BUDGET-----\$70,000

BUDGET JUSTIFICATION

SALARIES AND BENEFITS DETAIL:

Physician Specialist: To diagnose, treat, monitor, and refer patients according to standard protocols, maintains appropriate documentation. *Minimum Qualifications* are licensure as a Physician and Surgeon by the Medical Board of California.

.05 FTE x \$128,282	x =	6,413	
Total Salaries			6,413
Fringe Benefits: 25% x \$6,413 total salaries:			1,604
Total Salaries and Benefits:			8,017

Medical Evaluation Assistant: assists with medical evaluations by processing lab specimens, performing limited clinical tests, stocking supplies, and maintaining exam rooms. *Minimum Qualifications* are certification in phlebotomy and possession of a Medical Assistant Degree or Certification.

.50 FTE x \$51,403	x =	25,702	
Total Salaries			25,702
Fringe Benefits: .25% x \$25,702 total salaries:			6,425
Total Salaries and Benefits:			32,127

Registered Nurse: performs nursing assessment of medical conditions, referral to appropriate providers, vital signs, performs nursing care in clinic, organizes required laboratory testing, dispenses medication per MD orders, administers immunizations, provides health information, schedule follow-up according to standard protocols, maintains appropriate documentation. *Minimum Qualifications* are licensure by the California Board of Registered Nursing, CPR certification, and one year of experience in a primary care clinic setting.

.50 FTE x \$89,369	x =	44,685	
Total Salaries			44,685
Fringe Benefits: .25 % x \$44,685 total salaries:			11,171
Total Salaries and Benefits:			55,856

Total Salary Expense	\$76,800
Total Fringe Benefits Expense	\$ 19,200
GRAND TOTAL	\$96,000