



**San Francisco Department of Public Health**  
Part A Non-Competing Continuation



**Attachment IX: Agreements & Compliance**

**FY 2026 AGREEMENTS AND COMPLIANCE ASSURANCES**

**Ryan White HIV/AIDS Program**

***Part A HIV Emergency Relief Grant Program***

I, the Chief Elected Official of the Eligible Metropolitan Area or Transitional Grant Area **Roland Pickens (CEO's Designee)**, (hereinafter referred to as the EMA/TGA) assure that:

**Pursuant to Section 2602(a)(2) 5, 6**

The EMA/TGA will establish a mechanism to allocate funds and a Planning Council that comports with section 2602(b).

**Pursuant to Section 2602(a)(2)(B)**

The EMA/TGA has entered into intergovernmental agreements with the Chief Elected Officials of the political subdivisions in the EMA/TGA that provide HIV-related health services and for which the number of AIDS cases in the last 5 years constitutes not less than 10 percent of the cases reported for the EMA/TGA.

**Pursuant to Section 2602(b)(4)**

The EMA/TGA Planning Council will determine the size and demographics of the population of people with HIV, as well as the size and demographics of the estimated population of people with HIV who are unaware of their HIV status; determine the needs of such population, and develop a comprehensive plan for the organization and delivery of health and support services. The plan must include a strategy with discrete goals, a timetable, and appropriate funding, for identifying people with HIV who do not know their HIV status, making such individuals aware of their HIV status, and enabling such individuals to use the health and support services. The strategy should particularly address disparities in access and services among affected subpopulations and historically underserved communities.

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*5 All statutory references are to the Public Health Service Act, unless otherwise specified.*

*6 TGAs are exempted from the requirement related to Planning Councils, but must provide a process for obtaining community input as described in **section 2609(d)(1)(A)** of the PHS Act. TGAs that have currently operating Planning Councils are strongly encouraged to maintain that structure.*

**Pursuant to Section 2603(c)**

The EMA/TGA will comply with statutory requirements regarding the timeframe for obligation and expenditure of funds, and will comply with any cancellation of unobligated funds.

**Pursuant to Section 2603(d)**

The EMA/TGA will make expenditures in compliance with priorities established by the Planning Council/Planning Body.

**Pursuant to Section 2604(a)**

The EMA/TGA will expend funds according to priorities established by the Planning Council/Planning Body, and for core medical services, support services, and administrative expenses only.

**Pursuant to Section 2604(c)**

The EMA/TGA will expend not less than 75 percent of service dollars for core medical services, unless waived by the Secretary.

**Pursuant to Section 2604(f)**

The EMA/TGA will, for each of such populations in the eligible area expend, from the grants made for the area under Section 2601(a) for a FY, not less than the percentage constituted by the ratio of the population involved (infants, children, youth, or women in such area) with HIV/AIDS to the general population in such area of people with HIV, unless a waiver from this provision is obtained.

**Pursuant to Section 2604(g)**

The EMA/TGA has complied with requirements regarding the Medicaid status of providers, unless waived by the Secretary.

**Pursuant to Section 2604(h)(2), Section 2604(h)(3), Section 2604(h)(4)**

The EMA/TGA will expend no more than 10 percent of the grant on administrative costs (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities, and the allocation of funds to subrecipients will not exceed an aggregate amount of 10 percent of such funds for administrative purposes.

**Pursuant to Section 2604(h)(5)**

The EMA/TGA will establish a CQM Program that meets HRSA requirements, and that funding for this program shall not exceed the lesser of five percent of program funds or \$3 million.

**Pursuant to Section 2604(i)**

The EMA/TGA will not use grant funds for construction or to make cash payments to recipients.

**Pursuant to Section 2605(a)**

With regard to the use of funds,

- a. funds received under Part A of Title XXVI of the Act will be used to supplement, not supplant, state funds made available in the year for which the grant is awarded to provide HIV related services to individuals with HIV disease;
- b. during the period of performance, political subdivisions within the EMA/TGA will maintain at least their prior FY's level of expenditures for HIV related services for individuals with HIV disease;
- c. political subdivisions within the EMA/TGA will not use funds received under Part A in maintaining the level of expenditures for HIV related services as required in the above paragraph; and
- d. documentation of this MOE will be retained.

**Pursuant to Section 2605(a)(3)**

The EMA/TGA will maintain appropriate referral relationships with entities considered key points of access to the health care system for the purpose of facilitating EIS for individuals diagnosed with HIV infection.

**Pursuant to Section 2605(a)(5)**

The EMA/TGA will participate in an established HIV community based continuum of care, if such continuum exists within the EMA/TGA.

**Pursuant to Section 2605(a)(6)**

Part A funds will not be used to pay for any item or service that can reasonably be expected to be paid under any state compensation program, insurance policy, or any Federal or state health benefits program (except for programs related to the Indian Health Service) or by an entity that provides health services on a prepaid basis.

**Pursuant to Section 2605(a)(7)(A)**

Part A funded HIV primary medical care and support services will be provided, to the maximum extent possible, without regard to a) the ability of the individual to pay for such services or b) the current or past health conditions of the individuals to be served.

**Pursuant to Section 2605(a)(7)(B)**

Part A funded HIV primary medical care and support will be provided in settings that are accessible to low-income individuals with HIV disease.

**Pursuant to Section 2605(a)(7)(C)**

A program of outreach services will be provided to low-income individuals with HIV disease to inform them of the HIV primary medical care and support services.

**Pursuant to Section 2605(a)(8)**

The EMA/TGA has participated in the Statewide Coordinated Statement of Need (SCSN) process initiated by the state, and the services provided under the EMA/TGA comprehensive plan are consistent with the SCSN.

**Pursuant to Section 2605(a)(9)**

The EMA/TGA has procedures in place to ensure that services are provided by appropriate entities.

**Pursuant to Section 2605(a)(10)**

The EMA/TGA will submit audits every 2 years to the lead state agency under Part B of Title XXVI of the PHS Act.

**Pursuant to Section 2605(e)**

The EMA/TGA will comply with the statutory requirements regarding imposition of charges for services.

**Pursuant to Section 2681(d)**

Services funded will be integrated with other such services, programs will be coordinated with other available programs (including Medicaid), and that the continuity of care and prevention services of individuals with HIV is enhanced.

**Pursuant to Section 2684**

No funds shall be used to fund AIDS programs, or to develop materials, designed to directly promote or encourage intravenous drug use or sexual activity, whether homosexual or heterosexual.

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Signature \_\_\_\_\_ (CEO's Designee) Date 09/30/2025 | 8:41 AM PDT  
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