File No. 250751 **Committee Item No.** 7
Board Item No. 5

COMMITTEE/BOARD OF SUPERVISORS

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Completed by: Brent Jalipa **Date** August 28, 2025
Completed by: Brent Jalipa **Date** September 4, 2025

[Contract Amendment - Project Open Hand - HIV/AIDS Food and Nutrition Services - Not to Exceed $20,528,272]

Resolution approving Amendment No. 4 to the agreement between the City, acting by and through, the Department of Public Health (DPH), and Project Open Hand, to provide HIV/AIDS food and nutrition services, to increase the contract amount by $1,727,928 for a new total not to exceed amount of $20,528,272 with no changes to the term of April 1, 2017, through March 31, 2027; and to authorize DPH to enter into amendments or modifications to the agreement that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the agreement or this Resolution.

WHEREAS, On January 30, 2017, the Department of Public Health (DPH) issued a Request for Proposals (RFP 9-2017) for provision of food and nutrition services targeting low-income HIV clients living in San Francisco; and

WHEREAS, Project Open Hand submitted a proposal and was the highest ranked proposer; and

WHEREAS, DPH awarded the contract to Project Open Hand; and

WHEREAS, The contract is consistent with the Civil Service Commission's approval obtained on July 18, 2016, under Personal Service Contract No. 2005-07/08; and

WHEREAS, On April 1, 2017, DPH and Project Open Hand entered into an agreement for HIV/AIDS food and nutrition services ("Original Agreement"); and

WHEREAS, The Original Agreement has a term of April 1, 2017, through March 31, 2021, and a not to exceed amount of $6,258,690, for HIV/AIDS food and nutrition services; and

WHEREAS, DPH amended the Original Agreement on December 1, 2018, to extend the term by three months from March 31, 2021, through June 30, 2021, adding $1,225,840 for an amount not to exceed $7,484,530, for HIV/AIDS food and nutrition services (the "First Amendment"); and

WHEREAS, DPH amended the First Amendment on February 1, 2021, to extend the term by one year from June 30, 2021, through June 30, 2022, adding $1,873,175 for an amount not to exceed $9,357,705, for HIV/AIDS food and nutrition services (the "Second Amendment"); and

WHEREAS, DPH amended the Second Amendment on January 1, 2022, to extend the term by four years and nine months from June 30, 2022, through March 31, 2027, adding $9,442,639 for an amount not to exceed $18,800,344, for HIV/AIDS food and nutrition services (the "Third Amendment"); and

WHEREAS, DPH wishes to amend the agreement by increasing the maximum expenditure by $1,727,928 to $20,528,272 (the "Fourth Amendment"); and

WHEREAS, The Fourth Amendment is consistent with the Department of Human Resources on behalf of the Civil Service Commission's approval obtained on July 18, 2016, under PSC No. 2005-07/08; and

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

WHEREAS, The proposed amendment contained in File No. 250751, is substantially in final form, with all material terms and conditions included, and only remains to be executed by the parties upon approval of this Resolution; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby approves the amendment in substantially the form contained in File No. 250751; and, be it

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

FURTHER RESOLVED, That within 30 days of the amendment being fully executed by all parties, DPH shall submit to the Clerk of the Board of Supervisors a completely executed copy for inclusion in File No. 250751; this requirement and obligation resides with the Department, and is for purposes of having a complete file only, and in no manner affects the validity of approved amendment.

RECOMMENDED

__/s/ Naveena Bobba for_____

Daniel Tsai

Director of Health

Item 7 File 25-0751	Department: Public Health (DPH)

EXECUTIVE SUMMARY

Legislative Objectives

- The proposed resolution approves Amendment No. 4 to the contract between DPH and Project Open Hand (POH) for the administration of food and nutrition services to low-income San Francisco residents living with HIV/AIDS, increasing the contract amount by $1,727,928, resulting in a new total not-to-exceed amount of $20,528,272, with no change to the existing ten-year term of April 1, 2017, through March 31, 2027.

Key Points

- Project Open Hand (POH) is a non-profit organization that provides nutritional support to individuals living with HIV/AIDS in San Francisco and is funded by the Department of Public Health to deliver these HIV health services.
- POH serves 895 unduplicated clients annually who are San Francisco residents living with HIV and meet income eligibility criteria (defined as up to 600% of the Federal Poverty Level) and will serve an estimated 450 additional clients annually in FY 2025-26 and FY 2026-27 with the proposed one-time funding from unspent federal grants from previous years.
- POH generally met or exceeded its service goals and unduplicated client targets in FY 2024-25. City monitoring also concluded that POH is in compliance with the City's financial and governance standards for non-profits.

Fiscal Impact

- Amendment No. 4 increases the contract by $1.73 million (to $4.91 million total across FY 2025-26 and FY 2026-27), funded primarily through $1 million in unspent federal Ryan White funds, plus $293,169 in General Fund support for cost-of-doing-business adjustments. The not to exceed amount of the contract includes a contingency to fund a cost of doing business increase in FY 2026-27.

Recommendation

- Approve the proposed resolution.

MANDATE STATEMENT

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

BACKGROUND

Project Open Hand (POH) is a nonprofit organization that provides nutritional support to individuals living with HIV/AIDS in San Francisco. The Department of Public Health (DPH) has contracted with POH to deliver these HIV health and food services. These services are tailored to meet the specific dietary needs of clients, including options for no dairy, vegetarian, pescatarian, and diabetic meals. For marginally housed clients without cooking facilities, pre-packaged "no-cook" items are provided. Additionally, POH offers dietetic and nutritional counseling by registered dietitians, who evaluate clients' needs and provide ongoing support to align nutrition with medical regimens and symptom management. Home-delivered meals are available for clients unable to access grocery centers, with deliveries including wellness checks by staff and volunteers across eight routes in San Francisco.

In addition to core services, POH conducts outreach under the "Getting to Zero" program, initiated in 2017 with City funding as part of San Francisco's broader Getting to Zero initiative. This program aims to eliminate new HIV infections, premature HIV-related deaths, and HIV/AIDS stigma. It focuses on reaching underserved HIV-positive residents who may be reluctant to engage with services due to stigma or accessibility barriers. Outreach efforts include bilingual coordinators participating in health fairs, maintaining referral networks with medical providers, and conducting targeted engagement through navigation centers, single-room occupancy hotels, needle exchange programs, and other community avenues.

Request for Proposals

On January 30, 2017, DPH issued a Request for Proposals for food and nutrition services targeting low-income HIV clients. POH was the sole respondent and met the minimum qualifications. The initial contract had a not-to-exceed amount of $6,258,690 and a four-year term from April 1, 2017, through March 31, 2021, with six one-year renewal options, allowing for a potential total term of ten years through March 31, 2027.

Amendment No. 1, effective December 1, 2018, extended the term by three months to June 30, 2021, and increased the not-to-exceed amount by $1,225,840, for a new total of $7,484,530.

Amendment No. 2, effective February 1, 2021, extended the term by one year to June 30, 2022, and increased the not-to-exceed amount by $1,873,175, for a new total of $9,357,705.

Amendment No. 3, effective January 1, 2022, extended the term by four years and nine months to March 31, 2027, and increased the not-to-exceed amount by $9,442,639, for a new total of $18,800,344.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution approves Amendment No. 4 to the contract between DPH and Project Open Hand (POH) for the administration of food and nutrition services to low-income San Francisco residents living with HIV/AIDS, increasing the contract amount by $1,727,928, resulting in a new total not-to-exceed amount of $20,528,272, with no change to the existing ten-year term of April 1, 2017, through March 31, 2027.

Services Provided

Under the existing agreement, POH serves 895 unduplicated clients annually who are San Francisco residents living with HIV and meeting income eligibility criteria (defined as up to 600% of the Federal Poverty Level, previously 500%). According to DPH staff, under the proposed amendment, Project Open Hand will serve an estimated 450 additional clients annually in FY 2025-26 and FY 2026-27 with one-time funding from unspent federal grants from previous years. Client enrollment prioritizes low-income, uninsured residents, followed by low-income, underinsured residents. An HIV diagnosis must be confirmed at intake, and eligibility for residency, income, and insurance status is confirmed at intake and every 12 months, with interim six-month confirmations possible via self-attestation. The services include:

- Prepared Meals
    - Meals are medically tailored and meet at least one-third of daily nutritional requirements. Clients can choose from various dietary options such as no dairy, vegetarian, renal, diabetic. Pre-packed "no-cook" bags are available for clients that do not have kitchens. Meals can be picked up or home-delivered, with deliveries including informal health checks for homebound clients.
- Grocery Center
    - Serves as a resource hub, offering referrals to housing, workforce development, medical, mental health, case management, and legal services and provides fresh proteins, dairy, fruits, vegetables, grains tailored to the nutritional and medical needs of clients.
- Nutritional Counseling
    - Registered Dietitians provide individual counseling and nutrition education with new clients and follow-up appointments are made for high-need clients. RDs offer guidance on dense foods, metabolic syndrome management, and symptom control.
- Outreach and Client Referral Network
    - POH maintains relationships with various access points in the HIV service system such as Ward 86, emergency rooms, and substance abuse programs. Bilingual outreach coordinators participate in numerous health fairs and community events annually.

- Getting to Zero Program
    - Outreach for HIV+ residents who are not currently served, including targeting navigation centers, SROs, needle exchange programs, mobile health services, City and free clinics, and other avenues

Contract Performance

DPH's most recent program monitoring evaluation for Project Open Hand's nutrition program was on January 7, 2025, which included a site visit. DPH evaluated service delivery, clients served, compliance with DPH policies, and client satisfaction. DPH provided an overall score of three out of a possible four points, which it classifies as "Acceptable/Meets Standards." DPH monitoring noted that Project Open Hand's dietitians did not always follow up with high-risk clients after initial intake, as required by the contract.

Exhibit 1 below shows the units of service and unduplicated client count data for Project Open Hand's nutrition program in FY 2024-25. The data shows POH met 101 percent of the units of service targets and 129 percent of the target annual unduplicated clients.

DPH's most recent program monitoring evaluation for Project Open Hand's Getting to Zero program was on January 7, 2025, which included a site visit. Getting to Zero's most recent performance monitoring evaluation was on January 7, 2025. DPH provided an overall score of four out of a possible four points, which it classifies as "Commendable/Exceeds Standards."

Exhibit 1 below shows the units of service and unduplicated client count data for Project Open Hand's Getting to Zero program in FY 2024-25. The data shows POH met 100 percent of the units of service targets and 494 percent of the target annual unduplicated clients.

Exhibit 1: Project Open Hand (POH) Contract Performance FY 2020-21 through FY 2024-25

Units of Service	Contract Target	Actual	Actual as Percentage of Contracted
Food and Nutrition Services (Main Program)			
Grocery Bags	12,555	13,222	105%
Prepared Meals	64,077	64,077	100%
Nutrition Counseling Hours	330	255	77%
Unduplicated Clients Served	*775*	*1002*	*129%*
Getting to Zero			
Grocery Bags	707	707	100%
Prepared Meals	4,895	4,895	100%
Unduplicated Clients Served	*120*	*593*	*494%*
Total Unduplicated Clients	***895***	***1,595***	***178%***
Total Units of Service	**82,564**	**83,126**	**101%**

Source: DPH

Note: The performance review recommends that the program work with the Human Services Agency to determine if the target UDC should be adjusted to better reflect current program practice and capacity.

Fiscal and Compliance Monitoring

The Human Services Agency most recently completed their citywide fiscal and compliance monitoring of Project Open Hand for FY 2023-24. According to the June 2024 letter, there were no findings identified, stating the agency was in full compliance.

DPH and the Business Office of Contract Compliance most recently reviewed the Audited Financial Statements of Project Open Hand for FY 2019-20 to FY 2022-23 and concluded that the Agency is "low risk", which is defining as having "solid financials and… the capability to absorb some losses".

FISCAL IMPACT

The proposed Amendment No. 4 adds $1,727,928 to the contract. This increase consists of unspent funding of Ryan White Part A and Ryan White Part A Minority AIDS Initiative (MAI) funds, an increase to the Getting To Zero program, and a contingency amount.

Exhibit 2 below summarizes the new spending authorized by this amendment for the final two fiscal years of the contract.

Exhibit 2: Summary of Proposed Contract Spending from 2025 through 2027

	Existing (Amend 3)	Total Proposed	Proposed Increase
FY 2025-26			
Personnel	$1,100,031	$1,386,192	$286,161
Operating	490,370	665,061	174,691
Indirect	148,375	187,523	39,148
Subtotal	*1,738,776*	*2,238,776*	*500,000*
Contingency (25%)	90,821	268,654	177,833
Total	$1,829,597	$2,507,429	$677,833
FY 2026-27			
Personnel	860,328	1,326,262	465,934
Operating	370,888	635,193	264,305
Indirect	116,669	179,599	62,930
Subtotal	*1,347,885*	*2,141,054*	*793,169*
Contingency (12%)	0	259,926	256,926
Total	$1,347,885	$2,397,980	$1,050,095
2-Year Total	**$3,177,482**	**$4,905,409**	**$1,727,928**

Source: DPH

Reasons for the Increase

The proposed additional funding in Amendment No. 4 is largely sourced from unspent allocations of grant funding from previous years. According to DPH, underspending is typically the result of unfilled provider positions. Specifically, this includes an estimated $1 million in unspent FY 2024-25 and FY 2025-26 Ryan White Part A and Ryan White Part A Minority Aids Initiative federal funding. The remainder of the increase is composed of $293,169 from the General Fund for a 2.5 percent cost of doing business adjustment for the Getting To Zero program and $434,759 in contingency funding. According to DPH, contingency funding is set aside to cover potential future increases, such as Cost of Doing Business allocations or a rise in existing grant funding.

Staffing

The contract supports approximately 15.6 full-time equivalent (FTE) positions.

RECOMMENDATION

Approve the proposed resolution.

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

Fourth Amendment

THIS **FOURTH** AMENDMENT ("Amendment") is made as of **April 1, 2025**, in San Francisco, California, by and between **PROJECT OPEN HAND** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

a. Replace Appendix A-1 with the attached A-1 to update income eligibility dated 04/01/2025. (redline included)

b. Replace Appendix A-2 with the attached A-2 to update income eligibility dated 04/01/2025. (redline included)

c. Replace Appendix B with the attached Appendix B dated 04/01/2025.

d. Replace B-2i, B-2j and their corresponding invoices dated 04/01/2025.

e. Add B-3g, B-3h, B-3i, B-3j and their corresponding invoices dated 04/01/2025.

f. Replace Appendix E, "Business Associate Agreement", with updated OCPA & CAT v1/10/2024, Attestation forms 06-07-2017, and Protected Information Destruction Order Purge Certification 01-10-2024.

g. Replace Appendix K, "Data Access and Sharing Terms", with the "Third party Computer System Access Agreement (SAA)" dated 01-08-2025; and

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WHEREAS, Contractor was competitively selected pursuant to a Request for Proposals entitled "Provision of Food and Nutrition Services Targeting Low-Income HIV Clients Living in San Francisco" issued on **January 30, 2017** through **RFP 9-2017** and this Amendment is consistent with the terms of the RFP and the awarded Contract; and

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

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WHEREAS, this Amendment is consistent with an approval obtained on **July 18, 2016** from the Civil Service Commission under PSC number **2005-07/08** which authorizes the award of

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multiple agreements, the total value of which cannot exceed **$450,000,000** for the period commencing **July 1, 2008** and is continuous; and

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WHEREAS, the City's Board of Supervisors previously approved this Contract by Resolution Number **202-22** on **May 24th, 2022**, for a total Not To Exceed amount of **$18,800,344**, and was required to obtain reapproval by City's Board of Supervisors for this amendment as additional funding caused the Not To Exceed amount to exceed over $500,000; and

WHEREAS, this Amendment is consistent with an approval obtained from the City's Board of Supervisors under Resolution Number _____ approved on _____ in the amount of **$20,528,272** for the period commencing **April 1, 2017** and ending **March 31, 2027**; and

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WHEREAS, the Department has filed Ethics Form **126f4** (Notification of Contract Approval) because this Agreement, as amended herein, has a value of $100,000 or more in a fiscal year and will require the approval of the Board of Supervisors; and

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Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

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

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

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

Third Amendment, dated January 1st, 2022 (**CID# 1000002671 / BPHC17000070)**.

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

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

Article 2 Modifications of Scope to the Agreement

The Agreement is hereby modified as follows:

2.1 **Financial Matters**. Section 3.3.1 Payment of the Third Amendment currently reads as follows:

> 3.31 **Payment**. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Eighteen Million, Eight Hundred Thousand, Three Hundred Forty-Four DOLLARS ($18,800,344)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

> 3.3.1 **Calculation of Charges and Contract Not to Exceed Amount.** The amount of this Agreement shall not exceed **Twenty Million Five Hundred Twenty-Eight Thousand Two Hundred Seventy-Two DOLLARS ($20,528,272)**, the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

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

2.3 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix A-2 in any place, the true meaning shall be Appendix A-2, which is a correct and updated version.

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

2.5 **Appendix B-2i.** Appendix B-2i is hereby replaced in its entirety by Appendix B-2i, attached to this Amendment and fully incorporated within the Agreement. To the extent the

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Agreement refers to Appendix B-2i in any place, the true meaning shall be Appendix B-2i, which is a correct and updated version.

2.6 **Appendix B-2j.** Appendix B-2j is hereby replaced in its entirety by Appendix B-2j, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B-2j in any place, the true meaning shall be Appendix B-2j, which is a correct and updated version.

2.7 **Appendix B-3g.** Appendix B-3g is hereby added to this Amendment and fully incorporated within the Agreement.

2.8 **Appendix B-3h.** Appendix B-3h is hereby added to this Amendment and fully incorporated within the Agreement.

2.9 **Appendix B-3i.** Appendix B-3i is hereby added to this Amendment and fully incorporated within the Agreement.

2.10 **Appendix B-3j.** Appendix B-3j is hereby added to this Amendment and fully incorporated within the Agreement.

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

2.12 **Appendix F-2i.** Appendix F-2i is hereby replaced in its entirety by Appendix F-2i, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-2i in any place, the true meaning shall be Appendix F-2i, which is a correct and updated version.

2.13 **Appendix F-2j.** Appendix F-2j is hereby replaced in its entirety by Appendix F-2j, attached to this Amendment and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F-2j in any place, the true meaning shall be Appendix F-2j, which is a correct and updated version.

2.14 **Appendix F-3g.** Appendix F-3g is hereby added to this Amendment and fully incorporated within the Agreement.

2.15 **Appendix F-3h.** Appendix F-3h is hereby added to this Amendment and fully incorporated within the Agreement.

2.16 **Appendix F-3i.** Appendix F-3i is hereby added to this Amendment and fully incorporated within the Agreement.

2.17 **Appendix F-3j.** Appendix F-3j is hereby added to this Amendment and fully incorporated within the Agreement.

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

Article 3 Updates of Standard Terms to the Agreement

The Agreement is hereby modified as follows:

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

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

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

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

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

10.15 Nonprofit Contractor Requirements.

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

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

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

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

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

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

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

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

13.2 Reserved. (Payment Card Industry ("PCI") Requirements

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

The parties acknowledge that CONTRACTOR will:

1. ☒ Do **at least one** or more of the following:

A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for

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CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

a. **Appendix E** SFDPH Business Associate Agreement (BAA) (1-10-2024)

1. SFDPH Attachment 1 Privacy Attestation (06-07-2017)

2. SFDPH Attachment 2 Data Security Attestation (06-07-2017)

3. SFDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)

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

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

13.4 Management of City Data.

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

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service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

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

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

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

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

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Article 4 Effective Date

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

Article 5 Legal Effect

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

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

CITY
Recommended by:

_____
Daniel Tsai
Director of Health
San Francisco Department of Public Health

Approved as to Form:

David Chiu
City Attorney

By: _____
Deputy City Attorney

Approved:

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

By: _____

CONTRACTOR
PROJECT OPEN HAND

DocuSigned by:
Paul Hepfer
50CD90AE02024E7...

Paul Hepfer 7/8/2025 | 1:32 PM PDT
Chief Executive Officer
730 Polk Street
San Francisco, CA 94109

City Supplier number: **0000012810**

1. PROGRAM NAME / ADDRESS	**Project Open Hand / HIV/AIDS Food and Nutrition Services** 730 Polk Street, San Francisco, California 94109 415-447-2300 Fax: 415-447-2490, www.openhand.org
Contacts / Phone	Holly Calhoun, Director, Wellness Program,hcalhoun@openhand.org,415-447-2415 Ana Ayala, VP of Programs, aayala@opengand.org, 415-447-2330

2. NATURE OF DOCUMENT **Amendment**

3. GOAL STATEMENT

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

4. TARGET POPULATION/OUTREACH EFFORTS:

Project Open Hand will serve all regardless of their race, ethnicity, gender, sexual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, POH's outreach efforts will include but are not limited to ~~ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of~~ low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market, and other low-income areas of the city.

POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low-income status is defined as 600%, previously 500% of Federal Poverty Level as defined by the US Department of Health and Human Services

A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES.

5. MODALITIES and INTERVENTIONS: See Appendix B, UOS/UDC Allocation Table for the Units of Service (UOS) and Unduplicated Clients (UDC)

6. METHODOLOGY

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

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

Ensuring service meets client needs and determining eligibility: Service eligibility requires certification from a medical provider. Many clients will engage with their medical team to access POH's delicious meals. With physician input and following HRSA eligibility criteria, POH developed a certification form that identifies PLWHA who need services based on their medical condition and food insecurity. Clients qualify for multiple services based on food insecurity and health acuity. This programmatic nuance

provides the most comprehensive service possible to PLWHA who are the sickest and maintains a baseline of food and nutrition for clients whose health and food security are stable. A client can receive up to 100% of daily nutritional requirements from POH.

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

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

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

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

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

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

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

Dietetic and Nutritional Counseling is an instrumental part of POH services. Each RD is an expert in the nutritional aspects of HIV disease management and ART adherence. They teach and counsel POH clients. New clients are required to meet with an RD during the intake process to evaluate specific nutritional needs. Recommendations build upon eating nutritionally dense foods that complement their medicinal regimens, using food to combat metabolic syndrome, and managing their individual symptoms, such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems. During the initial

session, high-need clients are identified, and follow-up appointments are made to monitor progress. Caseworkers and RD meet with clients at least every six months to monitor nutrition impact and behavior change.

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

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

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

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

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

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

ARIES Database

POH collects and submit all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for HHS providers. ARIES enhances care provided to clients with HIV by helping agencies

automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

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

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

7. OBJECTIVES and MEASUREMENTS

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

8. CONTINUOUS QUALITY IMPROVEMENT

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

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

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

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

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

- Annual staff performance plans and evaluations.

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

9. REQUIRED LANGUAGE

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

1. PROGRAM NAME / ADDRESS: **Project Open Hand**
HIV / AIDS Food and Nutrition Services – Getting to Zero
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org

Contact Name / Phone: Holly Calhoun, Director, Wellness Program hcalhoun@openhand.org

2. NATURE OF DOCUMENT

☐ Original ☒ Contract Amendment ☐ Revision to Program Budgets (RPB)

3. GOAL STATEMENT:

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

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

4. TARGET POPULATION/OUTREACH EFFORTS:

Project Open Hand will serve all regardless of their race, ethnicity, gender, secual orientation or national origin. To ensure vulnerable populations have knowledge of and access to these services, POH's outreach efforts will include but are not limited to~~ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of~~ HIV+ unengaged and/or under engaged residents, most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement.

The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 600%, previously 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

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

5. MODALITIES and INTERVENTIONS: See Appendix B, UOS/UDC Allocation Table for the Units of Service (UOS) and Unduplicated Clients (UDC)

6. METHODOLOGY

Goal # 1: Food Access for Underserved Clients

A. Outreach, Recruitment and Promotion

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

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

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

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

B. Admission, Enrollment and/or Intake Criteria

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

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

C. Service Delivery Model

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

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

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

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

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

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

Prepared Meals

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

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

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

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

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

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

Grocery Center

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

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

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

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

Volunteer Services

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

D. Discharge Planning and Exit Criteria and Process

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

E. Program Staff

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

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

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

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

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

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

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

A. Outreach, Recruitment and Promotion

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

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

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

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

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

Medi-Cal expansion eligible clients. If the client is not registered in ARIES but presents documentation, the caseworker creates a new client record in ARIES according to ARIES policies and procedures.

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

C. Service Delivery Model

Prepared Meals

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

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

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

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

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other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

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7. OBJECTIVES AND MEASUREMENTS

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

8. CONTINUOUS QUALITY IMPROVEMENT

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

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

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

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

ARIES Database

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

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

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

HIPAA Compliance

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

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

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

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9. REQUIRED LANGUAGE

a)	Third Party Reimbursement:	See ~~Target Population~~ Outreach Efforts, Page 1
b)	Low Income:	See ~~Target Population~~ Outreach Efforts, Page 1
c)	Client Eligibility:	See ~~Target Population~~ Outreach Efforts, Page 1
d)	Client Retention:	N/A
e)	Vouchers:	N/A
f)	Performance Objectives:	See Objectives, Page 8
g)	ARIES Database:	See Methodology, Page 9
h)	Standards of Care:	See CQI, Page 9

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Appendix B
Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

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

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **$525,580** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

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Internal Contract Revision #1	09/30/17 – 09/29/18	SAM/State RWPB Supplemental	$70,000
Amendment #1	07/01/18 – 06/30/19	General Fund	$341,500
Amendment #1	09/30/18 – 09/29/19	SAM/State RWPB	$145,395
Amendment #1	07/01/19 – 06/30/20	General Fund	$341,500
Amendment #1	07/01/20 – 06/30/21	General Fund	$341,500
Revision to Program Budgets #2	09/30/18 – 09/29/19	SAM/State RWPB	$0
Revision to Program Budgets #3	07/01/19 – 06/30/20	General Fund	$10,245
Revision to Program Budgets #3	07/01/20 – 06/30/21	General Fund	$19,039
Revision to Program Budgets #3	04/01/19 – 03/31/20	SAM/State RWPB	$147,956
Revision to Program Budgets #3	04/01/20 – 03/31/21	SAM/State RWPB	$28,036
Revision to Program Budgets #4	04/01/2019 – 03/31/2020	SAM/State RWPB	$0
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	$0
Revision to Program Budgets #4	04/01/2020 – 03/31/2021	SAM/State RWPB	$0
Revision to Program Budgets #5	04/01/2020 – 03/31/2021	SAM/State RWPB	$68,100
Revision to Program Budgets #6	04/01/2020 – 03/31/2021	RWPA	$53,000
Revision to Program Budgets #6	07/01/2020 – 06/30/2021	General Fund	-$8,794
Revision to Program Budgets #7	08/01/2020 – 02/28/2021	RWPA	$102,000
Direct Payment Voucher	07/01/2020 – 06/30/2021	General Fund	$10,552
Amendment #2	04/01/2020 – 03/31/2021	SAM/State RWPB	$24,416
Amendment #2	04/01/2021 – 03/31/2022	SAM/State RWPB	$1,306,315
Amendment #2	07/01/2021 – 06/30/2022	General Fund	$351,745
Revision to Program Budgets #8	04/01/2021 – 03/31/2022	SAM/State RWPB	$101,711
Revision to Program Budgets #8	07/01/2021 – 06/30/2022	General Fund	$21,421
Revision to Program Budgets #9	04/01/2021 – 03/31/2022	SAM/State RWPB	$0
Amendment #3	04/01/2022 – 03/31/2023	SAM/State RWPB	$1,347,885
Amendment #3	07/01/2022 – 06/30/2023	General Fund	$373,166
Amendment #3	04/01/2023 – 03/31/2024	SAM/State RWPB	$1,347,885
Amendment #3	07/01/2023 – 06/30/2024	General Fund	$373,166
Amendment #3	04/01/2024 – 03/31/2025	SAM/State RWPB	$1,347,885
Amendment #3	07/01/2024 – 06/30/2025	General Fund	$373,166
Amendment #3	04/01/2025 – 03/31/2026	SAM/State RWPB	$1,347,885
Amendment #3	07/01/2025 – 06/30/2026	General Fund	$373,166
Amendment #3	04/01/2026 – 03/31/2027	SAM/State RWPB	$1,347,885
Amendment #3	07/01/2026 – 03/31/2027	General Fund	$279,875
Revision to Program Budgets #10	03/01/2022 – 02/28/2023	RWPA	$80,000
Revision to Program Budgets #11	07/01/2022 – 06/30/2023	General Fund	$300,000
Revision to Program Budgets #12	07/01/2023 – 06/30/2024	General Fund	$17,725
Revision to Program Budgets #12	07/01/2024 – 06/30/2025	General Fund	$17,725
Revision to Program Budgets #12	07/01/2025 – 06/30/2026	General Fund	$17,725
Revision to Program Budgets #12	07/01/2026 – 06/30/2027	General Fund	$13,294
Revision to Program Budgets #12	03/01/2023 – 02/29/2024	RWPA	$250,000

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Revision to Program Budgets #13	07/01/2024 – 06/30/2025	General Fund	$9,773
Revision to Program Budgets #13	03/01/2024 – 02/28/2025	RWPA	$515,264
Revision to Program Budgets #13	03/01/2024 – 02/28/2025	RWPA MAI	$205,469
Revision to Program Budgets #13	07/01/2026 – 03/31/2027	General Fund	($293,169)
Revision to Program Budgets #14	04/01/2024 – 03/31/2025	SAM/State RWPB	$0
Amendment #4	**03/01/2025 – 02/28/2026**	**RWPA**	**$300,000**
Amendment #4	**03/01/2025 – 02/28/2026**	**RWPA MAI**	**$200,000**
Amendment #4	**03/01/2026 – 02/28/2027**	**RWPA**	**$300,000**
Amendment #4	**03/01/2026 – 02/28/2027**	**RWPA MAI**	**$200,000**
Amendment #4	**07/01/2025 – 06/30/2026**	**General Fund**	**$0**
Amendment #4	**07/01/2026 – 03/31/2027**	**General Fund**	**$293,169**
		Total Award	**$20,002,692**
		Contingency (04/01/21 – 03/31/2027)	**$525,580**
		Not-to-Exceed Amount	**$20,528,272**

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

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

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

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

CID# **1000002671**																		**Appendix B**
DPH Section HIV Health Services							Prepared by:	Darin Raffaelli, draffaelli@openhand.org, 415-447-2481										**04/01/17 - 3/31/27**
Check one: [ ] Original [x] Contract Amendment [ ] Revision to Program Budgets																		**FY 2016-27**
Org/Contractor Name **PROJECT OPEN HAND**																		Current Fund Notice: n/a
Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs		HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs					HIV/AIDS Food & Nutrition Svcs(GTZ)	**SUB- TOTALS for this page**
Appendix Number	B-1.1	B-2	B-1	B-1.1a	B-2a	B-1.1b	B-2b	B-1a	B-2c	B-1b	B-2d	B-1c	B-3	B-3a	B-1d	B-2e	
Appendix Term	4/01/17-9/29/17	4/01/17-6/30/17	4/01/17-3/31/18	9/30/17-9/29/18	7/01/17-6/30/18	9/30/18-9/29/19	7/01/18-6/30/19	4/01/18-3/31/19	7/01/19-6/30/20	4/01/19-3/31/20	7/01/20-6/30/21	4/01/20-3/31/21	4/01/20-3/31/21	8/01/20-2/28/21	4/01/21-3/31/22	7/1/21-6/30/22	
EXPENSES																	
Salaries	$ 21,562	$ 45,505	$ 672,375	$ 21,562	$ 164,475	$ 68,852	$ 164,475	$ 679,132	$ 164,475	$ 725,717	$ 152,849	$ 699,102	$ 25,604	$ 48,525	$ 663,768	$ 162,453	$ 4,480,431
Employee Benefits	$ 7,579	$ 15,995	$ 236,340	$ 7,579	$ 57,813	$ 24,201	$ 57,813	$ 238,715	$ 57,813	$ 255,090	$ 53,726	$ 245,734	$ 9,000	$ 17,057	$ 252,896	$ 61,894	$ 1,599,245
Total Personnel	**$ 29,141**	**$ 61,500**	**$ 908,715**	**$ 29,141**	**$ 222,288**	**$ 93,053**	**$ 222,288**	**$ 917,847**	**$ 222,288**	**$ 980,807**	**$ 206,575**	**$ 944,836**	**$ 34,604**	**$ 65,582**	**$ 916,664**	**$ 224,347**	**$ 6,079,676**
Operating Expense	$ 42,859	$ -	$ 369,564	$ 40,859	$ 119,212	$ 45,603	$ 119,212	$ 360,432	$ 119,212	$ 378,246	$ 117,030	$ 363,456	$ 14,020	$ 27,996	$ 465,694	$ 117,112	$ 2,700,507
Subtotal Direct Costs	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 70,000**	**$ 341,500**	**$ 138,656**	**$ 341,500**	**$ 1,278,279**	**$ 341,500**	**$ 1,359,053**	**$ 323,605**	**$ 1,308,292**	**$ 48,624**	**$ 93,578**	**$ 1,382,358**	**$ 341,459**	**$ 8,780,183**
Indirect Cost Amount	$ -	$ -	$ -		$ -	$ 6,739	$ -	$ -	$ 10,245	$ 67,182	$ 28,140	$ 90,539	$ 4,376	$ 8,422	$ 25,668	$ 31,707	**$ 273,018**
Indirect Cost Rate (%)	0%	0%	0%	0%	0%	4.9%	0%	0%	3%	4.9%	8.696%	6.9%	9.0%	9.0%	1.9%	9.3%	
Total Expenses	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 70,000**	**$ 341,500**	**$ 145,395**	**$ 341,500**	**$ 1,278,279**	**$ 351,745**	**$ 1,426,235**	**$ 351,745**	**$ 1,398,831**	**$ 53,000**	**$ 102,000**	**$ 1,408,026**	**$ 373,166**	**$ 9,053,201**
REVENUES & FUNDING SOURCES																	
DPH Funding Sources																	
RWPB CFDA 93.917			$ 1,278,279					$ 1,278,279		$ 1,426,235		$ 1,398,831			$ 1,408,026		**$ 6,789,650**
GTZ - General Fund		$ 61,500			$ 341,500		$ 341,500		$ 351,745		$ 351,745					$ 373,166	**$ 1,821,156**
RWPB X08 CFDA 93.917	$ 72,000			$ 70,000		$ 145,395											**$ 287,395**
RWPA COVID 93.914													$ 53,000				**$ 53,000**
RWPA CarryForw 93.914														$ 102,000			**$ 102,000**
Direct Voucher											$ 10,552						**$ 10,552**
Total DPH Revenues	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 70,000**	**$ 341,500**	**$ 145,395**	**$ 341,500**	**$ 1,278,279**	**$ 351,745**	**$ 1,426,235**	**$ 362,297**	**$ 1,398,831**	**$ 53,000**	**$ 102,000**	**$ 1,408,026**	**$ 373,166**	**$ 9,063,753**
Total (DPH/Non-DPH)	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 70,000**	**$ 341,500**	**$ 145,395**	**$ 341,500**	**$ 1,278,279**	**$ 351,745**	**$ 1,426,235**	**$ 362,297**	**$ 1,398,831**	**$ 53,000**	**$ 102,000**	**$ 1,408,026**	**$ 373,166**	**$ 9,063,753**
Payment Method	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	

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

CID# **1000002671** | **Appendix B**

DPH Section HIV Health Services | Prepared by: Darin Raffaelli, draffaelli@openhand.org, 415-447-2481 | **04/01/22 - 03/31/27**

Check one: [ ] Original [x] **Contract Amendment** [ ] Revision to Program Budgets | **FY 2022-27**

Org/Contractor Name **PROJECT OPEN HAND**

Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	**Food & Nutrition Svcs**	**Food & Nutrition Svcs(GTZ)**	**Food & Nutrition Svcs**	**Food & Nutrition Svcs(GTZ)**	**Food & Nutrition Svcs**	**Food & Nutrition Svcs(GTZ)**	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs	Food & Nutrition Svcs (RWPA CO)	Food & Nutrition Svcs (RWPA MAI CO)	Food & Nutrition Svcs (RWPA CO)	Food & Nutrition Svcs (RWPA MAI CO)	Food & Nutrition Svcs (RWPA CO)	Food & Nutrition Svcs (RWPA MAI CO)	SUB- TOTALS for this page		**TOTALS**
Appendix Number	B-1e	B-2f	B-1f	B-2g	**B-1g**	**B-2h**	**B-1h**	**B-2i**	**B-1i**	**B-2j**	B-3b	B-3c	B-3d	B-3e	B-3f	B-3g	B-3h	B-3i	B-3j			
Appendix Term	4/1/22-3/31/23	7/1/22-6/30/23	4/1/23-3/31/24	7/1/23-6/30/24	**4/1/24-3/31/25**	**7/1/24-6/30/25**	**4/1/25-3/31/26**	**7/1/25-6/30/26**	**4/1/26-3/31/27**	**7/1/26-3/31/27**	3/1/22-2/28/23	7/01/22-6/30/23	3/1/23-2/29/24	3/1/24-2/28/25	3/1/24-2/28/25	3/1/25-2/28/26	3/1/25-2/28/26	3/1/26-2/28/27	3/1/26-2/28/27			
EXPENSES																						
Salaries	$ 622,975	$ 162,453	$ 622,975	$ 173,573	**$ 618,357**	**$ 179,549**	**$ 622,975**	**$ 173,573**	**$ 622,975**	**$ 130,177**	$ 30,936	$ 114,476	$ 76,164	$ 192,316	$ 85,184	$ 123,735	$ 83,478	$ 123,735	$ 83,478	$ 4,843,084		**$ 9,323,515**
Employee Benefits	$ 237,353	$ 61,894	$ 237,353	$ 66,131	**$ 235,594**	**$ 68,408**	**$ 237,353**	**$ 66,130**	**$ 237,353**	**$ 49,596**	$ 11,787	$ 43,615	$ 29,018	$ 73,272	$ 32,455	$ 47,143	$ 31,805	$ 47,143	$ 31,805	$ 1,845,208		**$ 3,444,453**
Total Personnel	$ 860,328	$ 224,347	$ 860,328	$ 239,704	**$ 853,951**	**$ 247,957**	**$ 860,328**	**$ 239,703**	**$ 860,328**	**$ 179,773**	$ 42,723	$ 158,091	$ 105,182	$ 265,588	$ 117,639	$ 170,878	$ 115,283	$ 170,878	$ 115,283	$ 6,688,292		**$ 12,767,968**
Operating Expense	$ 370,888	$ 117,112	$ 370,888	$ 119,482	**$ 377,265**	**$ 121,001**	**$ 370,888**	**$ 119,482**	**$ 370,888**	**$ 89,614**	$ 32,099	$ 104,293	$ 125,232	$ 209,308	$ 71,756	$ 105,619	$ 69,072	$ 105,619	$ 69,072	$ 3,319,578		**$ 6,020,085**
Capital Expense ($5,000 and over)	$ -	$ -	$ -	$ -	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**		$ 14,114	$ -	$ -	$ -					$ 14,114		**$ 14,114**
Subtotal Direct Costs	$ 1,231,216	$ 341,459	$ 1,231,216	$ 359,186	**$ 1,231,216**	**$ 368,958**	**$ 1,231,216**	**$ 359,185**	**$ 1,231,216**	**$ 269,387**	$ 74,822	$ 276,498	$ 230,414	$ 474,896	$ 189,395	$ 276,497	$ 184,355	$ 276,497	$ 184,355	$ 10,021,984	$ -	**$ 18,802,167**
Indirect Cost Amount	$ 116,669	$ 31,707	$ 116,669	$ 31,705	**$ 116,669**	**$ 31,706**	**$ 116,669**	**$ 31,706**	**$ 116,669**	**$ 23,782**	$ 5,178	$ 23,502	$ 19,586	$ 40,368	$ 16,074	$ 23,503	$ 15,645	$ 23,503	$ 15,645	$ 916,955		**$ 1,189,973**
Indirect Cost Rate (%)	9.48%	9.29%	9.48%	8.83%	**9.48%**	**8.59%**	**9.48%**	**8.83%**	**9.48%**	**8.83%**	6.92%	8.50%	8.50%	8.50%	8.49%	8.50%	8.49%	8.50%	8.49%			
Total Expenses	$ 1,347,885	$ 373,166	$ 1,347,885	$ 390,891	**$ 1,347,885**	**$ 400,664**	**$ 1,347,885**	**$ 390,891**	**$ 1,347,885**	**$ 293,169**	$ 80,000	$ 300,000	$ 250,000	$ 515,264	$ 205,469	$ 300,000	$ 200,000	$ 300,000	$ 200,000	$ 10,938,939	$ -	**$ 19,992,140**
REVENUES & FUNDING SOURCES																						
DPH Funding Sources																						
RWPB CFDA 93.917	$ 1,347,885		$ 1,347,885		**$ 1,347,885**		**$ 1,347,885**		**$ 1,347,885**											$ 6,739,425		**$ 13,529,075**
GTZ - General Fund		$ 373,166		$ 390,891		**$ 400,664**		**$ 390,891**		**$ 293,169**		$ 300,000								$ 2,148,781		**$ 3,969,937**
RWPB X08 CFDA 93.917																				$ -		**$ 287,395**
RWPA COVID 93.914																				$ -		**$ 53,000**
RWPA CarryForw 93.914											$ 80,000		$ 250,000	$ 515,264	$ 205,469	$ 300,000	$ 200,000	$ 300,000	$ 200,000	$ 2,050,733		**$ 2,152,733**
Direct Voucher																				$ -		**$ 10,552**
Total DPH Revenues	$ 1,347,885	$ 373,166	$ 1,347,885	$ 390,891	**$ 1,347,885**	**$ 400,664**	**$ 1,347,885**	**$ 390,891**	**$ 1,347,885**	**$ 293,169**	$ 80,000	$ 300,000	$ 250,000	$ 515,264	$ 205,469	$ 300,000	$ 200,000	$ 300,000	$ 200,000	$ 10,938,939	$ -	**$ 20,002,692**
Total (DPH/Non-DPH)	$ 1,347,885	$ 373,166	$ 1,347,885	$ 390,891	**$ 1,347,885**	**$ 400,664**	**$ 1,347,885**	**$ 390,891**	**$ 1,347,885**	**$ 293,169**	$ 80,000	$ 300,000	$ 250,000	$ 515,264	$ 205,469	$ 300,000	$ 200,000	$ 300,000	$ 200,000	$ 10,938,939	$ -	**$ 20,002,692**
Payment Method	CR	CR	CR	CR	**CR**	**CR**	**CR**	**CR**	**CR**	**CR**	CR	CR	CR	CR	CR	CR	CR	CR	CR			

Contractor / Provider	Project Open Hand
Total Term	2017 - 2027
Address / Phone	730 Polk Street, San Francisco, CA 94102
Contact Person	Paul Hepfer, CEO, 415-447-2321, phepfer@openhand.org; Paula Dajao, pdajao@openhand.org
System of Care / RFP #	HIV Health Services / 09-2017

Formula (CLNTS x M/B/W x M/W x LOE)	**2017-2018**						**2018-2019**						**2019-2020**						**2020-2021**						**2021-2022**					
Program	HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services					
Funding Source	RWPB						RWPB						RWPB						RWPB						RWPB					
Appendices	A-1 / B-1						A-1 / B-1a						A-1 / B-1b						A-1 / B-1c						A-1 / B-1d					
Amount	$1,278,279						$1,278,279						$1,426,235						$1,398,831						$1,408,026					
Term	4/1/2017 - 3/31/2018						4/1/2018 - 3/31/2019						4/1/2019 - 3/31/2020						4/1/2020 - 3/31/2021						4/1/2021 - 3/31/2022					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	FTE	M/B/W	M/W	LOE	UOS	UDC	FTE	M/B/W	M/W	LOE	UOS	UDC	FTE/GRP	M/B/W	M/W	LOE	UOS	UDC	FTE/GRP	M/B/W	M/W	LOE	UOS	UDC
Food: Prepared Meals	800	9	12		85822	800	800	9	12		83285	800	800	7	12		68039	800	800	7	12		66750	800	800	7	12		66149	800
Food: Grocery Bags	800	1.0	12		9607	800	800	1.0	12		9323	800	800	1.6	12		15589	800	800	1.3	12		12680	800	800	1.3	12		12930	800
Nutritional Counseling Hours	0.20	48	40	65.00%	250	175	0.20	48	40	65.00%	250	175	0.20	48	40	65.00%	247	175	0.20	48	40	65.00%	247	175	0.20	48	40	98.90%	380	175
Coord/Deliver Food (COVID) Visits																			50	1	14		700	50						
TOTAL					95679	800					92858	800					83875	800					80377	800					79459	800

Formula (CLNTS x M/B/W x M/W x LOE)	**2022-2023**						**2023-2024**						**2024-2025**						**2025-2026**						**2026-2027**					
Program	HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						**Food & Nutrition Services**						**Food & Nutrition Services**						**Food & Nutrition Services**					
Funding Source	RWPB						RWPB						**RWPB**						**RWPB**						**RWPB**					
Appendices	A-1 / B-1e						A-1 / B-1f						**A-1 / B-1g**						**A-1 / B-1h**						**A-1 / B-1i**					
Amount	$1,347,885						$1,347,885						**$1,347,885**						**$1,347,885**						**$1,347,885**					
Term	4/1/2022 - 3/31/2023						4/1/2023 - 3/31/2024						**4/1/2024 - 3/31/2025**						**4/1/2025 - 3/31/2026**						**4/1/2026 - 3/31/2027**					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC	**CLNTS**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**	**CLNTS**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**	**CLNTS**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**
Food: Prepared Meals	775	7	12		64077	775	775	7	12		64077	800	**775**	**7**	**12**		**64077**	**775**	**775**	**7**	**12**		**64077**	**775**	**775**	**7**	**12**		**64077**	**775**
Food: Grocery Bags	775	1.4	12		12555	775	775	1.4	12		12555	800	**775**	**1.4**	**12**		**13313**	**775**	**775**	**1.4**	**12**		**12555**	**775**	**775**	**1.4**	**12**		**12555**	**775**
Nutritional Counseling Hours	0.20	48	40	85.90%	330	175	0.20	48	40	85.90%	330	175	**0.12**	**48**	**40**	**65.00%**	**147**	**147**	**0.20**	**48**	**40**	**86.00%**	**330**	**175**	**0.20**	**48**	**40**	**86.00%**	**330**	**175**
TOTAL					76962	775					76962	775					**77537**	**775**					**76962**	**775**					**76962**	**775**

Formula (1 UOS= 1 Prepared Meal or 1 Grocery Bag)	**2017**						**2017-2018**						**2018-2019**						**2019-2020**						**2020-2021**					
Program	HIV / AIDS Food and Nutrition Services (GTZ)						HIV / AIDS Food and Nutrition Services (GTZ)						HIV / AIDS Food and Nutrition Services (GTZ)						HIV / AIDS Food and Nutrition Services (GTZ)						HIV / AIDS Food and Nutrition Services (GTZ)					
Funding Source	GF						GF						GF						GF						GF					
Appendices	A-2 / B-2						A-2 / B-2a						A-2 / B-2b						A-2 / B-2c						A-2 / B-2d					
Amount	$61,500						$341,500						$341,500						$351,745						$351,745					
Term	4/1/2017 - 6/30/2017 (3 months)						7/1/2017 - 6/30/2018						7/1/2018 - 6/30/2019						7/1/2019 - 6/30/2020						7/1/2020 - 6/30/2021					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	FTE	M/B/W	M/W	LOE	UOS	UDC	FTE	M/B/W	M/W	LOE	UOS	UDC	FTE/GRP	M/B/W	M/W	LOE	UOS	UDC	FTE/GRP	M/B/W	M/W	LOE	UOS	UDC
Food Access for Underserved Clients - Delivered Meals					1388	10					7706	40					7706	40					6585	40					5645	40
Food Access for Underserved Clients - Grocery Bags					155	10					863	40					863	40					1291	40					694	40
Expand Capacity - Delivered Meals					1051	10					5838	30					5838	30					15455	80					5838	30
Expand Capacity - Grocery Bags					118	10					653	30					653	30					1771	80					653	30
Link, Track, and Follow up Client Referrals - Delivered Meals					1766	10					9806	50					9806	50											11299	50
Link, Track, and Follow up Client Referrals - Grocery Bags					198	10					1098	50					1098	50											1204	50
TOTAL					4676	30					25964	120					25964	120					25102	120					25333	120

Formula (1 UOS= 1 Prepared Meal or 1 Grocery Bag)	**2021-2022**						**2022-2023**						**2023-2024**						**2024-2025**						**2025-2026**					
Program	HIV / AIDS Food and Nutrition Services (GTZ)						HIV / AIDS Food and Nutrition Services (GTZ)						HIV / AIDS Food and Nutrition Services (GTZ)						**Food & Nutrition Services (GTZ)**						**Food & Nutrition Services (GTZ)**					
Funding Source	GF						GF						GF						**GF**						**GF**					
Appendices	A-2 / B-2e						A-2 / B-2f						A-2 / B-2g						**A-2 / B-2h**						**A-2 / B-2i**					
Amount	$373,166						$373,166						**$390,891**						**$400,664**						**$390,891**					
Term	7/1/2021 - 6/30/2022						7/1/2022 - 6/30/2023						7/1/2023 - 6/30/2024						**7/1/2024 - 6/30/2025**						**7/1/2025 - 6/30/2026**					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	FTE	M/B/W	M/W	LOE	UOS	UDC	**FTE**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**	**FTE/GRP**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**	**FTE/GRP**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**
Food Access for Underserved Clients - Delivered Meals					4895	40					4895	40					4895	40					**4895**	**40**					**4895**	**40**
Food Access for Underserved Clients - Grocery Bags					707	40					707	40					707	40					**707**	**40**					**707**	**40**
Expand Capacity / Link, Track, and Follow up Client Referrals - Delivered Meals					14291	80					14291	80					14291	80					**14291**	**80**					**14291**	**80**
Expand Capacity / Link, Track, and Follow up Client Referrals - Grocery Bags					2287	80					2287	80					2287	80					**2287**	**80**					**2287**	**80**
TOTAL					22180	120					22180	120					**22180**	**120**					**22180**	**120**					**22180**	**120**

Formula (1 UOS= 1 Prepared Meal or 1 Grocery Bag)	**2026-2027**					
Program	**Food & Nutrition Services (GTZ)**					
Funding Source	**GF**					
Appendices	**A-2 / B-2j**					
Amount	**$293,169**					
Term	**7/1/2026 - 3/31/2027 (9 months)**					
Services	**CLNTS**	**M/B/W**	**M/W**	**LOE**	**UOS**	**UDC**
Food Access for Underserved Clients - Delivered Meals					**3671**	**40**
Food Access for Underserved Clients - Grocery Bags					**530**	**40**
Expand Capacity / Link, Track, and Follow up Client Referrals - Delivered Meals					**10718**	**80**
Expand Capacity / Link, Track, and Follow up Client Referrals - Grocery Bags					**1715**	**80**
TOTAL					**16634**	**120**

Formula (CLNTS x M/B/W x M/W x LOE)	**2017**						**2017-2018**						**2018-2019**					
Program	HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services					
Funding Source	RWPB / X08						RWPB / X08						RWPB / X08					
Appendices	A-1 / B-1.1						A-1 / B-1.1a						A-1 / B-1.1b					
Amount	$72,000						$70,000						$145,395					
Term	4/1/2017 - 9/29/2017						9/30/2017 - 9/29/2018						9/30/2018 - 9/29/2019					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC
Prepared Meals	40	21	6		4923	40	18	22	12		4647	18	55	7	12		4900	55
Grocery Bags	40	2.3	6		551	40	20	2.4	12		565	20	65	1.3	12		1000	65
TOTAL					5474	40					5212	20					5900	75

Formula (CLNTS x M/B/W x M/W x LOE)	2020-2021						2020-2021						2022-2023						2022-2023						2023-2024					
Program	HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services						HIV / AIDS Food and Nutrition Services					
Funding Source	RWPA COVID						RWPA Carry Forward						RWPA Carry Forward						GF One-Time						RWPA Carry Forward					
Appendices	A-3 / B-3						A-3 / B-3a						A-3 / B-3b						A-3 / B-3c						A-3 / B-3d					
Amount	$53,000						$102,000						$80,000						$300,000						$250,000					
Term	4/1/2020 - 3/31/2021						8/1/2020 - 2/28/2021						3/1/2022 - 2/28/2023						7/1/2022 - 6/30/2023						3/1/2023 - 2/29/2024					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLNTS	M/B/W	M/W	LOE	UOS	UDC
Prepared Meals	40	5.4	15		3219	40	60	11	7		4660	60	40	3	12		1602	40	60	8	12		5500	60	230	5	12		12685	230
Grocery Bags	40	0.5	15		294	40	60	3.1	7		1300	60	40	2.7	12		1286	40	60	1.4	12		1000	60	230	1.7	12		4708	230
Nutrional Counseling Hours													0.20	48	40	9.12%	35	20	0.20	48	40	6.51%	25	15						
TOTAL					3513	40					5960	60					2923	40					6525	60					17393	230

Formula (CLNTS x M/B/W x M/W x LOE)	2024-2025						2024-2025						2025-2026						2025-2026						2026-2027					
Program	Food & Nutrition Services						Food & Nutrition Services						Food & Nutrition Services						Food & Nutrition Services						Food & Nutrition Services					
Funding Source	RWPA Carry Forward						RWPA Carry Forward						RWPA Carry Forward						RWPA Carry Forward						RWPA Carry Forward					
Appendices	A-3 / B-3e						A-3 / B-3f						A-3 / B-3g						A-3 / B-3h						A-3 / B-3i					
Amount	$515,264						$205,469						$300,000						$200,000						$300,000					
Term	3/1/2024 - 2/28/2025						3/1/2024 - 2/28/2025						3/1/2025 - 2/28/2026						3/1/2025 - 2/28/2026						3/1/2026 - 2/28/2027					
Services	CLNTS	M/B/W	M/W	LOE	UOS	UDC	CLTS	M/B/W	M/W	LOE	UOS	UDC	CLTS	M/B/W	M/W	LOE	UOS	UDC	CLTS	M/B/W	M/W	LOE	UOS	UDC	CLTS	M/B/W	M/W	LOE	UOS	UDC
Prepared Meals	230	9	12		23615	230	230	3	12		9418	230	182	6	12		13743	182	169	5	12		9162	169	182	6	12		13743	182
Grocery Bags	230	2.1	12		5735	230	230	0.8	12		2287	230	235	1.2	12		3283	235	216	0.8	12		2189	216	235	1.2	12		3283	235
TOTAL					29350	230					11705	230					17026	235					11351	215					17026	

Formula (CLNTS x M/B/W x M/W x LOE)	2026-2027					
Program	Food & Nutrition Services					
Funding Source	RWPA Carry Forward					
Appendices	A-3 / B-3j					
Amount	$200,000					
Term	3/1/2026 - 2/28/2027					
Services	CLTS	M/B/W	M/W	LOE	UOS	UDC
Prepared Meals	169	5	12		9162	169
Grocery Bags	216	0.8	12		2189	216
TOTAL					11351	215

Outreach Efforts **A-1 and A-3**	Project Open Hand will serve everyone who qualifies regardless of their race, ethnicity, or national origin, to ensure vulnerable populations have knowledge of and access to these services, ensuring that there are outreach efforts to reach a variety of communities, including but not limited to low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market, and other low-income areas of the city. POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low-income status is defined as 600%, previously 500% of Federal Poverty Level as defined by the US Department of Health and Human Services. A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES.
Outreach Efforts **A-2**	Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of everyone who qualifies regardless of their race, ethnicity, or national origin, to ensure vulnerable populations have knowledge of and access to these services, ensuring that there are outreach efforts to reach a variety of communities, including but not limited to HIV+ unengaged and/or under engaged residents, most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement. The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 600%, previously 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services. Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter and must be documented in the client file or in ARIES.
Description of Services	Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling.

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		**Delivered Meals**		**Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2i, p 1 Total**
Outreach Coordinator	0.10019	4,582	77%	1,383	23%			5,965
Manager, Wellness Program	0.05034	2,973	77%	897	23%			3,870
Wellness Prog Coor (Caseworker)	0.10201	4,549	77%	1,373	23%			5,922
Cook II	0.05264	1,559	77%	471	23%			2,030
Porter	0.04375	1,189	77%	359	23%			1,548
Grocery Center Supervisor	0.07508	3,059	77%	923	23%			3,982
Grocery Center Operations Coord. II	0.10771	3,331	77%	1,006	23%			4,337
Registered Dietician	0.05510	2,978	77%	900	23%			3,878
Volunteer Coordinator	0.05421	1,880	77%	568	23%			2,448
Director, Operations	0.04405	3,045	77%	919	23%			3,964
Kitchen Operations Coordinator II	0.10019	3,030	77%	915	23%			3,945
Director, Wellness Programs	0.07500	1,219	77%	368	23%			1,587
Total FTE & Total Salaries	**0.86027**	**33,394**	**77%**	**10,082**	**23%**			**43,476**
Fringe Benefits	38.10%	12,723	77%	3,841	23%			16,564
Total Personnel Expenses		**46,117**	**77%**	**13,923**	**23%**			**60,040**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2i, p 1 Total**
Total Occupancy								-
Total Materials and Supplies		15,735	77%	4,750	23%			20,485
Total General Operating		7,253	77%	2,189	23%			9,442
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**22,988**	**77%**	**6,939**	**23%**			**29,927**
Total Direct Expenses		69,105	77%	20,862	23%			89,967
Indirect Expenses	8.83%	6,101	77%	1,842	23%			7,943
TOTAL EXPENSES		**75,206**	**77%**	**22,704**	**23%**			**97,910**
UOS per Service Mode		4,895		707				**5,602**
Cost / UOS by Service Mode		$15.37		$32.12				**N/A**
UDC per Service Mode		40		40				**40**

Project Open Hand
Food and Nutrition Services

Appendix B-2i, Page 2
07/01/2025 - 06/30/2026
General Fund GTZ

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		**Delivered Meals**		**Grocery Bags**		**B-2i, p 2 Totals**	**Total FTE**	
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**GTZ Totals**
Outreach Coordinator	0.29981	13,378	75%	4,473	25%	**17,851**	**0.40000**	**23,816**
Manager, Wellness Program	0.15064	8,678	75%	2,902	25%	**11,580**	**0.20097**	**15,450**
Wellness Prog Coor (Caseworker)	0.30525	13,280	75%	4,440	25%	**17,720**	**0.40726**	**23,642**
Cook II	0.15751	4,552	75%	1,522	25%	**6,074**	**0.21014**	**8,104**
Porter	0.13092	3,471	75%	1,161	25%	**4,632**	**0.17467**	**6,180**
Grocery Center Supervisor	0.22467	8,931	75%	2,986	25%	**11,917**	**0.29975**	**15,899**
Grocery Center Operations Coord. II	0.32229	9,726	75%	3,252	25%	**12,978**	**0.43000**	**17,315**
Registered Dietician	0.16490	8,695	75%	2,908	25%	**11,603**	**0.22000**	**15,481**
Volunteer Coordinator	0.16223	5,490	75%	1,836	25%	**7,326**	**0.21644**	**9,774**
Director, Operations	0.13181	8,890	75%	2,973	25%	**11,863**	**0.17585**	**15,827**
Kitchen Operations Coordinator II	0.29981	8,847	75%	2,958	25%	**11,805**	**0.40000**	**15,750**
Director, Wellness Programs	0.07500	3,558	75%	1,190	25%	**4,748**	**0.15000**	**6,335**
Total FTE & Total Salaries	**2.42483**	**97,496**	**56%**	**32,601**	**19%**	130,097	**3.28509**	**173,573**
Fringe Benefits	38.10%	37,145	75%	12,421	25%	**49,566**		**66,130**
Total Personnel Expenses		**134,641**	**75%**	**45,022**	**25%**	**179,663**		**239,703**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**B-2i, p 2 Totals**		**GTZ Totals**
Total Occupancy								-
Total Materials and Supplies		45,938	75%	15,361	25%	**61,299**		**81,784**
Total General Operating		21,176	75%	7,080	25%	**28,256**		**37,698**
Total Staff Travel								**-**
Consultants/Subcontractor:								**-**
Other (specify):								**-**
								-
Total Operating Expenses		**67,114**	**56%**	**22,441**	**19%**	**89,555**		**119,482**
Total Direct Expenses		201,755	75%	67,463	25%	**269,218**		**359,185**
Indirect Expenses	8.83%	17,810	56%	5,953	19%	**23,763**		**31,706**
TOTAL EXPENSES		**219,565**	**75%**	**73,416**	**25%**	**292,981**		**390,891**
UOS per Service Mode		14,291		2,287		**16,578**		**22,180**
Cost / UOS by Service Mode		$15.37		$32.11		**N/A**		**N/A**
UDC per Service Mode		80		80		**80**		**120**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	**Outreach Coordinator**				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	**Total**
	$59,540.00	0.40000	12	1.00	**$ 23,816**

Staff Position 2:	**Manager, Wellness Program**				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
	$76,875.00	0.20097	12	1.00	**$ 15,450**

Staff Position 3:	**Wellness Prog Coor (Caseworker)**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
	$58,052.00	0.40726	12	1.00	**$ 23,642**

Staff Position 5:	**Cook II**				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
	$38,563.00	0.21014	12	1.00	**$ 8,104**

Staff Position 6:	**Porter**				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$35,381.00	0.17467	12	1.00	**$ 6,180**

Staff Position 7:	**Grocery Center Supervisor**				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$53,040.00	0.29975	12	1.00	**$ 15,899**

Staff Position 8:	**Grocery Center Operations Coord. II**				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$40,268.00	0.43000	12	1.00	**$ 17,315**

Staff Position 9:	**Registered Dietician**				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	$70,366.00	0.22000	12	1.00	**$ 15,481**

Staff Position 10:	**Volunteer Coordinator**				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
	$45,156.00	0.21644	12	1.00	**$ 9,774**

Staff Position 11:	**Director, Operations**				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
	$90,000.00	0.17585	12	1.00	**$ 15,827**

Staff Position 12:	**Kitchen Operations Coordinator II**				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.40000	12	1.00	**$ 15,750**

Staff Position 13:	**Director, Wellness Programs**				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication				
	$84,460.00	0.15000	6	0.50	**$ 6,335**

Total FTE:	**3.28509**	**Total Salaries:**	**$ 173,573**

1b) EMPLOYEE FRINGE BENEFITS:	**Component**		**Cost**
	Payroll Tax	$	15,795
	Employee Health Benefits	$	37,839
	Retirement Plan Employer Contributions	$	2,256
	Commuter Benefits	$	1,041
	Workers Compensation	$	9,199
	Fringe Benefit %: **38.10%**	**Total Fringe Benefit:**	**66,130**
		TOTAL SALARIES & BENEFITS:	**239,703**

2) OPERATING EXPENSES:

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

General Operating:	**Brief Description**	**Rate**	**Cost**
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,220.26 x 3.28509 Program FTE =	17,149
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 3.28509 Program FTE =	5,258
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 3.28509 Program FTE =	3,305
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 3.28509 Program FTE =	3,309
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 3.28509 Program FTE =	3,328
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 3.28509 Program FTE =	3,939
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 3.28509 Program FTE =	1,410
		Total General Operating:	**37,698**
		TOTAL OPERATING EXPENSES:	**119,482**
		TOTAL DIRECT COSTS:	**359,185**

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4) INDIRECT COSTS	**Indirect Rate:**	**8.83%**		**Amount**
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits), only asks for $15,853				15,853
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits), only asks for $15,853				15,853
			TOTAL INDIRECT COSTS:	**31,706**
			TOTAL EXPENSES:	**390,891**

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		**Delivered Meals**		**Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2j, p 1 Total**
Outreach Coordinator	0.10019	3,436	77%	1,038	23%			4,474
Manager, Wellness Program	0.05034	2,229	77%	673	23%			2,902
Wellness Prog Coor (Caseworker)	0.10201	3,412	77%	1,029	23%			4,441
Cook II	0.05264	1,169	77%	353	23%			1,522
Porter	0.04375	892	77%	269	23%			1,161
Grocery Center Supervisor	0.07508	2,294	77%	693	23%			2,987
Grocery Center Operations Coord. II	0.10771	2,499	77%	754	23%			3,253
Registered Dietician	0.05510	2,234	77%	675	23%			2,909
Volunteer Coordinator	0.05421	1,410	77%	426	23%			1,836
Director, Operations	0.04405	2,284	77%	689	23%			2,973
Kitchen Operations Coordinator II	0.10019	2,272	77%	686	23%			2,958
Director, Wellness Programs	0.07500	914	77%	276	23%			1,190
Total FTE & Total Salaries	**0.86027**	**25,045**	**77%**	**7,561**	**23%**			**32,606**
Fringe Benefits	38.10%	9,542	77%	2,881	23%			12,423
Total Personnel Expenses		**34,586**	**77%**	**10,442**	**23%**			**45,029**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2j, p 1 Total**
Total Occupancy								-
Total Materials and Supplies		11,801	77%	3,563	23%			15,364
Total General Operating		5,440	77%	1,642	23%			7,082
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**17,241**	**77%**	**5,205**	**23%**			**22,446**
Total Direct Expenses		51,827	77%	15,647	23%			67,474
Indirect Expenses	8.83%	4,575	77%	1,382	23%			5,957
TOTAL EXPENSES		**56,402**	**77%**	**17,029**	**23%**			**73,431**
UOS per Service Mode		3,671		530				**4,201**
Cost / UOS by Service Mode		$15.37		$32.14				**N/A**
UDC per Service Mode		40		40				**40**

Project Open Hand
Food and Nutrition Services

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

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		**Delivered Meals**		**Grocery Bags**		**B-2j, p 2 Totals**	**Total FTE**	
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**GTZ Totals**
Outreach Coordinator	0.29981	10,033	75%	3,355	25%	**13,387**	**0.40000**	**17,861**
Manager, Wellness Program	0.15064	6,508	75%	2,176	25%	**8,684**	**0.20097**	**11,586**
Wellness Prog Coor (Caseworker)	0.30525	9,960	75%	3,330	25%	**13,291**	**0.40726**	**17,732**
Cook II	0.15751	3,414	75%	1,142	25%	**4,556**	**0.21014**	**6,078**
Porter	0.13092	2,604	75%	871	25%	**3,475**	**0.17467**	**4,636**
Grocery Center Supervisor	0.22467	6,698	75%	2,240	25%	**8,938**	**0.29975**	**11,925**
Grocery Center Operations Coord. II	0.32229	7,295	75%	2,439	25%	**9,734**	**0.43000**	**12,987**
Registered Dietician	0.16490	6,523	75%	2,181	25%	**8,703**	**0.22000**	**11,612**
Volunteer Coordinator	0.16223	4,117	75%	1,377	25%	**5,493**	**0.21644**	**7,329**
Director, Operations	0.13181	6,667	75%	2,229	25%	**8,896**	**0.17585**	**11,869**
Kitchen Operations Coordinator II	0.29981	6,634	75%	2,218	25%	**8,853**	**0.40000**	**11,811**
Director, Wellness Programs	0.07500	2,669	75%	892	25%	**3,561**	**0.15000**	**4,751**
Total FTE & Total Salaries	**2.42483**	**73,121**	**56%**	**24,450**	**19%**	**97,570**	**3.28509**	**130,177**
Fringe Benefits	38.10%	27,859	75%	9,315	25%	**37,174**		**49,596**
Total Personnel Expenses		**100,980**	**75%**	**33,765**	**25%**	**134,744**		**179,773**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**B-2j, p 2 Totals**		**GTZ Totals**
Total Occupancy								-
Total Materials and Supplies		34,454	75%	11,520	25%	**45,974**		**61,338**
Total General Operating		15,883	75%	5,311	25%	**21,194**		**28,276**
Total Staff Travel								**-**
Consultants/Subcontractor:								**-**
Other (specify):								**-**
								-
Total Operating Expenses		**50,337**	**56%**	**16,831**	**19%**	**67,168**		**89,614**
Total Direct Expenses		151,316	75%	50,596	25%	**201,912**		**269,387**
Indirect Expenses	8.83%	13,358	56%	4,467	19%	**17,825**		**23,782**
TOTAL EXPENSES		**164,674**	**75%**	**55,063**	**25%**	**219,737**		**293,169**
UOS per Service Mode		10,718		1,715		**12,433**		**16,634**
Cost / UOS by Service Mode		$15.37		$32.12		**N/A**		**N/A**
UDC per Service Mode		80		80		**80**		**120**

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	**Outreach Coordinator**				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	**Total**
	$59,540.00	0.40000	12	0.75	**$ 17,861**
Staff Position 2:	**Manager, Wellness Program**				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
	$76,875.00	0.20097	12	0.75	**$ 11,586**
Staff Position 3:	**Wellness Prog Coor (Caseworker)**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
	$58,052.00	0.40726	12	0.75	**$ 17,732**
Staff Position 5:	**Cook II**				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
	$38,563.00	0.21014	12	0.75	**$ 6,078**
Staff Position 6:	**Porter**				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$35,381.00	0.17467	12	0.75	**$ 4,636**
Staff Position 7:	**Grocery Center Supervisor**				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$53,040.00	0.29975	12	0.75	**$ 11,925**
Staff Position 8:	**Grocery Center Operations Coord. II**				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$40,268.00	0.43000	12	0.75	**$ 12,987**
Staff Position 9:	**Registered Dietician**				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	$70,366.00	0.22000	12	0.75	**$ 11,612**
Staff Position 10:	**Volunteer Coordinator**				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
	$45,156.00	0.21644	12	0.75	**$ 7,329**
Staff Position 11:	**Director, Operations**				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
	$90,000.00	0.17585	12	0.75	**$ 11,869**
Staff Position 12:	**Kitchen Operations Coordinator II**				

Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
$39,374.00	0.40000	12	0.75	$	11,811

Staff Position 13:	**Director, Wellness Programs**				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication.				
$84,460.00	0.15000	6	0.75	$	4,751

Total FTE:	**3.28509**	**Total Salaries:**	**$ 130,177**

1b) EMPLOYEE FRINGE BENEFITS:	**Component**	**Cost**
	Payroll Tax	$ 11,846
	Employee Health Benefits	$ 28,379
	Retirement Plan Employer Contributions	$ 1,692
	Commuter Benefits	$ 781
	Workers Compensation	$ 6,898
Fringe Benefit %:	**38.10%**	**Total Fringe Benefit: 49,596**
		TOTAL SALARIES & BENEFITS: 179,773

2) OPERATING EXPENSES:

Materials & Supplies:	**Brief Description**	**Rate**	**Cost**
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.92988 / UOS x 14,390	42,161
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.53829 / UOS x 2,246	19,177
		Total Materials & Supplies:	**61,338**

General Operating:	**Brief Description**	**Rate**	**Cost**
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x ~0.75 x 3.28509 Program FTE =	12,866
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x ~0.75 x 3.28509 Program FTE =	3,943
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x ~0.75 x 3.28509 Program FTE =	2,478
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x ~0.75 x 3.28509 Program FTE =	2,482
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x ~0.75 x 3.28509 Program FTE =	2,496
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x ~0.75 x 3.28509 Program FTE =	2,954
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x ~0.75 x 3.28509 Program FTE =	1,057
		Total General Operating:	**28,276**
		TOTAL OPERATING EXPENSES:	**89,614**
		TOTAL DIRECT COSTS:	**269,387**

4) INDIRECT COSTS	**Indirect Rate:**	**8.83%**	**Amount**
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits), only asks for $11,891			11,891
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits), only asks for $11,891			11,891
		TOTAL INDIRECT COSTS:	**23,782**
		TOTAL EXPENSES:	**293,169**

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			
Driver	0.75000	21,253	67%	10,337	33%					**31,590**
Porter	0.75000	21,253	67%	10,337	33%					**31,590**
Director, Program Strategy and Design	0.10000	6,673	67%	3,246	33%					**9,919**
Client Engagement Specialist	0.08399	1,744	67%	849	33%					**2,593**
Grocery Center Operations Coord. II	0.65000	20,675	67%	10,056	33%					**30,731**
Registered Dietician	0.15000	8,151	67%	3,964	33%					**12,115**
Manager, Food Operation	0.07100	3,496	67%	1,701	33%					**5,197**
Total FTE & Total Salaries	**2.55499**	**83,245**	**67%**	**40,490**	**33%**	**-**	**0%**	**-**		**123,735**
Fringe Benefits	38.10%	31,716	67%	15,427	33%	-	0%	-		47,143
Total Personnel Expenses		**114,961**	**67%**	**55,917**	**33%**	**-**	**0%**	**-**		**170,878**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**			**Total**
Total Occupancy		10,456	67%	5,086	33%					15,542
Total Materials and Supplies		60,601	67%	29,476	33%					90,077
Total General Operating		-	0%	-	0%					-
Consultants/Subcontractor:		-	0%	-	0%					-
Other (specify):										-
										-
		-	0%	-	0%					-
Total Operating Expenses		**71,057**	**67%**	**34,562**	**33%**	**-**		**-**		**105,619**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**			**Contract Total**
		-	0%	-	0%	-	0%			-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**			**-**
Total Direct Expenses		186,018	67%	90,479	33%	-	0%	-		276,497
Indirect Expenses	8.50%	15,812	67%	7,691	33%					23,503
TOTAL EXPENSES		**201,830**	**67%**	**98,170**	**33%**	**-**	**0%**	**-**		**300,000**
UOS per Service Mode		13,743		3,283		0				**17,026**
Cost / UOS by Service Mode		$14.70		$29.91		$0.00				**N/A**
UDC per Service Mode		182		235		0				**235**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	**Driver**				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	**Total**
	$42,120.00	0.75000	12	1.00	**$ 31,590**

Staff Position 2:	**Porter**				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$42,120.00	0.75000	12	1.00	**$ 31,590**

Staff Position 3:	**Director, Program Strategy and Design**				
Brief Duties	Leads program improvement efforts including collecting and analyzing client feedback and coordinating across departments to prioritize and implement improvement strategies.				
Min Quals	NA				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$99,194.16	0.10000	12	1.00	**$ 9,919**

Staff Position 6:	**Client Engagement Specialist**				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$30,875.00	0.08399	12	1.00	**$ 2,593**

Staff Position 8:	**Grocery Center Operations Coord. II**				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$47,278.40	0.65000	12	1.00	**$ 30,731**

Staff Position 17:	**Registered Dietician**				
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$80,766.40	0.15000	12	1.00	**$ 12,115**

Staff Position 18:	**Manager, Food Operation**				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$73,202.22	0.07100	12	1.00	**$ 5,197**

	Total FTE:	**2.55499**	**Total Salaries:**	**$ 123,735**

1b) EMPLOYEE FRINGE BENEFITS:	**Component**	**Cost**	
	Payroll Tax	$ 11,259.89	
	Employee Health Benefits	$ 26,974.23	
	Retirement Plan Employer Contributions	$ 1,608.56	
	Commuter Benefits	$ 742.41	
	Workers Compensation	$ 6,557.96	
Fringe Benefit %:	**38.10%**	**Total Fringe Benefit:**	**47,143**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		**170,878**

2) OPERATING EXPENSES:

Occupancy:	**Brief Description**	**Rate**	**Cost**
Telephone	Ann. Agency: $126,000 / 103.19 total prog FTE = $1,221 / FTE	$1,221 x 2.55499 Program FTE =	3,119

Internet	Ann Agency: $35,480 / 103.19 total prog FTE = $343 / FTE	$343 x 2.55499 Program FTE =	876
Gas/Electric	Ann Agency Budget: $325,200 / 103.19 total prog FTE = $3,151 / FTE	$3,151 x 2.55499 Program FTE =	8,051
Water	Ann Agency Budget: $43,200 / 103.19 total prog FTE = $419 / FTE	$419 x 2.55499 Program FTE =	1,071
Garbage Disposal	Ann Agency Budget: $97,980 / 103.19 total prog FTE = $949 / FTE	$949 x 2.55499 Program FTE =	2,425
		Total Occupancy:	**15,542**

Materials/Supplies:	**Brief Description**	**Rate**	**Cost**
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.21 per meal X 13,743 UOS =	44,115
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $14.00 per bag X 3,283 UOS =	45,962
		Total Materials & Supplies:	**90,077**

General Operating:

Expense Item	**Brief Description**			**Rate**	**Cost**
				Total General Operating:	**-**

Consultants/Subcontractors:

Consultant/Subcontractor Name	**Service Description**			**Rate**	**Cost**
				Total Consultants/Subcontractors:	**-**

Other:

Expense Item	**Brief Description**	**Rate**	**Cost**
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**105,619**

3) CAPITAL EXPENDITURES: (If needed. A unit valued at $5,000 or more)

Capital Expenditure Item	**Brief Description**	**Cost**
	TOTAL CAPITAL EXPENDITURES:	**-**
	TOTAL DIRECT COSTS:	**276,497**

4) INDIRECT COSTS	**Indirect Rate:**	**8.50%**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) **Amount**

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Vice President, Programs (Annual Salary $135,000 @ .17 FTE + 38% Fringe Benefits), only asks for $23,503	23,503
TOTAL INDIRECT COSTS:	**23,503**
TOTAL EXPENSES:	**300,000**

Project Open Hand
Food & Nutrition Service

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			
Wellness Prog Coor (Caseworker)	0.75000	28,230	67%	13,734	33%					**41,964**
Wellness Prog Coor (Caseworker)	0.62500	20,771	67%	10,104	33%					**30,875**
Director, Program Strategy and Design	0.10725	7,157	67%	3,482	33%					**10,639**
Total FTE & Total Salaries	**1.48225**	**56,158**	**67%**	**27,320**	**33%**	**-**	**0%**	**-**		**83,478**
Fringe Benefits	38.10%	21,395	67%	10,410	33%	-	0%	-		31,805
Total Personnel Expenses		**77,553**	**67%**	**37,731**	**33%**	**-**	**0%**	**-**		**115,283**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**			**Total**
Total Occupancy		6,065	67%	2,951	33%					9,016
Total Materials and Supplies		40,401	67%	19,655	33%					60,056
Total General Operating		-	0%	-	0%					-
Consultants/Subcontractor:		-	0%	-	0%					-
Other (specify):										-
										-
		-	0%	-	0%					-
Total Operating Expenses		**46,466**	**67%**	**22,606**	**33%**	**-**		**-**		**69,072**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**			**Contract Total**
		-	0%	-	0%	-	0%			-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**			**-**
Total Direct Expenses		124,018	67%	60,337	33%	-	0%	-		184,355
Indirect Expenses	8.49%	10,525	67%	5,120	33%					15,645
TOTAL EXPENSES		**134,543**	**67%**	**65,457**	**33%**	**-**	**0%**	**-**		**200,000**
UOS per Service Mode		9,162		2,189		0				**11,351**
Cost / UOS by Service Mode		$14.69		$29.91		$0.00				**N/A**
UDC per Service Mode		169		216		0				**215**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	**Wellness Prog Coor (Caseworker)**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	**Total**
	$55,952.00	0.75000	12	1.00	**$ 41,964**

Staff Position 2:	**Wellness Prog Coor (Caseworker)**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$49,400.00	0.62500	12	1.00	**$ 30,875**

Staff Position 3:	**Director, Program Strategy and Design**				
Brief Duties	Leads program improvement efforts including collecting and analyzing client feedback and coordinating across departments to prioritize and implement improvement strategies.				
Min Quals	NA				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$99,194.16	0.10725	12	1.00	**$ 10,639**

	Total FTE:	**1.48225**		**Total Salaries:**	**$ 83,478**

1b) EMPLOYEE FRINGE BENEFITS:	**Component**	**Cost**	
	Payroll Tax	$ 7,596.50	
	Employee Health Benefits	$ 18,198.20	
	Retirement Plan Employer Contributions	$ 1,085.21	
	Commuter Benefits	$ 500.87	
	Workers Compensation	$ 4,424.33	
Fringe Benefit %:	**38.10%**	**Total Fringe Benefit:**	**31,805**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		**115,283**

2) OPERATING EXPENSES:

Occupancy:	**Brief Description**	**Rate**	**Cost**
Telephone	Ann. Agency: $126,000 / 103.19 total prog FTE = $1,221 / FTE	$1,221 x 1.48225 Program FTE =	1,809
Internet	Ann Agency: $35,480 / 103.19 total prog FTE = $343 / FTE	$343 x 1.48225 Program FTE =	508
Gas/Electric	Ann Agency Budget: $325,200 / 103.19 total prog FTE= $3,151 / FTE	$3,151 x 1.48225 Program FTE =	4,671
Water	Ann Agency Budget: $43,200 / 103.19 total prog FTE= $419 / FTE	$419 x 1.48225 Program FTE =	621
Garbage Disposal	Ann Agency Budget: $97,980 / 103.19 total prog FTE= $949 / FTE	$949 x 1.48225 Program FTE =	1,407
		Total Occupancy:	**9,016**

Materials/Supplies:	**Brief Description**	**Rate**	**Cost**
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.21 per meal X 9,162 UOS =	29,410
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $14.00 per bag X 2,189 UOS =	30,646
		Total Materials & Supplies:	**60,056**

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General Operating:

Expense Item	Brief Description			Rate	Cost
				Total General Operating:	**-**

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description			Rate	Cost
				Total Consultants/Subcontractors:	**-**

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**69,072**

3) CAPITAL EXPENDITURES: (If needed. A unit valued at $5,000 or more)

Capital Expenditure Item	Brief Description	Cost
TOTAL CAPITAL EXPENDITURES:		**-**
TOTAL DIRECT COSTS:		**184,355**

4) INDIRECT COSTS	**Indirect Rate:**	**8.49%**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Vice President, Programs (Annual Salary $135,000 @ .13 FTE + 38% Fringe Benefits), only asks for $15,645	15,645
TOTAL INDIRECT COSTS:	**15,645**

TOTAL EXPENSES:	**200,000**

Project Open Hand
Food & Nutrition Service

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			
Driver	0.75000	21,253	67%	10,337	33%					**31,590**
Porter	0.75000	21,253	67%	10,337	33%					**31,590**
Director, Program Strategy and Design	0.10000	6,673	67%	3,246	33%					**9,919**
Client Engagement Specialist	0.08399	1,744	67%	849	33%					**2,593**
Grocery Center Operations Coord. II	0.65000	20,675	67%	10,056	33%					**30,731**
Registered Dietician	0.15000	8,151	67%	3,964	33%					**12,115**
Manager, Food Operation	0.07100	3,496	67%	1,701	33%					**5,197**
Total FTE & Total Salaries	**2.55499**	**83,245**	**67%**	**40,490**	**33%**	**-**	**0%**	**-**		**123,735**
Fringe Benefits	38.10%	31,716	67%	15,427	33%	-	0%	-		47,143
Total Personnel Expenses		**114,961**	**67%**	**55,917**	**33%**	**-**	**0%**	**-**		**170,878**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**			**Total**
Total Occupancy		10,456	67%	5,086	33%					15,542
Total Materials and Supplies		60,601	67%	29,476	33%					90,077
Total General Operating		-	0%	-	0%					-
Consultants/Subcontractor:		-	0%	-	0%					-
Other (specify):										-
										-
		-	0%	-	0%					-
Total Operating Expenses		**71,057**	**67%**	**34,562**	**33%**	**-**		**-**		**105,619**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**			**Contract Total**
		-	0%	-	0%	-	0%			-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**			**-**
Total Direct Expenses		186,018	67%	90,479	33%	-	0%	-		276,497
Indirect Expenses	8.50%	15,812	67%	7,691	33%					23,503
TOTAL EXPENSES		**201,830**	**67%**	**98,170**	**33%**	**-**	**0%**	**-**		**300,000**
UOS per Service Mode		13,743		3,283		0				**17,026**
Cost / UOS by Service Mode		$14.70		$29.91		$0.00				**N/A**
UDC per Service Mode		182		235		0				**235**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	**Driver**				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	**Total**
	$42,120.00	0.75000	12	1.00	**$ 31,590**

Staff Position 2:	**Porter**				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$42,120.00	0.75000	12	1.00	**$ 31,590**

Staff Position 3:	**Director, Program Strategy and Design**				
Brief Duties	Leads program improvement efforts including collecting and analyzing client feedback and coordinating across departments to prioritize and implement improvement strategies.				
Min Quals	NA				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$99,194.16	0.10000	12	1.00	**$ 9,919**

Staff Position 6:	**Client Engagement Specialist**				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$30,875.00	0.08399	12	1.00	**$ 2,593**

Staff Position 8:	**Grocery Center Operations Coord. II**				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$47,278.40	0.65000	12	1.00	**$ 30,731**

Staff Position 17:	**Registered Dietician**				
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$80,766.40	0.15000	12	1.00	**$ 12,115**

Staff Position 18:	**Manager, Food Operation**				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$73,202.22	0.07100	12	1.00	**$ 5,197**

	Total FTE:	**2.55499**	**Total Salaries:**	**$ 123,735**

1b) EMPLOYEE FRINGE BENEFITS:	**Component**	**Cost**	
	Payroll Tax	$ 11,259.89	
	Employee Health Benefits	$ 26,974.23	
	Retirement Plan Employer Contributions	$ 1,608.56	
	Commuter Benefits	$ 742.41	
	Workers Compensation	$ 6,557.96	
Fringe Benefit %:	**38.10%**	**Total Fringe Benefit:**	**47,143**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		**170,878**

2) OPERATING EXPENSES:

Occupancy:	**Brief Description**	**Rate**	**Cost**
Telephone	Ann. Agency: $126,000 / 103.19 total prog FTE = $1,221 / FTE	$1,221 x 2.55499 Program FTE =	3,119

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Internet	Ann Agency: $35,480 / 103.19 total prog FTE = $343 / FTE	$343 x 2.55499 Program FTE =	876
Gas/Electric	Ann Agency Budget: $325,200 / 103.19 total prog FTE = $3,151 / FTE	$3,151 x 2.55499 Program FTE =	8,051
Water	Ann Agency Budget: $43,200 / 103.19 total prog FTE = $419 / FTE	$419 x 2.55499 Program FTE =	1,071
Garbage Disposal	Ann Agency Budget: $97,980 / 103.19 total prog FTE = $949 / FTE	$949 x 2.55499 Program FTE =	2,425
		Total Occupancy:	**15,542**

Materials/Supplies:	**Brief Description**	**Rate**	**Cost**
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.21 per meal X 13,743 UOS =	44,115
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $14.00 per bag X 3,283 UOS =	45,962
		Total Materials & Supplies:	**90,077**

General Operating:

Expense Item	**Brief Description**			**Rate**	**Cost**
				Total General Operating:	**-**

Consultants/Subcontractors:

Consultant/Subcontractor Name	**Service Description**			**Rate**	**Cost**
				Total Consultants/Subcontractors:	**-**

Other:

Expense Item	**Brief Description**	**Rate**	**Cost**
		Total Other:	**-**

TOTAL OPERATING EXPENSES:	**105,619**

3) CAPITAL EXPENDITURES: (If needed. A unit valued at $5,000 or more)

Capital Expenditure Item	**Brief Description**	**Cost**
	TOTAL CAPITAL EXPENDITURES:	**-**
	TOTAL DIRECT COSTS:	**276,497**

4) INDIRECT COSTS	**Indirect Rate:**	**8.50%**

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other) **Amount**

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Vice President, Programs (Annual Salary $135,000 @ .17 FTE + 38% Fringe Benefits), only asks for $23,503	23,503
TOTAL INDIRECT COSTS:	**23,503**
TOTAL EXPENSES:	**300,000**

Project Open Hand
Food & Nutrition Service

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			
Wellness Prog Coor (Caseworker)	0.75000	28,230	67%	13,734	33%					**41,964**
Wellness Prog Coor (Caseworker)	0.62500	20,771	67%	10,104	33%					**30,875**
Director, Program Strategy and Design	0.10725	7,157	67%	3,482	33%					**10,639**
Total FTE & Total Salaries	**1.48225**	**56,158**	**67%**	**27,320**	**33%**	**-**	**0%**	**-**		**83,478**
Fringe Benefits	38.10%	21,395	67%	10,410	33%	-	0%	-		31,805
Total Personnel Expenses		**77,553**	**67%**	**37,731**	**33%**	**-**	**0%**	**-**		**115,283**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**			**Total**
Total Occupancy		6,065	67%	2,951	33%					9,016
Total Materials and Supplies		40,401	67%	19,655	33%					60,056
Total General Operating		-	0%	-	0%					-
Consultants/Subcontractor:		-	0%	-	0%					-
Other (specify):										-
										-
		-	0%	-	0%					-
Total Operating Expenses		**46,466**	**67%**	**22,606**	**33%**	**-**		**-**		**69,072**
Capital Expenses		**Expenditure**	**%**	**Expenditure**	**%**	**Expenditure**	**%**			**Contract Total**
		-	0%	-	0%	-	0%			-
Total Capital Expenses		**-**	**0%**	**-**	**0%**	**-**	**0%**			**-**
Total Direct Expenses		124,019	67%	60,337	33%	-	0%	-		184,355
Indirect Expenses	8.49%	10,525	67%	5,120	33%					15,645
TOTAL EXPENSES		**134,544**	**67%**	**65,457**	**33%**	**-**	**0%**	**-**		**200,000**
UOS per Service Mode		9,162		2,189		0				**11,351**
Cost / UOS by Service Mode		$14.69		$29.91		$0.00				**N/A**
UDC per Service Mode		169		216		0				**215**

BUDGET JUSTIFICATION

1a) SALARIES6:1486:146

Staff Position 1:	**Wellness Prog Coor (Caseworker)**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	**Total**
	$55,952.00	0.75000	12	1.00	**$ 41,964**

Staff Position 2:	**Wellness Prog Coor (Caseworker)**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$49,400.00	0.62500	12	1.00	**$ 30,875**

Staff Position 3:	**Director, Program Strategy and Design**				
Brief Duties	Leads program improvement efforts including collecting and analyzing client feedback and coordinating across departments to prioritize and implement improvement strategies.				
Min Quals	NA				
	Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	**Total**
	$99,194.16	0.10725	12	1.00	**$ 10,639**

	Total FTE:	**1.48225**		**Total Salaries:**	**$ 83,478**

1b) EMPLOYEE FRINGE BENEFITS:	**Component**	**Cost**	
	Payroll Tax	$ 7,596.50	
	Employee Health Benefits	$ 18,198.20	
	Retirement Plan Employer Contributions	$ 1,085.21	
	Commuter Benefits	$ 500.87	
	Workers Compensation	$ 4,424.33	
Fringe Benefit %:	**38.10%**	**Total Fringe Benefit:**	**31,805**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		**115,283**

2) OPERATING EXPENSES:

Occupancy:	**Brief Description**	**Rate**	**Cost**
Telephone	Ann. Agency: $126,000 / 103.19 total prog FTE = $1,221 / FTE	$1,221 x 1.48225 Program FTE =	1,809
Internet	Ann Agency: $35,480 / 103.19 total prog FTE = $343 / FTE	$343 x 1.48225 Program FTE =	508
Gas/Electric	Ann Agency Budget: $325,200 / 103.19 total prog FTE= $3,151 / FTE	$3,151 x 1.48225 Program FTE =	4,671
Water	Ann Agency Budget: $43,200 / 103.19 total prog FTE= $419 / FTE	$419 x 1.48225 Program FTE =	621
Garbage Disposal	Ann Agency Budget: $97,980 / 103.19 total prog FTE= $949 / FTE	$949 x 1.48225 Program FTE =	1,407
		Total Occupancy:	**9,016**

Materials/Supplies:	**Brief Description**	**Rate**	**Cost**
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.21 per meal X 9,162 UOS =	29,410
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $14.00 per bag X 2,189 UOS =	30,646
		Total Materials & Supplies:	**60,056**

General Operating:

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Expense Item	Brief Description			Rate	Cost
				Total General Operating:	-

Consultants/Subcontractors:

Consultant/Subcontractor Name	Service Description			Rate	Cost
				Total Consultants/Subcontractors:	-

Other:

Expense Item	Brief Description	Rate	Cost
		Total Other:	-

TOTAL OPERATING EXPENSES:	69,072

3) CAPITAL EXPENDITURES: (If needed. A unit valued at $5,000 or more)

Capital Expenditure Item	Brief Description	Cost
TOTAL CAPITAL EXPENDITURES:		-
TOTAL DIRECT COSTS:		184,355

4) INDIRECT COSTS	Indirect Rate:	8.49%

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Vice President, Programs (Annual Salary $135,000 @ .13 FTE + 38% Fringe Benefits), only asks for $15,645	15,645
TOTAL INDIRECT COSTS:	15,645

TOTAL EXPENSES:	200,000

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APPENDIX E

San Francisco Department of Public Health

Business Associate Agreement

This Business Associate Agreement ("BAA") supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity ("CE"), and Contractor, the Business Associate ("BA") (the "Agreement"). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. **Definitions.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2. Obligations of Business Associate.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. Termination.

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

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

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

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

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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017
Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017
Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

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

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

Contractor Name:		Contractor City Vendor ID	

PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

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Contractor Name:		Contractor City Vendor ID	

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

	DOES YOUR ORGANIZATION…	**Yes**	**No***
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]		
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?		
	Date of last Data Security Risk Assessment/Audit:		
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:		
C	Have a formal Data Security Awareness Program?		
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?		
	If yes: Name & Title:	Phone #:	Email:
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]		
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain , transmit, or access SFDPH's health information?		
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?		

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

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

Attachment 3 to Appendix E

Protected Information Destruction Order
Purge Certification - Contract ID # 1000002671

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated 04/01/2017 ("Agreement"), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively "Contractor") still maintain in any form. Contractor may retain no copies of destroyed Protected Information." Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services ("Secretary") regarding proper destruction of PHI.

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

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

****

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

So Certified

_____
Signature

Title: _____

Date: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: Food and Nutrition Services (GTZ)

ACE Control #:

Contract ID #: 1000002671

HHS

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

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access for Underserved Clients - Delivered Meals	4,895	40							4,895	40
Food Access for Underserved Clients - Grocery Bags	707	40							707	40
Expand Capacity / Link, Track, and Follow up Client Referrals - Delivered Meals	14,291	80							14,291	80
Expand Capacity / Link, Track, and Follow up Client Referrals - Grocery Bags	2,287	80							2,287	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$173,573				$173,573.00
Fringe Benefits	$66,130				$66,130.00
Total Personnel Expenses	$239,703				$239,703.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$81,784				$81,784.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$37,698				$37,698.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$119,482				$119,482.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$359,185				$359,185.00
Indirect Expenses	$31,706				$31,706.00
TOTAL EXPENSES	$390,891				$390,891.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

ATTN: Accounts Payable

By: _____ Date: _____
(DPH Authorized Signatory)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: **Food and Nutrition Services (GTZ)**

ACE Control #:

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

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.40000	$23,816				$23,816.00
Manager, Wellness Program	0.20097	$15,450				$15,450.00
Wellness Prog Coor (Caseworker)	0.40726	$23,642				$23,642.00
Cook II	0.21014	$8,104				$8,104.00
Porter	0.17467	$6,180				$6,180.00
Grocery Center Supervisor	0.29975	$15,899				$15,899.00
Grocery Center Operations Coord. II	0.43000	$17,315				$17,315.00
Registered Dietician	0.22000	$15,481				$15,481.00
Volunteer Coordinator	0.21644	$9,774				$9,774.00
Director, Operations	0.17585	$15,827				$15,827.00
Kitchen Operations Coordinator II	0.40000	$15,750				$15,750.00
Director, Wellness Programs	0.15000	$6,335				$6,335.00
TOTAL SALARIES	3.28509	$173,573				$173,573.00

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

Certified By: _____ Date: _____

Title: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: Food and Nutrition Services (GTZ)

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL26

Contract Purchase Order No:

Funding Source: GF

Department ID-Authority ID:

Project ID-Activity ID:

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

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access for Underserved Clients - Delivered Meals	3,671	40							3,671	40
Food Access for Underserved Clients - Grocery Bags	530	40							530	40
Expand Capacity / Link, Track, and Follow up Client Referrals - Delivered Meals	10,718	80							10,718	80
Expand Capacity / Link, Track, and Follow up Client Referrals - Grocery Bags	1,715	80							1,715	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$130,177				$130,177.00
Fringe Benefits	$49,596				$49,596.00
Total Personnel Expenses	$179,773				$179,773.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$61,338				$61,338.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$28,276				$28,276.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$89,614				$89,614.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$269,387				$269,387.00
Indirect Expenses	$23,782				$23,782.00
TOTAL EXPENSES	$293,169				$293,169.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____

ATTN: Accounts Payable (DPH Authorized Signatory)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR

MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: **Food and Nutrition Services (GTZ)**

ACE Control #:

Invoice Number: A-2JUL26
Contract Purchase Order No:
Fund Source: GF
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 07/1/26 - 07/31/26
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.40000	$17,861				$17,861.00
Manager, Wellness Program	0.20097	$11,586				$11,586.00
Wellness Prog Coor (Caseworker)	0.40726	$17,732				$17,732.00
Cook II	0.21014	$6,078				$6,078.00
Porter	0.17467	$4,636				$4,636.00
Grocery Center Supervisor	0.29975	$11,925				$11,925.00
Grocery Center Operations Coord. II	0.43000	$12,987				$12,987.00
Registered Dietician	0.22000	$11,612				$11,612.00
Volunteer Coordinator	0.21644	$7,329				$7,329.00
Director, Operations	0.17585	$11,869				$11,869.00
Kitchen Operations Coordinator II	0.40000	$11,811				$11,811.00
Director, Wellness Programs	0.15000	$4,751				$4,751.00
TOTAL SALARIES	3.28509	$130,177				$130,177.00

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

Certified By: _____ Date: _____

Title: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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PAGE A

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

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

Program Name: Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-3MAR25

Contract Purchase Order No:

Funding Source: Part A Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/25 - 03/31/25

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Prepared Meals	13,743	182							13,743	182
Grocery Bags	3,283	235							3,283	235
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		235								235

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$123,735				$123,735.00
Fringe Benefits	$47,143				$47,143.00
Total Personnel Expenses	$170,878				$170,878.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$15,542				$15,542.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$90,077				$90,077.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$105,619				$105,619.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$276,497				$276,497.00
Indirect Expenses	$23,503				$23,503.00
TOTAL EXPENSES	$300,000				$300,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____

ATTN: Accounts Payable (DPH Authorized Signatory)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3g
3/1/2025 - 2/28/2026
PAGE B

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

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

Program Name: Food and Nutrition Services

ACE Control #:

Invoice Number: A-3MAR25
Contract Purchase Order No:
Fund Source: Part A Carryover
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 03/1/25 - 03/31/25
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Driver	0.75000	$31,590				$31,590.00
Porter	0.75000	$31,590				$31,590.00
Director, Program Strategy and Desig	0.10000	$9,919				$9,919.00
Client Engagement Specialist	0.08399	$2,593				$2,593.00
Grocery Center Operations Coord. II	0.65000	$30,731				$30,731.00
Registered Dietician	0.15000	$12,115				$12,115.00
Manager, Food Operation	0.07100	$5,197				$5,197.00
TOTAL SALARIES	2.55499	$123,735				$123,735.00

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

Certified By: _____ Date: _____

Title: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3h
3/1/2025 - 2/28/2026
PAGE A

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

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

Program Name: Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-3MAR25

Contract Purchase Order No:

Funding Source: Part A MAI Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/25 - 03/31/25

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Prepared Meals	9,162	169							9,162	169
Grocery Bags	2,189	216							2,189	216
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		215								215

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$83,478				$83,478.00
Fringe Benefits	$31,805				$31,805.00
Total Personnel Expenses	$115,283				$115,283.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$9,016				$9,016.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$60,056				$60,056.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$69,072				$69,072.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$184,355				$184,355.00
Indirect Expenses	$15,645				$15,645.00
TOTAL EXPENSES	$200,000				$200,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

ATTN: Accounts Payable

By: _____ Date: _____
(DPH Authorized Signatory)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3h
3/1/2025 - 2/28/2026
PAGE B

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

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

Program Name: **Food and Nutrition Services**

ACE Control #:

Invoice Number: A-3MAR25

Contract Purchase Order No:

Fund Source: Part A MAI Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/25 - 03/31/25

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coor (Caseworker)	0.75000	$41,964				$41,964.00
Wellness Prog Coor (Caseworker)	0.62500	$30,875				$30,875.00
Director, Program Strategy and Desig	0.10725	$10,639				$10,639.00
TOTAL SALARIES	1.48225	$83,478				$83,478.00

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

Certified By: _____ Date: _____

Title: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

UBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3i
3/1/2026 - 2/28/2027
PAGE A

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

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

Program Name: Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-3MAR26

Contract Purchase Order No:

Funding Source: Part A Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/26 - 03/31/26

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Prepared Meals	13,743	182							13,743	182
Grocery Bags	3,283	235							3,283	235
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		235								235

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$123,735				$123,735.00
Fringe Benefits	$47,143				$47,143.00
Total Personnel Expenses	$170,878				$170,878.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$15,542				$15,542.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$90,077				$90,077.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$105,619				$105,619.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$276,497				$276,497.00
Indirect Expenses	$23,503				$23,503.00
TOTAL EXPENSES	$300,000				$300,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

ATTN: Accounts Payable

By: _____ Date: _____
(DPH Authorized Signatory)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

UBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-3i
3/1/2026 - 2/28/2027
PAGE B

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

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

Program Name: **Food and Nutrition Services**

ACE Control #:

Invoice Number: A-3MAR26

Contract Purchase Order No:

Fund Source: Part A Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/26 - 03/31/26

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Driver	0.75000	$31,590				$31,590.00
Porter	0.75000	$31,590				$31,590.00
Director, Program Strategy and Desig	0.10000	$9,919				$9,919.00
Client Engagement Specialist	0.08399	$2,593				$2,593.00
Grocery Center Operations Coord. II	0.65000	$30,731				$30,731.00
Registered Dietician	0.15000	$12,115				$12,115.00
Manager, Food Operation	0.07100	$5,197				$5,197.00
TOTAL SALARIES	2.55499	$123,735				$123,735.00

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Certified By: _____ Date: _____

Title: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-3MAR26

Contract Purchase Order No:

Funding Source: Part A MAI Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/26 - 03/31/26

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Prepared Meals	9,162	169							9,162	169
Grocery Bags	2,189	216							2,189	216
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		215								215

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$83,478				$83,478.00
Fringe Benefits	$31,805				$31,805.00
Total Personnel Expenses	$115,283				$115,283.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$9,016				$9,016.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$60,056				$60,056.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$69,072				$69,072.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$184,355				$184,355.00
Indirect Expenses	$15,645				$15,645.00
TOTAL EXPENSES	$200,000				$200,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____

ATTN: Accounts Payable (DPH Authorized Signatory)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-3MAR26

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

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

Program Name: Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: Part A MAI Carryover

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/26 - 03/31/26

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coor (Caseworker)	0.75000	$41,964				$41,964.00
Wellness Prog Coor (Caseworker)	0.62500	$30,875				$30,875.00
Director, Program Strategy and Desig	0.10725	$10,639				$10,639.00
TOTAL SALARIES	1.48225	$83,478				$83,478.00

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

Certified By: _____ Date: _____

Title: _____

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)

Docusign Envelope ID: DB9BC8D6-02CF-45D1-927F-0564EE7584EA

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Attachment 1 to SAA - System Specific Requirements

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TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health ("Department" and/or "City") Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - "THIRD PARTY" CATEGORIES

1. **Third Party In General**: means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor's employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.

2. **Treatment Provider**: means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.

3. **Education Institution**: means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.

4. **Health Insurer**: means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

1. "**Agreement**" means an Agreement between the Third Party and Department that necessitates Third Party's access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.

2. "**Department Computer System**" means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.

3. "**Department Confidential Information**" means information contained in a Department Computer System, including identifiable protected health information ("PHI") or personally identifiable information ("PII") of Department patients.

4. "**Third Party**" and/or "**Contractor**" means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.

5. "**User**" means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party's employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility**. Third Party is responsible for its work force and each Third Party User's compliance with these Third Party System Access Terms and Conditions.

2. **Limitations on Access**. User's access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

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3. **Qualified Personnel**. Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.

4. **Remote Access/Multifactor Authentication**. Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.

5. **Issuance of Unique Accounts**. Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.

6. **Appropriate Use**. Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.

7. **Notification of Change in Account Requirements**. Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (dph.helpdesk@sfdph.org in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.

8. **Assistance to Administer Accounts**. The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.

9. **Security Controls**. Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:

a **Password Policy**. All users must be issued a unique username for accessing City Data. Third Party must maintain a password policy based on information security best practices as required by 45 CFR § 164.308 and described in NIST Special Publication 800-63B.

b **Workstation/Laptop Encryption**. All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.

c **Endpoint Protection Tools**. All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.

d **Patch Management**. To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements of Third Party's computer systems, and the vendor's written recommendations. If patches and

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updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management**. Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued**. Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations**. Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply**. If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training**. Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement**. Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action**. Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support**. Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure**. Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

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2. **Redisclosure Prohibition**. Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule**. Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;

b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;

c) Protect against reasonably anticipated, impermissible uses or disclosures; and

d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

1. **Education Institution is Responsible for its Users**. Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department's standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements**. Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department's standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User's access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

1. **Permitted Access, Use and Disclosure**. Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization**. Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT'S RIGHTS

1. **Periodic Reviews**. Department reserves the right to perform regular audits to determine if a Third Party's access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use**. Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause**. Department and Third Party reserves the right to suspend or terminate a Third Party User's access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost**. Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

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SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery**. Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

   i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and

   ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

   i. the City Data believed to have been the subject of breach;

   ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;

   iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and

   iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report. To the extent a breach is identified within Third Party's System,** Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

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A. Attachment 1 to SAA
System Specific Requirements

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

A. Department Care Link Requirements:

1. Connectivity.

a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Compliance with Epic Terms and Conditions.

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

3. Epic-Provided Terms and Conditions

a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.

b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

B. Department Epic Hyperspace:

1. Connectivity.

a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.

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

a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace

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prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

1. Connectivity.

a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Information Technology (IT) Support.

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

3. Access Control.

a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf

b. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf

c. All licensed, waivered, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.

I. For Access to Department Epic through OutReach

A. Department OutReach Requirements:

1. Connectivity.

d) Third Party Responsibility: The Third Party is required to obtain and maintain an active internet connection and necessary equipment in compliance with the specifications provided by both Epic and the Department.

d) Technical Equipment Changes: The specifications for accessing OutReach may be updated over time. Third Party must ensure their equipment and software align with these specifications and bear any related costs.

d) Equipment Ownership: Access to the system by Third Party Data Users must occur exclusively through equipment owned, leased, and maintained by the Third Party.

d) Equipment Purchase: Compatible equipment required for use with OutReach is the responsibility of the Third Party.

2. Compliance with Epic Terms and Conditions

a) Obligations: The Third Party will access and use the system strictly according to Epic's Terms and Conditions. Data Users must electronically accept these terms during their initial login to OutReach.

3. Epic-Provided Terms and Conditions

a) Usage Rules: Basic rules are provided by Epic that apply when using the Epic OutReach account. These include:

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a. Purpose of Use: Access to Epic OutReach is intended to facilitate care for shared patients, manage referral data, or further legitimate business interests with respect to data from an Epic customer's system.
b. Restrictions: Users are prohibited from using Epic OutReach to develop similar software to EpicCare Link. Additionally, account information must not be shared with individuals outside the organization.

Contract Amendment

Project Open Hand:
HIV/AIDS Food and Nutrition Services

BOS Budget & Finance Committee

Bill Blum, Director, HIV Health Services
Beth Neary, Assistant Director, HIV Health Services

September 3, 2025

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of Item

Project Open Hand - HIV/AIDS Food and Nutrition Services:

- **Contract Amendment Amount:** $1,727,928
  - **Not-to-Exceed Amount:** $20,582,272
- **Timeline:** April 1, 2017 – March 31, 2027
- **Contractor:** Project Open Hand
- **Project Summary:**
  - This is the fourth amendment to the agreement between DPH and Project Open Hand.
  - Project Open Hand provides food and nutrition services to low-income San Franciscans living with HIV/AIDS

Conclusion

Thank you!

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

Agreement between the City and County of San Francisco and

PROJECT OPEN HAND

This Agreement is made this **1ST** day of **April, 2017,** in the City and County of San Francisco, State of California, by and between **Project Open Hand, 730 Polk Street, San Francisco, CA 94109** ("Contractor") and City.

Recitals

WHEREAS, the **Department of Public Health** ("Department") wishes to **secure food and nutrition services to low-income HIV clients living in San Francisco**; and,

WHEREAS, a Request for Proposal ("RFP") was issued on **January 30, 2017,** and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

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

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

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

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

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

1.3 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means **Project Open Hand, 730 Polk Street, San Francisco, CA 94109.**

1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

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

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

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

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **April 1, 2017**; or (ii) the Effective Date and expire on **March 31, 2021**, unless earlier terminated as otherwise provided herein.

2.2 The City has **six (6)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

Article 3 Financial Matters

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

agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

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

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

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Six Million, Two Hundred Fifty-Eight Thousand, Six Hundred Ninety DOLLARS ($6,258,690)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until **Department of Public Health** approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

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

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City to Contractor at the address specified in Section 11.1, "Notices to the Parties," or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved. (LBE Payment and Utilization Tracking System)**

3.3.6 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through Paymode-X, the City's third party service that provides Automated Clearing House (ACH) payments. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 **Grant Funded Contracts.**

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

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

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

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends $500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: http://www.whitehouse.gov/omb/circulars/a133/a133.html.

If Contractor expends less than $500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service

components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

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

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

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

Article 4 Services and Resources

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

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

4.3 **Subcontracting.** Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the

work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void. City's execution of this Agreement constitutes its approval of the **subcontractors listed below**.

a. Grant Whitting

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

4.4.1 **Independent Contractor**. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 **Payment of Employment Taxes and Other Expenses**. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit

such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

4.5 **Assignment**. The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

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

Article 5 Insurance and Indemnity

5.1 **Insurance.**

5.1.1 **Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

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

(b) Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence and $2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

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

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

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

5.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

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

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

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

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

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

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

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

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

Article 6 Liability of the Parties

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

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

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

Article 7 Payment of Taxes

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

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

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

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

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

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

Article 8 Termination and Default

8.1 Termination for Convenience

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8.2 **Termination for Default; Remedies.**

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

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

3.5	Submitting False Claims.	10.4	Nondisclosure of Private, Proprietary or Confidential Information
4.5	Assignment	10.10	Alcohol and Drug-Free Workplace
Article 5	Insurance and Indemnity	10.13	Working with Minors
Article 7	Payment of Taxes	11.10	Compliance with Laws
10.4.3	Protected Health Information	Item 1 of Appendix D attached to this Agreement	

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this

Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

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

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

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

8.4 **Rights and Duties upon Termination or Expiration.**

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

3.3.2	Payment Limited to Satisfactory Services		9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance		9.2	Works for Hire
3.4	Audit and Inspection of Records		10.4	Nondisclosure of Private, Proprietary or Confidential Information
3.5	Submitting False Claims		11.6	Dispute Resolution Procedure
Article 5	Insurance and Indemnity		11.7	Agreement Made in California; Venue
6.1	Liability of City		11.8	Construction
6.3	Liability for Incidental and Consequential Damages		11.9	Entire Agreement
Article 7	Payment of Taxes		11.10	Compliance with Laws
8.1.6	Payment Obligation		11.11	Severability
10.4.3	Protected Health Information	Item 1 of Appendix D attached to this Agreement		

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

Article 9 Rights In Deliverables

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

9.2 **Works for Hire**. If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 **Laws Incorporated by Reference**. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at www.sfgov.org under "Government."

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

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

10.4 **Nondisclosure of Private, Proprietary or Confidential Information.**

10.4.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this

Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

10.4.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

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

10.5 **Nondiscrimination Requirements**

10.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section12B.2.

10.6 **Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 **Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

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

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

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

10.11 **Limitations on Contributions.** By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 **Reserved. (Slavery Era Disclosure)**

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

10.14 **Consideration of Criminal History in Hiring and Employment Decisions**

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

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

10.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least $250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

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

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

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

10.19 **Reserved. (Preservative Treated Wood Products)**

Article 11 General Provisions

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

To CITY:	Office of Contract Management and Compliance Department of Public Health		
	101 Grove Street, Room 402	FAX:	(415) 554-1100
	San Francisco, California 94102	e-mail:	Nora.macias@sfdph.org
And:	Bill Blum HIV HEALTH SERVICES 25 VAN NESS AVENUE, SUITE 500		
	SAN FRANCISCO, CA 94102	e-mail:	Bill.blum@sfdph.org
To CONTRACTOR:	PROJECT OPEN HAND 730 POLK STREET		
	SAN FRANCISCO, CA 94109	e-mail:	mryle@openhand.org

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

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

11.3 **Reserved. (Payment Card Industry ("PCI") Requirements)**

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

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

11.6 **Dispute Resolution Procedure.**

11.6.1 **Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.35, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

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

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

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

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

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

11.10 **Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

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

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

11.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, the RFP and Contractor's proposal dated **January 30, 2017.** The RFP and Contractor's proposal are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and Contractor's proposal.

11.14 **Order of Precedence**. Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between the City's terms and Contractor's printed terms attached, the City's terms shall take precedence, followed by the procurement issued by the department, Contractor's proposal, and Contractor's printed terms, respectively.

11.15 **Additional Terms.** Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

Article 12 MacBride And Signature

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

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

CITY

Recommended by:

Date: 4/7/17

Barbara A. Garcia, MPA
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: Kathleen Murphy Date 4/6/17
Deputy City Attorney

Approved:

Jaci Fong
Director of the Office of Contract Administration, and
Purchaser

CONTRACTOR

PROJECT OPEN HAND

Date: 4/5/17

Mark Ryle
Executive Director
730 Polk Street
San Francisco, CA 94109

City vendor number: **15021**

Appendices

A:	Scope of Services
B:	Calculation of Charges
C:	Reserved
D:	Additional Terms
E:	HIPAA Business Associate Agreement
F:	Invoice
G:	Dispute Resolution
H:	Grant Terms Reserved

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PURCHASING DEPARTMENT

Appendix A
Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Assurance:

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

1) Staff evaluations completed on an annual basis.

2) Personnel policies and procedures in place, reviewed and updated annually.

3) Board Review of Quality Assurance Plan.

P. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 HIV/AIDS Food and Nutrition Services

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

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

SUMMARY

Service Providers:	**Project Open Hand**					
Address:	730 Polk Street, San Francisco, CA 94109					
Total Contract:	**$5,588,116**					
Contact:	Mark Ryle, CEO, 415-447-2321, mryle@openhand.org					
Fund Source	SAM-State Office of AIDS / GTZ Gen Fund					
Program Name:	**HIV / AIDS Food and Nutrition Services**					
Appendix A-1 / B-1.1 Amount / Term	**$ 72,000**	04/01/17 – 09/29/17 (SAM - Sup)			Total UDC	**40**
Definitions of UOS	**Prepared Meals**	4,923	**Grocery Bags**	551	Total Meals	**5,474**
Appendix A-2 / B-2 Amount / Term	**$ 61,500**	04/01/17 - 06/30/17 (GTZ GF)			Total UDC	**30**
Definitions of UOS	**Prepared Meals**	4,205	**Grocery Bags**	471	Total Meals	**4,676**
Appendix A-1 / B-1 Amount / Term	**$ 1,278,279**	04/01/17 - 03/31/18 (SAM)			Total UDC	**800**
Definitions of UOS	**Prepared Meals**	85,822	**Grocery Bags**	9,607	Total Meals	**95,679**
	Nutritional Counseling	250			Total Hours	**250**
Appendix A-2 / B-2a Amount / Term	**$ 341,500**	07/01/17 - 06/30/18 (GTZ GF)			Total UDC	**120**
Definitions of UOS	**Prepared Meals**	23,350	**Grocery Bags**	2,614	Total Meals	**25,964**
Appendix A-1 / B-1a Amount / Term	**$ 1,278,279**	04/01/18 - 03/31/19 (SAM)			Total UDC	**800**
Definitions of UOS	**Prepared Meals**	83,285	**Grocery Bags**	9,323	Total Meals	**92,858**
	Nutritional Counseling	250			Total Hours	**250**
Appendix A-1 / B-1b Amount / Term	**$ 1,278,279**	04/01/19 - 03/31/20 (SAM)			Total UDC	**800**
Definitions of UOS	**Prepared Meals**	80,822	**Grocery Bags**	9,046	Total Meals	**90,118**
	Nutritional Counseling	250			Total Hours	**250**
Appendix A-1 / B-1c Amount / Term	**$ 1,278,279**	04/01/20 - 03/31/21 (SAM)			Total UDC	**800**
Definitions of UOS	**Prepared Meals**	80,017	**Grocery Bags**	8,955	Total Meals	**89,222**
	Nutritional Counseling	250			Total Hours	**250**
Target Population	SF residents disabled by HIV/AIDS, especially low income, uninsured, and underinsured.					
Description of Services	An "HIV/AIDS Meal" may be a prepared frozen meal or a grocery bag picked up from the POH grocery center; or bulk food items used to prepare the meal or bag. Nutritional Counseling is an Hour of staff time.					

1. **Program Name / Address** **Project Open Hand**
HIV/AIDS Food and Nutrition Services
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org
Contact Name / Phone: Mark Ryle, CEO, 415-447-2321, mryle@openhand.org

2. **Nature of Document** **Original**

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

4. **Target Population:**
The target population for this contract is low-income residents of San Francisco with symptomatic or disabling HIV disease whose eligibility is certified by their primary care physician. Project Open Hand serves residents of every neighborhood in San Francisco with the majority of our HIV infected clients living in the Tenderloin, South of Market and other low-income areas of the city.

POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low income status is defined as 400% of Federal Poverty Level as defined by the US Department of Health and Human Services

A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12 month intervals thereafter. Six month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES

5. **Modality(s)/Intervention(s):** *Units of Service (UOS) and Unduplicated Clients (UDC)*

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1.1 / 04/01/17 – 09/29/17	Food: Prepared Meal 40 clients x ~21 meals/month x 6 months	4,923	40
A-1 / B-1.1 / 04/01/17 – 09/29/17	Food: Grocery Bags 40 clients x ~2.3 grocery bags / mo. x 6 months	551	40
Total UOS and Total UDC		**5,474**	**40**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1: 04/01/17 – 03/31/18	Food: Prepared Meal 800 clients x ~9 meals / mo. x 12 months	85,822	800
A-1 / B-1: 04/01/17 – 03/31/18	Food: Groceries 800 clients x ~1 grocery bag / mo. x 12 months	9,607	800
A-1 / B-1: 04/01/17 – 03/31/18	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**95,679**	**800**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1a: 04/01/18 – 03/31/19	Food: Prepared Meal 800 clients x ~9 meals / mo. x 12 months	83,285	800
A-1 / B-1a: 04/01/18 – 03/31/19	Food: Groceries 800 clients x ~1 grocery bag / mo. x 12 months	9,323	800
A-1 / B-1a: 04/01/18 – 03/31/19	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**92,858**	**800**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1b: 04/01/19 – 03/31/20	Food: Prepared Meal 800 clients x ~8 meals/mo. x 12 months	80,822	800
A-1 / B-1b: 04/01/19 – 03/31/20	Food: Groceries 800 clients x ~1 grocery bag / mo. x 12 months	9,046	800
A-1 / B-1b: 04/01/19 – 03/31/20	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**90,118**	**800**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1c: 04/01/20 – 03/31/21	Food: Prepared Meal 800 clients x ~8 meals/mo. x 12 months	80,017	800
A-1 / B-1c: 04/01/20 – 03/31/21	Food: Groceries 800 clients x ~1 grocery bag / mo. x 12 months	8,955	800
A-1 / B-1c: 04/01/20 – 03/31/21	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**89,222**	**800**

6. Methodology:

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

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

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

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

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

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

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

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

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

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

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

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

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

Client satisfaction and feedback: Satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, our Grocery Center services, and POH's overall customer service. Ongoing feedback is gathered not only through surveys, but also on a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with our CEO, and quarterly town

hall meetings. We measure client satisfaction with food and services, client medication adherence, nutrition knowledge, medical engagement, resource access and mental health status. If not on the spot, within 24 hours we respond to client challenges and complaints directly and on the Feedback Board in our Grocery Center.

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

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

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

ARIES Database

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

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

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

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled "HHS Performance Objectives FY17-18."

8. Continuous Quality Improvement:

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

Food storage, preparation, and services are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the SFDPH. These include guidelines for proper temperature control, cleaning, sanitizing, food service worker hygiene, and safe worker habits. All staff are ServSafe certified and RDs are credentialed by the Commission on Dietetic Registration. POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. Procedures address:

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

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

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

9. Required Language:

A) Third Party Reimbursement:	See Target Population, Page 1
B) Enrollment Priority:	See Target Population, Page 1
C) Client Eligibility:	See Target Population, Page 1
D) Standards of Care:	See CQI, Page 7
E) ARIES:	See Aries Database, Page 6-7
F) Vigorous Pursuit:	N/A

1. PROGRAM NAME / ADDRESS: **Project Open Hand**
HIV / AIDS Food and Nutrition Services – Getting to Zero
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org

Contact Name / Phone: Mark Ryle, CEO, 415-447-2321, mryle@openhand.org

2. NATURE OF DOCUMENT: **Original**

3. GOAL STATEMENT:

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

1. Expand and ensure food access for underserved new clients based on poverty and food insecurity by distributing food at off-site locations in communities severely impacted by HIV.
2. Expand capacity to combat food insecurity beyond clients already served by POH.
3. Link, track, and follow up on client referrals from the newly funded GTZ Intensive Case Management Programs and the GTZ Employment Services Program.

4. TARGET POPULATION

This portion of the POH contract is targeted to HIV+ unengaged and/or under engaged residents most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement.

The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 400% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month interim eligibility confirmation may be obtained by client self-attestation, but must be documented in the client file or in ARIES

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

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

Goal # 2: Expand Capacity				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared	1,051	10
A-2 / B-2: 04/01/17 – 06/30/17	Grocery Bags	1 UOS = 1 grocery bag	118	10
Goal 2 Total UOS and Total UDC			**1,169**	**10**

Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared	1,766	10
A-2 / B-2: 04/01/17 – 06/30/17	Grocery Bags	1 UOS = 1 grocery bag	198	10
Goal 3 Total UOS and Total UDC			**1,964**	**10**
Total UOS and UDC (04/01/17 – 06/30/17)			**4,676**	**30**

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared	7,706	40
A-2 / B-2a: 07/01/17 – 06/30/18	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			**8,569**	**40**

Goal # 2: Expand Capacity				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared	5,838	30
A-2 / B-2a: 07/01/17 – 06/30/18	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			**6,491**	**30**

Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared	9,806	50
A-2 / B-2a: 07/01/17 – 06/30/18	Grocery Bags	1 UOS = 1 grocery bag	1,098	50
Goal 3 Total UOS and Total UDC			**10,904**	**50**
Total UOS and UDC (07/01/17 – 06/30/18)			**25,964**	**120**

6. METHODOLOGY

Goal # 1: Food Access for Underserved Clients

A. Outreach, Recruitment and Promotion

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

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

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

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

B. Admission, Enrollment and/or Intake Criteria

Newly referred clients meet with a POH caseworker to discuss POH services, the annual recertification process, specific dietary needs, symptom management, and to collect demographic information and confirm all documents are in place to trigger service.

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

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

C. Service Delivery Model

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

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

POH will introduce its existing service model to communities in addition to current services. Working with existing community based organizations, SF/Marin Food Bank pantries and through a mobile POH Meal-Mobile, POH will meet clients where they are already connecting to services or in their neighborhoods. The POH mobile delivery vehicle will provide clients with privacy for intake, a pantry to shop from, and a choice of frozen or hot meals.

This additional engagement structure will be required to address and mitigate stigma, transportation, access and housing stability in this un/under engaged population.

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

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

Prepared Meals

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

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

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

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

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

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

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)

7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

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

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

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

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

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

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

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

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

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

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

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

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

Goal # 2: Expand Capacity (to combat food insecurity beyond clients already served by POH)

A. Outreach, Recruitment and Promotion

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

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

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

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

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

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

C. Service Delivery Model

Prepared Meals

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

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

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

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

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

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

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

Grocery Center

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

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

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

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

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

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

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

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

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

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

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

Goal # 3: Link, Track and Follow up Client Referrals (fr GTZ Intensive Case Mngt Progs and Employment Svcs)

A. Outreach, Recruitment and Promotion

Wellness Manager and Caseworkers will accept referrals from GTZ Intensive Case Management programs.

B. Admission, Enrollment and/or Intake Criteria

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

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

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

C. Service Delivery Model

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6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

Grocery Center

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Volunteer Services

Volunteers contribute over 6,400 hours each year delivering meals on eight routes including both driving and walking delivery routes. Volunteers also staff the POH Tenderloin distribution site where clients who live nearby

may choose to pick up meals instead of waiting for delivery. Three daily volunteer shifts in the kitchen translate into 27,000 hours of volunteer time contributed annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria

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

E. Program Staff

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

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

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

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

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

7. OBJECTIVES AND MEASUREMENTS

1. By the end of the Fiscal Year, greater than 50% of clients will demonstrate an improvement in Food Security as measured by FS6 index - USDA 6 item Food Security Survey.

   POH will utilize the FS6 food security assessment at every 6-month renewal to determine impact.

2. By the end of the Fiscal Year, greater than 50% of clients will attest to increased medication adherence as reported through POH Client Survey.

   The Client Survey is a tool developed and delivered at least annually to our entire client base and is administered by POH staff in three languages.

3. By the end of the Fiscal Year, greater than 50% of clients will improve Activities of Daily Living / Quality of Life in at least two indicators as measured by the SAMS 2009 ADL Assessment.

   These measures will be included in our Client Survey and measured there.

4. By the end of the Fiscal Year, greater than 60% of clients will receive nutrition education related to their diagnosis.

5. By the end of the Fiscal Year, greater than 25% of clients will remain engaged in POH services for at least 6 months.
   POH will measure this using its internal database, identifying GTZ clients separately and querying database quarterly.

8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*.

POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. The Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of kitchen and food storage operations. The R.D. reviews nutrition goals periodically.

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

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

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

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

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

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

9. REQUIRED LANGUAGE

A) Third Party Reimbursement:	See Target Population, Page 1
B) Enrollment Priority:	See Target Population, Page 1
C) Client Eligibility:	See Target Population, Page 1
D) Standards of Care:	See CQI, Page 12
E) ARIES:	See Aries Database, Page 12-13
F) Vigorous Pursuit:	N/A

Appendix B

Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a, B-1b, B-1c	HIV/AIDS Food and Nutrition Services
Appendix B-2, B-2a	HIV/AIDS Food and Nutrition Services – Getting to Zero

B. Contractor understands that, of the maximum dollar obligation listed in Article 3.3.1 of this Agreement, **$670,574** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

	Term	Funding Source	Amount
Original Agreement	**04/01/17 – 03/31/18**	**SAM/State – RWPB**	**$1,278,279**
Original Agreement	**04/01/17 – 09/29/17**	**SAM/State – RWPB Supplemental**	**$72,000**
Original Agreement	**04/01/17 – 06/30/17**	**General Fund**	**$61,500**
Original Agreement	**07/01/17 – 06/30/18**	**General Fund**	**$341,500**
Original Agreement	**04/01/18 – 03/31/19**	**SAM/State – RWPB**	**$1,278,279**
Original Agreement	**04/01/19 – 03/31/20**	**SAM/State – RWPB**	**$1,278,279**
Original Agreement	**04/01/20 – 03/31/21**	**SAM/State – RWPB**	**$1,278,279**
		Contingency	**$670,574**
		(This equals the total NTE)Total	**$6,258,690**

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

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

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

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

CMS # 7868 — Appendix B, Page 3

DPH Section HIV Health Services — 04/01/17-03/31/21

Check one: [X] Original [ ] Contract Amendment [ ] Internal Contract Revision — FY 2016-21

Agency/Organization Name PROJECT OPEN HAND — Funding Notification #1 Date 03/09/17

Contractor Name PROJECT OPEN HAND

Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs	
Appendix Number	B-1.1	B-2	B-1	B-2a	B-1a	B-1b	B-1c	TOTALS
Appendix Term	4/01/17-9/29/17	4/01/17-6/30/17	4/01/17-3/31/18	7/01/17-6/30/18	4/01/18-3/31/19	4/01/19-3/31/20	4/01/20-3/31/21	
EXPENSES								
Salaries	$ 21,562	$ 45,505	$ 672,375	$ 164,475	$ 679,132	$ 685,234	$ 687,153	$ 2,955,436
Employee Benefits	$ 7,579	$ 15,995	$ 236,340	$ 57,813	$ 238,715	$ 240,860	$ 241,534	$ 1,038,836
Total Personnel	**$ 29,141**	**$ 61,500**	**$ 908,715**	**$ 222,288**	**$ 917,847**	**$ 926,094**	**$ 928,687**	**$ 3,994,272**
Operating Expense	$ 42,859	$ -	$ 369,564	$ 119,212	$ 360,432	$ 352,185	$ 349,592	$ 1,593,844
Subtotal Direct Costs	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 1,278,279**	**$ 1,278,279**	**$ 5,588,116**
Indirect Cost Amount	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Indirect Cost Rate (%)	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Total Expenses	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 1,278,279**	**$ 1,278,279**	**$ 5,588,116**
REVENUES & FUNDING SOURCES								
DPH Funding Sources								
SAM/State Office of AIDS CFDA #93.917			$ 1,278,279		$ 1,278,279	$ 1,278,279	$ 1,278,279	$ 5,113,116
GTZ - General Fund		$ 61,500		$ 341,500				$ 403,000
SAM/State Office of AIDS CFDA #93.917 RWPB supplemental/xo8	$ 72,000							$ 72,000
Total DPH Revenues	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 1,278,279**	**$ 1,278,279**	**$ 5,588,116**
Total (DPH/Non-DPH)	**$ 72,000**	**$ 61,500**	**$ 1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 1,278,279**	**$ 1,278,279**	**$ 5,588,116**
Payment Method	CR	CR	CR	CR	CR	CR	CR	

Prepared By VICTOR DE LA ROCHA Phone # 415.447.2456

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**HIV/AIDS Nutrition Counseling Hours**		
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
Caseworkers	2.00	71,552	80%	17,888	20%			89,440
Cooks	3.00	84,880	80%	21,220	20%			106,100
Delivery Driver	1.00	24,478	80%	6,119	20%			30,597
Dispatcher	0.66	19,802	80%	4,950	20%			24,752
Wellness Center Receptionist	0.80	22,191	80%	5,548	20%			27,739
Manager, Distribution	0.66	33,528	80%	8,382	20%			41,910
Manager, Grocery Services	0.65	27,040	80%	6,760	20%			33,800
Manager, Volunteer Services	0.65	28,600	80%	7,150	20%			35,750
Manager, Wellness Programs	0.65	31,200	80%	7,800	20%			39,000
Supervisor, Operations	0.65	30,046	80%	7,511	20%			37,557
Operations Coordinator	1.00	34,711	80%	8,678	20%			43,389
Outreach Coordinator	0.20	7,200	80%	1,800	20%			9,000
Porters	1.50	36,566	80%	9,142	20%			45,708
Director, Nutrition Services	0.10					7,904	100%	7,904
Registered Dietician	0.1477					9,216	100%	9,216
Volunteer Coordinators	1.30	45,427	80%	11,357	20%			56,784
VP, Programs	0.25	19,000	80%	4,750	20%			23,750
Communications Officer	0.10	4,640	80%	1,160	20%			5,800
Staff Accountant	0.08	3,343	80%	836	20%			4,179
Total FTE & Total Salaries	**15.3977**	**524,204**	**77.963%**	**131,051**	**19.491%**	**17,120**	**2.546%**	**672,375**
Fringe Benefits	35.15%	184,258	77.963%	46,064	19.491%	6,018	2.546%	236,340
Total Personnel Expenses		**708,462**	**77.963%**	**177,115**	**19.491%**	**23,138**	**2.546%**	**908,715**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**	**Contract Total**
Total Occupancy		31,114	80%	7,779	20%			38,893
Total Materials and Supplies		264,537	80%	66,134	20%			330,671
Total General Operating								-
Total Operating Expenses		**295,651**	**80%**	**73,913**	**20%**			**369,564**
Total Direct Expenses		1,004,113	78.552%	251,028	19.638%	23,138	1.810%	**1,278,279**
Indirect Expenses	0%		0%		0%		0%	-
TOTAL EXPENSES		**1,004,113**	**78.552%**	**251,028**	**19.638%**	**23,138**	**1.810%**	**1,278,279**
UOS per Service Mode		85,822		9,607		250		**95,679**
Cost / UOS by Service Mode		$11.70		$26.13		$92.55		**N/A**
UDC per Service Mode		800		800		175		**800**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: **Caseworkers**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	**Total**
$45,760.00	1.00	12	1.00	**$ 45,760**
Staff Position 2: **Caseworkers**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
$43,680.00	1.00	12	1.00	**$ 43,680**
Staff Position 4: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$41,891.20	1.00	12	1.00	**$ 41,891**
Staff Position 5: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$33,051.20	1.00	12	1.00	**$ 33,051**
Staff Position 6: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$31,158.40	1.00	12	1.00	**$ 31,158**
Staff Position 9: **Delivery Driver**				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.			
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.			
$30,596.80	1.00	12	1.00	**$ 30,597**
Staff Position 11: **Dispatcher**				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.			
Min Quals	3 yrs experience supervising staff and volunteers.			
$37,502.40	0.66	12	1.00	**$ 24,752**
Staff Position 12: **Wellness Center Receptionist**				
Brief Duties	Responsible for greeting clients,helping clients navigate services and recording client service data.			
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.			
$34,673.60	0.80	12	1.00	**$ 27,739**
Staff Position 13: **Manager, Distribution**				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.			
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.			
$63,500.06	0.66	12	1.00	**$ 41,910**

Staff Position 14: **Manager, Grocery Services**					
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$52,000.00	0.65	12	1.00	$	33,800
Staff Position 15: **Manager, Volunteer Services**					
Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$55,000.14	0.65	12	1.00	$	35,750
Staff Position 16: **Manager, Wellness Programs**					
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
$59,999.94	0.65	12	1.00	$	39,000
Staff Position 17: **Supervisor, Operations**					
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$57,780.06	0.65	12	1.00	$	37,557
Staff Position 18: **Operations Coordinator**					
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$43,388.80	1.00	12	1.00	$	43,389
Staff Position 20: **Outreach Coordinator**					
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
$45,000.00	0.20	12	1.00	$	9,000
Staff Position 21: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,596.80	1.00	12	1.00	$	30,597
Staff Position 22: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,222.40	0.50	12	1.00	$	15,111
Staff Position 23: **Director, Nutrition Services**					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$79,040.00	0.10	12	1.00	$	7,904
Staff Position 24: **Registered Dietician**					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	licensed Registered Dietitian with previous exp working with critically ill & HIV clients				
$62,400.00	0.1477	12	1.00	$	9,216

Staff Position 25: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling/supervising volunteers for kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	1.00	12	1.00	$	43,680
Staff Position 26: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling/supervising volunteers for kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	0.30	12	1.00	$	13,104
Staff Position 27: **VP, Programs**					
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
$95,000.00	0.25	12	1.00	$	23,750
Staff Position 28: **Communications Officer**					
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
$58,000.02	0.10	12	1.00	$	5,800
Staff Position 29: **Staff Accountant**					
Brief Duties	Responsible for payroll, accounts payable and receivable.				
Min Quals	Bachelors Degree. 5 years bookeeping experience.				
$52,232.00	0.08	12	1.00	$	4,179
Total FTE:	**15.3977**		**Total Salaries:**	**$**	**672,375**

1b) EMPLOYEE FRINGE BENEFITS:

Component		**Cost**
Social Security	$	51,436.69
Retirement	$	10,085.63
Medical	$	80,685.00
Dental	$	40,342.50
Disability Insurance	$	53,790.00
	Total Fringe Benefit:	**236,340**
	Fringe Benefit %:	**35.15%**

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**908,715**

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Telephone	program use : $3,104 per mo ÷ 109.64 total SF FTE =	~ $28.31 / mo / FTE x 15.40 FTE =	5,231
Internet	program use: $740 per mo ÷ 109.64 total SF FTE =	~ $6.75 mo / FTE x 15.40 FTE =	1,246
Gas/Electric	program use: $8,307 per mo ÷ 109.64 total SF FTE =	~ $75.77 / mo / FTE x 15.40 FTE =	14,001
Water	program use: $5,505 per mo ÷ 109.64 total SF FTE =	~ $50.21 / mo / FTE x 15.40 FTE =	9,278
Garbage Disposal	program use: $5,421 per mo ÷ 109.64 total SF FTE =	~ $49.44 mo / FTE x 15.40 FTE =	9,137
		Total Occupancy:	**38,893**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	direct cost of food/packaging per meal	~ $2.90 per meal x 85,822 UOS =	249,251
Food & Packaging Groceries	direct cost of food/packaging costs per grocery bag	~ $8.48 per bag x 9,607 UOS =	81,420
		Total Materials & Supplies:	**330,671**
		TOTAL OPERATING EXPENSES:	**369,564**

TOTAL DIRECT COSTS:	**1,278,279**

4) INDIRECT COSTS

TOTAL INDIRECT COSTS:	**-**
TOTAL EXPENSES:	**1,278,279**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**Contract Totals**
VP, Programs	0.10	3,800	80%	950	20%			4,750
Caseworkers	0.16	2,662	80%	666	20%			3,328
Delivery Drivers	0.1195	1,434	80%	358	20%			1,792
Cooks	0.15	2,032	80%	508	20%			2,540
Wellness Center Receptionist	0.10	1,387	80%	347	20%			1,734
Operations Coordinator	0.15	2,275	80%	569	20%			2,844
Porters	0.15	1,825	80%	456	20%			2,281
Volunteer Coordinators	0.1050	1,834	80%	459	20%			2,293
Total FTE & Total Salaries	**1.0345**	**17,250**	**80%**	**4,312**	**20%**			**21,562**
Fringe Benefits	35.15%	6,063	80%	1,516	20%			7,579
Total Personnel Expenses		**23,313**	**80%**	**5,828**	**20%**			**29,141**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**Contract Total**
Total Occupancy		-	0%	-				-
Total Materials and Supplies		29,191	80%	7,298	20%			36,489
Total General Operating								-
Total Staff Travel								-
Consultants/Subcontractor:		5,096	80%	1,274	20%			6,370
Other (specify):								-
Total Operating Expenses		**34,287**	**80%**	**8,572**	**20%**			**42,859**
Total Direct Expenses		57,600	80%	14,400	20%			72,000
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**57,600**	**80%**	**14,400**	**20%**			**72,000**
UOS per Service Mode		4,923		551				**5,474**
Cost / UOS by Service Mode		$11.70		$26.13				**N/A**
UDC per Service Mode		40		40				**40**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: **VP, Programs**					
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos		**Total**
$95,000.00	0.10	6	0.5	$	4,750

Staff Position 2: **Caseworkers**					
Brief Duties	Client engagement. Care navigation. Treatment team collaboration.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
$41,600.00	0.16	6	0.5	$	3,328

Staff Position 3: **Delivery Drivers**					
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$30,000.00	0.1195	6	0.5	$	1,792

Staff Position 4: **Cooks**					
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
$33,860.00	0.15	6	0.5	$	2,540

Staff Position 5: **Wellness Center Receptionist**					
Brief Duties	Responsible for greeting clients,helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically Ill.				
$34,673.60	0.10	6	0.5	$	1,734

Staff Position 6: **Operations Coordinator**					
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$37,918.00	0.15	6	0.5	$	2,844

Staff Position 7: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen .				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,409.00	0.15	6	0.5	$	2,281

Staff Position 8: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	0.1050	6	0.5	$	2,293
Total FTE:	**1.0345**		**Total Salaries:**	**$**	**21,562**

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	1,649.49
Retirement	$	323.43
Medical	$	2,587.44
Dental	$	1,293.72
Disability Insurance	$	1,724.96
	Total Fringe Benefit:	**7,579**
	Fringe Benefit %:	**35.15%**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**29,141**

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	direct cost of food/packaging per meal	~ $2.78 per meal X 4,923 UOS	13,717
Food & Packaging Groceries	direct cost of food/packaging costs per grocery bag	~ $8.86 per bag x 551 UOS	4,884
Bulk Food	Direct raw food costs in bulk: 4 purchases @	$4,472	17,888
		Total Materials & Supplies:	**36,489**

Consultant/Subcontractor	Service Description	Rate	Cost
Grant Whitting	Open Hand Database Administrator/ARIES liaison. ~7 hrs per wk x 26 weeks (04/01/17 to 09/30/17)	7hrs x 26 wks x $35/hour	6,370
		Total Consultants/Subcontractors:	**6,370**

TOTAL OPERATING EXPENSES:	**42,859**
TOTAL DIRECT COSTS:	**72,000**

4) INDIRECT COSTS

	Indirect Rate:	**0%**
	TOTAL INDIRECT COSTS:	**-**
	TOTAL EXPENSES:	**72,000**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**HIV/AIDS Nutrition Counseling Hours**		**Contract Totals**
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	
Caseworkers	2.00	72,600	80%	18,150	20%			90,750
Cooks	3.00	87,427	80%	21,857	20%			109,284
Delivery Driver	1.00	25,212	80%	6,303	20%			31,515
Dispatcher	0.66	19,802	80%	4,950	20%			24,752
Wellness Center Receptionist	0.80	22,857	80%	5,714	20%			28,571
Manager, Distribution	0.66	33,528	80%	8,382	20%			41,910
Manager, Grocery Services	0.65	27,040	80%	6,760	20%			33,800
Manager, Volunteer Services	0.65	28,600	80%	7,150	20%			35,750
Manager, Wellness Programs	0.65	31,200	80%	7,800	20%			39,000
Supervisor, Operations	0.65	30,046	80%	7,511	20%			37,557
Operations Coordinator	1.00	34,711	80%	8,678	20%			43,389
Outreach Coordinator	0.20	7,200	80%	1,800	20%			9,000
Porters	1.50	36,566	80%	9,142	20%			45,708
Director, Nutrition Services	0.10					8,141	100%	8,141
Registered Dietician	0.1477					9,492	100%	9,492
Volunteer Coordinators	1.30	45,427	80%	11,357	20%			56,784
VP, Programs	0.25	19,000	80%	4,750	20%			23,750
Communications Officer	0.10	4,640	80%	1,160	20%			5,800
Staff Accountant	0.08	3,343	80%	836	20%			4,179
Total FTE & Total Salaries	**15.3977**	**529,199**	**77.923%**	**132,300**	**19.481%**	**17,633**	**2.596%**	**679,132**
Fringe Benefits	35.15%	186,014	77.923%	46,503	19.481%	6,198	2.596%	238,715
Total Personnel Expenses		**715,213**	**77.923%**	**178,803**	**19.481%**	**23,831**	**2.596%**	**917,847**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**	**Contract Total**
Total Occupancy		31,114	80%	7,779	20%			38,893
Total Materials and Supplies		257,231	80%	64,308	20%			321,539
Total General Operating								
Total Operating Expenses		**288,346**	**80%**	**72,086**	**20%**	**-**	**0%**	**360,432**
Total Direct Expenses		1,003,558	78.509%	250,890	19.627%	23,831	2%	1,278,279
Indirect Expenses	0%		0%		0%		0%	-
TOTAL EXPENSES		**1,003,558**	**78.509%**	**250,890**	**19.627%**	**23,831**	**2%**	**1,278,279**
UOS per Service Mode		83,285		9,323		250		**92,858**
Cost / UOS by Service Mode		$12.05		$26.91		$95.32		**N/A**
UDC per Service Mode		800		800		175		**800**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: **Caseworkers**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
$45,760.00	1.00	12	1.00	$ 45,760
Staff Position 2: **Caseworkers**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
$44,990.40	1.00	12	1.00	$ 44,990
Staff Position 4: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$43,147.94	1.00	12	1.00	$ 43,148
Staff Position 5: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$34,042.74	1.00	12	1.00	$ 34,043
Staff Position 6: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$32,093.15	1.00	12	1.00	$ 32,093
Staff Position 9: **Delivery Driver**				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.			
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.			
$31,514.70	1.00	12	1.00	$ 31,515
Staff Position 11: **Dispatcher**				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.			
Min Quals	3 yrs experience supervising staff and volunteers.			
$37,502.40	0.66	12	1.00	$ 24,752
Staff Position 12: **Wellness Center Receptionist**				
Brief Duties	Responsible for greeting clients,helping clients navigate services and recording client service data.			
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.			
$35,713.81	0.80	12	1.00	$ 28,571
Staff Position 13: **Manager, Distribution**				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.			
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.			
$63,500.06	0.66	12	1.00	$ 41,910

Staff Position 14: **Manager, Grocery Services**					
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$52,000.00	0.65	12	1.00	$	33,800
Staff Position 15: **Manager, Volunteer Services**					
Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$55,000.14	0.65	12	1.00	$	35,750
Staff Position 16: **Manager, Wellness Programs**					
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
$59,999.94	0.65	12	1.00	$	39,000
Staff Position 17: **Supervisor, Operations**					
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$57,780.06	0.65	12	1.00	$	37,557
Staff Position 18: **Operations Coordinator**					
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$43,388.80	1.00	12	1.00	$	43,389
Staff Position 20: **Outreach Coordinator**					
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
$45,000.00	0.20	12	1.00	$	9,000
Staff Position 21: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,596.80	1.00	12	1.00	$	30,597
Staff Position 22: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,222.40	0.50	12	1.00	$	15,111
Staff Position 23: **Director, Nutrition Services**					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$81,411.20	0.10	12	1.00	$	8,141
Staff Position 24: **Registered Dietician**					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$64,272.00	0.1477	12	1.00	$	9,492

Staff Position 25: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	1.00	12	1.00	$	43,680
Staff Position 26: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	0.30	12	1.00	$	13,104
Staff Position 27: **VP, Programs**					
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
$95,000.00	0.25	12	1.00	$	23,750
Staff Position 28: **Communications Officer**					
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
$58,000.02	0.10	12	1.00	$	5,800
Staff Position 29: **Staff Accountant**					
Brief Duties	Responsible for payroll, accounts payable and receivable.				
Min Quals	Bachelors Degree. 5 years bookeeping experience.				
$52,232.00	0.08	12	1.00	$	4,179
Total FTE:	**15.3977**		**Total Salaries:**	$	679,132

1b) EMPLOYEE FRINGE BENEFITS:

Component	**Cost**	
Social Security	$	51,953.60
Retirement	$	10,186.98
Medical	$	81,495.84
Dental	$	40,747.92
Disability Insurance	$	54,330.56
Total Fringe Benefit:		**238,715**
Fringe Benefit %:		**35.15%**

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**917,847**

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Telephone	program use : $3,104 per mo ÷ 109.64 total SF FTE =	~ $28.31 / mo / FTE x 15.40 FTE =	5,231
Internet	program use: $740 per mo ÷ 109.64 total SF FTE =	~ $6.75 mo / FTE x 15.40 FTE =	1,246
Gas/Electric	program use: $8,307 per mo ÷ 109.64 total SF FTE =	~ $75.77 / mo / FTE x 15.40 FTE =	14,001
Water	program use: $5,505 per mo ÷ 109.64 total SF FTE =	~ $50.21 / mo / FTE x 15.40 FTE =	9,278
Garbage Disposal	program use: $5,421 per mo ÷ 109.64 total SF FTE =	~ $49.44 mo / FTE x 15.40 FTE =	9,137
		Total Occupancy:	**38,893**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	direct cost of food/packaging per meal	~ $2.91 per meal x 83,285 UOS =	242,287
Food & Packaging Groceries	direct cost of food/packaging costs per grocery bag	~ $8.50 per bag x 9,323 UOS =	79,251
		Total Materials & Supplies:	**321,539**
		TOTAL OPERATING EXPENSES:	**360,432**
		TOTAL DIRECT COSTS:	**1,278,279**

4) INDIRECT COSTS

	TOTAL INDIRECT COSTS:	-
	TOTAL EXPENSES:	**1,278,279**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**HIV/AIDS Nutrition Counseling Hours**		
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Contract Totals**
Caseworkers	2.00	73,680	80%	18,420	20%			92,100
Cooks	3.00	90,050	80%	22,512	20%			112,562
Delivery Driver	1.00	25,968	80%	6,492	20%			32,460
Dispatcher	0.66	19,802	80%	4,950	20%			24,752
Wellness Center Receptionist	0.80	22,857	80%	5,714	20%			28,571
Manager, Distribution	0.66	33,528	80%	8,382	20%			41,910
Manager, Grocery Services	0.65	27,040	80%	6,760	20%			33,800
Manager, Volunteer Services	0.65	28,600	80%	7,150	20%			35,750
Manager, Wellness Programs	0.65	31,200	80%	7,800	20%			39,000
Supervisor, Operations	0.65	30,046	80%	7,511	20%			37,557
Operations Coordinator	1.00	34,711	80%	8,678	20%			43,389
Outreach Coordinator	0.20	7,200	80%	1,800	20%			9,000
Porters	1.50	36,566	80%	9,142	20%			45,708
Director, Nutrition Services	0.10	-	0%	-	0%	8,385	100%	8,385
Registered Dietician	0.1477	-	0%	-	0%	9,777	100%	9,777
Volunteer Coordinators	1.30	45,427	80%	11,357	20%			56,784
VP, Programs	0.25	19,000	80%	4,750	20%			23,750
Communications Officer	0.10	4,640	80%	1,160	20%			5,800
Staff Accountant	0.08	3,343	80%	836	20%			4,179
Total FTE & Total Salaries	**15.3977**	**533,658**	**77.88%**	**133,414**	**19.47%**	**18,162**	**2.65%**	**685,234**
Fringe Benefits	35.15%	187,581	77.88%	46,895	19.47%	6,384	2.65%	240,860
Total Personnel Expenses		**721,238**	**77.88%**	**180,310**	**19.47%**	**24,546**	**2.65%**	**926,094**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**	**Contract Total**
Total Occupancy		31,114	80%	7,779	20%			38,893
Total Materials and Supplies		250,634	80%	62,658	20%			313,292
Total Operating Expenses		**281,748**	**80%**	**70,437**	**20%**	**-**	**0%**	**352,185**
Total Direct Expenses		1,002,986	78.464%	250,747	19.616%	24,546	1.920%	1,278,279
Indirect Expenses	0%		0%		0%		0%	-
TOTAL EXPENSES		**1,002,986**	**78.464%**	**250,747**	**19.616%**	**24,546**	**1.920%**	**1,278,279**
UOS per Service Mode		80,822		9,046		250		**90,118**
Cost / UOS by Service Mode		$12.41		$27.72		$98.18		**N/A**
UDC per Service Mode		800		800		175		**800**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: **Caseworkers**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
$45,760.00	1.00	12	1.00	$ 45,760

Staff Position 2: **Caseworkers**				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
$46,340.11	1.00	12	1.00	$ 46,340

Staff Position 4: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$44,442.37	1.00	12	1.00	$ 44,442

Staff Position 5: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$35,064.02	1.00	12	1.00	$ 35,064

Staff Position 6: **Cooks**				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$33,055.95	1.00	12	1.00	$ 33,056

Staff Position 9: **Delivery Driver**				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.			
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.			
$32,460.15	1.00	12	1.00	$ 32,460

Staff Position 11: **Dispatcher**				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.			
Min Quals	3 yrs experience supervising staff and volunteers.			
$37,502.40	0.66	12	1.00	$ 24,752

Staff Position 12: **Wellness Center Receptionist**				
Brief Duties	Responsible for greeting clients,helping clients navigate services and recording client service data.			
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.			
$35,713.81	0.80	12	1.00	$ 28,571

Staff Position 13: **Manager, Distribution**				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.			
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.			
$63,500.06	0.66	12	1.00	$ 41,910

Staff Position 14: **Manager, Grocery Services**					
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$52,000.00	0.65	12	1.00	$	33,800
Staff Position 15: **Manager, Volunteer Services**					
description of job duties:	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Minimum qualifications:	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$55,000.14	0.65	12	1.00	$	35,750
Staff Position 16: **Manager, Wellness Programs**					
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
$59,999.94	0.65	12	1.00	$	39,000
Staff Position 17: **Supervisor, Operations**					
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$57,780.06	0.65	12	1.00	$	37,557
Staff Position 18: **Operations Coordinator**					
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$43,388.80	1.00	12	1.00	$	43,389
Staff Position 20: **Outreach Coordinator**					
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
$45,000.00	0.20	12	1.00	$	9,000
Staff Position 21: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,596.80	1.00	12	1.00	$	30,597
Staff Position 22: **Porters**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,222.40	0.50	12	1.00	$	15,111
Staff Position 23: **Director, Nutrition Services**					
description of job duties:	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Minimum qualifications:	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$83,853.54	0.10	12	1.00	$	8,385
Staff Position 24: **Registered Dietician**					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$66,200.16	0.1477	12	1.00	$	9,777

Staff Position 25: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	1.00	12	1.00	$	43,680
Staff Position 26: **Volunteer Coordinators**					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	0.30	12	1.00	$	13,104
Staff Position 27: **VP, Programs**					
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
$95,000.00	0.25	12	1.00	$	23,750
Staff Position 28: **Communications Officer**					
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
$58,000.02	0.10	12	1.00	$	5,800
Staff Position 29: **Staff Accountant**					
Brief Duties	Responsible for payroll, accounts payable and receivable.				
Min Quals	Bachelors Degree. 5 years bookeeping experience.				
$52,232.00	0.08	12	1.00	$	4,179
Total FTE:	**15.3977**		**Total Salaries:**	$	685,234

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	52,420.40
Retirement	$	10,278.51
Medical	$	82,228.08
Dental	$	41,114.04
Disability Insurance	$	54,818.72
	Total Fringe Benefit:	**240,860**
	Fringe Benefit %:	**35.15%**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**926,094**

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Telephone	program use : $3,104 per mo ÷ 109.64 total SF FTE =	~ $28.31 / mo / FTE x 15.40 FTE =	5,231
Internet	program use: $740 per mo ÷ 109.64 total SF FTE =	~ $6.75 mo / FTE x 15.40 FTE =	1,246
Gas/Electric	program use: $8,307 per mo ÷ 109.64 total SF FTE =	~ $75.77 / mo / FTE x 15.40 FTE =	14,001
Water	program use: $5,505 per mo ÷ 109.64 total SF FTE =	~ $50.21 / mo / FTE x 15.40 FTE =	9,278
Garbage Disposal	program use: $5,421 per mo ÷ 109.64 total SF FTE =	~ $49.44 mo / FTE x 15.40 FTE =	9,137
		Total Occupancy:	**38,893**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	direct cost of food/packaging per meal	~ $2.92 per meal x 80,822 UOS =	236,194
Food & Packaging Groceries	direct cost of food/packaging costs per grocery bag	$8.52 per bag x 9,046 UOS =	77,098
		Total Materials & Supplies:	**313,292**

	TOTAL OPERATING EXPENSES:	**352,185**
	TOTAL DIRECT COSTS:	**1,278,279**
	TOTAL INDIRECT COSTS:	**-**
	TOTAL EXPENSES:	**1,278,279**

4) INDIRECT COSTS

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**HIV/AIDS Nutrition Counseling Hours**		**Contract Totals**
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**	
Caseworkers	2.00	74,778	80%	18,695	20%			93,473
Cooks	3.00	90,050	80%	22,512	20%			112,562
Delivery Driver	1.00	25,968	80%	6,492	20%			32,460
Dispatcher	0.66	19,802	80%	4,950	20%			24,752
Wellness Center Receptionist	0.80	22,857	80%	5,714	20%			28,571
Manager, Distribution	0.66	33,528	80%	8,382	20%			41,910
Manager, Grocery Services	0.65	27,040	80%	6,760	20%			33,800
Manager, Volunteer Services	0.65	28,600	80%	7,150	20%			35,750
Manager, Wellness Programs	0.65	31,200	80%	7,800	20%			39,000
Supervisor, Operations	0.65	30,046	80%	7,511	20%			37,557
Operations Coordinator	1.00	34,711	80%	8,678	20%			43,389
Outreach Coordinator	0.20	7,200	80%	1,800	20%			9,000
Porters	1.50	36,566	80%	9,142	20%			45,708
Director, Nutrition Services	0.10					8,637	100%	8,637
Registered Dietician	0.1477					10,071	100%	10,071
Volunteer Coordinators	1.30	45,427	80%	11,357	20%			56,784
VP, Programs	0.25	19,000	80%	4,750	20%			23,750
Communications Officer	0.10	4,640	80%	1,160	20%			5,800
Staff Accountant	0.08	3,343	80%	836	20%			4,179
Total FTE & Total Salaries	**15.3977**	**534,756**	**77.822%**	**133,689**	**19.455%**	**18,708**	**2.723%**	**687,153**
Fringe Benefits	35.15%	187,967	77.822%	46,992	19.455%	6,576	2.723%	241,534
Total Personnel Expenses		**722,723**	**77.822%**	**180,681**	**19.455%**	**25,284**	**2.723%**	**928,687**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**Expense**	**%**	**Contract Total**
Total Occupancy		31,114	80%	7,779	20%			38,893
Total Materials and Supplies		248,559	80%	62,140	20%			310,699
Total Operating Expenses		**279,674**	**80%**	**69,918**	**20%**	**-**	**0%**	**349,592**
Total Direct Expenses		1,002,396	78.418%	250,599	19.604%	25,284	1.978%	1,278,279
Indirect Expenses	0%		0%		0%		0%	-
TOTAL EXPENSES		**1,002,396**	**78.418%**	**250,599**	**19.604%**	**25,284**	**1.978%**	**1,278,279**
UOS per Service Mode		80,017		8,955		250		**89,222**
Cost / UOS by Service Mode		$12.53		$27.99		$101.14		**N/A**
UDC per Service Mode		800		800		175		**800**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: Caseworkers				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
$47,132.80	1.00	12	1.00	$ 47,133

Staff Position 2: Caseworkers				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
$46,340.11	1.00	12	1.00	$ 46,340

Staff Position 4: Cooks				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$44,442.37	1.00	12	1.00	$ 44,442

Staff Position 5: Cooks				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$35,064.02	1.00	12	1.00	$ 35,064

Staff Position 6: Cooks				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.			
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.			
$33,055.95	1.00	12	1.00	$ 33,056

Staff Position 9: Delivery Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.			
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.			
$32,460.15	1.00	12	1.00	$ 32,460

Staff Position 11: Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.			
Min Quals	3 yrs experience supervising staff and volunteers.			
$37,502.40	0.66	12	1.00	$ 24,752

Staff Position 12: Wellness Center Receptionist				
Brief Duties	Responsible for greeting clients,helping clients navigate services and recording client service data.			
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.			
$35,713.81	0.80	12	1.00	$ 28,571

Staff Position 13: Manager, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.			
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.			
$63,500.06	0.66	12	1.00	$ 41,910

Staff Position 14: Manager, Grocery Services					
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$52,000.00	0.65	12	1.00	$	33,800
Staff Position 15: Manager, Volunteer Services					
Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$55,000.14	0.65	12	1.00	$	35,750
Staff Position 16: Manager, Wellness Programs					
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
$59,999.94	0.65	12	1.00	$	39,000
Staff Position 17: Supervisor, Operations					
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$57,780.06	0.65	12	1.00	$	37,557
Staff Position 18: Operations Coordinator					
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$43,388.80	1.00	12	1.00	$	43,389
Staff Position 20: Outreach Coordinator					
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
$45,000.00	0.20	12	1.00	$	9,000
Staff Position 21: Porters					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,596.80	1.00	12	1.00	$	30,597
Staff Position 22: Porters					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$30,222.40	0.50	12	1.00	$	15,111
Staff Position 23: Director, Nutrition Services					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$86,369.14	0.10	12	1.00	$	8,637
Staff Position 24: Registered Dietician					
Brief Duties	Responsible for direct client engagement and assessement and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$68,186.16	0.1477	12	1.00	$	10,071

Staff Position 25: Volunteer Coordinators					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	1.00	12	1.00	$	43,680

Staff Position 26: Volunteer Coordinators					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$43,680.00	0.30	12	1.00	$	13,104

Staff Position 27: VP, Programs					
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
$95,000.00	0.25	12	1.00	$	23,750

Staff Position 28: Communications Officer					
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
$58,000.02	0.10	12	1.00	$	5,800

Staff Position 29: Staff Accountant					
Brief Duties	Responsible for payroll, accounts payable and receivable.				
Min Quals	Bachelors Degree. 5 years bookeeping experience.				
$52,232.00	0.08	12	1.00	$	4,179
Total FTE:	**15.3977**		**Total Salaries:**	**$**	**687,153**

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	52,567.20
Retirement	$	10,307.30
Medical	$	82,458.36
Dental	$	41,229.18
Disability Insurance	$	54,972.24
	Total Fringe Benefit:	**241,534**
	Fringe Benefit %:	**35.15%**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**928,687**

2) OPERATING EXPENSES:

Occupancy:

Expense Item	Brief Description	Rate	Cost
Telephone	program use : $3,104 per mo ÷ 109.64 total SF FTE =	~ $28.31 / mo / FTE x 15.40 FTE =	5,231
Internet	program use: $740 per mo ÷ 109.64 total SF FTE =	~ $6.75 mo / FTE x 15.40 FTE =	1,246
Gas/Electric	program use: $8,307 per mo ÷ 109.64 total SF FTE =	~ $75.77 / mo / FTE x 15.40 FTE =	14,001
Water	program use: $5,505 per mo ÷ 109.64 total SF FTE =	~ $50.21 / mo / FTE x 15.40 FTE =	9,278
Garbage Disposal	program use: $5,421 per mo ÷ 109.64 total SF FTE =	~ $49.44 mo / FTE x 15.40 FTE =	9,137
		Total Occupancy:	**38,893**

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	direct cost of food/packaging per meal	~ $2.93 per meal X 80,017 UOS =	234,252
Food & Packaging Groceries	direct cost of food/packaging costs per grocery bag	~ $8.54 per bag X 8, 955 UOS =	76,447
		Total Materials & Supplies:	**310,699**

	TOTAL OPERATING EXPENSES:	**349,592**
	TOTAL DIRECT COSTS:	**1,278,279**

4) INDIRECT COSTS

	TOTAL INDIRECT COSTS:	-
	TOTAL EXPENSES:	**1,278,279**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2 Pg 1 Totals**
Outreach Coordinator	0.264	3,168	80%	792	20%			3,960
Communications Officer	0.033	792	80%	198	20%			990
Mngr, Wellness Programs	0.033	528	80%	132	20%			660
Caseworkers	0.068	750	80%	188	20%			938
Delivery Driver	0.264	2,929	80%	732	20%			3,661
Cooks	0.102	808	80%	202	20%			1,010
Porters	0.081	596	80%	149	20%			745
Volunteer Coordinator	0.081	945	80%	236	20%			1,181
Manager, Grocery Services	0.081	878	80%	219	20%			1,097
Operations Coordinator	0.081	619	80%	155	20%			774
Total FTE & Total Salaries	**1.089**	**12,013**	**80%**	**3,003**	**20%**			**15,017**
Fringe Benefits	35.15%	4,223	80%	1,056	20%			5,278
Total Personnel Expenses		**16,236**	**80%**	**4,059**	**20%**			**20,295**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2 Pg 1 Totals**
Total Occupancy								-
Total Materials and Supplies								-
Total General Operating								-
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
Total Operating Expenses								-
Total Direct Expenses		16,236	80%	4,059	20%			20,295
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**16,236**	**80%**	**4,059**	**20%**			**20,295**
UOS per Service Mode		1,388		155				**1,543**
Cost / UOS by Service Mode		$11.70		$26.13				**N/A**
UDC per Service Mode		10		10				**10**

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 2: Expand Capacity						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2 Pg 2 Totals**
Outreach Coordinator	0.200	2,400	80%	600	20%			3,000
Communications Officer	0.025	600	80%	150	20%			750
Mngr, Wellness Programs	0.025	400	80%	100	20%			500
Caseworkers	0.051	568	80%	142	20%			711
Delivery Driver	0.200	2,219	80%	555	20%			2,773
Cooks	0.078	612	80%	153	20%			766
Porters	0.061	452	80%	113	20%			565
Volunteer Coordinator	0.061	716	80%	179	20%			895
Manager, Grocery Services	0.061	665	80%	166	20%			831
Operations Coordinator	0.061	469	80%	117	20%			586
Total FTE & Total Salaries	**0.825**	**9,101**	**80%**	**2,275**	**20%**			**11,376**
Fringe Benefits	35.15%	3,199	80%	800	20%			3,999
Total Personnel Expenses		**12,300**	**80%**	**3,075**	**20%**			**15,375**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2 Pg 2 Totals**
Total Occupancy								-
Total Materials and Supplies								-
Total General Operating								-
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
Total Operating Expenses								-
Total Direct Expenses		12,300	80%	3,075	20%			15,375
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**12,300**	**80%**	**3,075**	**20%**			**15,375**
UOS per Service Mode		1,051		118				1,169
Cost / UOS by Service Mode		$11.70		$26.13				N/A
UDC per Service Mode		10		10				10

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UOS COST ALLOCATION BY SERVICE MODE

	SERVICE MODES - Goal # 3: Link, Track, and Follow up Client Referrals						Grand Total	
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**B-2 pg 3 Totals**	**Total FTE**	**B-2 Contract Totals**
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			
Outreach Coordinator	0.336	4,032	80%	1,008	20%	5,040	0.800	12,000
Communications Officer	0.042	1,008	80%	252	20%	1,260	0.100	3,000
Mngr, Wellness Programs	0.042	672	80%	168	20%	840	0.100	2,000
Caseworkers	0.086	955	80%	239	20%	1,194	0.205	2,842
Delivery Driver	0.336	3,727	80%	932	20%	4,659	0.800	11,093
Cooks	0.130	1,029	80%	257	20%	1,286	0.310	3,062
Porters	0.103	759	80%	190	20%	949	0.246	2,259
Volunteer Coordinator	0.103	1,203	80%	301	20%	1,504	0.246	3,580
Manager, Grocery Services	0.103	1,117	80%	279	20%	1,397	0.246	3,325
Operations Coordinator	0.103	788	80%	197	20%	984	0.246	2,344
Total FTE & Total Salaries	**1.385**	**15,290**	**80%**	**3,822**	**20%**	**19,112**	**3.299**	**45,505**
Fringe Benefits	35.15%	5,374	80%	1,344	20%	6,718		15,995
Total Personnel Expenses		**20,664**	**80%**	**5,166**	**20%**	**25,830**		**61,500**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**B-2 Pg 3 Totals**		**B-2 Contract Totals**
Total Occupancy						-		-
Total Materials and Supplies						-		-
Total General Operating						-		-
Total Staff Travel						-		-
Consultants/Subcontractor:						-		-
Other (specify):						-		-
Total Operating Expenses						-		-
Total Direct Expenses		20,664	80%	5,166	20%	25,830		61,500
Indirect Expenses	0%		0%		0%	-		-
TOTAL EXPENSES		**20,664**	**80%**	**5,166**	**20%**	25,830		**61,500**
UOS per Service Mode		1,766		198		**1,964**		**4,676**
Cost / UOS by Service Mode		$11.70		$26.13		**N/A**		**N/A**
UDC per Service Mode		10		10		**10**		**30**

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BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: **Outreach Coordinator**				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.			
Min Quals	B.A., case management experience. Bil-lingual spanish.			
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
$45,000.00	0.80	4	0.3333	$ 12,000

Staff Position 2: **Communications Officer**				
Brief Duties	Development and production of Communication materials.			
Min Quals	B.A., Communication, Bil-lingual spanish.			
$90,000.00	0.10	4	0.3333	$ 3,000

Staff Position 3: **Mngr, Wellness Programs**				
Brief Duties	Manage wellness programs to mitigate barriers to access and alternative distribution models.			
Min Quals	B.A. 5+ yrs leadership experience. MSW preferred.			
$60,000.00	0.10	4	0.3333	$ 2,000

Staff Position 4: **Caseworkers**				
Brief Duties	Client engagement. Care navigation. Treatment team collaboration.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
$41,600.00	0.205	4	0.3333	$ 2,842

Staff Position 5: **Delivery Driver**				
Brief Duties	Client engagement, wellness checks, service delivery. Care navigation. Treatment team collaboration.			
Min Quals	3+ years in social service or public service.			
$41,600.00	0.80	4	0.3333	$ 11,093

Staff Position 6: **Cooks**				
Brief Duties	Meal design and preparation.			
Min Quals	3+ years experience in food preparation.			
$29,640.00	0.31	4	0.3333	$ 3,062

Staff Position 7: **Porters**				
Brief Duties	Kitchen preparation and maintenance.			
Min Quals	2+ years experience in similar roles.			
$27,560.00	0.246	4	0.3333	$ 2,259

Staff Position 8: **Volunteer Coordinator**				
Brief Duties	Kitchen preparation and maintenance.			
Min Quals	2+ years experience in similar roles.			
$43,680.00	0.246	4	0.3333	$ 3,580

Staff Position 9: **Manager, Grocery Services**					
Brief Duties Kitchen preparation and maintenance.					
Min Quals 2+ years experience in similar roles.					
$40,560.00	0.246	4	0.3333	$	3,325

Staff Position 10: Operations Coordinator					
Brief Duties Kitchen preparation and maintenance.					
Min Quals 2+ years experience in similar roles.					
$28,600.00	0.246	4	0.3333	$	2,344
Total FTE:	**3.299**		**Total Salaries:**	**$**	**45,505**

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	3,481.13
Retirement	$	682.58
Medical	$	5,460.60
Dental	$	2,730.30
Disability Insurance	$	3,640.40
	Total Fringe Benefit:	**15,995**
	Fringe Benefit %:	**35.15%**

TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**61,500**

TOTAL DIRECT COSTS:	**61,500**

4) INDIRECT COSTS

	Indirect Rate:	**0%**
	TOTAL INDIRECT COSTS:	**-**
	TOTAL EXPENSES:	**61,500**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2a Pg 1 Totals
Outreach Coordinator	0.264	9,504	80%	2,376	20%			11,880
Communications Officer	0.050	3,564	80%	891	20%			4,455
Manager, Wellness Programs	0.050	2,376	80%	594	20%			2,970
Caseworkers	0.083	2,746	80%	686	20%			3,432
Delivery Driver	0.330	10,982	80%	2,746	20%			13,728
Cooks	0.132	3,130	80%	782	20%			3,912
Porters	0.099	2,183	80%	546	20%			2,728
Volunteer Coordinator	0.099	3,459	80%	865	20%			4,324
Manager, Grocery Services	0.099	3,212	80%	803	20%			4,015
Operations Coordinator	0.099	2,265	80%	566	20%			2,831
Total FTE & Total Salaries	**1.304**	**43,421**	**80%**	**10,855**	**20%**			**54,277**
Fringe Benefits	35.15%	15,263	80%	3,816	20%			19,078
Total Personnel Expenses		**58,684**	**80%**	**14,671**	**20%**			**73,355**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2a Pg 1 Totals**
Total Occupancy								-
Total Materials and Supplies		23,729	80%	5,932	20%			29,661
Total General Operating		7,743	80%	1,936	20%			9,679
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**31,472**	**80%**	**7,868**	**20%**			**39,340**
Total Direct Expenses		90,156	80%	22,539	20%			112,695
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**90,156**	**80%**	**22,539**	**20%**			**112,695**
UOS per Service Mode		7,706		863				**8,569**
Cost / UOS by Service Mode		$11.70		$26.12				**N/A**
UDC per Service Mode		40		40				**40**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 2: Expand Capacity						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2a Pg 2 Totals**
Outreach Coordinator	0.200	7,200	80%	1,800	20%			9,000
Communications Officer	0.038	2,700	80%	675	20%			3,375
Manager, Wellness Programs	0.038	1,800	80%	450	20%			2,250
Caseworkers	0.063	2,080	80%	520	20%			2,600
Delivery Driver	0.250	8,320	80%	2,080	20%			10,400
Cooks	0.100	2,371	80%	593	20%			2,964
Porters	0.075	1,654	80%	413	20%			2,067
Volunteer Coordinator	0.075	2,621	80%	655	20%			3,276
Manager, Grocery Services	0.075	2,434	80%	608	20%			3,042
Operations Coordinator	0.075	1,716	80%	429	20%			2,145
Total FTE & Total Salaries	**0.988**	**32,895**	**80%**	**8,224**	**20%**			**41,119**
Fringe Benefits	35.15%	11,563	80%	2,891	20%			14,453
Total Personnel Expenses		**44,458**	**80%**	**11,114**	**20%**			**55,572**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2a Pg 2 Totals**
Total Occupancy								-
Total Materials and Supplies		17,976	80%	4,494	20%			22,470
Total General Operating		5,866	80%	1,467	20%			7,333
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**23,842**	**80%**	**5,961**	**20%**			**29,803**
Total Direct Expenses		68,300	80%	17,075	20%			85,375
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**68,300**	**80%**	**17,075**	**20%**			**85,375**
UOS per Service Mode		5,838		653				**6,491**
Cost / UOS by Service Mode		$11.70		$26.13				**N/A**
UDC per Service Mode		30		30				**30**
								Rev. 07/15

UOS COST ALLOCATION BY SERVICE MODE

SERVICE MODES - Goal # 3: Link, Track, and Follow up Client Referrals							Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2a pg 3 Totals	Total FTE	B-2a Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			
Outreach Coordinator	0.336	12,096	80%	3,024	20%	15,120	0.80	36,000
Communications Officer	0.063	4,536	80%	1,134	20%	5,670	0.15	13,500
Manager, Wellness Programs	0.063	3,024	80%	756	20%	3,780	0.15	9,000
Caseworkers	0.105	3,494	80%	874	20%	4,368	0.25	10,400
Delivery Driver	0.420	13,978	80%	3,494	20%	17,472	1.00	41,600
Cooks	0.168	3,983	80%	996	20%	4,979	0.40	11,855
Porters	0.126	2,778	80%	695	20%	3,473	0.30	8,268
Volunteer Coordinator	0.126	4,403	80%	1,101	20%	5,504	0.30	13,104
Manager, Grocery Services	0.126	4,088	80%	1,022	20%	5,111	0.30	12,168
Operations Coordinator	0.126	2,883	80%	721	20%	3,604	0.30	8,580
Total FTE & Total Salaries	**1.659**	**55,264**	**80%**	**13,816**	**20%**	**69,080**	**3.95**	**164,475**
Fringe Benefits	35.15%	19,425	80%	4,856	20%	24,281		57,813
Total Personnel Expenses		**74,689**	**80%**	**18,672**	**20%**	93,361		**222,288**
Operating Expenses		Expense	%	Expense	%	B-2a Pg 3 Totals		B-2a Contract Totals
Total Occupancy						-		-
Total Materials and Supplies		30,200	80%	7,550	20%	37,750		89,882
Total General Operating		9,855	80%	2,464	20%	12,319		29,330
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
Total Operating Expenses		**40,055**	**80%**	**10,014**	**20%**	**50,069**		**119,212**
Total Direct Expenses		114,744	80%	28,686	20%	143,430		341,500
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**114,744**	**80%**	**28,686**	**20%**	143,430		**341,500**
UOS per Service Mode		9,806		1,098		**10,904**		**25,964**
Cost / UOS by Service Mode		$11.70		$26.13		**N/A**		**N/A**
UDC per Service Mode		50		50		**50**		**120**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.			
Min Quals	B.A., case management experience. Bil-lingual spanish.			
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
$45,000.00	0.80	12	1.00	$ 36,000
Staff Position 2: Communications Officer				
Brief Duties	Development and production of Communication materials.			
Min Quals	B.A., Communication, Bil-lingual spanish.			
$90,000.00	0.15	12	1	$ 13,500
Staff Position 3: Manager, Wellness Programs				
Brief Duties	Manage wellness programs to mitigate barriers to access and alternative distribution models.			
Min Quals	B.A. 5+ yrs leadership experience. MSW preferred.			
$60,000.00	0.15	12	1.00	$ 9,000
Staff Position 4: Caseworkers				
Brief Duties	Client engagement. Care navigation. Treatment team collaboration.			
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.			
$41,600.00	0.25	12	1.00	$ 10,400
Staff Position 5: Delivery Driver				
Brief Duties	Client engagement, wellness checks, service delivery. Care navigation. Treatment team collaboration.			
Min Quals	3+ years in social service or public service.			
$41,600.00	1.00	12	1.00	$ 41,600
Staff Position 6: Cooks				
Brief Duties	Meal design and preparation.			
Min Quals	3+ years experience in food preparation.			
$29,640.00	0.40	12	1.00	$ 11,855
Staff Position 7: Porters				
Brief Duties	Kitchen preparation and maintenance.			
Min Quals	2+ years experience in similar roles.			
$27,560.00	0.30	12	1.00	$ 8,268
Staff Position 8: Volunteer Coordinator				
Brief Duties	Kitchen preparation and maintenance.			
Min Quals	2+ years experience in similar roles.			
$43,680.00	0.30	12	1.00	$ 13,104
Staff Position 9: Manager, Grocery Services				
Brief Duties	Kitchen preparation and maintenance.			
Min Quals	2+ years experience in similar roles.			
$40,560.00	0.30	12	1.00	$ 12,168

Staff Position 10: Operations Coordinator					
Brief Duties Kitchen preparation and maintenance.					
Min Quals 2+ years experience in similar roles.					
$28,600.00	0.30	12	1.00	$	8,580
Total FTE:	**3.95**		**Total Salaries:**	**$**	**164,475**

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	12,582.34
Retirement	$	2,467.13
Medical	$	19,737.00
Dental	$	9,868.50
Disability Insurance	$	13,158.00
	Total Fringe Benefit:	**57,813**
	Fringe Benefit %:	**35.15%**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**222,288**

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	Direct food and packaging costs per meal	$2.90 / UOS x 23,350 =	67,715
Food & Packaging Groceries	Direct food and packaging costs per grocery bag	$8.48 / UOS x 2,614 =	22,167
		Total Materials & Supplies:	**89,882**

General Operating:

Expense Item	Brief Description	Rate	Cost
Maintenance / Repairs	Semi annual vehicle maintenace, licensing and repairs	approx $416.67/month	5,000
Fuel	3-4 days/wk; 2-3 routes/day; ~$52.50/wk	approx $227.5/month	2,730
Parking	Parking for vehicles; $900/month per vehicle x 2 autos	$1,800/month	21,600
		Total General Operating:	**29,330**

TOTAL OPERATING EXPENSES:	**119,212**
TOTAL DIRECT COSTS:	**341,500**

4) INDIRECT COSTS

TOTAL INDIRECT COSTS:	**-**
TOTAL EXPENSES:	**341,500**

Appendix C
Reserved

Appendix D
Additional Terms

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

☒ CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will do one or more of the following:

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

The Business Associate Agreement (BAA) in Appendix E is required and is incorporated into this Agreement by reference as though fully set forth herein. Please note that BAA requires attachments to be completed.

☐ CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of

any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

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

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

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

4. MATERIALS REVIEW

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

5. EMERGENCY RESPONSE

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

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

APPENDIX E

San Francisco Department of Public Health

Business Associate Agreement

This Business Associate Agreement ("BAA") supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity ("CE"), and Project Open Hand ("Contractor"), the Business Associate ("BA"), dated 04/01/2017 (CMS #7868) ("Agreement"). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

a. Breach means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person

to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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

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

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

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

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

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

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

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

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

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

2. Obligations of Business Associate.

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

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

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

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

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

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that

BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

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

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

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

l. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R.

Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

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

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

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

3. Termination.

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

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

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

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

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

4. Amendment to Comply with Law.

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

does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 10/29/2015
Attachment 2 – SFDPH Data Security Attestation, version 10/29/2015
Attachment 3 – SFDPH Compliance Attestation, version 10/29/2015

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

San Francisco Department of Public Health (SFDPH) Office of Compliance and Privacy Affairs (OCPA) ATTACHMENT 1

Organization Name:		Contractor City Vendor ID	

SFDPH PRIVACY ATTESTATION

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement (BAA) in compliance with the Health Information Portability and Accountability Act (HIPAA) and other patient confidentiality laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

	Yes	No*	DOES YOUR ORGANIZATION...			
A			Have formal Privacy Policies? (use of SFDPH Privacy Policies will suffice for "yes")			
B			Have a designated Privacy Officer? The Privacy Officer is your organization's designated person who will authorize your employee's "Systems Access Request (SAR) Form". [Note: SARs will NOT be processed by SFDPH without this person's signature.]			
			If yes:	Privacy Officer Name	Phone #	Email:
C			Require Privacy Training for all employees who have access to PHI upon hire and annually thereafter? (Use of SFDPH Privacy/Data Security Training will suffice for "yes"). [Beginning in FY1516, DPH will require document retention for 7 years.]			
D			Have proof that employees upon hire, and annually thereafter, have signed the SFDPH "User Confidentiality, Security, and Electronic Signature Form"? [Beginning in FY1516, DPH will require document retention for 7 years.]			
E			Have evidence that SFDPH was notified to de-provision employees who have access to SFDPH PHI within 2 business days for regular terminations and within 24 hours for terminations due to cause?			
F			Assure that staff who download, create, or transfer PHI offsite (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that PHI is only transferred or created on devices that are encrypted?			
G			Have (or will have if/when applicable) BAAs with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI.			

Does your organization serve patients/clients for or on behalf of DPH? If ___YES, answer h-k. If ___NO, these questions are not applicable, please go directly to ATTEST.

	Yes	No*	DOES YOUR ORGANIZATION...
H			Have evidence in each patient's/client's chart or electronic file that the Privacy Notice was provided in the patient's language (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms are available from SFDPH).
I			Have visibly posted the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?
J			Have documented each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?
K			When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Federal Privacy Rule) are obtained PRIOR to releasing a patient's/clients health information?

ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

ATTESTED by Privacy Officer	Name (print)		Signature		Date	
ATTESTED by CEO / Exec Director	Name (print)		Signature		Date	
ATTESTED by Chair, Board of Directors / Trustees	Name (print)		Signature		Date	

*** EXCEPTIONS:** If you have answered "NO" to any question in A-G or H-K (if applicable), please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature	Date

Organization Name:		Contractor City Vendor ID	

SFDPH DATA SECURITY ATTESTATION

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with the Health Information Portability and Accountability Act (HIPAA, ADMINISTRATIVE 45 CFR 164.308(a)(8)), Health Information Technology for Economic and Clinical Health Act (HITECH), and the American Institute of Certified Public Accountants (AICPA) requirements. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

	YES	NO*	DOES YOUR ORGANIZATION...			
A			Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/ HITECH at least every two years? [Beginning in FY1516, DPH will require document retention for 7 years.]			
B			Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?			
			Date of last Data Security Risk Assessment/Audit			
			Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report			
C			Have a formal Data Security Awareness Program?			
D			Have a designated Security Officer?			
			If yes: IT Security Officer	Phone #	Email:	
E			Require Data Security training for all employees who have access to PHI upon hire and annually thereafter? (Use of SFDPH Privacy/Data Security Training will suffice for "yes".) [Beginning in FY1516, DPH will require document retention for 7 years.]			
F			Have policies and procedures to detect, contain, and correct security violations? (Use of SFDPH Privacy Policies will suffice for "yes".)			
G			Have (or will have if/when applicable) Business Associate Agreements with subcontractors or vendors who create, receive, maintain or transmit SFDPH PHI.			
H			Have (or will have if/when applicable) a diagram (of how SFDPH data flows between your organization and this downstream or 3rd party entity (including named users, access methods, on-premise data hosts, processing systems, etc.)?			

ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

ATTESTED by Data Security Officer	Name (print)		Signature		Date	
ATTESTED by CEO / Exec Director	Name (print)		Signature		Date	
ATTESTED by Chair, Board of Directors / Trustees	Name (print)		Signature		Date	

* **EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature	Date

San Francisco Department of Public Health (SFDPH) Office of Compliance and Privacy Affairs (OCPA) ATTACHMENT 3

Organization Name:		Contractor City Vendor ID	

SFDPH COMPLIANCE ATTESTATION

This Attestation is to be completed by Contractors and Data Trading Partners that are required to abide by the SFDPH Business Associates Agreement in compliance with Medicare Medicaid Conditions of Participation, False Claims Act and other ethics/compliance laws and regulations. **INSTRUCTIONS:** File and retain completed Attestations for a period of 7 years. Please be prepared to submit your completed Attestations, along with evidence of the following, when and if requested to do so.

	YES	NO*	DOES YOUR ORGANIZATION...			
A			Have a formal Compliance Program?			
B			Have a designated Compliance Officer?			
			If yes:	Compliance Officer Name	Phone #	Email:
C			Require all employees who have access to SFDPH Systems or PHI to take Compliance training upon hire and annually thereafter? (Use of SFDPH compliance training will suffice for "yes".) [Beginning in FY1516, DPH will require you to retain these records for 7 years.]			
D			Have proof that employees upon hire, and annually thereafter, have signed agreement to the SFDPH "Code of Conduct"? [Beginning in FY1516, DPH will require document retention for 7 years.]			
E			Have mechanisms in place to identify and promptly respond to compliance deficiencies and report to the SFDPH all identified compliance deficiencies related to services that were billed by SFDPH or that could jeopardize your organization's continued participation in government health care programs, including Medicare or Medi-Cal funded programs?			
F			Publicize and promote the SFDPH Compliance and Privacy Hotline number (1-855-729-6040) or the City's Whistleblower Program including posting a notice of whistleblower protections in staff areas where it can be seen?			
G			Have a Code of Conduct or Ethics policy that includes a mechanism for staff to confidentially and anonymously report potential compliance concerns as well as a strict non-retaliation policy (Use of SFDPH Compliance policies will suffice for "yes".)?			
H			Have mechanisms in place to review the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) exclusion lists upon initial hire and monthly thereafter to ensure that no employee, temporary employee, volunteer, consultant, or governing body member responsible for administering or delivering Federal Healthcare Program services is excluded from (may not work in) a federal health care program? [False Claims Act]			
I			Require (or will require, if/when applicable) subcontractors/vendors to comply with all requirements in this Attestation?			

ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct.

ATTESTED by Compliance Officer	Name (print)		Signature		Date	
ATTESTED by CEO / Exec Director	Name (print)		Signature		Date	
ATTESTED by Chair, Board of Directors / Trustees	Name (print)		Signature		Date	

*** EXCEPTIONS:** If you have answered "NO" to any question, please contact OCPA at compliance.privacy@sfdph.org or call 1-855-729-6040 for a consultation. Any "No" answers will need to be reviewed and approved as exceptions by OCPA.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature	Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1
04/01/17 - 03/31/18
PAGE A

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

CMS # 7868

Invoice Number: A-1APR17

Contract Purchase Order No:

Funding Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/17 - 04/30/17

FINAL Invoice [ ] (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	85,822	800							85,822	800
Food: Groceries	9,607	800							9,607	800
Nutrition: Counseling Hours	250	175							250	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		800								800

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$672,375				$672,375.00
Fringe Benefits	$236,340				$236,340.00
Total Personnel Expenses	$908,715				$908,715.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$38,893				$38,893.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$330,671				$330,671.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$369,564				$369,564.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,278,279				$1,278,279.00
Indirect Expenses					
TOTAL EXPENSES	$1,278,279				$1,278,279.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-1APR17

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

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

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/17 - 04/30/17

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Caseworkers	2.00	$89,440				$89,440.00
Cooks	3.00	$106,100				$106,100.00
Delivery Driver	1.00	$30,597				$30,597.00
Dispatcher	0.66	$24,752				$24,752.00
Wellness Center Receptionist	0.80	$27,739				$27,739.00
Manager, Distribution	0.66	$41,910				$41,910.00
Manager, Grocery Services	0.65	$33,800				$33,800.00
Manager, Volunteer Services	0.65	$35,750				$35,750.00
Manager, Wellness Programs	0.65	$39,000				$39,000.00
Supervisor, Operations	0.65	$37,557				$37,557.00
Operations Coordinator	1.00	$43,389				$43,389.00
Outreach Coordinator	0.20	$9,000				$9,000.00
Porters	1.50	$45,708				$45,708.00
Director, Nutrition Services	0.10	$7,904				$7,904.00
Registered Dietician	0.15	$9,216				$9,216.00
Volunteer Coordinators	1.30	$56,784				$56,784.00
VP, Programs	0.25	$23,750				$23,750.00
Communications Officer	0.10	$5,800				$5,800.00
Staff Accountant	0.08	$4,179				$4,179.00
TOTAL SALARIES	15.40	$672,375				$672,375.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1.1
04/01/17 - 09/29/17
PAGE A

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

CMS #: 7868

Invoice Number: A-1APR17

Contract Purchase Order No:

Funding Source: SAM/State RWPB Supplement

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/17 - 04/30/17

FINAL Invoice: ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	4,923	40							4,923	40
Food: Groceries	551	40							551	40
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		40								40

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$21,562				$21,562.00
Fringe Benefits	$7,579				$7,579.00
Total Personnel Expenses	$29,141				$29,141.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$36,489				$36,489.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	$6,370				$6,370.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$42,859				$42,859.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$72,000				$72,000.00
Indirect Expenses					
TOTAL EXPENSES	$72,000				$72,000.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1.1
04/01/17 - 09/29/17
PAGE B

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

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

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number: A-1APR17

Contract Purchase Order No:

Fund Source: SAM/State RWPB Supplemental

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/17 - 04/30/17

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
VP, Programs	0.10	$4,750				$4,750.00
Caseworkers	0.16	$3,328				$3,328.00
Delivery Driver	0.12	$1,792				$1,792.00
Cooks	0.15	$2,540				$2,540.00
Wellness Center Receptionist	0.10	$1,734				$1,734.00
Operations Coordinator	0.15	$2,844				$2,844.00
Porters	0.15	$2,281				$2,281.00
Volunteer Coordinators	0.11	$2,293				$2,293.00
TOTAL SALARIES	1.03	$21,562				$21,562.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1a
04/01/18 - 03/31/19
PAGE A

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

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

HHS

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

ACE Control #:

CMS #: 7868

Invoice Number: A-1APR18

Contract Purchase Order No:

Funding Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/18 - 04/30/18

FINAL Invoice [ ] (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	83,285	800							83,285	800
Food: Groceries	9,323	800							9,323	800
Nutrition: Counseling Hours	250	175							250	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		800								800

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$679,132				$679,132.00
Fringe Benefits	$238,715				$238,715.00
Total Personnel Expenses	$917,847				$917,847.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$38,893				$38,893.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$321,539				$321,539.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$360,432				$360,432.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,278,279				$1,278,279.00
Indirect Expenses					
TOTAL EXPENSES	$1,278,279				$1,278,279.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to:	SFDPH Fiscal / Invoice Processing 1380 Howard Street, 4th Floor, Suite 423 San Francisco, CA 94103 **Attn: Contract Payments**	By: _____ (DPH Authorized Signatory)	Date: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1a
04/01/18 - 03/31/19
PAGE B

Invoice Number: A-1APR18

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

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

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/18 - 04/30/18

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Caseworkers	2.00	$90,750				$90,750.00
Cooks	3.00	$109,284				$109,284.00
Delivery Driver	1.00	$31,515				$31,515.00
Dispatcher	0.66	$24,752				$24,752.00
Wellness Center Receptionist	0.80	$28,571				$28,571.00
Manager, Distribution	0.66	$41,910				$41,910.00
Manager, Grocery Services	0.65	$33,800				$33,800.00
Manager, Volunteer Services	0.65	$35,750				$35,750.00
Manager, Wellness Programs	0.65	$39,000				$39,000.00
Supervisor, Operations	0.65	$37,557				$37,557.00
Operations Coordinator	1.00	$43,389				$43,389.00
Outreach Coordinator	0.20	$9,000				$9,000.00
Porters	1.50	$45,708				$45,708.00
Director, Nutrition Services	0.10	$8,141				$8,141.00
Registered Dietician	0.15	$9,492				$9,492.00
Volunteer Coordinators	1.30	$56,784				$56,784.00
VP, Programs	0.25	$23,750				$23,750.00
Communications Officer	0.10	$5,800				$5,800.00
Staff Accountant	0.08	$4,179				$4,179.00
TOTAL SALARIES	15.40	$679,132				$679,132.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1b
04/01/19 - 03/31/20
PAGE A

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

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

HHS

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

ACE Control #:

CMS #: **7868**

Invoice Number: **A-1APR19**

Contract Purchase Order No:

Funding Source: **SAM/State RWPB**

Grant Code/Detail:

Project Code/Detail:

Invoice Period: **04/1/19 - 04/30/19**

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	80,822	800							80,822	800
Food: Groceries	9,046	800							9,046	800
Nutrition: Counseling Hours	250	175							250	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		800								800

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$685,234				$685,234.00
Fringe Benefits	$240,860				$240,860.00
Total Personnel Expenses	$926,094				$926,094.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$38,893				$38,893.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$313,292				$313,292.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$352,185				$352,185.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,278,279				$1,278,279.00
Indirect Expenses					
TOTAL EXPENSES	$1,278,279				$1,278,279.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-1APR19

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

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

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/19 - 04/30/19

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Caseworkers	2.00	$92,100				$92,100.00
Cooks	3.00	$112,562				$112,562.00
Delivery Driver	1.00	$32,460				$32,460.00
Dispatcher	0.66	$24,752				$24,752.00
Wellness Center Receptionist	0.80	$28,571				$28,571.00
Manager, Distribution	0.66	$41,910				$41,910.00
Manager, Grocery Services	0.65	$33,800				$33,800.00
Manager, Volunteer Services	0.65	$35,750				$35,750.00
Manager, Wellness Programs	0.65	$39,000				$39,000.00
Supervisor, Operations	0.65	$37,557				$37,557.00
Operations Coordinator	1.00	$43,389				$43,389.00
Outreach Coordinator	0.20	$9,000				$9,000.00
Porters	1.50	$45,708				$45,708.00
Director, Nutrition Services	0.10	$8,385				$8,385.00
Registered Dietician	0.15	$9,777				$9,777.00
Volunteer Coordinators	1.30	$56,784				$56,784.00
VP, Programs	0.25	$23,750				$23,750.00
Communications Officer	0.10	$5,800				$5,800.00
Staff Accountant	0.08	$4,179				$4,179.00
TOTAL SALARIES	15.40	$685,234				$685,234.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1c
04/01/20 - 03/31/21
PAGE A

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

CMS #	Invoice Number
7868	A-1APR20

Contract Purchase Order No:

Funding Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/20 - 04/30/20

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	80,017	800							80,017	800
Food: Groceries	8,955	800							8,955	800
Nutrition: Counseling Hours	250	175							250	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		800								800

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$687,153				$687,153.00
Fringe Benefits	$241,534				$241,534.00
Total Personnel Expenses	$928,687				$928,687.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	$38,893				$38,893.00
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$310,699				$310,699.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$349,592				$349,592.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,278,279				$1,278,279.00
Indirect Expenses					
TOTAL EXPENSES	$1,278,279				$1,278,279.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1c
04/01/20 - 03/31/21
PAGE B

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

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

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

ACE Control #:

Invoice Number: A-1APR20

Contract Purchase Order No:

Fund Source: SAM/State RWPB

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/20 - 04/30/20

FINAL Invoice: ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Caseworkers	2.00	$93,473				$93,473.00
Cooks	3.00	$112,562				$112,562.00
Delivery Driver	1.00	$32,460				$32,460.00
Dispatcher	0.66	$24,752				$24,752.00
Wellness Center Receptionist	0.80	$28,571				$28,571.00
Manager, Distribution	0.66	$41,910				$41,910.00
Manager, Grocery Services	0.65	$33,800				$33,800.00
Manager, Volunteer Services	0.65	$35,750				$35,750.00
Manager, Wellness Programs	0.65	$39,000				$39,000.00
Supervisor, Operations	0.65	$37,557				$37,557.00
Operations Coordinator	1.00	$43,389				$43,389.00
Outreach Coordinator	0.20	$9,000				$9,000.00
Porters	1.50	$45,708				$45,708.00
Director, Nutrition Services	0.10	$8,637				$8,637.00
Registered Dietician	0.15	$10,071				$10,071.00
Volunteer Coordinators	1.30	$56,784				$56,784.00
VP, Programs	0.25	$23,750				$23,750.00
Communications Officer	0.10	$5,800				$5,800.00
Staff Accountant	0.08	$4,179				$4,179.00
TOTAL SALARIES	15.40	$687,153				$687,153.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2
04/01/17 - 06/30/17
PAGE A

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

CMS #: 7868
Invoice Number: A-2APR17
Contract Purchase Order No:
Funding Source: GTZ General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 04/1/17 - 04/30/17
FINAL Invoice: [ ] (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	1,388	10							1,388	10
Food Access: Groceries	155	10							155	10
Expand Capacity: Prepared Meals	1,051	10							1,051	10
Expand Capacity: Groceries	118	10							118	10
Link, Track, F/U: Prepared Meals	1,766	10							1,766	10
Link, Track, F/U: Groceries	198	10							198	10
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		30								30

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$45,505				$45,505.00
Fringe Benefits	$15,995				$15,995.00
Total Personnel Expenses	$61,500				$61,500.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses					
Capital Expenditures					
TOTAL DIRECT EXPENSES	$61,500				$61,500.00
Indirect Expenses					
TOTAL EXPENSES	$61,500				$61,500.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2APR17

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

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

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 04/1/17 - 04/30/17

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.34	$12,000				$12,000.00
Communications Officer	0.04	$3,000				$3,000.00
Mngr, Wellness Programs	0.04	$2,000				$2,000.00
Caseworkers	0.09	$2,842				$2,842.00
Delivery Driver	0.34	$11,093				$11,093.00
Cooks	0.13	$3,062				$3,062.00
Porters	0.10	$2,259				$2,259.00
Volunteer Coordinator	0.10	$3,580				$3,580.00
Manager, Grocery Services	0.10	$3,325				$3,325.00
Operations Coordinator	0.10	$2,344				$2,344.00
TOTAL SALARIES	1.38	$45,505				$45,505.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2a
07/01/17 - 06/30/18
PAGE A

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

CMS #: 7868
Invoice Number: A-2JUL17
Contract Purchase Order No:
Funding Source: GTZ General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/17 - 07/31/17
FINAL Invoice: (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	7,706	40							7,706	40
Food Access: Groceries	863	40							863	40
Expand Capacity: Prepared Meals	5,838	30							5,838	30
Expand Capacity: Groceries	653	30							653	30
Link, Track, F/U: Prepared Meals	9,806	50							9,806	50
Link, Track, F/U: Groceries	1,098	50							1,098	50
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$164,475				$164,475.00
Fringe Benefits	$57,813				$57,813.00
Total Personnel Expenses	$222,288				$222,288.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$89,882				$89,882.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$29,330				$29,330.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$119,212				$119,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,500				$341,500.00
Indirect Expenses					
TOTAL EXPENSES	$341,500				$341,500.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2a
07/01/17 - 06/30/18
PAGE B

Invoice Number: A-2JUL17

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

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

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

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/17 - 07/31/17

FINAL Invoice: (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.34	$36,000				$36,000.00
Communications Officer	0.06	$13,500				$13,500.00
Mngr, Wellness Programs	0.06	$9,000				$9,000.00
Caseworkers	0.11	$10,400				$10,400.00
Delivery Driver	0.42	$41,600				$41,600.00
Cooks	0.17	$11,855				$11,855.00
Porters	0.13	$8,268				$8,268.00
Volunteer Coordinator	0.13	$13,104				$13,104.00
Manager, Grocery Services	0.13	$12,168				$12,168.00
Operations Coordinator	0.13	$8,580				$8,580.00
TOTAL SALARIES	1.66	$164,475				$164,475.00

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

Certified By: _____ Date: _____

Title: _____

Appendix G

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

Introduction

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

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

Dispute Resolution Procedure

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

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

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

- Step 1 — The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2 — Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.

- Step 3 — Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

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

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

Appendix H
Grant Terms
Reserved

PROJOPE-01 SON01

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/23/2016

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

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

PRODUCER License # 0H81923 G2 Insurance Services, LLC 149 New Montgomery, 21st Floor San Francisco, CA 94105	CONTACT NAME: PHONE (A/C, No, Ext): (415) 426-6600 FAX (A/C, No): (415) 426-6601 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE — NAIC #
	INSURER A: Nonprofits' Insurance Alliance of California (NIAC) —
INSURED Project Open Hand 730 Polk Street, 3rd Floor San Francisco, CA 94109	INSURER B: Cypress Insurance Company (CA) — 10855
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR	X		201603263NPO	07/01/2016	07/01/2017	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 20,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT X LOC						GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:						PROFESSIONAL LI	$ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS HIRED AUTOS / NON-OWNED AUTOS	X		201603263NPO	07/01/2016	07/01/2017	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE			201603263UMB	07/01/2016	07/01/2017	EACH OCCURRENCE	$ 5,000,000
	DED X RETENTION $ 10,000						AGGREGATE	$ 5,000,000
								$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			PRWC707818	07/01/2016	07/01/2017	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

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

RE: Contract on file with Insured. Contractual Liability is included under General Liability. City & County of San Francisco, its officers, employees and agents are named as additional on General Liability policy per attached endorsement and additional insured on Automobile Liability policy per attached endorsement. General Liability policy is primary.

CERTIFICATE HOLDER

City & County of San Francisco
Attn: Contracts Unit, SF Dept of Public Health
101 Grove Street Room 402
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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The ACORD name and logo are registered marks of ACORD

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

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NONPROFITS INSURANCE
ALLIANCE OF CALIFORNIA
A Head for Insurance. A Heart for Nonprofits.

Policy Number: 201603283NPO

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **December 1st, 2018**, in San Francisco, California, by and between **Project Open Hand** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **increase the contract amount and extend the contract term as well as update standard contractual clauses**; and

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

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated **April 1st, 2017 (Contract ID# 1000002671 / BPHC17000070)**, between Contractor and City.

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

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

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

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **April 1, 2017**; or (ii) the Effective Date and expire on **March 31, 2021**, unless earlier terminated as otherwise provided herein.

2.2 The City has **six (6)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

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

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **April 1, 2017**; or (ii) the Effective Date and expire on **June 30, 2021**, unless earlier terminated as otherwise provided herein.

2.2 The City has **six (6)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

2.2 **Article 3.3.1 Payment** of the Original Agreement currently reads as follows:

Article 3 Financial Matters

3.1 **Compensation.**

3.1.1 **Payment**. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Six Million, Two Hundred Fifty-Eight Thousand, Six Hundred Ninety DOLLARS ($6,258,690)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

Article 3 Financial Matters

3.1 **Compensation.**

3.1.1 **Payment**. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Seven Million, Four Hundred Eighty-Four Thousand, Five Hundred Thirty DOLLARS ($7,484,530)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Article 3.4 Audit and Inspection of Records**, is hereby amended in its entirety to read as follows:

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

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

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

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

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

2.4 Add **Article 12.2 Exclusion Lists and Employee Verification,** to this Agreement as Amended to reads as follows:

Article 12 Department Specific Terms

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

The Appendices listed below are Amended as follows:

2.5 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 12/01/2018.

2.6 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 12/01/2018.

2.7 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 12/01/2018.

2.8 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 12/01/2018.

2.9 Add Appendix B-1.1b to Agreement as amended. Dated: 12/01/2018.

2.10 Add Appendix B-2b to Agreement as amended. Dated: 12/01/2018.

2.11 Add Appendix B-2c to Agreement as amended. Dated: 12/01/2018.

2.12 Add Appendix B-2d to Agreement as amended. Dated: 12/01/2018.

2.13 Delete Appendix D, and replace in its entirety with Appendix D to Agreement as amended. Dated: 12/01/2018.

2.14 Delete Appendix E, and replace in its entirety with Appendix E to Agreement as amended. Dated: OCPA & CAT v4-12-18 and Attestation forms 06-07-2017.

2.15 Add Appendix F-1.1b to Agreement as amended. Dated: 12/01/2018.

2.16 Add Appendix F-2b to Agreement as amended. Dated: 12/01/2018.

2.17 Add Appendix F-2c to Agreement as amended. Dated: 12/01/2018.

2.18 Add Appendix F-2d to Agreement as amended. Dated: 12/01/2018.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY
Recommended by:

Greg Wagner
Acting Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Deputy City Attorney

Approved:

Alaric Degrafinried
City Purchaser and Director of the Office of Contract Administration

CONTRACTOR
PROJECT OPEN HAND

MARK RYLE
Chief Executive Officer
730 Polk Street
San Francisco, CA 94109

Supplier ID number: 0000012810

Received By:
JAN 2'19 AM11:34
Purchasing Department

Appendix A
Scope of Services

1. Terms

A. Contract Administrator:

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

B. Reports:

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

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

C. Evaluation:

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

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

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Assurance:

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

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

P. Compliance With Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

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

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

SUMMARY

Contractor/Provider	**PROJECT OPEN HAND**
Total Contract	**$ 6,828,011**
Funding	Ryan White Part B (X07/X08) and General Fund (GTZ)
Program Name	**HIV / AIDS Food and Nutrition Services**
System of Care	HIV Health Services (HHS)
Address/Phone	730 Polk Street, San Francisco, California 94109, Phone: 415-447-2300 Fax: 415-447-2490
Contact Person	Mark Ryle, CEO, 415-447-2321, mryle@openhand.org

Funding	Ryan White Part B								General Fund (GTZ)									
Appendices	**A-1 / B-1**		**A- 1/ B-1a**		**A-1 / B-1b**		**A-1 / B-1c**		**A-2 / B-2**		**A-2 / B-2a**		**A-2 / B-2b**		**A-2 / B-2c**		**A-2 / B-2d**	
	Year One		*Year Two*		*Year Three*		*Year Four*		*Year One*		*Year Two*		*Year Three*		*Year Four*		*Year Five*	
Amount	***$1,278,279***		***$1,278,279***		***$1,278,279***		***$1,278,279***		***$61,500***		***$341,500***		***$341,500***		***$341,500***		***$341,500***	
Funding Term	*4/1/17-3/31/18*		*4/01/18-3/31/19*		*4/01/19-3/31/20*		*4/01/20-3/31/21*		*4/1/17-6/30/17*		*7/01/17-6/30/18*		*7/01/18-6/30/19*		*7/01/19-6/30/20*		*7/01/20-6/30/21*	
Number / Type of UOS / UDC*	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**
Prepared Meals	85,822	800	83,285	800	80,822	800	80,017	800	4,205	30	23,350	120	23,350	120	23,350	120	23,350	120
Grocery Bags	9,607	800	9,323	800	9,046	800	8,955	800	471	30	2,614	120	2,614	120	2,614	120	2,614	120
Nutrition Couns Hrs	250	175	250	175	250	175	250	175										
Totals	**95,679**	**800**	**92,858**	**800**	**90,118**	**800**	**89,222**	**800**	**4,676**	**30**	**25,964**	**120**	**25,964**	**120**	**25,964**	**120**	**25,964**	**120**

Founding	Ryan White Part B (X08)					
Appendices	**A-1 / B-1.1**		**A-1 / B-1.1a**		**A-1 / B-1.1b**	
	Year One		*Year Two*		*Year Three*	
Amount	***$72,000***		***$70,000***		***$145,395***	
Funding Term	*4/1/17-9/29/17*		*9/30/17-9/29/18*		*9/30/18-9/29/19*	
Number / Type of UOS / UDC*	**UOS**	**UDC**	**UOS**	**UDC**	**UOS**	**UDC**
Prepared Meals	4,923	40	4,647	18	2,001	10
Grocery Bags	551	40	565	20	4,507	80
Totals	**5,474**	**40**	**5,212**	**20**	**6,508**	**80**

*** NOTE: Total UDC is not a sum of the UDC from each mode of service; many clients receive more than one service.**

Target Population	Low-income PLWHA from every neighborhood in San Francisco with the majority living in the Tenderloin, South of Market and other low-income areas of the city.
Description of Services	Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling.

1. **Program Name / Address** **Project Open Hand**
HIV/AIDS Food and Nutrition Services
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org
Contact Name / Phone: Mark Ryle, CEO, 415-447-2321, mryle@openhand.org

2. **Nature of Document** **Contract Revision**

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

4. **Target Population:**
The target population for this contract is low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Project Open Hand serves residents of every neighborhood in San Francisco with the majority of our HIV infected clients living in the Tenderloin, South of Market and other low-income areas of the city.

POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low income status is defined as 400% of Federal Poverty Level as defined by the US Department of Health and Human Services

A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES

5. **Modality(s)/Intervention(s):** *Units of Service (UOS) and Unduplicated Clients (UDC)*

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

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1.1a / 09/30/17 – 09/29/18	***Food: Prepared Meal*** 18 clients x ~21 - 22 meals / mo. x 12 mos.	4,647	18
A-1 / B-1.1a / 09/30/17 – 09/29/18	***Food: Grocery Bags*** 20 clients x ~2.3 grocery bags / mo. x 12 mos.	565	20
Total UOS and Total UDC		**5,212**	**20**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1a: 04/01/18 – 03/31/19	***Food: Prepared Meal*** 800 clients x ~8 - 9 meals / mo. x 12 mos.	83,285	800
A-1 / B-1a: 04/01/18 – 03/31/19	***Food: Groceries*** 800 clients x ~1 (.97) grocery bag / mo. x 12 mos.	9,323	800
A-1 / B-1a: 04/01/18 – 03/31/19	***Nutrition: Counseling Hours*** .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**92,858**	**800**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1.1b / 09/30/18 – 09/29/19	***Food: Prepared Meal*** 10 clients x ~16 - 17 meals / mo. x 12 mos.	2001	10
A-1 / B-1.1b / 09/30/18 – 09/29/19	***Food: Grocery Bags*** 80 clients x ~4.70 grocery bags / mo. x 12 mos.	4,507	80
Total UOS and Total UDC		**6,508**	**80**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1b: 04/01/19 – 03/31/20	***Food: Prepared Meal*** 800 clients x ~8 – 9 meals/mo. x 12 mos.	80,822	800
A-1 / B-1b: 04/01/19 – 03/31/20	***Food: Groceries*** 800 clients x ~1 (.94) grocery bag / mo. x 12 mos.	9,046	800
A-1 / B-1b: 04/01/19 – 03/31/20	***Nutrition: Counseling Hours*** .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**90,118**	**800**

Appendix / Period	Units of Service Description	UOS	UDC
A-1 / B-1c: 04/01/20 – 03/31/21	***Food: Prepared Meal*** 800 clients x ~8 – 9 meals/mo. x 12 mos.	80,017	800
A-1 / B-1c: 04/01/20 – 03/31/21	***Food: Groceries*** 800 clients x ~1 (.93) grocery bag / mo. x 12 mos.	8,955	800
A-1 / B-1c: 04/01/20 – 03/31/21	***Nutrition: Counseling Hours*** .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		**89,222**	**800**

6. **Methodology:**

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

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

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

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

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

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

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

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

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

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

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

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

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

Client satisfaction and feedback: Satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, our Grocery Center services, and POH's overall customer service. Ongoing feedback is gathered not only through surveys, but also on a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with our CEO, and quarterly town hall meetings. We measure client satisfaction with food and services, client medication

adherence, nutrition knowledge, medical engagement, resource access and mental health status. If not on the spot, within 24 hours we respond to client challenges and complaints directly and on the Feedback Board in our Grocery Center.

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

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

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

ARIES Database

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

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

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

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled "HHS Performance Objectives FY17-18."

8. Continuous Quality Improvement:

The program abides by the standards of care for the services specified in this appendix as described in "Making the Connection: Standards of Care for Client-Centered Services. POH's operations follow governmental, professional and

agency standards for food sanitation and safety, infection control and universal precautions. Our Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of our kitchen and food storage operations. Our RDs review our nutrition goals.

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

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

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

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

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

9. Required Language:

A.	Third Party Reimbursement:	See Target Population, Page 1
B.	Enrollment Priority/Low Income:	See Target Population, Page 1
C.	Client Eligibility:	See Target Population, Page 1
D.	Client Retention:	N/A
E.	Vouchers:	N/A
F.	ARIES Database:	See Aries Database, Page 6-7
G.	Standards of Care:	See CQI, Page 7

H. Termination of Services

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

1. PROGRAM NAME / ADDRESS:	**Project Open Hand** **HIV / AIDS Food and Nutrition Services – Getting to Zero** 730 Polk Street, San Francisco, California 94109 415-447-2300 Fax: 415-447-2490, www.openhand.org
Contact Name / Phone:	Mark Ryle, CEO, 415-447-2321, mryle@openhand.org
2. NATURE OF DOCUMENT:	**Contract Revision**

3. GOAL STATEMENT:

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

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

4. TARGET POPULATION

This portion of the POH contract is targeted to HIV+ unengaged and/or under engaged residents, of all ethnicities and populations, most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement.

The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 400% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month interim eligibility confirmation may be obtained by client self-attestation, but must be documented in the client file or in ARIES

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

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	**Units of Service (UOS) Description**		**UOS**	**UDC**
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared	1,388	10
A-2 / B-2: 04/01/17 – 06/30/17	Grocery Bags	1 UOS = 1 grocery bag	155	10
Goal 1 Total UOS and Total UDC			**1,543**	10
Goal # 2: Expand Capacity				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared	1,051	10
A-2 / B-2: 04/01/17 – 06/30/17	Grocery Bags	1 UOS = 1 grocery bag	118	10
Goal 2 Total UOS and Total UDC			**1,169**	**10**
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared	1,766	10
A-2 / B-2: 04/01/17 – 06/30/17	Grocery Bags	1 UOS = 1 grocery bag	198	10
Goal 3 Total UOS and Total UDC			**1,964**	10
Total UOS and UDC (04/01/17 – 06/30/17)			**4,676**	**30**

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

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared	7,706	40
A-2 / B-2b: 07/01/18 – 06/30/19	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			**8,569**	**40**
Goal # 2: Expand Capacity				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared	5,838	30
A-2 / B-2b: 07/01/18 – 06/30/19	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			**6,491**	**30**
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
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Goal 3 Total UOS and Total UDC			**10,904**	**50**
Total UOS and UDC (07/01/18 – 06/30/19)			**25,964**	**120**

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2c: 07/01/19 – 06/30/20	Delivered Meals	1 UOS = 1 prepared	7,706	40
A-2 / B-2c: 07/01/19 – 06/30/20	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			**8,569**	**40**
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Goal 3 Total UOS and Total UDC			**10,904**	**50**
Total UOS and UDC (07/01/19 – 06/30/20)			**25,964**	**120**

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared	7,706	40
A-2 / B-2d: 07/01/20 – 06/30/21	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			**8,569**	**40**
Goal # 2: Expand Capacity				
Appendix / Term	Units of Service (UOS) Description		**UOS**	**UDC**
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared	5,838	30
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Goal 3 Total UOS and Total UDC			**10,904**	50
Total UOS and UDC (07/01/20 – 06/30/21)			**25,964**	**120**

6. METHODOLOGY

Goal # 1: Food Access for Underserved Clients

A. Outreach, Recruitment and Promotion

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

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

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

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

B. Admission, Enrollment and/or Intake Criteria

Newly referred clients meet with a POH caseworker to discuss POH services, the annual recertification process, specific dietary needs, symptom management, and to collect demographic information and confirm all documents are in place to trigger service. The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client

is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

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

C. Service Delivery Model

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

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

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

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

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

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

Prepared Meals

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

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

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

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

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

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

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

Grocery Center

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

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

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

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

Volunteer Services

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

D. Discharge Planning and Exit Criteria and Process

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management.

Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available but not required of the GTZ clients.

E. Program Staff

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

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

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

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

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

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

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

A. Outreach, Recruitment and Promotion

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

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

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

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

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

documentation, the caseworker creates a new client record in ARIES according to ARIES policies and procedures.

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

C. Service Delivery Model

Prepared Meals

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

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

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

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

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

7. OBJECTIVES AND MEASUREMENTS

1. By the end of the Fiscal Year, greater than 50% of clients will attest to increased medication adherence as reported through POH Client Survey. The Client Survey is a tool developed and delivered at least annually to our entire client base and is administered by POH staff in three languages.
2. By the end of the Fiscal Year, greater than 50% of clients will improve Activities of Daily Living / Quality of Life in at least two indicators as measured by the SAMS 2009 ADL Assessment. These measures will be included in our Client Survey and measured there.
3. By the end of the Fiscal Year, greater than 60% of clients will receive nutrition education related to their diagnosis.
4. By the end of the Fiscal Year, greater than 25% of clients will remain engaged in POH services for at least 6 months. POH will measure this using its internal database, identifying GTZ clients separately and querying database quarterly.

8. CONTINUOUS QUALITY IMPROVEMENT

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

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

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

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

ARIES Database

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

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

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

HIPAA Compliance

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

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

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

9. REQUIRED LANGUAGE

a)	Third Party Reimbursement:	See Target Population, Page 1
b)	Low Income:	See Target Population, Page 1
c)	Client Eligibility:	See Target Population, Page 1
d)	Client Retention:	N/A
e)	Vouchers:	N/A
f)	ARIES Database:	See Methodology, Page 8
g)	Standards of Care:	See CQI, Page 8

h) Termination of Services:

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

Appendix B
Calculation of Charges

1. Method of Payment

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

2. Program Budgets and Final Invoice

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

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a, B-1.1a, B-1b, B-1.1b, B-1c	**HIV/AIDS Food and Nutrition Services**
Appendix B-2, B-2a, B-2b, B-2c, B-2d	**HIV/AIDS Food and Nutrition Services – Getting to Zero**

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **$656,519** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

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

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

Original Agreement	04/01/20 – 03/31/21	SAM/State RWPB	$1,278,279
Internal Contract Revision #1	09/30/17 – 09/29/18	SAM/State RWPB Supplemental	$70,000
Amendment #1	**07/01/18 – 06/30/19**	**General Fund**	**$341,500**
Amendment #1	**09/03/18 – 09/29/19**	**SAM/State RWPB**	**$145,395**
Amendment #1	**07/01/19 – 06/30/20**	**General Fund**	**$341,500**
Amendment #1	**07/01/20 – 06/30/21**	**General Fund**	**$341,500**
		Total Award	**$6,828,011**
		Contingency	**$656,519**
		Not-to-Exceed Amount	**$7,484,530**

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

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

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

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

CID# **1000002671** — **Appendix B, Page 3**

DPH Section HIV Health Services — **04/01/17-06/30/21**

Check one: [ ] Original **[X] Contract Amendment** [ ] Internal Contract Revision — **FY 2016-21**

Agency/Organization Name **PROJECT OPEN HAND** — Funding Notification #2 Date 10/24/18

Contractor Name **PROJECT OPEN HAND**

Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	TOTALS
Appendix Number	B-1.1	B-2	B-1	B.1-1a	B-2a	B.1-1b	B-2b	B-1a	B-2c	B-1b	B-2d	B-1c	
Appendix Term	4/01/17-9/29/17	4/01/17-6/30/17	4/01/17-3/31/18	9/30/17-9/29/18	7/01/17-6/30/18	9/30/18-9/29/19	7/01/18-6/30/19	4/01/18-3/31/19	7/01/19-6/30/20	4/01/19-3/31/20	7/01/20-6/30/21	4/01/20-3/31/21	
EXPENSES													
Salaries	$ 21,562	$ 45,505	$ 672,375	$ 21,562	$ 164,475	$ 68,851	$ 164,475	$ 679,132	$ 164,475	$ 685,234	$ 164,475	$ 687,153	$ 3,539,274
Employee Benefits	$ 7,579	$ 15,995	$ 236,340	$ 7,579	$ 57,813	$ 24,202	$ 57,813	$ 238,715	$ 57,813	$ 240,860	$ 57,813	$ 241,534	$ 1,244,056
Total Personnel	**$ 29,141**	**$ 61,500**	**$ 908,715**	**$ 29,141**	**$ 222,288**	**$ 93,053**	**$ 222,288**	**$ 917,847**	**$ 222,288**	**$ 926,094**	**$ 222,288**	**$ 928,687**	**$ 4,783,330**
Operating Expense	$ 42,859	$ -	$ 369,564	$ 40,859	$ 119,212	$ 45,603	$ 119,212	$ 360,432	$ 119,212	$ 352,185	$ 119,212	$ 349,592	$ 2,037,942
Subtotal Direct Costs	**$ 72,000**	**$ 61,500**	**$1,278,279**	**$ 70,000**	**$ 341,500**	**$ 138,656**	**$ 341,500**	**$ 1,278,279**	**$ 341,500**	**$1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 6,821,272**
Indirect Cost Amount	$ -	$ -	$ -		$ -	$ 6,739	$ -	$ -	$ -	$ -	$ -	$ -	**$ 6,739**
Indirect Cost Rate (%)	0.0%	0.0%	0.0%	0.0%	0.0%	4.86%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	
Total Expenses	**$ 72,000**	**$ 61,500**	**$1,278,279**	**$ 70,000**	**$ 341,500**	**$ 145,395**	**$ 341,500**	**$ 1,278,279**	**$ 341,500**	**$1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 6,828,011**
REVENUES & FUNDING SOURCES													
DPH Funding Sources													
SAM/SOA CFDA #93.917			$1,278,279					$ 1,278,279		$1,278,279		$ 1,278,279	**$ 5,113,116**
GTZ - General Fund		$ 61,500			$ 341,500		$ 341,500		$ 341,500		$ 341,500		**$ 1,427,500**
SAM/SOA CFDA #93.917 RWPB X08	$ 72,000			$ 70,000		$ 145,395							**$ 287,395**
Total DPH Revenues	**$ 72,000**	**$ 61,500**	**$1,278,279**	**$ 70,000**	**$ 341,500**	**$ 145,395**	**$ 341,500**	**$ 1,278,279**	**$ 341,500**	**$1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 6,828,011**
Total (DPH/Non-DPH)	**$ 72,000**	**$ 61,500**	**$1,278,279**	**$ 70,000**	**$ 341,500**	**$ 145,395**	**$ 341,500**	**$ 1,278,279**	**$ 341,500**	**$1,278,279**	**$ 341,500**	**$ 1,278,279**	**$ 6,828,011**
Payment Method	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	

Prepared By: Darin Raffaelli — Phone # 415.447.2481

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**Contract Totals**
VP, Programs - Ayala, Ana	0.20	$ 3,648	17%	$ 18,352	83%			$ 22,000
Caseworkers - Williams, Wilburn	0.18	$ 1,327	17%	$ 6,677	83%			$ 8,004
Delivery Drivers - Madrillejos, Paul	0.15	$ 831	17%	$ 4,181	83%			$ 5,012
Cooks - Barraza, Jonny	0.15	$ 808	17%	$ 4,062	83%			$ 4,870
Wellness Center Receptionist - Stone, Mary Beth	0.15	$ 915	17%	$ 4,601	83%			$ 5,516
Operations Coordinator - Cohen, Daniel	0.20	$ 1,220	17%	$ 6,134	83%			$ 7,354
Porters - Guinto, Ramon	0.20	$ 1,142	17%	$ 5,747	83%			$ 6,889
Volunteer Coordinators - Orozco, Alicia	0.20	$ 1,527	17%	$ 7,679	83%			$ 9,206
Total FTE & Total Salaries	**1.43**	**$ 11,418**	**17%**	**$ 57,433**	**83%**			**$ 68,851**
Fringe Benefits	35.15%	$ 4,014	17%	$ 20,188	83%			$ 24,202
Total Personnel Expenses		**$ 15,432**	**17%**	**$ 77,621**	**83%**			**$ 93,053**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**Contract Total**
Total Occupancy								
Total Materials and Supplies		$ 7,319	17%	$ 36,814	83%			$ 44,133
Consultants/Subcontractor:		$ 244	17%	$ 1,226	83%			$ 1,470
Other (specify):								
Total Operating Expenses		**$ 7,563**	**17%**	**$ 38,040**	**83%**			**$ 45,603**
Total Direct Expenses		$ 22,995	17%	$ 115,661	83%			$ 138,656
Indirect Expenses	4.86%	$ 1,118	17%	$ 5,621	83%			$ 6,739
TOTAL EXPENSES		**$ 24,113**	**17%**	**$ 121,282**	**83%**			**$ 145,395**
UOS per Service Mode		2,001		4,507				**6,508**
Cost / UOS by Service Mode		$12.06		$26.91				**N/A**
UDC per Service Mode		10		80				**80**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1: **VP, Programs - Ayala, Ana**					
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	**Total**	
$110,000.00	0.20	12	1.0	**$**	**22,000**
Staff Position 2: **Caseworkers - Williams, Wilburn**					
Brief Duties	Client engagement. Care navigation. Treatment team collaboration.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
$44,470.00	0.18	12	1.0	**$**	**8,004**
Staff Position 3: **Delivery Drivers - Madrillejos, Paul**					
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$33,425.00	0.15	12	1.0	**$**	**5,012**
Staff Position 4: **Cooks - Breece, David**					
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
$32,469.00	0.15	12	1.0	**$**	**4,870**
Staff Position 5: **Wellness Center Receptionist - Stone, Mary Beth**					
Brief Duties	Responsible for greeting clients,helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
$36,774.00	0.15	12	1.0	**$**	**5,516**
Staff Position 6: **Operations Coordinator - Cohen, Daniel**					
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$36,774.00	0.20	12	1.0	**$**	**7,354**
Staff Position 7: **Porters - Guinto, Ramon**					
Brief Duties	Cleaning and santizing all food preparation containers, utensils & equipment and cleaning kitchen .				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$34,444.00	0.20	12	1.0	**$**	**6,889**
Staff Position 8: **Volunteer Coordinators - Orozco, Alicia**					
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$46,030.00	0.20	12	1.0	**$**	**9,206**
Total FTE:	**1.43**		**Total Salaries:**		**68,851**

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	5,267.10
Retirement	$	1,032.77
Medical	$	8,262.12
Dental	$	4,131.06
Disability Insurance	$	5,508.08
	Total Fringe Benefit:	**24,202**
	Fringe Benefit %:	**35.15%**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**93,053**

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	direct cost of food/packaging per meal.	~ $2.91 per meal X 2,001 meals	5,823
Food & Packaging Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.50 per bag x 4,507 bags	38,310
		Total Materials & Supplies:	**44,133**

Consultant/Subcontractor	Service Description	Rate	Cost
Mr. Grant Whiting Database Admin	Open Hand Database Administrator/ARIES liaison. (10/01/18 to 12/30/18)	3.5 hrs x 12 wks x $35/hour	1,470
		Total Consultants/Subcontractors:	**1,470**

	TOTAL OPERATING EXPENSES:	**45,603**
	TOTAL DIRECT COSTS:	**138,656**

4) INDIRECT COSTS

Describe method and basis for Indirect Cost Allocation (i.e., FTE, square footage, or other)	Amount
Contract Accountant-Darin Raffaelli ($55,764.80 / 1.00 FTE @ .12 FTE)	6,739
Indirect Rate:	**4.86%**

	TOTAL INDIRECT COSTS:	**6,739**
	TOTAL EXPENSES:	**145,395**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2b Pg 1 Totals**
Outreach Coordinator - Eskin Shapson, Isabel	0.033	1,320	80%	330	20%			1,650
Communications Officer - Weatherspoon, Leah	0.0825	6,006	80%	1,502	20%			7,508
Manager, Wellness Programs - Ngo, Serena	0.0495	2,483	80%	621	20%			3,104
Caseworkers - Ngai,Heather	0.165	5,672	80%	1,418	20%			7,090
Delivery Driver - Open	0.330	8,654	80%	2,164	20%			10,818
Cook - Taylor, Nicole	0.132	3,637	80%	909	20%			4,546
Porters - Cruz, Danny	0.099	2,675	80%	669	20%			3,344
Volunteer Coordinator - Orozco, Alicia	0.099	3,646	80%	911	20%			4,557
Manager, Operations - McCormick, Michael	0.099	5,425	80%	1,356	20%			6,781
Operations Coordinator - Lopez, Carlos	0.1444476	3,903	80%	976	20%			4,879
Total FTE & Total Salaries	**1.2334476**	**43,421**	**80%**	**10,856**	**20%**			**54,277**
Fringe Benefits	35.15%	15,262	80%	3,816	20%			19,078
Total Personnel Expenses		**58,683**	**80%**	**14,672**	**20%**			**73,355**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2b Pg 1 Totals**
Total Occupancy								-
Total Materials and Supplies		23,728	80%	5,933	20%			29,661
Total General Operating		7,743	80%	1,936	20%			9,679
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**31,471**	**80%**	**7,869**	**20%**			**39,340**
Total Direct Expenses		90,154	80%	22,541	20%			112,695
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**90,154**	**80%**	**22,541**	**20%**			**112,695**
UOS per Service Mode		7,706		863				**8,569**
Cost / UOS by Service Mode		$11.70		$26.12				**N/A**
UDC per Service Mode		40		40				**40**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**B-2b pg 2 Totals**	**Total FTE**	
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**GTZ Totals**
Outreach Coordinator - Eskin Shapson, Isabe	0.067	2,680	80%	670	20%	**3,350**	**0.10**	**5,000**
Communications Officer - Weatherspoon, Lea	0.1675	12,193	80%	3,049	20%	**15,242**	**0.25**	**22,750**
Manager, Wellness Programs - Ngo, Serena	0.1005	5,041	80%	1,260	20%	**6,301**	**0.15**	**9,405**
Caseworkers - Ngai,Heather	0.335	11,517	80%	2,879	20%	**14,396**	**0.50**	**21,486**
Delivery Driver - Open	0.670	17,569	80%	4,393	20%	**21,962**	**1.00**	**32,780**
Cook - Taylor, Nicole	0.268	7,385	80%	1,846	20%	**9,231**	**0.40**	**13,777**
Porters - Cruz, Danny	0.201	5,432	80%	1,358	20%	**6,790**	**0.30**	**10,134**
Volunteer Coordinator - Orozco, Alicia	0.201	7,401	80%	1,851	20%	**9,252**	**0.30**	**13,809**
Manager, Operations - McCormick, Michael	0.201	11,015	80%	2,754	20%	**13,769**	**0.30**	**20,550**
Operations Coordinator - Lopez, Carlos	0.293272	7,924	80%	1,981	20%	**9,905**	**0.43772**	**14,784**
Total FTE & Total Salaries	**2.504272**	**88,157**	**54%**	**22,041**	**13%**	**110,198**	**3.73772**	**164,475**
Fringe Benefits	35.15%	30,987	80%	7,748	20%	**38,735**		**57,813**
Total Personnel Expenses		**119,144**	**80%**	**29,789**	**20%**	**148,933**		**222,288**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**B-2b pg 2 Totals**		**GTZ Totals**
Total Occupancy								-
Total Materials and Supplies		48,176	80%	12,045	20%	**60,221**		**89,882**
Total General Operating		15,721	80%	3,930	20%	**19,651**		**29,330**
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**63,897**	**54%**	**15,975**	**13%**	**79,872**		**119,212**
Total Direct Expenses		183,041	80%	45,764	20%	**228,805**		**341,500**
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**183,041**	**80%**	**45,764**	**20%**	**228,805**		**341,500**
UOS per Service Mode		15,644		1,751		**17,395**		**25,964**
Cost / UOS by Service Mode		$11.71		$26.14		**N/A**		**N/A**
UDC per Service Mode		80		80		**80**		**120**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Outreach Coordinator - Eskin Shapson, Isabel				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
	Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
	$50,000.00	0.10	12	1.00	$ 5,000
Staff Position 2:	Communications Officer - Weatherspoon, Leah				
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
	$91,000.00	0.25	12	1	$ 22,750
Staff Position 3:	Manager, Wellness Programs - Ngo, Serena				
Brief Duties	Manage wellness programs to mitigate barriers to access and alternative distribution models.				
Min Quals	B.A. 5+ yrs leadership experience. MSW preferred.				
	$62,700.00	0.15	12	1.00	$ 9,405
Staff Position 4:	Caseworkers - Ngai,Heather				
Brief Duties	Client engagement. Care navigation. Treatment team collaboration.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
	$42,972.00	0.50	12	1.00	$ 21,486
Staff Position 5:	Delivery Driver - Open				
Brief Duties	Client engagement, wellness checks, service delivery. Care navigation. Treatment team collaboration.				
Min Quals	3+ years in social service or public service.				
	$32,780.00	1.00	12	1.00	$ 32,780
Staff Position 6:	Cook - Taylor, Nicole				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years experience in food preparation.				
	$34,445.00	0.40	12	1.00	$ 13,777
Staff Position 7:	Porters - Cruz, Danny				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$33,779.00	0.30	12	1.00	$ 10,134
Staff Position 8:	Volunteer Coordinator - Orozco, Alicia				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$46,030.00	0.30	12	1.00	$ 13,809
Staff Position 9:	Manager, Operations - McCormick, Michael				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$68,500.00	0.30	12	1.00	$ 20,550
Staff Position 10:	Operations Coordinator - Lopez, Carlos				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$33,774.00	0.43772	12	1.00	$ 14,784
	Total FTE:	**3.73772**		**Total Salaries:**	$ 164,475

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	12,582.34
Retirement	$	2,467.13
Medical	$	19,737.00
Dental	$	9,868.50
Disability Insurance	$	13,158.00
Total Fringe Benefit:		**57,813**
Fringe Benefit %:		**35.15%**
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		**222,288**

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	Direct food and packaging costs per meal.	$2.90 / UOS x 23,350	67,715
Food & Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.48/ UOS x 2,614	22,167
		Total Materials & Supplies:	**89,882**

General Operating:

Expense Item	Brief Description	Rate	Cost
Maintenance / Repairs	Semi annual vehicle maintenace, licensing and repairs.	approx $416.67/month	5,000
Fuel	3-4 days/wk; 2-3 routes/day; ~$52.50/wk.	approx $227.5/month	2,730
Parking	Parking for vehicles; $900/month per vehicle x 2 autos.	$1,800/month	21,600
		Total General Operating:	**29,330**

TOTAL OPERATING EXPENSES:	**119,212**
TOTAL DIRECT COSTS:	**341,500**

4) INDIRECT COSTS

TOTAL INDIRECT COSTS:	**-**
TOTAL EXPENSES:	**341,500**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2c Pg 1 Totals**
Outreach Coordinator - Eskin Shapson, Isabel	0.033	1,320	80%	330	20%			1,650
Communications Officer - Weatherspoon, Leah	0.0825	6,006	80%	1,502	20%			7,508
Manager, Wellness Programs - Ngo, Serena	0.0495	2,483	80%	621	20%			3,104
Caseworkers - Ngai,Heather	0.165	5,672	80%	1,418	20%			7,090
Delivery Driver - Open	0.330	8,654	80%	2,164	20%			10,818
Cook - Taylor, Nicole	0.132	3,637	80%	909	20%			4,546
Porters - Cruz, Danny	0.099	2,675	80%	669	20%			3,344
Volunteer Coordinator - Orozco, Alicia	0.099	3,646	80%	911	20%			4,557
Manager, Operations - McCormick, Michael	0.099	5,425	80%	1,356	20%			6,781
Operations Coordinator - Lopez, Carlos	0.1444476	3,903	80%	976	20%			4,879
Total FTE & Total Salaries	**1.2334476**	**43,421**	**80%**	**10,856**	**20%**			**54,277**
Fringe Benefits	35.15%	15,262	80%	3,816	20%			19,078
Total Personnel Expenses		**58,683**	**80%**	**14,672**	**20%**			**73,355**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2c Pg 1 Totals**
Total Occupancy								-
Total Materials and Supplies		23,728	80%	5,933	20%			29,661
Total General Operating		7,743	80%	1,936	20%			9,679
Total Staff Travel								-
Consultants/Subcontractor:			-					-
Other (specify):								-
								-
Total Operating Expenses		**31,471**	**80%**	**7,869**	**20%**			**39,340**
Total Direct Expenses		90,154	80%	22,541	20%			112,695
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**90,154**	**80%**	**22,541**	**20%**			**112,695**
UOS per Service Mode		7,706		863				8,569
Cost / UOS by Service Mode		$11.70		$26.12				**N/A**
UDC per Service Mode		40		40				**40**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**B-2c pg 2 Totals**	**Total FTE**	
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**GTZ Totals**
Outreach Coordinator - Eskin Shapson, Isabe	0.067	2,680	80%	670	20%	**3,350**	**0.10**	**5,000**
Communications Officer - Weatherspoon, Lea	0.1675	12,193	80%	3,049	20%	**15,242**	**0.25**	**22,750**
Manager, Wellness Programs - Ngo, Serena	0.1005	5,041	80%	1,260	20%	**6,301**	**0.15**	**9,405**
Caseworkers - Ngai,Heather	0.335	11,517	80%	2,879	20%	**14,396**	**0.50**	**21,486**
Delivery Driver - Open	0.670	17,569	80%	4,393	20%	**21,962**	**1.00**	**32,780**
Cook - Taylor, Nicole	0.268	7,385	80%	1,846	20%	**9,231**	**0.40**	**13,777**
Porters - Cruz, Danny	0.201	5,432	80%	1,358	20%	**6,790**	**0.30**	**10,134**
Volunteer Coordinator - Orozco, Alicia	0.201	7,401	80%	1,851	20%	**9,252**	**0.30**	**13,809**
Manager, Operations - McCormick, Michael	0.201	11,015	80%	2,754	20%	**13,769**	**0.30**	**20,550**
Operations Coordinator - Lopez, Carlos	0.293272	7,924	80%	1,981	20%	**9,905**	**0.43772**	**14,784**
Total FTE & Total Salaries	**2.504272**	**88,157**	**54%**	**22,041**	**13%**	**110,198**	**3.73772**	**164,475**
Fringe Benefits	35.15%	30,987	80%	7,748	20%	**38,735**		**57,813**
Total Personnel Expenses		**119,144**	**80%**	**29,789**	**20%**	**148,933**		**222,288**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**B-2c pg 2 Totals**		**GTZ Totals**
Total Occupancy								-
Total Materials and Supplies		48,176	80%	12,045	20%	**60,221**		**89,882**
Total General Operating		15,721	80%	3,930	20%	**19,651**		**29,330**
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**63,897**	**54%**	**15,975**	**13%**	**79,872**		**119,212**
Total Direct Expenses		183,041	80%	45,764	20%	**228,805**		**341,500**
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**183,041**	**80%**	**45,764**	**20%**	**228,805**		**341,500**
UOS per Service Mode		15,644		1,751		**17,395**		**25,964**
Cost / UOS by Service Mode		$11.71		$26.14		**N/A**		**N/A**
UDC per Service Mode		80		80		**80**		**120**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Outreach Coordinator - Eskin Shapson, Isabel				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos		Total
$50,000.00	0.10	12	1.00	$	5,000
Staff Position 2:	Communications Officer - Weatherspoon, Leah				
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
$91,000.00	0.25	12	1	$	22,750
Staff Position 3:	Manager, Wellness Programs - Ngo, Serena				
Brief Duties	Manage wellness programs to mitigate barriers to access and alternative distribution models.				
Min Quals	B.A. 5+ yrs leadership experience. MSW preferred.				
$62,700.00	0.15	12	1.00	$	9,405
Staff Position 4:	Caseworkers - Ngai,Heather				
Brief Duties	Client engagement. Care navigation. Treatment team collaboration.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
$42,972.00	0.50	12	1.00	$	21,486
Staff Position 5:	Delivery Driver - Open				
Brief Duties	Client engagement, wellness checks, service delivery. Care navigation. Treatment team collaboration.				
Min Quals	3+ years in social service or public service.				
$32,780.00	1.00	12	1.00	$	32,780
Staff Position 6:	Cook - Taylor, Nicole				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years experience in food preparation.				
$34,445.00	0.40	12	1.00	$	13,777
Staff Position 7:	Porters - Cruz, Danny				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$33,779.00	0.30	12	1.00	$	10,134
Staff Position 8:	Volunteer Coordinator - Orozco, Alicia				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$46,030.00	0.30	12	1.00	$	13,809
Staff Position 9:	Manager, Operations - McCormick, Michael				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$68,500.00	0.30	12	1.00	$	20,550
Staff Position 10:	Operations Coordinator - Lopez, Carlos				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$33,774.00	0.43772	12	1.00	$	14,784
	Total FTE:	**3.73772**		**Total Salaries:**	**$ 164,475**

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	12,582.34
Retirement	$	2,467.13
Medical	$	19,737.00
Dental	$	9,868.50
Disability Insurance	$	13,158.00
Total Fringe Benefit:		**57,813**
Fringe Benefit %:		**35.15%**
TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		**222,288**

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	Direct food and packaging costs per meal.	$2.90 / UOS x 23,350	67,715
Food & Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.48/ UOS x 2,614	22,167
		Total Materials & Supplies:	**89,882**

General Operating:

Expense Item	Brief Description	Rate	Cost
Maintenance / Repairs	Semi annual vehicle maintenace, licensing and repairs.	approx $416.67/month	5,000
Fuel	3-4 days/wk; 2-3 routes/day; ~$52.50/wk.	approx $227.5/month	2,730
Parking	Parking for vehicles; $900/month per vehicle x 2 autos.	$1,800/month	21,600
		Total General Operating:	**29,330**

TOTAL OPERATING EXPENSES:	**119,212**
TOTAL DIRECT COSTS:	**341,500**

4) INDIRECT COSTS

TOTAL INDIRECT COSTS:	-
TOTAL EXPENSES:	**341,500**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**				
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**B-2d Pg 1 Totals**
Outreach Coordinator - Eskin Shapson, Isabel	0.033	1,320	80%	330	20%			1,650
Communications Officer - Weatherspoon, Leah	0.0825	6,006	80%	1,502	20%			7,508
Manager, Wellness Programs - Ngo, Serena	0.0495	2,483	80%	621	20%			3,104
Caseworkers - Ngai,Heather	0.165	5,672	80%	1,418	20%			7,090
Delivery Driver - Open	0.330	8,654	80%	2,164	20%			10,818
Cook - Taylor, Nicole	0.132	3,637	80%	909	20%			4,546
Porters - Cruz, Danny	0.099	2,675	80%	669	20%			3,344
Volunteer Coordinator - Orozco, Alicia	0.099	3,646	80%	911	20%			4,557
Manager, Operations - McCormick, Michael	0.099	5,425	80%	1,356	20%			6,781
Operations Coordinator - Lopez, Carlos	0.1444476	3,903	80%	976	20%			4,879
Total FTE & Total Salaries	**1.2334476**	**43,421**	**80%**	**10,856**	**20%**			**54,277**
Fringe Benefits	35.15%	15,262	80%	3,816	20%			19,078
Total Personnel Expenses		**58,683**	**80%**	**14,672**	**20%**			**73,355**
Operating Expenses		**Expense**	**%**	**Expense**	**%**			**B-2d Pg 1 Totals**
Total Occupancy								-
Total Materials and Supplies		23,728	80%	5,933	20%			29,661
Total General Operating		7,743	80%	1,936	20%			9,679
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**31,471**	**80%**	**7,869**	**20%**			**39,340**
Total Direct Expenses		90,154	80%	22,541	20%			112,695
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**90,154**	**80%**	**22,541**	**20%**			**112,695**
UOS per Service Mode		7,706		863				**8,569**
Cost / UOS by Service Mode		$11.70		$26.12				**N/A**
UDC per Service Mode		40		40				**40**

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		**HIV/AIDS Prepared Meals**		**HIV/AIDS Grocery Bags**		**B-2d pg 2 Totals**	**Total FTE**	
Position Titles	**FTE**	**Salaries**	**% FTE**	**Salaries**	**% FTE**			**GTZ Totals**
Outreach Coordinator - Eskin Shapson, Isabe	0.067	2,680	80%	670	20%	**3,350**	**0.10**	**5,000**
Communications Officer - Weatherspoon, Lea	0.1675	12,193	80%	3,049	20%	**15,242**	**0.25**	**22,750**
Manager, Wellness Programs - Ngo, Serena	0.1005	5,041	80%	1,260	20%	**6,301**	**0.15**	**9,405**
Caseworkers - Ngai,Heather	0.335	11,517	80%	2,879	20%	**14,396**	**0.50**	**21,486**
Delivery Driver - Open	0.670	17,569	80%	4,393	20%	**21,962**	**1.00**	**32,780**
Cook - Taylor, Nicole	0.268	7,385	80%	1,846	20%	**9,231**	**0.40**	**13,777**
Porters - Cruz, Danny	0.201	5,432	80%	1,358	20%	**6,790**	**0.30**	**10,134**
Volunteer Coordinator - Orozco, Alicia	0.201	7,401	80%	1,851	20%	**9,252**	**0.30**	**13,809**
Manager, Operations - McCormick, Michael	0.201	11,015	80%	2,754	20%	**13,769**	**0.30**	**20,550**
Operations Coordinator - Lopez, Carlos	0.293272	7,924	80%	1,981	20%	**9,905**	**0.43772**	**14,784**
Total FTE & Total Salaries	**2.504272**	**88,157**	**54%**	**22,041**	**13%**	**110,198**	**3.73772**	**164,475**
Fringe Benefits	35.15%	30,987	80%	7,748	20%	**38,735**		**57,813**
Total Personnel Expenses		**119,144**	**80%**	**29,789**	**20%**	**148,933**		**222,288**
Operating Expenses		**Expense**	**%**	**Expense**	**%**	**B-2d pg 2 Totals**		**GTZ Totals**
Total Occupancy								-
Total Materials and Supplies		48,176	80%	12,045	20%	**60,221**		**89,882**
Total General Operating		15,721	80%	3,930	20%	**19,651**		**29,330**
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		**63,897**	**54%**	**15,975**	**13%**	**79,872**		**119,212**
Total Direct Expenses		183,041	80%	45,764	20%	**228,805**		**341,500**
Indirect Expenses	0%		0%		0%			-
TOTAL EXPENSES		**183,041**	**80%**	**45,764**	**20%**	**228,805**		**341,500**
UOS per Service Mode		15,644		1,751		**17,395**		**25,964**
Cost / UOS by Service Mode		$11.71		$26.14		**N/A**		**N/A**
UDC per Service Mode		80		80		**80**		**120**

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Outreach Coordinator - Eskin Shapson, Isabel				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier anlaysis.				
Min Quals	B.A., case management experience. Bil-lingual spanish.				
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total	
$50,000.00	0.10	12	1.00	$	5,000
Staff Position 2:	Communications Officer - Weatherspoon, Leah				
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bil-lingual spanish.				
$91,000.00	0.25	12	1	$	22,750
Staff Position 3:	Manager, Wellness Programs - Ngo, Serena				
Brief Duties	Manage wellness programs to mitigate barriers to access and alternative distribution models.				
Min Quals	B.A. 5+ yrs leadership experience. MSW preferred.				
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Brief Duties	Client engagement. Care navigation. Treatment team collaboration.				
Min Quals	B.A. Case management exprerience. Bi-lingual preferred.				
$42,972.00	0.50	12	1.00	$	21,486
Staff Position 5:	Delivery Driver - Open				
Brief Duties	Client engagement, wellness checks, service delivery. Care navigation. Treatment team collaboration.				
Min Quals	3+ years in social service or public service.				
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Staff Position 6:	Cook - Taylor, Nicole				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years experience in food preparation.				
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Staff Position 7:	Porters - Cruz, Danny				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
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Staff Position 8:	Volunteer Coordinator - Orozco, Alicia				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
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Staff Position 9:	Manager, Operations - McCormick, Michael				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$68,500.00	0.30	12	1.00	$	20,550
Staff Position 10:	Operations Coordinator - Lopez, Carlos				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$33,774.00	0.43772	12	1.00	$	14,784
Total FTE:	**3.73772**		**Total Salaries:**	$	164,475

1b) EMPLOYEE FRINGE BENEFITS:

Component		Cost
Social Security	$	12,582.34
Retirement	$	2,467.13
Medical	$	19,737.00
Dental	$	9,868.50
Disability Insurance	$	13,158.00
	Total Fringe Benefit:	**57,813**
	Fringe Benefit %:	**35.15%**
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:	**222,288**

2) OPERATING EXPENSES:

Materials & Supplies:

Expense Item	Brief Description	Rate	Cost
Food & Packaging Meals	Direct food and packaging costs per meal.	$2.90 / UOS x 23,350	67,715
Food & Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.48/ UOS x 2,614	22,167
		Total Materials & Supplies:	**89,882**

General Operating:

Expense Item	Brief Description	Rate	Cost
Maintenance / Repairs	Semi annual vehicle maintenace, licensing and repairs.	approx $416.67/month	5,000
Fuel	3-4 days/wk; 2-3 routes/day; ~$52.50/wk.	approx $227.5/month	2,730
Parking	Parking for vehicles; $900/month per vehicle x 2 autos.	$1,800/month	21,600
		Total General Operating:	**29,330**

TOTAL OPERATING EXPENSES:	**119,212**
TOTAL DIRECT COSTS:	**341,500**

4) INDIRECT COSTS

TOTAL INDIRECT COSTS:	-
TOTAL EXPENSES:	**341,500**

Appendix D
Reserved

APPENDIX E

San Francisco Department of Public Health

Business Associate Agreement

This Business Associate Agreement ("BAA") supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity ("CE"), and Contractor, the Business Associate ("BA") (the "Agreement"). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

RECITALS

A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

1. Definitions.

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

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

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

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

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

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

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

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized

health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

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

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

k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

2. Obligations of Business Associate.

a. **Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes

to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

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

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such

occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

f. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of

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

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

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

k. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the

Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

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

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

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

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents. Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a

subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

3. Termination.

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

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

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

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

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

4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to

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

5. Reimbursement for Fines or Penalties.

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

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017
Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

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

Contractor Name:		Contractor City Vendor ID	

PRIVACY ATTESTATION

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

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

I. All Contractors.

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

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

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

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

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

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

Contractor Name:		Contractor City Vendor ID	

DATA SECURITY ATTESTATION

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

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

I. All Contractors.

	DOES YOUR ORGANIZATION...	Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]		
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?		
	Date of last Data Security Risk Assessment/Audit:		
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:		
C	Have a formal Data Security Awareness Program?		
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?		
	If yes: Name & Title:	Phone #:	Email:
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]		
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain , transmit, or access SFDPH's health information?		
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?		

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

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	

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

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

HHS

Contract ID #: 1000002671
Invoice Number: A-1SEP18
Contract Purchase Order No:
Funding Source: RWPB
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 09/30/18 - 10/29/18
FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	2,001	10							2,001	10
Food: Groceries	4,507	80							4,507	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		80								80

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$68,851				$68,851.00
Fringe Benefits	$24,202				$24,202.00
Total Personnel Expenses	$93,053				$93,053.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$44,133				$44,133.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	$1,470				$1,470.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$45,603				$45,603.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$138,656				$138,656.00
Indirect Expenses	$6,739				$6,739.00
TOTAL EXPENSES	$145,395				$145,395.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Invoice Number: A-1SEP18
Contract Purchase Order No:
Fund Source: RWPB
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 09/30/18 - 10/29/18
FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
VP, Programs	0.20	$22,000				$22,000.00
Caseworkers	0.18	$8,004				$8,004.00
Delivery Drivers	0.15	$5,012				$5,012.00
Cooks	0.15	$4,870				$4,870.00
Wellness Center Receptionist	0.15	$5,516				$5,516.00
Operations Coordinator	0.20	$7,354				$7,354.00
Porters	0.20	$6,889				$6,889.00
Volunteer Coordinators	0.20	$9,206				$9,206.00
TOTAL SALARIES	1.43	$68,851				$68,851.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Contract ID #: 1000002671
Invoice Number: A-2JUL18
Contract Purchase Order No:
Funding Source: GTZ General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/18 - 07/31/18
FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	7,706	40							7,706	40
Food Access: Grocery Bags	863	40							863	40
Expanded Capacity & Link. Track, F/U: Prepared	15,644	80							15,644	80
Expanded Capacity & Link. Track, F/U: Grocery I	1,751	80							1,751	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$164,475				$164,475.00
Fringe Benefits	$57,813				$57,813.00
Total Personnel Expenses	$222,288				$222,288.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$89,882				$89,882.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$29,330				$29,330.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$119,212				$119,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,500				$341,500.00
Indirect Expenses					
TOTAL EXPENSES	$341,500				$341,500.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Invoice Number: A-2JUL18

Contract Purchase Order No:

Fund Source: GTZ General Fund

Grant Code/Detail:

Project Code/Detail:

Invoice Period: 07/1/18 - 07/31/18

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.10	$5,000				$5,000.00
Communications Officer	0.25	$22,750				$22,750.00
Manager, Wellness Programs	0.15	$9,405				$9,405.00
Caseworkers	0.50	$21,486				$21,486.00
Delivery Driver	1.00	$32,780				$32,780.00
Cook	0.40	$13,777				$13,777.00
Porters	0.30	$10,134				$10,134.00
Volunteer Coordinator	0.30	$13,809				$13,809.00
Manager, Operations	0.30	$20,550				$20,550.00
Operations Coordinator	0.43772	$14,784				$14,784.00
TOTAL SALARIES	3.73772	$164,475				$164,475.00

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

Certified By: _____ Date: _____

Title: _____

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Contract ID #: 1000002671
Invoice Number: A-2JUL19
Contract Purchase Order No:
Funding Source: GTZ General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/19 - 07/31/19
FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	7,706	40							7,706	40
Food Access: Grocery Bags	863	40							863	40
Expanded Capacity & Link. Track, F/U: Prepared	15,644	80							15,644	80
Expanded Capacity & Link. Track, F/U: Grocery	1,751	80							1,751	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$164,475				$164,475.00
Fringe Benefits	$57,813				$57,813.00
Total Personnel Expenses	$222,288				$222,288.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$89,882				$89,882.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$29,330				$29,330.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$119,212				$119,212.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,500				$341,500.00
Indirect Expenses					
TOTAL EXPENSES	$341,500				$341,500.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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

Signature: _____ Date: _____

Title: _____

Send to: SFDPH Fiscal / Invoice Processing
1380 Howard Street, 4th Floor, Suite 423
San Francisco, CA 94103
Attn: Contract Payments

By: _____ Date: _____
(DPH Authorized Signatory)

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Invoice Number: A-2JUL19
Contract Purchase Order No:
Fund Source: GTZ General Fund
Grant Code/Detail:
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Invoice Period: 07/1/19 - 07/31/19
FINAL Invoice (check if Yes)

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Caseworkers	0.50	$21,486				$21,486.00
Delivery Driver	1.00	$32,780				$32,780.00
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Operations Coordinator	0.43772	$14,784				$14,784.00
TOTAL SALARIES	3.73772	$164,475				$164,475.00

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

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

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

HHS

Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Contract ID #: 1000002671
Invoice Number: A-2JUL20
Contract Purchase Order No:
Funding Source: GTZ General Fund
Grant Code/Detail:
Project Code/Detail:
Invoice Period: 07/1/20 - 07/31/20
FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
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LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
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Telephone: 415-447-2300
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Program Name: HIV/AIDS Food and Nutrition Services - GTZ

ACE Control #:

Invoice Number: A-2JUL20

Contract Purchase Order No:

Fund Source: GTZ General Fund

Grant Code/Detail:

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FINAL Invoice ☐ (check if Yes)

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Certified By: _____ Date: _____

Title: _____

PROJOPE-02 HBCT13

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/21/2018

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

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

PRODUCER License # 0564249
Heffernan Insurance Brokers
1460B O'Brien Drive
Menlo Park, CA 94025

CONTACT NAME:
PHONE (A/C, No, Ext): 1 (650) 842-5200 FAX (A/C, No): (650) 842-5201
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : GuideOne Insurance*	3034
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Project Open Hand
730 Polk St.
San Francisco, CA 94109

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		01444998	07/01/2018	07/01/2019	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 1,000,000
	X Host Liquor Incid						MED EXP (Any one person)	$ 15,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO	X		01787970	07/01/2018	07/01/2019	BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 5,000,000
	EXCESS LIAB CLAIMS-MADE			01444999	07/01/2018	07/01/2019	AGGREGATE	$ 5,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N	N/A		010002961	07/01/2018	07/01/2019	E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Social Service Prof.			01444998	07/01/2018	07/01/2019	Occurrence Limit	1,000,000
A	Social Service Prof.			01444998	07/01/2018	07/01/2019	Aggregate Limit	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: As Per Contract or Agreement on File with Insured. City & County of San Francisco, its officers, employees and agents are included as an additional insured (and primary) on General Liability policy per the attached endorsement, if required and also included as additional insured on Automobile Liability policy, if required. The Additional Insured endorsement has been requested for Automobile Liability policy from the insurance company and if approved will be forwarded when received.

CERTIFICATE HOLDER

City & County of San Francisco
Attn: Contracts Unit, SF Dept. Of Public Health
101 Grove Street, Room 402
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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d. The allegations in the "suit" and the information we know about the "occurrence" are such that no conflict appears to exist between the interests of the insured and the interests of the indemnitee;

e. The indemnitee and the insured ask us to conduct and control the defense of that indemnitee against such "suit" and agree that we can assign the same counsel to defend the insured and the indemnitee; and

f. The indemnitee:

(1) Agrees in writing to:

(a) Cooperate with us in the investigation, settlement or defense of the "suit";

(b) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the "suit";

(c) Notify any other insurer whose coverage is available to the indemnitee; and

(d) Cooperate with us with respect to coordinating other applicable insurance available to the indemnitee; and

(2) Provides us with written authorization to:

(a) Obtain records and other information related to the "suit"; and

(b) Conduct and control the defense of the indemnitee in such "suit".

So long as the above conditions are met, attorneys' fees incurred by us in the defense of that indemnitee, necessary litigation expenses incurred by us and necessary litigation expenses incurred by the indemnitee at our request will be paid as Supplementary Payments. Notwithstanding the provisions of Paragraph **2.b.(2)** of Section **I -- Coverage A -- Bodily Injury And Property Damage Liability**, such payments will not be deemed to be "damages" for "bodily injury" and "property damage" and will not reduce the limits of insurance.

Our obligation to defend an insured's indemnitee and to pay for attorneys' fees and necessary litigation expenses as Supplementary Payments ends when we have used up the applicable limit of insurance in the payment of judgments or settlements or the conditions set forth above, or the terms of the agreement described in Paragraph **f.** above, are no longer met.

ADDITIONAL SUPPLEMENTARY PAYMENTS

Product Recall Expenses

We will reimburse you for "product recall expenses" that you incur because of a "product recall" of "your product". The most we will pay for all "product recall expenses" initiated during the policy period is $25,000. The policy period under which "product recall expenses" will be paid shall be determined by the policy that is in effect when the "product recall" was first initiated.

A complete accounting of "product recall expenses" must be provided upon our request, including receipts for all expenses that you incur. We will reimburse "product recall expenses" only if the expenses are incurred and reported to us within one year of the date the "product recall" was initiated.

Our obligation under this Additional Supplementary Payment shall only apply if the "product recall expenses" are initiated in the "coverage territory" during the policy period because:

1. You determine that the "product recall" is necessary; or

2. An authorized government entity has ordered you to conduct a "product recall".

However, this Additional Supplementary Payment does not apply to "product recall expenses" arising out of the product expiration or shelf life, a defect known by you prior to the time "your product" leaves your control or possession, or the defense of a claim or "suit" against you for liability arising out of a "product recall".

SECTION II -- WHO IS AN INSURED

1. If you are designated in the Declarations as:

a. An individual, you and your spouse are insureds, but only with respect to the conduct of a business of which you are the sole owner.

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b. A partnership or joint venture, you are an insured. Your members, your partners, and their spouses are also insureds, but only with respect to the conduct of your business.

c. A limited liability company, you are an insured. Your members are also insureds, but only with respect to the conduct of your business. Your managers are insureds, but only with respect to their duties as your managers.

d. An organization other than a partnership, joint venture or limited liability company, you are an insured. Your "executive officers" and directors are insureds, but only with respect to their duties as your officers or directors. Your stockholders are also insureds, but only with respect to their liability as stockholders.

e. A trust, you are an insured. Your trustees are also insureds, but only with respect to their duties as trustees.

2. Each of the following is also an insured:

a. Your "volunteer workers" only while performing duties related to the conduct of your business, or your "employees", other than either your "executive officers" (if you are an organization other than a partnership, joint venture or limited liability company) or your managers (if you are a limited liability company), but only for acts within the scope of their employment by you or while performing duties related to the conduct of your business. However, none of these "employees" or "volunteer workers" are insureds for:

(1) "Bodily injury" or "personal and advertising injury":

(a) To you, to your partners or members (if you are a partnership or joint venture), to your members (if you are a limited liability company), to a co-"employee" while in the course of his or her employment or performing duties related to the conduct of your business, or to your other "volunteer workers" while performing duties related to the conduct of your business;

(b) To the spouse, child, parent, brother or sister of that co-"employee" or "volunteer worker" as a consequence of Paragraph **(1)(a)** above;

(c) For which there is any obligation to share "damages" with or repay someone else who must pay "damages" because of the injury described in Paragraphs **(1)(a)** or **(b)** above.

(2) "Property damage" to property:

(a) Owned, occupied or used by,

(b) Rented to, in the care, custody or control of, or over which physical control is being exercised for any purpose by

you, any of your "employees", "volunteer workers", any partner or member (if you are a partnership or joint venture), or any member (if you are a limited liability company).

b. Any person (other than your "employee" or "volunteer worker"), or any organization while acting as your real estate manager.

c. Any person or organization having proper temporary custody of your property if you die, but only:

(1) With respect to liability arising out of the maintenance or use of that property; and

(2) Until your legal representative has been appointed.

d. All hierarchical governing bodies concerned with the adoption and enforcement of needful laws and regulations, doctrine and worship for the established denomination of which you are a member, but only with respect to liability arising out of the ownership, maintenance and use of the property by you at the locations designated in the Commercial General Liability Coverage Part Declarations and operations necessary and incidental thereto. But we shall not be liable under this policy to make payment to any such hierarchical body for loss in connection with any claim which is insured by another policy, except any amounts excess of all valid and collectible payments under such other policies.

3. Any organization you newly acquire or form, other than a partnership, joint venture or

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limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

a. Coverage under this provision is afforded only when the newly acquired or formed organization operates or conducts the same or similar business as you;

b. Coverage under this provision is afforded only until the 365th day after you acquire or form the organization or the end of the policy period, whichever is earlier;

c. Coverage **A** does not apply to "bodily injury" or "property damage" that occurred before you acquired or formed the organization; and

d. Coverage **B** does not apply to "personal and advertising injury" arising out of an offense committed before you acquired or formed the organization.

4. The following persons or organizations are also insureds:

a. Any of your members, but only with respect to their liability for your activities or activities they perform on your behalf, at your direction and within the scope of their duties.

b. Any trustee or official; member of any board, council, deaconry, or vestry; "minister", Sunday school superintendent and any Sunday school teachers; or any student teachers teaching as part of their educational requirements; but only with respect to their duties as such.

c. Any church organization authorized and controlled by you.

5. The following person(s) or organization(s) are an additional insured when you have agreed, in a written contract, that such person or organization be added as an additional insured on your policy, provided the written contract is initiated prior to an "occurrence" resulting in "damages".

A person or organization is an additional insured under this provision only for that period of time required by the written contract.

However, no such person or organization is an insured under this provision if such person or organization is included as an insured by an endorsement issued by us and made a part of this Coverage Form.

a. Any person or organization from whom you lease land but only with respect to liability arising out of the ownership, maintenance or use of that part of the land leased to you.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to:

(1) Any "occurrence" which takes place after you cease to lease that land; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of the additional insured.

b. Any state or political subdivision, but only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit.

With respect to the insurance afforded these additional insureds, this insurance does not apply to:

(1) "Bodily injury", "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or

(2) "Bodily Injury" or "property damage" included within the "products-completed operations hazard".

c. Any person or organization but only with respect to their liability as mortgagee, assignee, or receiver and arising out of the ownership, maintenance, or use of the premises by you.

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

d. Any person or organization but only with respect to their liability as co-owner of the premises.

6. The following is not an insured:

a. Any person or organization with respect to the conduct of any current or past partnership, joint venture, limited liability

company, that is not shown as a Named Insured in the Declarations.

b. Any person who is a professional health care services provider with respect to his or her rendering or failure to render professional health care services, except your school nurses (other than nurse practitioners) and student nurses while acting within the scope of their duties as directed by you.

SECTION III -- LIMITS OF INSURANCE

1. The Limits of Insurance shown in the Declarations and the rules below fix the most we will pay regardless of the number of:

   a. Insureds;

   b. Claims made or "suits" brought;

   c. Persons or organizations making claims or bringing "suits"; or

   d. Policies involved.

2. The General Aggregate Limit is the most we will pay for the sum of:

   a. Medical expenses under Coverage **C**;

   b. "Damages" under Coverage **A**, except "damages" because of "bodily injury" or "property damage" included in the "products-completed operations hazard"; and

   c. "Damages" under Coverage **B**.

3. The Products-Completed Operations Aggregate Limit is the most we will pay under Coverage **A** for "damages" because of "bodily injury" and "property damage" included in the "products-completed operations hazard".

4. Subject to Paragraph **2.** above, the Personal and Advertising Injury Limit is the most we will pay under Coverage **B** for the sum of all "damages" because of all "personal and advertising injury" sustained by any one person or organization.

5. Subject to Paragraph **2.** or **3.** above, whichever applies, the Each Occurrence Limit is the most we will pay for the sum of:

   a. "Damages" under Coverage **A**; and

   b. Medical expenses under Coverage **C**

   because of all "bodily injury" and "property damage" arising out of any one "occurrence".

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

7. Subject to Paragraph **5.** above, the Medical Expense Limit is the most we will pay under Coverage **C** for all medical expenses because of "bodily injury" sustained by any one person.

8. When two or more coverages or policies are issued by us:

   a. If the liability coverage provided by the Commercial General Liability Coverage Part of this policy, and any endorsement or other Coverage Part of this policy, provides liability coverage for the same "occurrence" or offense, the maximum liability under all coverages shall not exceed the limits of liability as provided by the Commercial General Liability Coverage Part of this policy.

   b. If this policy and any other policy issued to you by us or any Company affiliated with us apply to the same "occurrence" or offense, the maximum liability under all such policies shall not exceed the highest applicable limit of liability under any one policy.

   But conditions **a.** and **b.** above do not apply to any policy issued by us or any affiliate company specifically to apply as excess insurance over this policy.

The Limits of Insurance of this Coverage Form apply separately to each consecutive annual period and to any remaining period of less than 12 months, starting with the beginning of the policy period shown in the Declarations, unless the policy period is extended after issuance for an additional period of less than 12 months. In that case, the additional period will be deemed part of the last preceding period for purposes of determining the Limits of Insurance.

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SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS

1. Bankruptcy

Bankruptcy or insolvency of the insured or of the insured's estate will not relieve us of our obligations under this Coverage Form.

2. Duties In The Event Of Occurrence, Offense, Claim Or Suit

a. You must see to it that we are notified as soon as practicable of an "occurrence" or an offense which may result in a claim. To the extent possible, notice should include:

(1) How, when and where the "occurrence" or offense took place;

(2) The names and addresses of any injured persons and witnesses; and

(3) The nature and location of any injury or damage arising out of the "occurrence" or offense.

b. If a claim is made or "suit" is brought against any insured, you must:

(1) Immediately record the specifics of the claim or "suit" and the date received; and

(2) Notify us as soon as practicable.

You must see to it that we receive written notice of the claim or "suit" as soon as practicable.

c. You and any other involved insured must:

(1) Immediately send us copies of any demands, notices, summonses or legal papers received in connection with the claim or "suit";

(2) Authorize us to obtain records and other information;

(3) Cooperate with us in the investigation or settlement of the claim or defense against the "suit"; and

(4) Assist us, upon our request, in the enforcement of any right against any person or organization which may be liable to the insured because of injury or damage to which this insurance may also apply.

d. No insured will, except at that insured's own cost, voluntarily make a payment, assume any obligation, or incur any expense, other than for first aid, without our consent.

3. Legal Action Against Us

No person or organization has a right under this Coverage Form and all endorsed coverages:

a. To join us as a party or otherwise bring us into a "suit" asking for "damages" from an insured; or

b. To sue us on this Coverage Form and all endorsed coverages unless all of its terms have been fully complied with.

A person or organization may sue us to recover on an agreed settlement or on a final judgment against an insured; but we will not be liable for "damages" that are not payable under the terms of this Coverage Form and all endorsed coverages or that are in excess of the applicable limit of insurance. An agreed settlement means a settlement and release of liability signed by us, the insured and the claimant or the claimant's legal representative.

4. Other Insurance

If other valid and collectible insurance is available to the insured for a loss we cover under any of the coverages provided within this Coverage Form, our obligations are limited as follows:

a. Primary Insurance

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

b. Excess Insurance

(1) This insurance is excess over:

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

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

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

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

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

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

(c) Any other primary insurance available covering athletics activities.

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

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

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

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

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

c. Method Of Sharing

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

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

5. Premium Audit

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

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

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

6. Representations

By accepting this policy, you agree:

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

b. Those statements are based upon representations you made to us; and

c. We have issued this policy in reliance upon your representations.

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DESIGNATED INSURED

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM
GARAGE COVERAGE FORM
MOTOR CARRIER COVERAGE FORM
TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by this endorsement.

This endorsement identifies person(s) or organization(s) who are "insureds" under the Who Is An Insured Provision of the Coverage Form. This endorsement does not alter coverage provided in the Coverage Form.

SCHEDULE

Name of Person(s) or Organization(s):
City & County of San Francisco; Attn: Contracts Unit, SF Dept. Of Public Health
101 Grove Street, Room 402, San Francisco, CA 94102

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to the endorsement.)

Each person or organization shown in the Schedule is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **Section II** of the Coverage Form.

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

SECOND Amendment

THIS AMENDMENT (this "Amendment") is made as of **February 1st, 2021**, in San Francisco, California, by and between **PROJECT OPEN HAND** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **increase the contract amount, extend the contract term and update standard contractual clauses**; and

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

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

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

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

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

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

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Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 **Article 2 Term of the Agreement** of the **1st Amendment** currently reads as follows:

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i**) April 1, 2017**; or (ii) the Effective Date and expire on **June 30, 2021**, unless earlier terminated as otherwise provided herein.

2.2 The City has **five (5)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

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

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

Article 2 Term of the Agreement

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

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

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

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2.2 **Article 3.3.1 Payment** of the **1st Amendment** currently reads as follows:

Article 3 Financial Matters

3.3 **Compensation.**

3.3.1 **Payment**. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Seven Million, Four Hundred Eighty-Four Thousand, Five Hundred Thirty DOLLARS ($7,484,530)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

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

Article 3 Financial Matters

3.3 **Compensation.**

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

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2.3 Add **Article 3.7 Contract Amendments; Budget Revisions**, to this Agreement as Amended to read as follows:

Article 3 Financial Matters

3.7 **Contract Amendments; Budgeting Revisions.**

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

3.7.2 **City Revisions to Program Budgets:** The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Program Budget Revision.

3.7.3 **City Program Scope Reduction.** Given the local emergency, the pandemic, and the City's resulting budgetary position, and in order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.

2.4 **Article 4.5 Assignment**, is herby amended in its entirety to read as follows:

Article 4 Services and Resources

4.5 **Assignment.**

The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an "Assignment") unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City's approval of any such Assignment is subject

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to the Contractor demonstrating to City's reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor's obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.5 **Article 5.1 Insurance**, is herby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

5.1 **Insurance.**

5.1.1 **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than $1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than $1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

(c) Commercial Automobile Liability Insurance with limits not less than $1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(d) **Reserved. (Professional Liability Coverage)**

(e) **Reserved. (Technology Errors and Omissions Coverage)**

(f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than $5,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

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5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.5 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.6 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.7 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.8 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.9 **Reserved. (Waiver of Subrogation)**

5.1.10 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

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2.6 Add **Article 7.3 Withholding**, to this Agreement as Amended to read as follows:

Article 7 Payment of Taxes

7.3 **Withholding.**

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.7 **Article 10.4 Consideration of Salary History**, is herby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.4 **Consideration of Salary History.**

Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at https://sfgov.org/olse/consideration-salary-history. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

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2.8 **Article 10.11 Limitations on Contributions**, is herby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.11 **Limitations on Contributions.**

By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office,or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.9 **Article 10.17 Distribution of Beverages and Water**, is herby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.17 **Distribution of Beverages and Water.**

10.17.1 **Sugar-Sweetened Beverage Prohibition**. Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

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10.17.2 **Packaged Water Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.10 **Article 11.14 Notification of Legal Requests**, is herby amended in its entirety to read as follows:

Article 11 General Provisions

11.14 **Notification of Legal Requests.**

Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.11 **Article 12 Department Specific Terms**, is herby amended in its entirety to read as follows:

Article 12 Department Specific Terms

12.1 **Third Party Beneficiaries.**

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

12.2 **Exclusion Lists and Employee Verification.**

Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the

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California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists must be retained for seven years.

12.3 **Certification Regarding Lobbying.**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, “Disclosure Form to Report Lobbying,” in accordance with the form’s instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

12.4 **Materials Review.**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR’S work, which may include review by members of target communities.

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12.5 **Emergency Response.**

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan and a continuity of operations plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

2.12 Add **Article 13 Data and Security**, to this Agreement as Amended to read as follows:

Article 13 Data and Security

13.1 **Nondisclosure of Private, Proprietary or Confidential Information.**

13.1.1 **Protection of Private Information.** If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 **Confidential Information.** In the performance of Services, Contractor may have access to City's proprietary or Confidential Information, the disclosure of which to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, such information must be held by Contractor in confidence and used only in

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performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

13.2 **Reserved. (Payment Card Industry ("PCI") Requirements)**

13.3 **Business Associate Agreement.**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

1. ☒ Do **at least one** or more of the following:
A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
   1. SFDPH Attestation 1 PRIVACY (06-07-2017)
   2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **<u>NOT</u> do any of the activities listed above in subsection 1;**
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

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13.4 **Management of City Data and Confidential Information**

13.4.1 **Access to City Data**. City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.4.2 **Use of City Data and Confidential Information.** Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.3 **Disposition of Confidential Information.** Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

13.4.4 **Protected Health Information.** Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or

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agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

The Appendices listed below are Amended as follows:

2.13 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 02/01/2021.

2.14 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 02/01/2021.

2.15 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 02/01/2021.

2.16 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 02/01/2021.

2.17 Delete Appendix B-1c, and replace in its entirety with Appendix B-1c to Agreement as amended. Dated: 02/01/2021.

2.18 Add Appendix B-1d to Agreement as amended. Dated: 02/01/2021.

2.19 Add Appendix B-2e to Agreement as amended. Dated: 02/01/2021.

2.20 Delete Appendix F-1c, and replace in its entirety with Appendix F-1c to Agreement as amended. Dated: 02/01/2021.

2.21 Add Appendix F-1d to Agreement as amended. Dated: 02/01/2021.

2.22 Add Appendix F-2e to Agreement as amended. Dated: 02/01/2021.

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Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after **the date of this Amendment**.

Article 4 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY
Recommended by:

DocuSigned by:
Greg Wagner
285275247529495...

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

DocuSigned by:
By: Louise Simpson
BD54168A4C3B452...
Deputy City Attorney

Approved:

DocuSigned by:
Taraneh Moayed
9AEA44694D514E7...

Sailaja Kurella
Acting Director, Office of Contract Administration, and Purchaser

CONTRACTOR
PROJECT OPEN HAND

DocuSigned by:
Paul Hepfer
50CD90AE02024E7...

PAUL HEPFER
Chief Executive Officer
730 Polk Street
San Francisco, CA 94109

Supplier ID number: 0000012810

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Appendix A
Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Bill Blum**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

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F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and subcontractors as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of its employees, agents, subcontractors and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and subcontractors, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

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M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

1) Staff evaluations completed on an annual basis.
2) Personnel policies and procedures in place, reviewed and updated annually.
3) Board Review of Quality Assurance Plan.

P. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1	**HIV/AIDS Food and Nutrition Services**
Appendix A-2	**HIV/AIDS Food and Nutrition Services – Getting to Zero**
Appendix A-3	**HIV/AIDS Food and Nutrition Services**

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3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Project Open Hand
HIV / AIDS Food and Nutrition Services

Appendix A
04/01/17 - 06/30/22
Ryan White Part A (RWPA) RW Part B / General Fund

SUMMARY

Contractor/Provider	**PROJECT OPEN HAND**
Total Contract	$ 8,930,069
Funding	Ryan White Part B (X07/X08) / General Fund (GTZ) / RWPA (COVID)
Program Name	HIV / AIDS Food and Nutrition Services
System of Care	HIV Health Services (HHS)
Address/Phone	730 Polk Street, San Francisco, California 94109, Phone: 415-447-2300 Fax: 415-447-2490
Contact Person	Paul Hepfer, CEO, 415-447-2321, phepfer@openhand.org; Serena Ngo, Program Director, 415-447-2462, sngo@openhand.org

Funding	Ryan White Part B (RWPB)										General Fund (GTZ)											
Appendices	A-1 / B-1		A- 1/ B-1a		A-1 / B-1b		A-1 / B-1c		A-1 / B-1d		A-2 / B-2		A-2 / B-2a		A-2 / B-2b		A-2 / B-2c		A-2 / B-2d		A-2 / B-2e	
Amount	*$1,278,279*		*$1,278,279*		*$1,426,235*		*$1,398,831*		*$1,306,315*		*$61,500*		*$341,500*		*$341,500*		*$351,745*		*$351,745*		*$351,745*	
Funding Term	*4/01/17-3/31/18*		*4/01/18-3/31/19*		*4/1/19 - 3/31/20*		*4/1/20 - 3/31/21*		*4/01/21-3/31/22*		*4/01/17-6/30/17*		*7/01/17-6/30/18*		*7/01/18-6/30/19*		*7/1/19 - 6/30/20*		*7/01/20-6/30/21*		*7/1/21-6/30/22*	
*Number / Type - UOS/UDC **	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Prepared Meals	85,822	800	83,285	800	68,039	800	66,750	800	64,298	775	4,205	30	23,350	120	23,350	120	22,040	120	22,782	120	19,186	120
Grocery Bags	9,607	800	9,323	800	15,589	800	12,680	800	12,273	775	471	30	2,614	120	2,614	120	3,062	120	2,551	120	2,643	120
Nutrition Couns Hrs	250	175	250	175	247	175	247	175	240	175	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coord/Deliver Food (COVID) Visits	N/A	N/A	N/A	N/A	N/A	N/A	700	50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Totals	95,679	800	92,858	800	83,875	800	80,377	800	76,811	775	4,676	30	25,964	120	25,964	120	25,102	120	25,333	120	21,829	120

Funding	RWPB X08						RW Part A (COVID/CarryForward)			
Appendices	A-1 / B-1.1		A-1 / B-1.1a		A-1 / B-1.1b		A-3 / B-3		A-3 / B-3a	
Amount	*$72,000*		*$70,000*		*$145,395*		*$53,000*		*$102,000*	
Funding Term	*4/01/17-9/29/17*		*9/30/17-9/29/18*		*9/30/18-9/29/19*		*4/1/20 - 3/31/21*		*8/1/20-2/28/21*	
*Number / Type - UOS/UDC **	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Prepared Meals	4,923	40	4,647	18	4,900	55	3,219	40	4,660	60
Grocery Bags	551	40	565	20	1,000	65	294	40	1,300	60
Totals	5,474	40	5,212	20	5,900	75	3,513	40	5,960	60

** NOTE: Total UDC is not a sum of the UDC from each mode of service; many clients receive more than one service.*

Target Population	Low-income PLWHA from anywhere in SF with the majority living in the Tenderloin, South of Market and other low-income areas of the city.
Description of Services	Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling.

1. PROGRAM NAME / ADDRESS — Project Open Hand / HIV/AIDS Food and Nutrition Services
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org

Contacts / Phone
Serena Ngo, Director, Wellness Program, sngo@openhand.org, 415-447-2462
Ana Ayala, VP of Programs, aayala@opengand.org, 415-447-2330

2. NATURE OF DOCUMENT — Contract Amendment

3. GOAL STATEMENT

To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.

4. TARGET POPULATION

The target population for this contract is low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market and other low-income areas of the city.

POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low income status is defined as 500% of Federal Poverty Level as defined by the US Department of Health and Human Services

A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES

5. MODALITIES and INTERVENTIONS: *Units of Service (UOS) and Unduplicated Clients (UDC)*

***Total UDC is not the sum of UDC from each mode of service*

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1: 04/01/17 – 03/31/18 *RWPB*	*Food: Prepared Meals* 800 clients x ~9 meals / mo. x 12 mos.	85,822	800
	Food: Grocery Bags 800 clients x ~1 grocery bag / mo. x 12 mos.	9,607	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		95,679	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1.1 / 04/01/17 – 09/29/17 *RWPB-X08*	*Food: Prepared Meals* 40 clients x ~21 meals/month x 6 mos.	4,923	40
	Food: Grocery Bags 40 clients x ~2.3 grocery bags / mo. x 6 mos.	551	40
Total UOS and Total UDC		5,474	40

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1.1a / 09/30/17 – 09/29/18 *RWPB-X08*	*Food: Prepared Meals* 18 clients x ~21 - 22 meals / mo. x 12 mos.	4,647	18
	Food: Grocery Bags 20 clients x ~2.3 grocery bags / mo. x 12 mos.	565	20
Total UOS and Total UDC		5,212	20

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1a: 04/01/18 – 03/31/19 *RWPB*	*Food: Prepared Meals* 800 clients x ~8 - 9 meals / mo. x 12 mos.	83,285	800
	Food: Grocery Bags 800 clients x ~1 (.97) grocery bag / mo. x 12 mos.	9,323	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		92,858	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1.1b / 09/30/18 – 09/29/19 *RWPB-X08*	*Food: Prepared Meals* 55 clients x ~7 - 8 meals / mo. x 12 mos.	4,900	55
	Food: Grocery Bags 65 clients x ~1.28 grocery bags / mo. x 12 mos.	1,000	65
Total UOS and Total UDC		5,900	75

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1b: 04/01/19 – 03/31/20 *RWPB*	*Food: Prepared Meals* 800 clients x ~7 – 8 *(7.09)* meals/mo. x 12 mos.	68,039	800
	Food: Grocery Bags 800 clients x ~1 (1.6) grocery bag / mo. x 12 mos.	15,589	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort	247	175
Total UOS and Total UDC		83,875	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1c: 04/01/20 – 03/31/21 *RWPB*	*Food: Prepared Meals* 800 clients x ~7 *(6.9)* meals/mo. x 12 mos.	66,750	800
	Food: Grocery Bags 800 clients x ~1 *(1.3)* grocery bag / mo. x 12 mos.	12,680	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort	247	175
	Coordinate & Deliver Food (COVID) - Visits 50 clients x 1 weekly grocery delivery x 14 wks.	700	50
Total UOS and Total UDC		80,377	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1d: 04/01/21 – 03/31/22 *RWPB*	*Food: Prepared Meals* 775 clients x ~7 meals/mo. x 12 mos.	64,298	775
	Food: Grocery Bags 775 clients x ~1 (1.3) grocery bag / mo. x 12 mos.	12,273	775
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort	240	175
Total UOS and Total UDC		76,811	775

***Total UDC is not the sum of UDC from each mode of service*

6. METHODOLOGY

POH serves over 350,000 meals and over 70,000 grocery bags to approximately 2,800 People Living with HIV/AIDS (PLWHA) annually. There is no charge for services, and POH does not have a waiting list for eligible clients. The scope of service POH provides PLWHA far exceeds the funds received from government contracts. Private donations account for most of the funds needed to support POH's HIV program, and last year, volunteers donated over 161,000 hours to help POH meet service goals.

Developing a new client referral network: POH maintains relationships with key points of access inside and outside of the HIV service system, including Ward 86, emergency rooms, substance abuse treatment programs, detox centers, adult and juvenile probation, HIV counseling and testing, mental health programs, and homeless shelters. POH Bilingual Outreach Coordinators participate in more than 100 health fairs, speaking opportunities, and neighborhood events each year. POH leadership participates actively in the HIV/AIDS Providers Network, Getting to Zero, Food Security Task Force and Food Is Medicine Coalition. The POH Medical Advisory Council, consisting of Physicians and Researchers from the San Francisco medical community, advises on trends in client needs and medications.

Ensuring service meets client needs and determining eligibility: Service eligibility requires certification from a medical provider. Many clients will engage with their medical team in order to access POH's delicious meals. With physician input and following HRSA eligibility criteria, POH developed a certification form that identifies PLWHA who need services based on their medical condition and food insecurity. Clients qualify for multiple services based on food insecurity and health acuity. This programmatic nuance provides the most comprehensive service possible to PLWHA who are the sickest and maintains a baseline of food and nutrition for clients whose health and food security are stable. A client can receive up to 100% of daily nutritional requirements from POH.

Services may begin immediately if a prospective client submits a valid letter of diagnosis specifying HIV+ status, proof of residency, insurance, and income. The latter two documents verify 'payer of last resort' status, but in no way affect their access to services. Newly referred clients meet with a POH caseworker to discuss services, the annual recertification process, to collect demographic information, confirm eligibility, and initiate service. Clients are required to meet with a Registered Dietician (RD) to discuss specific dietary needs. Every client receives a "Welcome Packet", which includes their rights and responsibilities, consent to treatment, assurance of confidentiality, and grievance policy.

Clients must visit their medical provider every six months to recertify. This allows caseworkers and RDs to gather information from providers on how POH's nutrition service helps clients comply with medication, manage chronic conditions, ensure adequate access to nutrition, prevent deterioration of health, and provides Medical Nutrition Therapy.

Complete Food and Nutrition Intervention: POH bases its intervention model on 32 years of working with the nutritional needs of PLWHA. Recently published research in the Journal of Urban Health by the UCSF School of Medicine confirmed the POH model of care by demonstrating that services vastly improve the physical and mental health of clients.

Delicious Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for PLWHA. RDs work with chefs to develop menus, evaluate food appropriateness, and monitor the macronutrients and ensure all meals are low fat and heart healthy. Clients may also select from no dairy, vegetarian, renal, mechanical soft, pescatarian, bland, and diabetic meals. Volunteers help the staff prepare and package meals. Three daily volunteer shifts in the kitchen equate to 27,000 hours of volunteer time annually. Although the kitchen prepares meals every day of the week, clients choose the number of meals to receive, and how to receive them - a daily, hot meal or up to seven frozen meals. If they are unable to pick up their meals at the Grocery Center, they may have either meal plan delivered to their home or surrogate.

POH delivers meals throughout the city every day within a two-hour window of time. Staff delivery drivers use vans equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures in accordance with standards set by the California Retail Food Code. Volunteers (donating over 6,400 hours yearly) deliver meals on eight routes throughout San Francisco. These hand-delivered meals not only provide clients with nourishment, but also a compassionate and social point of contact. For many homebound clients, POH staff and volunteers may be the only person they interact with that day which is an important engagement that allows POH to spot obvious health changes.

The POH Grocery Center, unlike most food pantries, which exist solely to address hunger, provides food that meets the nutritional needs and medical regimens of PLWHA. As the dietary needs of PLWHA are different from others due to medications and disease progression, POH offers a variety of fresh, high-quality food items, including proteins, dairy, fruits, vegetables, and grains. The grocery bag service provides a minimum of one-third of the weekly nutritional requirements. Each week, clients who access the Grocery Center may select the specific items that they want from a variety of choices (retail value of a bag of groceries is $80). For marginally housed clients without cooking facilities, POH offers a pre-packed bag of groceries with "no-cook" items that are ready-to-eat. Approximately 1,800 clients shop at the Grocery Center weekly. Volunteers contribute approximately 115,000 hours annually assisting clients, packaging groceries, and helping with inventory.

The Grocery Center not only provides food, but it also provides a communal space for clients to gather. It is a resource hub too, where housing, workforce development, medical, mental health, case management, and legal services are brought on site to meet client needs while they are shopping. Additionally, POH provides up-to-date guides for HIV nutrition related issues and additional, less-intensive food resources such as Food Pantries, Congregate Dining Centers and CalFresh/SNAP program for eligible and interested clients. As clients stabilize and leave POH, they are better able to sustain their health, and they are better connected to healthy food resources in San Francisco. POH maintains secure client files permanently to facilitate easy re-engagement with POH should their needs change.

Dietetic and Nutritional Counseling is an instrumental part of POH services. Each RD is an expert in the nutritional aspects of HIV disease management and ART adherence. They teach and counsel POH clients. New clients are required to meet with an RD during the intake process to evaluate specific nutritional needs. Recommendations build upon eating nutritionally dense foods that complement their medicinal regimens, using food to combat metabolic syndrome, and managing their individual symptoms, such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems. During the initial session, high-need clients are identified, and follow-up appointments are made to monitor progress. Caseworkers and RD meet with clients at least every six months to monitor nutrition impact and behavior change.

Any client may schedule an infinite number of sessions and a RD is always on staff during Grocery Center hours for drop-ins. In addition to individual counseling sessions, RD are responsible for nutrition education activities that aid clients in meal program adherence. These activities include cooking demonstrations, recipes, written tips on monthly menus and educational handouts. POH provides all the necessary educational materials for clients to feel empowered to make their own informed, healthy eating choices in their own communities. Throughout client engagement, RD measure improvement in nutrition choices, paying specific attention to increases in knowledge and self-advocacy. This measurement allows RD to create a more individualized approach to their work, helping each client brainstorm specific solutions to reach their individual health goals.

Addressing Client Needs and Barriers to Access: While the program ensures accurate service levels and addresses the medical nutrition needs of PLWHA, there are many clients that have trouble engaging in care due to cultural, organizational, and geographical barriers. To breakdown these barriers, POH has taken many additional steps to provide an inclusive environment. There are bilingual and ASL client service staff and translated materials, such as recipes, nutrition handouts, and community flyers. Menus include culturally competent diets for all population groups. POH actively recruits a diversified workforce and holds quarterly client town halls. Through this, POH can garner ground level perspectives on obstacles experienced by clients. For clients that have limited cooking instruments and experience food storage limitations, there are multiple quantity options, frozen/fresh/hot meals, groceries, no-cook items, and spices. Most importantly, POH realizes that many clients are physically unable to travel to POH. For clients who are homebound, the distribution team delivers services to their doorstep. For those who enjoy participating in a more communal setting, POH has two vans equipped with warming ovens, freezers, and grocery shelves to bring services into their communities four days a week. This year POH is also exploring co-location opportunities inside the Bayview YMCA, Mission Neighborhood Health Center, and other community centers.

Client Satisfaction and Feedback: Satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, the Grocery Center services, and POH overall customer service. Ongoing feedback is gathered not only through surveys, but also on a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings. POH measures client satisfaction with food and services, client medication adherence, nutrition knowledge, medical engagement, resource access and mental health status. If not on the spot, POH responds within 24 hours to client challenges and complaints directly and on the Feedback Board in the Grocery Center.

Continuous Quality Improvement: POH operations follow federal, state, local and agency standards for food sanitation and safety, infection control and universal precautions. To ensure continuous quality improvement, internal departments meet regularly to evaluate kitchen operations, menus, and nutrition goals. More detail is available in the Data Collection and Quality Assurance Plan section.

POH tracking of service utilization, invoicing, and maintaining compliance: As the first and largest provider of food and nutrition for PLWHA in the United States, POH built a database to monitor service utilization more closely. Each client interaction is recorded in the system. Analysis of the data allows POH to identify access barriers and shifting client needs. With this system, POH can match and confirm that clients are fully registered in ARIES. If the client is not registered in ARIES, Caseworkers register the client and update the information regularly. Staff uploads secure files into ARIES monthly to ensure all information in ARIES is current and accurate. The system details the volume of UOS (UOS) and Unduplicated Clients (UDC) served, which is invoiced through the template system created by SFDPH. Invoices are submitted in accordance with the monthly deadline.

The MIP Accounting System and Functional Allocation Models allow POH to track each expenditure from tofu purchases to delivery driver salaries. Each expenditure is tied to a service, invoice, and contract engaged. This segregation of funding sources allows POH to ensure that for RWCA contracted UOS and UDC, there are no other funders or vice versa. These contract dollars are specifically allocated to UOS provision and not toward capital items or other expenditures. However, it is important to recognize that the funding received in this contract would only pay for a portion of the service provided. The remainder of the funds are privately raised. As a means of continuous evaluation, and in order to anticipate modification requirements, POH reviews utilization weekly and expenditures monthly. All methods are in accordance with OMB, A122, and A133, and POH has significant internal process audits to evaluate policy and procedure adherence in all areas.

ARIES Database
POH collects and submit all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for HHS providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. POH participates in the planning and implementation of its agency into ARIES.

POH complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered in ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

7. OBJECTIVES and MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled "*HHS Performance Objectives."*

8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in "Making the Connection: Standards of Care for Client-Centered Services. POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of the kitchen and food storage operations. RD reviews nutrition goals.

Food storage, preparation, and services are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the SFDPH. These include guidelines for proper temperature control, cleaning, sanitizing, food service worker hygiene, and safe worker habits. All staff are ServSafe certified and RD are credentialed by the Commission on Dietetic Registration.

POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. Procedures address:

- Communicable disease (i.e., all food handlers must be free of communicable disease to prevent transmission to clients with compromised immune systems.) TB clearances for all staff and food service volunteers are required annually.
- Protective clothing – head & hand coverings are required to prevent contamination.
- Food handler hygiene standards, including hand washing, are enforced.
- First Aid procedures are in place for treating cuts, abrasions, falls, etc.
- Precautions are taken to prevent the spread of HIV through proper handling of blood, body substances, or infectious waste.
- Staff in-service trainings are conducted addressing safe and sanitary habits in the kitchen to prevent food-borne illness and on-the-job injuries.

The Manager of Wellness Programs ensures the quality of services at POH. The current, Board of Directors approved plan includes all quality assurance areas throughout the proposal and the following:

- Annual staff performance plans and evaluations.
- Annual review and update of personnel policies and procedures.
- Annual review of Wellness Program (HIV Services) policies and procedures.

9. REQUIRED LANGUAGE

a)	Third Party Reimbursement:	See Target Population, Page 1
b)	Enrollment Priority/Low Income:	See Target Population, Page 1
c)	Client Eligibility:	See Target Population, Page 1
d)	Client Retention:	N/A
e)	Vouchers:	N/A
f)	ARIES Database:	See Methodology, ARIES, Pages 5
g)	Standards of Care:	See CQI, Page 5
h)	Subcontractors & Consultants:	N/A

i) Termination of Services

In the event that Project Open Hand decides that it can no longer provide the services for which it has contracted under this agreement Project Open Hand will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, Project Open Hand will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

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1. PROGRAM NAME / ADDRESS: Project Open Hand
HIV / AIDS Food and Nutrition Services – Getting to Zero
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org

Contact Name / Phone: Serena Ngo, Program Director, sngo@openhand.org

2. NATURE OF DOCUMENT: Contract Amendment

3. GOAL STATEMENT:

The Getting to Zero (GTZ) program aims to combat stigma associated with HIV and to improve the HIV Health, and more specifically the Nutritional Health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments, education, and other food and nutrition services.

1. Expand and ensure food access for underserved new clients based on poverty and food insecurity by distributing food at off-site locations in communities severely impacted by HIV.
2. Combined expanded capacity to combat food insecurity beyond clients already served by POH and follow up on client referrals from other GTZ funded programs.

4. TARGET POPULATION

This portion of the POH contract is targeted to HIV+ unengaged and/or under engaged residents, of all ethnicities and populations, most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement.

The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month interim eligibility confirmation may be obtained by client self-attestation, but must be documented in the client file or in ARIES

5. MODALITIES and INTERVENTIONS: Units of Service (UOS) and Unduplicated Clients (UDC)

***Total UDC is not the sum of UDC from each mode of service*

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared meal	1,388	10
	Grocery Bags	1 UOS = 1 grocery bag	155	10
Goal 1 Total UOS and Total UDC			1,543	10

Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared meal	1,051	10
	Grocery Bags	1 UOS = 1 grocery bag	118	10
Goal 2 Total UOS and Total UDC			1,169	10
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared meal	1,766	10
	Grocery Bags	1 UOS = 1 grocery bag	198	10
Goal 3 Total UOS and Total UDC			1,964	10
Total UOS and UDC (04/01/17 – 06/30/17)			4,676	30
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared meal	7,706	40
	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			8,569	40
Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared meal	5,838	30
	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			6,491	30
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared meal	9,806	50
	Grocery Bags	1 UOS = 1 grocery bag	1,098	50
Goal 3 Total UOS and Total UDC			10,904	50
Total UOS and UDC (07/01/17 – 06/30/18)			25,964	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared meal	7,706	40
	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			8,569	40
Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared meal	5,838	30
	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			6,491	30
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared	9,806	50
	Grocery Bags	1 UOS = 1 grocery bag	1,098	50
Goal 3 Total UOS and Total UDC			10,904	50
Total UOS and UDC (07/01/18 – 06/30/19)			25,964	120

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Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2c: 07/01/19 – 06/30/20	Delivered Meals	1 UOS = 1 prepared meal	6,585	40
	Grocery Bags	1 UOS = 1 grocery bag	1,291	40
Goal 1 Total UOS and Total UDC			7,876	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2c: 07/01/19 – 06/30/20	Delivered Meals	1 UOS = 1 prepared meal	15,455	80
	Grocery Bags	1 UOS = 1 grocery bag	1,771	80
Goal 2 Total UOS and Total UDC			17,226	80
Total UOS and UDC (07/01/19 – 06/30/20)			25,102	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared meal	5,645	40
	Grocery Bags	1 UOS = 1 grocery bag	694	40
Goal 1 Total UOS and Total UDC			6,339	40
Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared meal	5,838	30
	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			6,491	30
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared meal	11,299	50
	Grocery Bags	1 UOS = 1 grocery bag	1,204	50
Goal 3 Total UOS and Total UDC			12,503	50
Total UOS and UDC (07/01/20 – 06/30/21)			25,333	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2e: 07/01/21 – 06/30/22	Delivered Meals	1 UOS = 1 prepared meal	4,895	40
	Grocery Bags	1 UOS = 1 grocery bag	643	40
Goal 1 Total UOS and Total UDC			5,538	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2e: 07/01/21 – 06/30/22	Delivered Meals	1 UOS = 1 prepared meal	14,291	80
	Grocery Bags	1 UOS = 1 grocery bag	2,000	80
Goal 2 Total UOS and Total UDC			16,291	80
Total UOS and UDC (07/01/21 – 06/30/22)			21,829	120

***Total UDC is not the sum of UDC from each mode of service*

6. METHODOLOGY

Goal # 1: Food Access for Underserved Clients

A. Outreach, Recruitment and Promotion

POH nutrition outreach coordinators and caseworkers will develop and implement communication and education programs focusing on navigation centers, SROs, needle exchange programs, mobile health services, city and free clinics, mobile laundry/bathing/bathroom services, etc.

Where food and client safety can be established, POH will establish remote sites and/or colocations with existing, trusted service providers to these populations. These remote delivery models will bring food to the clients.

Greater outreach resources will be required in the program's first year to build inroads and trust, and to process client flow, as this population of under/unengaged HIV+ individuals is sometimes reluctant or unable to engage. POH will utilize outreach and engagement strategies effective in the Food Insecure populations with these HIV+ clients to address access, stigma, eligibility, documentation and culture.

In addition to street-level and direct population outreach, POH will work with existing, trusted providers including MNHC, 3rd Street Youth Clinic, Southeast Health Center, Instituto de la Raza, AAHI, Bayview Hunters Point Foundation, Visitation Valley Community Center, incarceration release programs, places of worship and others. The client outreach program will educate providers, community centers, places of worship, pantries, and all potential points of contact about POH services and access points. Clients will receive incentives such as hygiene kits, daily living kits, food vouchers, etc. as necessary to encourage engagement.

B. Admission, Enrollment and/or Intake Criteria

Newly referred clients meet with a POH caseworker to discuss POH services, the annual recertification process, specific dietary needs, symptom management, and to collect demographic information and confirm all documents are in place to trigger service. The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

Throughout each 6 month period of enrolment, POH staff supports engagement in medical care, but it is not a required enrollment criteria. POH staff builds a relationship with the client to encourage trust and care. If a client falls out of care, POH supports reengagement while providing nutrition as the stabilizing service.

C. Service Delivery Model

The POH intervention model that has proven to engage clients, increase adherence and improve health includes the following three key elements:

1) medically tailored nutrition
2) nutrition education
3) medical engagement

POH will introduce its existing service model to communities in addition to current services. Working with existing community based organizations, SF/Marin Food Bank pantries and through a mobile POH Meal-Mobile, POH will meet clients where they are already connecting to services or in their neighborhoods.

The POH mobile delivery vehicle will provide clients with privacy for intake, a pantry to shop from, and a choice of frozen or hot meals. This additional engagement structure will be required to address and mitigate stigma, transportation, access and housing stability in this un/under engaged population.

POH will establish remote distribution through the following modalities: grocery/meal home delivery, colocation with existing trusted community partners, text-popups in client population centers (notifying clients who have provided cellular contact info that POH will be in their neighborhood or at their community center/clinic) colocation with existing pantry systems, and expanded congregate dining opportunities in key communities.

All clients must receive nutrition education through in-person or remote medium (texted video, GIFs, etc.) and will participate in nutrition education workshops or individual sessions with the Dietician to develop sustainable nutrition behaviors that address food security and disease symptoms. This engagement must happen at least semi-annually for clients to remain eligible.

Prepared Meals

Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. These medically tailored meals not only meet nutrition requirements of HIV+ clients but address most detrimental symptoms and common comorbid diagnoses associated with HIV, and aging with HIV, such as anal cancer, HCV, diabetes and heart disease.

The Registered Dietitian (funded elsewhere) works with the chefs to develop menus, evaluate food appropriateness, and monitor the nutritional content of the meals. In addition to the regular menu, clients can select from low-fat/no dairy, vegetarian, renal, mechanical soft, bland, and diabetic meals. Culturally appropriate meal requirements and client preferences are addressed whenever possible.

Although the kitchen prepares meals every day of the week, clients choose the number of meals to be received and how to receive them. Clients may pick up 4-7 packs of frozen meals or request a weekly delivery of four to seven frozen meals. And clients may pick up a daily hot or frozen meal at POH, or have it delivered to their homes. POH staff and volunteers deliver meals throughout the city every weekday and clients can expect to receive meals within a two hour window of time. Staff delivery drivers use vans that have been equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures.

Whenever possible POH delivery and client contact staff perform informal health-checks when meals are delivered to clients participating in the Medical Model Program. Health checks consist of simple inquiries of the clients and observation of the clients to assess the client's presentation, food consumption, food storage safety, and other indications of general health and service adherence during these visits. This information assists POH with program utilization and with the general well-being of the client.

The health check is an amended version of the evidence-based Mini Nutritional Assessment (MNA). It includes the following observations and questions:

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

Grocery Center

The POH Grocery Center is unlike food pantries that address hunger, but not necessarily nutrition. Given that the dietary needs of people with HIV are different than others because of medications and disease progression, POH strives to offer a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. POH has a goal of providing a minimum of one-third of the weekly nutritional requirements for people with HIV.

Each week approximately 1,200 clients shop at the POH Grocery Center and may select the specific items they want. The retail value of a bag of groceries from POH is approximately $80. A pre-packed bag of groceries with "no-cook" items that are ready-to-eat is offered to homeless clients and those who are marginally-housed without cooking facilities. POH also offers referrals to other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

The Registered Dietician is responsible for nutrition education activities and cooking demonstrations to help clients learn healthy eating habits. In addition to Nutritional Counseling the Dietitian helps clients to eat well, stay healthy, and control symptoms such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems through written nutrition tips on monthly menus, flyers, educational materials in the Grocery Center and recipes.

Periodic satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, satisfaction with the Grocery Center, and agency overall customer service. Ongoing feedback is gathered through a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings.

Volunteer Services

Volunteers contribute over 6,400 hours each year delivering meals on eight routes including both driving and walking delivery routes. Volunteers also staff the POH Tenderloin distribution site where clients who live nearby may choose to pick up meals instead of waiting for delivery. Three daily volunteer shifts in the kitchen translate into 27,000 hours of volunteer time contributed annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria and Process

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management. Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available but not required of the GTZ clients.

E. Program Staff

Nutrition Outreach Coordinator (bilingual) – this position develops and implements outreach strategies to underserved and un/under engaged GTZ target populations. This position has direct recruitment and engagement responsibilities at all remote opportunities for clients.

Caseworker – this position performs intakes, case management, meal and grocery program changes, treatment team coordination and referrals.

Registered Dietitians – in addition to evaluating all meal recipes for nutrition requirements and maintaining current knowledge regarding disease management and ART adherence, this position engages directly with the client and the client's treatment team to provide education about the integration of food and nutrition into daily care and the impact on adherence.

Van Drivers – this position engages directly with remote clients to provide safe delivery of food and nutrition and to, through simple observations and inquiries, assess apparent changes in client care, health and safety.

Wellness Manager – this position manages all aspects of the service development and delivery, processes grievances, reports program metrics and evaluates impact of interventions.

Additionally, the remaining POH workforce includes Development (fundraising), Communications (information dissemination), Programs (client services), Production (preparation of meals), Nutrition Services (diet planning, USDA standards, menu development) and Distribution (meal and service delivery).

Goal # 2: Expanded Capacity Combined*(with Link, Track & F/U):* to combat food insecurity and follow-up on referrals from GTZ funded programs

A. Outreach, Recruitment and Promotion

POH Wellness Manager, Caseworkers and Dietitians will continue the referral process with HHS Behavior Health and DPH Service Providers to bring under or unengaged food insecure individuals into the POH model of care. Wellness Manager and Caseworkers will also accept referrals from other GTZ programs.

B. Admission, Enrollment and/or Intake Criteria and Process

The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

Throughout each 6 month period of enrolment, POH staff supports engagement in medical care, but it is not a required enrollment criteria. POH staff builds a relationship with the client to encourage trust and care. If a client falls out of care, POH supports reengagement while providing nutrition as the stabilizing service.

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Every client receives a "Welcome Packet" that includes rights and responsibilities as well as the POH grievance policy. Clients work with caseworkers to identify immediate, stabilizing and longer-term nutrition strategies and supplemental nutrition options. The Caseworker gathers client demographics and confirms eligibility through ARIES verification at the POH location. Additionally, prospective clients may provide eligibility documentation on site. Where eligibility isn't immediately available, clients will receive one provisional service until eligibility is confirmed. Caseworkers facilitate connections to housing, legal services, mental health services, substance abuse services, and pharmacy services. SNAP and CalFresh eligibility is confirmed via SSDI status and via Medi-Cal expansion eligible clients. If the client is not registered in ARIES but presents documentation, the caseworker creates a new client record in ARIES according to ARIES policies and procedures.

Throughout the first 6 months of service (initial period), the Caseworker conducts an assessment of the client's needs including medical treatment, food security, housing, symptoms, medication, labs and other contributing factors of activities of daily living. At end of the first 6 month period the client is able to renew for another 6 months of service with simple attestations to eligibility. The Caseworker continues to build engagement in the POH model whenever possible, but will not require client participation in the full model to receive food and nutrition services. At end of the 2nd period, clients will be required to meet all standard intake criteria for the POH medical model.

C. Service Delivery Model

Prepared Meals

Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. These medically tailored meals not only meet nutrition requirements of HIV+ clients but address most detrimental symptoms and common comorbid diagnoses associated with HIV, and aging with HIV, such as anal cancer, HCV, diabetes and heart disease.

The Registered Dietitian (funded elsewhere) works with the chefs to develop menus, evaluate food appropriateness, and monitor the nutritional content of the meals. In addition to the regular menu, clients can select from low-fat/no dairy, vegetarian, renal, mechanical soft, bland, and diabetic meals. Culturally appropriate meal requirements and client preferences are addressed whenever possible.

Although the kitchen prepares meals every day of the week, clients choose the number of meals to be received and how to receive them. Clients may pick up 4-7 packs of frozen meals or request a weekly delivery of four to seven frozen meals. And clients may pick up a daily hot or frozen meal at POH, or have it delivered to their homes.

POH staff and volunteers deliver meals throughout the city every weekday and clients can expect to receive meals within a two hour window of time. Staff delivery drivers use vans that have been equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures.

Whenever possible POH delivery and client contact staff perform informal health-checks when meals are delivered to clients participating in the Medical Model Program. Health checks consist of simple inquiries of the clients and observation of the clients to assess the client's presentation, food consumption, food storage safety, and other indications of general health and service adherence during these visits. This information assists POH with program utilization and with the general well-being of the client.

The health check is an amended version of the evidence-based Mini Nutritional Assessment (MNA). It includes the following observations and questions:

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

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Grocery Center

The POH Grocery Center is unlike food pantries that address hunger, but not necessarily nutrition. Given that the dietary needs of people with HIV are different than others because of medications and disease progression, POH strives to offer a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. POH has a goal of providing a minimum of one-third of the weekly nutritional requirements for people with HIV.

Each week approximately 1,200 clients shop at the POH Grocery Center and may select the specific items they want. The retail value of a bag of groceries from POH is approximately $80. A pre-packed bag of groceries with "no-cook" items that are ready-to-eat is offered to homeless clients and those who are marginally-housed without cooking facilities. POH also offers referrals to other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

The Registered Dietician is responsible for nutrition education activities and cooking demonstrations to help clients learn healthy eating habits. In addition to Nutritional Counseling the Dietitian helps clients to eat well, stay healthy, and control symptoms such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems through written nutrition tips on monthly menus, flyers, educational materials in the Grocery Center and recipes.

Periodic satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, satisfaction with the Grocery Center, and agency overall customer service. Ongoing feedback is gathered through a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings.

Volunteer Services

Volunteers contribute over 6,400 hours each year delivering meals on eight routes including both driving and walking delivery routes. Volunteers also staff the POH Tenderloin distribution site where clients who live nearby may choose to pick up meals instead of waiting for delivery. Three daily volunteer shifts in the kitchen translate into 27,000 hours of volunteer time contributed annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management. Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available to, but not required of the GTZ clients.

E. Program Staff

Caseworker – this position performs intakes, case management, meal and grocery program changes, treatment team coordination and referrals.

Registered Dietitians – in addition to evaluating all meal recipes for nutrition requirements and maintaining current knowledge regarding disease management and ART adherence, this position engages directly with the client and the client's treatment team to provide education about the integration of food and nutrition into daily care and the impact on adherence.

Van Drivers – this position engages directly with remote clients to provide safe delivery of food and nutrition and to, through simple observations and inquiries, assess apparent changes in client care, health and safety.

Wellness Manager – this position manages all aspects of the service development and delivery, processes grievances, reports program metrics and evaluates impact of interventions.

Additionally, the remaining POH workforce includes Development (fundraising), Communications (information dissemination), Programs (client services), Production (preparation of meals), Nutrition Services (diet planning, USDA standards, menu development) and Distribution (meal and service delivery).

7. OBJECTIVES AND MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the DPH document entitled *HHS Performance Objectives.*

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8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. The Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of kitchen and food storage operations. The R.D. reviews nutrition goals periodically.

Food storage, preparation, and service activities are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the San Francisco Department of Public Health and the Office on Aging. These include guidelines for proper temperature control, cleaning and sanitizing, food service worker hygiene, and safe worker habits. Eight staff members are ServSafe certified and the R.D. is credentialed by the Commission on Dietetic Registration.

POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. Procedures address:

- Communicable disease (i.e., all food handlers must be free of communicable disease to prevent transmission to clients with compromised immune systems.) TB clearances for all staff and food service volunteers are required annually.
- Protective clothing – head and hand coverings are required to prevent contamination of foods and utensils.
- Food handler hygiene standards, including hand washing, are enforced.
- First Aid procedures are in place for treating cuts, abrasions, falls, etc.
- Precautions are taken to prevent the spread of HIV through proper handling of blood, body substances, or infectious waste.
- Staff trainings are conducted addressing safe and sanitary habits in the kitchen to prevent food-borne illness and on-the-job injuries.

ARIES Database

POH collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for HHS providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

POH complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

HIPAA Compliance

The DPH Privacy Policy is integrated into the POH governing policies and procedures regarding client privacy and confidentiality. Evidence that the policy and procedures abide by the rules outlined in the DPH Privacy Policy and have been adopted, approved and implemented. All staff that handles patient health information are trained (including new hires), and annually updated in the program's privacy/confidentiality policies and procedures. Staff signs documentation when the training occurs.

A written Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided to all clients served in their threshold and other languages. If document is not available in the client's relevant language, a verbal translation is provided. Evidence exists in client file that client was given notice. A Summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility. Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian are provided.)

Each disclosure of client health information for purposes other than treatment, payment or operations is documented and placed in the client file. Authorization for disclosure of client health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in the client file.

9. REQUIRED LANGUAGE

a) Third Party Reimbursement: See Target Population, Page 1
b) Low Income: See Target Population, Page 1
c) Client Eligibility: See Target Population, Page 1
d) Client Retention: N/A
e) Vouchers: N/A
f) ARIES Database: See Methodology, Page 9
g) Standards of Care: See CQI, Page 9
h) Termination of Services:

In the event that POH decides that it can no longer provide the services for which it has contracted under this agreement it will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, POH will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

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Appendix B
Calculation of Charges

1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a, B-1.1a, B-1b, B-1.1b, B-1c, B-1d	**HIV/AIDS Food and Nutrition Services**
Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e	**HIV/AIDS Food and Nutrition Services – Getting to Zero**
Appendix B-3, B-3a	**HIV/AIDS Food and Nutrition Services**

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **$427,636** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

	Term	Funding Source	Amount
Original Agreement	04/01/17 – 03/31/18	SAM/State RWPB	$1,278,279
Original Agreement	04/01/17 – 09/29/17	SAM/State RWPB Supplemental	$72,000
Original Agreement	04/01/17 – 06/30/17	General Fund	$61,500
Original Agreement	07/01/17 – 06/30/18	General Fund	$341,500
Original Agreement	04/01/18 – 03/31/19	SAM/State RWPB	$1,278,279
Original Agreement	04/01/19 – 03/31/20	SAM/State RWPB	$1,278,279
Original Agreement	04/01/20 – 03/31/21	SAM/State RWPB	$1,278,279

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Internal Contract Revision #1	09/30/17 – 09/29/18	SAM/State RWPB Supplemental	$70,000
Amendment #1	07/01/18 – 06/30/19	General Fund	$341,500
Amendment #1	09/30/18 – 09/29/19	SAM/State RWPB	$145,395
Amendment #1	07/01/19 – 06/30/20	General Fund	$341,500
Amendment #1	07/01/20 – 06/30/21	General Fund	$341,500
Revision to Program Budgets #2	09/30/18 – 09/29/19	SAM/State RWPB	$0
Revision to Program Budgets #3	07/01/19 – 06/30/20	General Fund	$10,245
Revision to Program Budgets #3	07/01/20 – 06/30/21	General Fund	$19,039
Revision to Program Budgets #3	04/01/19 – 03/31/20	SAM/State RWPB	$147,956
Revision to Program Budgets #3	04/01/20 – 03/31/21	SAM/State RWPB	$28,036
Revision to Program Budgets #4	04/01/2019 – 03/31/2020	SAM/State RWPB	$0
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	$0
Revision to Program Budgets #4	04/01/2020 – 03/31/2021	SAM/State RWPB	$0
Revision to Program Budgets #5	04/01/2020 – 03/31/2021	SAM/State RWPB	$68,100
Revision to Program Budgets #6	04/01/2020 – 03/31/2021	RWPA	$53,000
Revision to Program Budgets #6	07/01/2020 – 06/30/2021	General Fund	-$8,794
Revision to Program Budgets #7	08/01/2020 – 02/28/2021	RWPA	$102,000
Amendment #2	**04/01/2020 – 03/31/2021**	**SAM/State RWPB**	**$24,416**
Amendment #2	**04/01/2021 – 03/31/2022**	**SAM/State RWPB**	**$1,306,315**
Amendment #2	**07/01/2021 – 06/30/2022**	**General Fund**	**$351,745**
		Total Award	**$8,930,069**
		Contingency (04/01/20 – 06/30/22)	**$427,636**
		Not-to-Exceed Amount	**$9,357,705**

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

DPH 1: Department of Public Health Contract Budget Summary by Program

CID# 1000002671																	Appendix B, Page 3
DPH Section HIV Health Services							Prepared by:	Darin Raffaelli, draffaelli@openhand.org, 415-447-2481									04/01/17 - 06/30/22
Check one: [ ] Original [X] Contract Amendment [ ] Revision to Program Budgets																	FY 2016-22
Org/Contractor Name PROJECT OPEN HAND																	Current Fund Notice: 02/2021
Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs		HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs				HIV/AIDS Food & Nutrition Svcs(GTZ)	
Appendix Number	B-1.1	B-2	B-1	B-1.1a	B-2a	B-1.1b	B-2b	B-1a	B-2c	B-1b	B-2d	B-1c	B-3	B-3a	B-1d	B-2e	TOTALS
Appendix Term	4/01/17-9/29/17	4/01/17-6/30/17	4/01/17-3/31/18	9/30/17-9/29/18	7/01/17-6/30/18	9/30/18-9/29/19	7/01/18-6/30/19	4/01/18-3/31/19	7/01/19-6/30/20	4/01/19-3/31/20	7/01/20-6/30/21	4/01/20-3/31/21	4/01/20-3/31/21	8/01/20-2/28/21	4/01/21-3/31/22	7/1/21-6/30/22	
EXPENSES																	
Salaries	$ 21,562	$ 45,505	$ 672,375	$ 21,562	$ 164,475	$ 68,852	$ 164,475	$ 679,132	$ 164,475	$ 725,717	$ 152,849	$ 699,102	$ 25,604	$ 48,525	$ 601,873	$ 150,862	$ 4,406,945
Employee Benefits	$ 7,579	$ 15,995	$ 236,340	$ 7,579	$ 57,813	$ 24,201	$ 57,813	$ 238,715	$ 57,813	$ 255,090	$ 53,726	$ 245,734	$ 9,000	$ 17,057	$ 229,314	$ 57,478	$ 1,571,247
Total Personnel	$ 29,141	$ 61,500	$ 908,715	$ 29,141	$ 222,288	$ 93,053	$ 222,288	$ 917,847	$ 222,288	$ 980,807	$ 206,575	$ 944,836	$ 34,604	$ 65,582	$ 831,187	$ 208,340	$ 5,978,192
Operating Expense	$ 42,859	$ -	$ 369,564	$ 40,859	$ 119,212	$ 45,603	$ 119,212	$ 360,432	$ 119,212	$ 378,246	$ 117,030	$ 363,456	$ 14,020	$ 27,996	$ 358,460	$ 111,698	$ 2,587,859
Subtotal Direct Costs	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 138,656	$ 341,500	$ 1,278,279	$ 341,500	$ 1,359,053	$ 323,605	$ 1,308,292	$ 48,624	$ 93,578	$ 1,189,647	$ 320,038	$ 8,566,051
Indirect Cost Amount	$ -	$ -	$ -		$ -	$ 6,739	$ -	$ -	$ 10,245	$ 67,182	$ 28,140	$ 90,539	$ 4,376	$ 8,422	$ 116,668	$ 31,707	$ 364,018
Indirect Cost Rate (%)	0%	0%	0%	0%	0%	4.9%	0%	0%	3%	4.9%	8.696%	6.9%	9.0%	9.0%	9.8%	9.9%	
Total Expenses	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 145,395	$ 341,500	$ 1,278,279	$ 351,745	$ 1,426,235	$ 351,745	$ 1,398,831	$ 53,000	$ 102,000	$ 1,306,315	$ 351,745	$ 8,930,069
REVENUES & FUNDING SOURCES																	
DPH Funding Sources																	
RWPB CFDA 93.917			$ 1,278,279					$ 1,278,279		$ 1,426,235		$ 1,398,831			$ 1,306,315		$ 6,687,939
GTZ - General Fund		$ 61,500			$ 341,500		$ 341,500		$ 351,745		$ 351,745					$ 351,745	$ 1,799,735
RWPB X08 CFDA 93.917	$ 72,000			$ 70,000		$ 145,395											$ 287,395
RWPA COVID 93.914													$ 53,000				$ 53,000
RWPA CarryForw 93.914														$ 102,000			$ 102,000
Total DPH Revenues	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 145,395	$ 341,500	$ 1,278,279	$ 351,745	$ 1,426,235	$ 351,745	$ 1,398,831	$ 53,000	$ 102,000	$ 1,306,315	$ 351,745	$ 8,930,069
Total (DPH/Non-DPH)	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 145,395	$ 341,500	$ 1,278,279	$ 351,745	$ 1,426,235	$ 351,745	$ 1,398,831	$ 53,000	$ 102,000	$ 1,306,315	$ 351,745	$ 8,930,069
Payment Method	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hrs		Coordinate & Deliver Food (COVID) Visits		Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Caseworkers	1.50	59,867	72%	23,863	29%					83,730
Cooks	3.00	74,109	72%	29,540	29%					103,649
Delivery Driver	1.00	24,390	72%	9,722	29%					34,112
Delivery Driver	0.1592							5,698	100%	5,698
Dispatcher	0.8075	22,146	71%	9,045	29%					31,191
Client Engagement Specialist	0.80	14,200	72%	5,660	29%					19,860
Client Engagement Specialist	0.2105							5,440	100%	5,440
Manager, Distribution	0.70	31,987	64%	12,995	26%			4,998	10%	49,980
Director, Operations	0.34	18,689	72%	7,449	29%					26,138
Manager, Volunteer Services	0.65	33,834	72%	13,486	29%					47,320
Director, Wellness Programs	0.65	37,830	72%	15,079	29%					52,909
Purchasing Supervisor	0.65	26,583	72%	10,596	29%					37,179
Operations Coordinator	1.00	26,301	72%	10,484	29%					36,785
Outreach Coordinator	0.20	7,436	72%	2,964	29%					10,400
Porters	1.50	38,050	72%	15,167	29%					53,217
Director, Nutrition Services	0.10					8,590	100%			8,590
Registered Dietician	0.1477					10,138	100%			10,138
Volunteer Coordinators	0.70	22,382	72%	8,922	29%					31,304
VP, Programs	0.10	8,180	72%	3,260	29%					11,440
Culinary Nutrition Technician	0.10438							5,698	100%	5,698
Grocery Center Operations Spvsr	0.11395							5,698	100%	5,698
Kitchen Logistics Supervisor	0.31366							14,758	100%	14,758
Communications Officer	0.10	4,147	72%	1,653	29%					5,800
Staff Accountant	0.15	5,769	72%	2,299	29%					8,068
Total FTE & Total Salaries	14.9969	455,899	65%	182,185	26%	18,728	3%	42,290	6%	699,102
Fringe Benefits	35.15%	160,250	65%	64,037	26%	6,583	3%	14,864	6%	245,734
Total Personnel Expenses		616,149	65%	246,222	26%	25,311	3%	57,154	6%	944,836
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Total
Total Occupancy		30,741	72%	12,253	29%					42,994
Total Materials and Supplies		224,779	72%	89,597	29%					314,376
Other: Client Food		3,575	72%	1,425	29%					5,000
Other: Minor Equipment		776	72%	310	29%					1,086
Total Operating Expenses		259,871	72%	103,585	29%					363,456
Total Direct Expenses		876,020	67%	349,807	27%	25,311	2%	57,154	4%	1,308,292
Indirect Expenses	6.9204%	57,585	64%	22,954	25%	-	0%	10,000	11%	90,539
TOTAL EXPENSES		933,605	67%	372,761	27%	25,311	2%	67,154	5%	1,398,831
UOS per Service Mode		66,750		12,680		247		700		80,377
Cost / UOS by Service Mode		$14.00		$29.41		$102.48		$95.93		N/A
UDC per Service Mode		800		800		175		50		800

1a) SALARIES

Staff Position 1:	Caseworker				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total	
$55,820.13	0.75	12	1.00	$	41,865
Staff Position 2:	Caseworker				
$55,820.13	0.75	12	1.00	$	41,865
Staff Position 3:	Cook				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
$34,428.37	1.00	12	1.00	$	34,428
Staff Position 4:	Cook				
$34,792.58	1.00	12	1.00	$	34,793
Staff Position 5:	Cook				
$34,428.37	1.00	12	1.00	$	34,428
Staff Position 6:	Delivery Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$34,112.00	1.00	12	1.00	$	34,112
Staff Position 7:	Delivery Driver				
$35,796.00	0.1592	12	1.00	$	5,698
Staff Position 8:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$38,625.60	0.8075	12	1.00	$	31,191
Staff Position 9:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
$24,825.00	0.80	12	1.00	$	19,860
Staff Position 10:	Client Engagement Specialist				
$25,843.00	0.2105	12	1.00	$	5,440
Staff Position 11:	Manager, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$71,400.00	0.70	12	1.00	$	49,980
Staff Position 12:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$76,875.00	0.34	12	1.00	$	26,138

Staff Position 13:	Manager, Volunteer Services				
ief description of job duties:	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Minimum qualifications:	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$72,800.00	0.65	12	1.00	$	47,320
Staff Position 14:	Director, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
$81,399.00	0.65	12	1.00	$	52,909
Staff Position 15:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$57,199.00	0.65	12	1.00	$	37,179
Staff Position 16:	Operations Coordinator				
Brief Duties	Responsible for receiving raw goods and inventory management.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$36,785.00	1.00	12	1.00	$	36,785
Staff Position 17:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bi-lingual Spanish.				
$52,000.00	0.20	12	1.00	$	10,400
Staff Position 18:	Porters				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,478.00	1.00	12	1.00	$	35,478
Staff Position 19:	Porters				
$35,478.00	0.50	12	1.00	$	17,739
Staff Position 20:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$85,900.00	0.10	12	1.00	$	8,590
Staff Position 21:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$68,640.00	0.1477	12	1.00	$	10,138
Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$44,720.00	0.35	12	1.00	$	15,652
Staff Position 23:	Volunteer Coordinators				
$44,720.00	0.35	12	1.00	$	15,652

Staff Position 24:	VP, Programs				
Brief Duties	Supervise program and food distribution efforts.				
Min Quals	Bachelors Degree. 5 years significant program management.				
	$114,400.00	0.10	12	1.00	$ 11,440

Staff Position 25:	Culinary Nutrition Technician				
Brief Duties	Collecting grocery preferences and submitting weekly grocery orders for clients getting grocery delivery.				
Min Quals	Associates in Culinary Arts or Culinary Nutritionist Certification.				
	$54,588.00	0.10438	12	1.00	$ 5,698

Staff Position 25:	Grocery Center Operations Spvsr				
Brief Duties	Fulfilling weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$50,003.00	0.11395	12	1.00	$ 5,698

Staff Position 26:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for inventory logistics, storage and pulling of grocery bags for delivery.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$47,050.00	0.31366	12	1.00	$ 14,758

Staff Position 27:	Communications Officer				
Brief Duties	Development and production of Communication materials.				
Min Quals	B.A., Communication, Bi-lingual Spanish.				
	$58,000.02	0.10	12	1.00	$ 5,800

Staff Position 28:	Staff Accountant				
Brief Duties	Responsible for payroll, accounts payable and receivable.				
Min Quals	Bachelors Degree. 5 years bookkeeping experience.				
	$53,788.00	0.15	12	1.00	$ 8,068
	Total FTE:	14.9969		Total Salaries:	$ 699,102

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Social Security	$ 53,481.30	
	Retirement	$ 10,486.53	
	Medical	$ 83,892.24	
	Dental	$ 41,946.12	
	Disability Insurance	$ 55,928.16	
Fringe Benefit %:	35.15%	Total Fringe Benefit:	245,734
	TOTAL SALARIES & EMPLOYEE FRINGE BENEFITS:		944,836

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	$4,182 per mo ÷ 115.87 total SF FTE =	~ $33.58 / mo / FTE x 14.99 FTE =	6,041
Internet	$1,545 per mo ÷ 115.87 total SF FTE =	~ $12.41 mo / FTE x 14.99 FTE =	2,233
Gas/Electric	$10,166 per mo ÷ 115.87 total SF FTE =	~ $81.74 / mo / FTE x 14.99 FTE =	14,703
Water	: $6,150 per mo ÷ 115.87 total SF FTE =	~ $49.39 / mo / FTE x 14.99 FTE =	8,886
Garbage Disposal	$7,704 per mo ÷ 115.87 total SF FTE =	~ $61.87 mo / FTE x 14.99 FTE =	11,130
		Total Occupancy:	42,994

Materials/Supplies:	Brief Description	Rate	Cost
Food & Pack Meals	direct cost of food/packaging per meal.	~ $2.93 per meal X 66,750 UOS =	195,578
Food & Pack Grocery	direct cost of food/packing per grocery bag.	~ $8.54 per bag X 12,680 UOS =	108,287
Kitchen Equip/Supplies	shelving, racks, work benches, platform trucks for packing and storing meals.	~ $.0838 per meal X 66,750 UOS =	5,591
Distribution Equip/Supplies	carts, containers, insulated delivery bags for meals.	~ $.0738 per meal X 66,750 UOS =	4,920
		Total Materials & Supplies:	314,376

Other Expense Items	Brief Description	Rate	Cost
Client Food	cooking oil for client's home use.	100 cases @ approx. $50. each	5,000
Minor Equipment	support document collection during COVID.	1 computer tablet @ $1,086	1,086
		Total Other:	6,086

TOTAL OPERATING EXPENSES:	363,456
TOTAL DIRECT COSTS:	1,308,292

4) INDIRECT COSTS	Indirect Rate:	6.9204%	
Vice President, Programs ($117,260 Annual Salary @ .14 FTE + 35.15% Fringe)			22,694
Vice President, Finance and IT ($143,000 Annual Salary @ .12 FTE + 35.15% Fringe)			22,614
Chief Executive Officer ($235,000 Annual Salary @ .07 FTE + 35.15% Fringe)			22,614
Vice President, Operations ($159,000 Annual Salary @ .10 FTE + 35.15% Fringe)			22,614
		TOTAL INDIRECT COSTS:	90,539
		TOTAL EXPENSES:	1,398,831

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE			
Wellness Prog Coor (Caseworker)	0.762844	30,745	72%	12,255	28%					43,000
Wellness Prog Coor (Caseworker)	0.635611	25,740	72%	10,260	28%					36,000
Client Engagement Specialist	0.817660	14,200	72%	5,660	28%					19,860
Outreach Coordinator	0.174672	7,436	72%	2,964	28%					10,400
Manager, Wellness Programs	0.585364	32,175	72%	12,825	28%					45,000
Cook I	0.823705	21,450	72%	8,550	28%					30,000
Cook II	0.819227	25,025	72%	9,975	28%					35,000
Cook II	0.777944	21,450	72%	8,550	28%					30,000
Inventory Operations Coordinator II	0.456743	13,151	72%	5,242	28%					18,393
Porter	0.822296	21,450	72%	8,550	28%					30,000
Porter	0.501374	12,683	72%	5,056	28%					17,739
Driver	0.923944	24,390	72%	9,722	28%					34,112
Dispatcher	0.672994	23,340	72%	9,304	29%					32,644
Director, Distribution	0.625141	35,736	72%	14,244	28%					49,980
Director, Nutrition Services	0.084210					8,000	100%			8,000
Registered Dietician	0.146775					10,328	100%			10,328
Director, Operations	0.243902	14,300	72%	5,700	28%					20,000
Purchasing Supervisor	0.586730	24,596	72%	9,804	28%					34,400
Kitchen Logistics Supervisor	0.379183	13,151	72%	5,242	28%					18,393
Volunteer Coordinators	0.328890	11,191	72%	4,461	28%					15,652
Volunteer Coordinators	0.338811	11,191	72%	4,461	28%					15,652
Director, Volunteer Services	0.551432	33,834	72%	13,486	28%					47,320
Total FTE & Total Salaries	12.05945	417,235	69%	166,310	28%	18,328	3%	-		601,873
Fringe Benefits	38.10%	158,968	69%	63,364	28%	6,982	3%	-		229,314
Total Personnel Expenses		576,203	69%	229,674	28%	25,310	3%	-		831,187
Operating Expenses		Expense	%	Expense	%	Expense	%			Total
Total Occupancy		46,656	72%	18,597	28%					65,253
Total Materials and Supplies		209,643	72%	83,564	28%					293,207
Total Operating Expenses		256,299	72%	102,161	28%	-		-		358,460
Total Direct Expenses		832,502	70%	331,835	28%	25,310	2%	-		1,189,647
Indirect Expenses	9.8069%	83,418	72%	33,250	28%					116,668
TOTAL EXPENSES		915,920	70%	365,085	28%	25,310	2%	-		1,306,315
UOS per Service Mode		64,298		12,273		240				76,811
Cost / UOS by Service Mode		$14.25		$29.75		$105.55				N/A
UDC per Service Mode		775		775		175				775

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	Annual Salary:	x FTE:	Months per Year	Annualized if < 12 mos	Total
	$56,368.00	0.762844	12	1.00	$ 43,000

Staff Position 2:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	$56,638.00	0.635611	12	1.00	$ 36,000

Staff Position 3:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	$24,289.00	0.817660	12	1.00	$ 19,860

Staff Position 4:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bi-lingual Spanish.				
	$59,540.00	0.174672	12	1.00	$ 10,400

Staff Position 5:	Manager, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
	$76,875.00	0.585364	12	1.00	$ 45,000

Staff Position 7:	Cook I				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$36,421.00	0.823705	12	1.00	$ 30,000

Staff Position 8:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$42,723.00	0.819227	12	1.00	$ 35,000

Staff Position 9:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$38,563.00	0.777944	12	1.00	$ 30,000

Staff Position 10:	Inventory Operations Coordinator II				
Brief Duties	Responsible for inventory management of raw goods and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
	$40,269.00	0.456743	12	1.00	$ 18,393

Staff Position 11:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$36,483.00	0.822296	12	1.00	$	30,000

Staff Position 12:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,381.00	0.501374	12	1.00	$	17,739

Staff Position 13:	Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$36,920.00	0.923944	12	1.00	$	34,112

Staff Position 14:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$48,506.00	0.672994	12	1.00	$	32,644

Staff Position 15:	Director, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$79,950.00	0.625141	12	1.00	$	49,980

Staff Position 16:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$95,000.00	0.084210	12	1.00	$	8,000

Staff Position 17:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.146775	12	1.00	$	10,328

Staff Position 18:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$82,000.00	0.243902	12	1.00	$	20,000

Staff Position 19:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$58,630.00	0.586730	12	1.00	$	34,400

Staff Position 20:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for meal inventory storage logistics.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$48,506.00	0.379183	12	1.00	$	18,393

Staff Position 21:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$47,590.00	0.328890	12	1.00	$	15,652

Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$46,197.00	0.338811	12	1.00	$	15,652

Staff Position 23:	Director, Volunteer Services				
Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$85,813.00	0.551432	12	1.00	$	47,320

	Total FTE:	12.05945		Total Salaries:	$ 601,873

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Payroll Tax	$ 54,770.44	
	Employee Health Benefits	$ 131,208.31	
	Retirement Plan Employer Contributions	$ 7,824.35	
	Commuter Benefits	$ 3,611.24	
	Workers Compensation	$ 31,899.27	
Fringe Benefit %:	38.10%	Total Fringe Benefit:	229,314

OTAL SALARIES & EMPLOYEE FRINGE BENEFITS	831,187

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	Ann. Agency: $97,880 / 83.9 total prog FTE = 1,166.63 / FTE	$1,166.63 x 12.06 Program FTE =	14,069
Internet	Ann Agency: $16,000 / 83.9 total prog FTE = 190.71 / FTE	$190.71 x 12.06 Program FTE =	2,300
Gas/Electric	Ann Agency Budget: $196,000 / 83.9 total prog FTE = 2,336.12 / FTE	$2,336.12 x 12.06 Program FTE =	28,172
Water	Ann Agency Budget: $50,000 / 83.9 total prog FTE = $595.95 / FTE	$595.95 x 12.06 Program FTE =	7,187
Garbage Disposal	Ann Agency Budget: $94100 / 83.9 total prog FTE = $1,121.58 / FTE	$1,121.58 x 12.06 Program FTE =	13,526
		Total Occupancy:	65,253

Materials/Supplies:	Brief Description	Rate	Cost
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $2.93 per meal X 64,298 UOS =	188,393
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.54 per bag X 12,273 UOS =	104,813
		Total Materials & Supplies:	293,207

TOTAL OPERATING EXPENSES:	358,460
TOTAL DIRECT COSTS:	1,189,647

4) INDIRECT COSTS	Indirect Rate:	9.8069%	
Director, Finance (Annual Salary $128,125 @ .16 FTE + 38% Fringe Benefits)			29,146
Chief Executive Officer (Annual Salary $235,000 @ .09 FTE + 38% Fringe Benefits)			29,146
Director, Statewide Initiatives (Annual Salary $92,250 @ .23FTE + 38% Fringe Benefits)			29,228
Vice President, Programs (Annual Salary $117,260 @ .18 FTE + 38% Fringe Benefits)			29,146
		TOTAL INDIRECT COSTS:	116,668
		TOTAL EXPENSES:	1,306,315

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2e, p 1 Total
Outreach Coordinator	0.0806	3,764	78%	1,033	22%			4,797
Manager, Wellness Program	0.0493	2,971	78%	816	22%			3,787
Wellness Prog Coor (Caseworker)	0.0870	3,962	78%	1,088	22%			5,050
Cook II	0.0515	1,559	78%	428	22%			1,987
Porter	0.0428	1,189	78%	326	22%			1,515
Grocery Center Supervisor	0.0735	2,971	78%	816	22%			3,787
Grocery Center Operations Coord. II	0.0970	2,971	78%	816	22%			3,787
Registered Dietician	0.0502	2,772	78%	761	22%			3,533
Volunteer Coordinator	0.0531	1,981	78%	544	22%			2,525
Director, Operations	0.0431	2,773	78%	762	22%			3,535
Kitchen Operations Coordinator II	0.0962	2,971	78%	816	22%			3,787
Total FTE & Total Salaries	0.7242	29,884	78%	8,206	22%			38,090
Fringe Benefits	38.10%	11,386	78%	3,127	22%			14,513
Total Personnel Expenses		41,270	78%	11,333	22%			52,603
Operating Expenses		Expense	%	Expense	%			B-2e, p 1 Total
Total Occupancy								-
Total Materials and Supplies		15,606	78%	4,287	22%			19,893
Total General Operating		6,519	78%	1,791	22%			8,310
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		22,125	78%	6,078	22%			28,203
Total Direct Expenses		63,395	78%	17,411	22%			80,806
Indirect Expenses	9.9073%	6,282	78%	1,725	22%			8,007
TOTAL EXPENSES		69,677	78%	19,136	22%			88,813
UOS per Service Mode		4,895		643				5,538
Cost / UOS by Service Mode		$14.24		$29.77				N/A
UDC per Service Mode		40		40				40

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2e, p 2 Totals	Total FTE	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			GTZ Totals
Outreach Coordinator	0.2385	10,989	77%	3,214	23%	14,203	0.31911	19,000
Manager, Wellness Program	0.1459	8,676	77%	2,537	23%	11,213	0.19512	15,000
Wellness Prog Coor (Caseworker)	0.2575	11,567	77%	3,383	23%	14,950	0.34452	20,000
Cook II	0.1525	4,551	77%	1,330	23%	5,881	0.20402	7,868
Porter	0.1268	3,470	77%	1,015	23%	4,485	0.16958	6,000
Grocery Center Supervisor	0.2175	8,676	77%	2,537	23%	11,213	0.29102	15,000
Grocery Center Operations Coord. II	0.2870	8,676	77%	2,537	23%	11,213	0.38400	15,000
Registered Dietician	0.1487	8,094	77%	2,367	23%	10,461	0.19888	13,994
Volunteer Coordinator	0.1571	5,784	77%	1,691	23%	7,475	0.21013	10,000
Director, Operations	0.1276	8,097	77%	2,368	23%	10,465	0.17073	14,000
Kitchen Operations Coordinator II	0.2848	8,676	77%	2,537	23%	11,213	0.38096	15,000
Total FTE & Total Salaries	2.1439	87,256	58%	25,516	17%	112,772	2.86807	150,862
Fringe Benefits	38.10%	33,244	77%	9,721	23%	42,965		57,478
Total Personnel Expenses		120,500	77%	35,237	23%	155,737		208,340
Operating Expenses		Expense	%	Expense	%	B-2e, p 2 Totals		GTZ Totals
Total Occupancy								-
Total Materials and Supplies		45,567	77%	13,326	23%	58,893		78,786
Total General Operating		19,035	77%	5,567	23%	24,602		32,912
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		64,602	58%	18,893	17%	83,496		111,698
Total Direct Expenses		185,102	77%	54,130	23%	239,232		320,038
Indirect Expenses	9.9073%	18,338	58%	5,362	17%	23,700		31,707
TOTAL EXPENSES		203,440	77%	59,492	23%	262,932		351,745
UOS per Service Mode		14,291		2,000		16,291		21,829
Cost / UOS by Service Mode		$14.24		$29.75		N/A		N/A
UDC per Service Mode		80		80		80		120

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bi-lingual Spanish.				
	Annual Salary	x FTE	x Mos per Yr	Annualized if < 12 mos	Total
	$59,540.00	0.31911	12	1.00	$ 19,000
Staff Position 2:	Manager, Wellness Program				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication, Bi-lingual Spanish.				
	$76,875.00	0.19512	12	1	$ 15,000
Staff Position 3:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
	$58,052.00	0.34452	12	1.00	$ 20,000
Staff Position 5:	Cook II				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
	$38,563.00	0.20402	12	1.00	$ 7,868
Staff Position 6:	Porter				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$35,381.00	0.16958	12	1.00	$ 6,000
Staff Position 7:	Grocery Center Supervisor				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$51,542.00	0.29102	12	1.00	$ 15,000
Staff Position 8:	Grocery Center Operations Coord. II				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$39,062.00	0.38400	12	1.00	$ 15,000
Staff Position 9:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	$70,366.00	0.19888	12	1.00	$ 13,994
Staff Position 10:	Volunteer Coordinator				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
	$47,590.00	0.21013	12	1.00	$ 10,000

Staff Position 11:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
	$82,000.00	0.17073	12	1.00	$ 14,000
Staff Position 12:	Kitchen Operations Coordinator II				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.38096	12	1.00	$ 15,000
	Total FTE:	2.86807		Total Salaries:	$ 150,862

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost	
	Payroll Tax		$	13,728
	Employee Health Benefits		$	32,888
	Retirement Plan Employer Contributions		$	1,961
	Commuter Benefits		$	905
	Workers Compensation		$	7,996
	Fringe Benefit %:	38.10%	Total Fringe Benefit:	57,478
			TOTAL SALARIES & BENEFITS:	208,340

2) OPERATING EXPENSES:			
Materials & Supplies:	Brief Description	Rate	Cost
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.93 / UOS x 19,186	56,215
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.54 / UOS x 2,643	22,571
		Total Materials & Supplies:	78,786

General Operating:	Brief Description	Rate	Cost
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x 2.87 Program FTE =	14,972
Bldg. Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 2.87 Program FTE =	4,590
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 2.87 Program FTE =	2,885
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 2.87 Program FTE =	2,889
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 2.87 Program FTE =	2,906
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 2.87 Program FTE =	3,439
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 2.87 Program FTE =	1,231
		Total General Operating:	32,912
		TOTAL OPERATING EXPENSES:	111,698
		TOTAL DIRECT COSTS:	320,038

4) INDIRECT COSTS	Indirect Rate:	9.9073%	Amount
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits)			15,853
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits)			15,853
		TOTAL INDIRECT COSTS:	31,707
		TOTAL EXPENSES:	351,745

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Contract ID # 1000002671

HHS

Invoice Number A-1APR20

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/20 - 04/30/20

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	66,750	800							66,750	800
Food: Grocery Bags	12,680	800							12,680	800
Nutrition Counseling Hours	247	175							247	175
Coordinate & Deliver Food (COVID) Visits	700	50							700	50
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		800								800

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$699,102				$699,102.00
Fringe Benefits	$245,734				$245,734.00
Total Personnel Expenses	$944,836				$944,836.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$42,994				$42,994.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$314,376				$314,376.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,	$6,086				$6,086.00
Stipends, Facilitators)					
Total Operating Expenses	$363,456				$363,456.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,308,292				$1,308,292.00
Indirect Expenses	$90,539				$90,539.00
TOTAL EXPENSES	$1,398,831				$1,398,831.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: 7D709E9A-642A-4EE1-B9E1-04CE10A9CACC

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR20
Contract Purchase Order No:
Fund Source: RWPB/SAM
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 04/1/20 - 04/30/20
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Caseworkers	1.50	$83,730				$83,730.00
Cooks	3.00	$103,649				$103,649.00
Delivery Driver	1.00	$34,112				$34,112.00
Delivery Driver	0.1592	$5,698				$5,698.00
Dispatcher	0.8075	$31,191				$31,191.00
Client Engagement Specialist	0.80	$19,860				$19,860.00
Client Engagement Specialist	0.2105	$5,440				$5,440.00
Manager, Distribution	0.70	$49,980				$49,980.00
Director, Operations	0.34	$26,138				$26,138.00
Manager, Volunteer Services	0.65	$47,320				$47,320.00
Director, Wellness Programs	0.65	$52,909				$52,909.00
Purchasing Supervisor	0.65	$37,179				$37,179.00
Operations Coordinator	1.00	$36,785				$36,785.00
Outreach Coordinator	0.20	$10,400				$10,400.00
Porters	1.50	$53,217				$53,217.00
Director, Nutrition Services	0.10	$8,590				$8,590.00
Registered Dietician	0.1477	$10,138				$10,138.00
Volunteer Coordinators	0.70	$31,304				$31,304.00
VP, Programs	0.10	$11,440				$11,440.00
Culinary Nutrition Technician	0.10438	$5,698				$5,698.00
Grocery Center Operations Spvsr	0.11395	$5,698				$5,698.00
Kitchen Logistics Supervisor	0.31366	$14,758				$14,758.00
Communications Officer	0.10	$5,800				$5,800.00
Staff Accountant	0.15	$8,068				$8,068.00
TOTAL SALARIES	14.9969	$699,102				$699,102.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: 7D709E9A-642A-4EE1-B9E1-04CE10A9CACC

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1d
04/01/21 - 03/31/22
PAGE A

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Contract ID # 1000002671

HHS

Invoice Number A-1APR21

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/21 - 04/30/21

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	64,298	775							64,298	775
Food: Grocery Bags	12,273	775							12,273	775
Nutrition Counseling Hours	240	175							240	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		775								775

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$601,873				$601,873.00
Fringe Benefits	$229,314				$229,314.00
Total Personnel Expenses	$831,187				$831,187.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$65,253				$65,253.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$293,207				$293,207.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$358,460				$358,460.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,189,647				$1,189,647.00
Indirect Expenses	$116,668				$116,668.00
TOTAL EXPENSES	$1,306,315				$1,306,315.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR21
Contract Purchase Order No:
Fund Source: RWPB/SAM
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 04/1/21 - 04/30/21
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coord (Case Worker)	0.762844	$43,000				$43,000.00
Wellness Prog Coord (Case Worker)	0.635611	$36,000				$36,000.00
Client Engagement Specialist	0.817660	$19,860				$19,860.00
Outreach Coordinator	0.174672	$10,400				$10,400.00
Manager, Wellness Programs	0.585364	$45,000				$45,000.00
Cook I	0.823705	$30,000				$30,000.00
Cook II	0.819227	$35,000				$35,000.00
Cook II	0.777944	$30,000				$30,000.00
Inventory Operations Coordinator II	0.456743	$18,393				$18,393.00
Porter	0.822296	$30,000				$30,000.00
Porter	0.501374	$17,739				$17,739.00
Driver	0.923944	$34,112				$34,112.00
Dispatcher	0.672994	$32,644				$32,644.00
Director, Distribution	0.625141	$49,980				$49,980.00
Director, Nutrition Services	0.084210	$8,000				$8,000.00
Registered Dietician	0.146775	$10,328				$10,328.00
Director, Operations	0.243902	$20,000				$20,000.00
Purchasing Supervisor	0.586730	$34,400				$34,400.00
Kitchen Logistics Supervisor	0.379183	$18,393				$18,393.00
Volunteer Coordinators	0.328890	$15,652				$15,652.00
Volunteer Coordinators	0.338811	$15,652				$15,652.00
Director, Volunteer Services	0.551432	$47,320				$47,320.00
TOTAL SALARIES	12.05945	$601,873				$601,873.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2e
07/01/2021 - 06/30/2022
PAGE A

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL21

Contract Purchase Order No:

Funding Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/21 - 07/31/21

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	4,895	40							4,895	40
Food Access: Grocery Bags	643	40							643	40
Expanded Capacity & Link. Track, F/U: Prepared	14,291	80							14,291	80
Expanded Capacity & Link. Track, F/U: Grocery B	2,000	80							2,000	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$150,862				$150,862.00
Fringe Benefits	$57,478				$57,478.00
Total Personnel Expenses	$208,340				$208,340.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$78,786				$78,786.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$32,912				$32,912.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$111,698				$111,698.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$320,038				$320,038.00
Indirect Expenses	$31,707				$31,707.00
TOTAL EXPENSES	$351,745				$351,745.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: 7D709E9A-642A-4EE1-B9E1-04CE10A9CACC

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2JUL21

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/21 - 07/31/21

FINAL Invoice ☐ (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.31911	$19,000				$19,000.00
Manager, Wellness Program	0.19512	$15,000				$15,000.00
Wellness Prog Coord (Caseworker)	0.34452	$20,000				$20,000.00
Cook II	0.20402	$7,868				$7,868.00
Porter	0.16958	$6,000				$6,000.00
Grocery Center Supervisor	0.29102	$15,000				$15,000.00
Grocery Center Operations Coord. II	0.38400	$15,000				$15,000.00
Registered Dietician	0.19888	$13,994				$13,994.00
Volunteer Coordinator	0.21013	$10,000				$10,000.00
Director, Operations	0.17073	$14,000				$14,000.00
Kitchen Operations Coordinator II	0.38096	$15,000				$15,000.00
TOTAL SALARIES	2.86807	$150,862				$150,862.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: 7D709E9A-642A-4EE1-B9E1-04CE10A9CACC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/2/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (MP) Heffernan Insurance Brokers 1460B O'Brien Drive Menlo Park CA 94025	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 650-842-5200 **FAX (A/C, No):** 650-842-5201 **E-MAIL ADDRESS:**
INSURED Project Open Hand 730 Polk St. San Francisco CA 94109 PROJOPE-02	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Philadelphia Indemnity Insurance Company 18058 **INSURER B :** Redwood Fire & Casualty Insurance Company 11673 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1960777939 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR X Host Liquor Incl GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		PHPK2153640	7/1/2020	7/1/2021	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Y		PHPK2153640	7/1/2020	7/1/2021	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			PHUB729837	7/1/2020	7/1/2021	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		PRWC126550	7/1/2020	7/1/2021	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Social Service Prof. Liability Social Service Prof. Liability			PHPK2153640	7/1/2020	7/1/2021	Occurrence Limit Aggregate Limit	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: As Per Contract or Agreement on File with Insured. City & County of San Francisco, its officers, employees and agents are included as an additional insured (and primary) on General Liability policy and additional insured on Automobile Liability policy per the attached endorsements, if required.

CERTIFICATE HOLDER

City & County of San Francisco
Attn: Contracts Unit
Dept. Of Public Health
25 Van Ness Avenue, Suite 500
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY DELUXE ENDORSEMENT: HUMAN SERVICES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	$30,000 limit	2
Damage to Premises Rented to You	$1,000,000	3
HIPAA	Clarification	4
Medical Payments	$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	$5,000	5
Supplementary Payment – Loss of Earnings	$1,000 per day	5
Employee Indemnification Defense Coverage	$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

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Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	Included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

A. Extended Property Damage

SECTION I – COVERAGES, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **a.** is deleted in its entirety and replaced by the following:

a. Expected or Intended Injury

"Bodily injury" or property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

B. Limited Rental Lease Agreement Contractual Liability

SECTION I – COVERAGES, **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **b. Contractual Liability** is amended to include the following:

(3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to $50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

C. Non-Owned Watercraft

SECTION I – COVERAGES, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions,** Paragraph **g. (2)** is deleted in its entirety and replaced by the following:

(2) A watercraft you do not own that is:

(a) Less than 58 feet long; and

(b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE**

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LIABILITY, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a $30,000 limit. A client is defined as a person under your direct care and supervision.

E. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

a. The last paragraph of **SECTION I – COVERAGES**, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**; is deleted in its entirety and replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

b. SECTION III – LIMITS OF INSURANCE, Paragraph 6. is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

c. SECTION V – DEFINITIONS, Paragraph 9.a., is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection **4. Other Insurance**, Paragraph **b. Excess Insurance**, **(1) (a) (ii)** is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

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a. $1,000,000; or

b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

F. HIPAA

SECTION I – COVERAGES, **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY**, is amended as follows:

1. Paragraph **1. Insuring Agreement** is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph **2. Exclusions** is amended to include the following additional exclusions:

This insurance does not apply to:

a. Intentional, Willful, or Deliberate Violations

Any willful, intentional, or deliberate "violation(s)" by any insured.

b. Criminal Acts

Any "violation" which results in any criminal penalties under the HIPAA.

c. Other Remedies

Any remedy other than monetary damages for penalties assessed.

d. Compliance Reviews or Audits

Any compliance reviews by the Department of Health and Human Services.

3. SECTION V – **DEFINITIONS** is amended to include the following additional definitions:

a. "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."

b. "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.

c. "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

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G. Medical Payments – Limit Increased to $20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:

a. $20,000; or
b. The Medical Expense Limit shown in the Declarations of this Coverage Part.

2. SECTION I – COVERAGE, **COVERAGE C MEDICAL PAYMENTS**, Subsection **1. Insuring Agreement**, a. (3) (b) is deleted in its entirety and replaced by the following:

(b) The expenses are incurred and reported to us within three years of the date of the accident.

H. Athletic Activities

SECTION I – COVERAGES, **COVERAGE C MEDICAL PAYMENTS**, Subsection **2. Exclusions**, Paragraph **e. Athletic Activities** is deleted in its entirety and replaced with the following:

e. Athletic Activities

To a person injured while taking part in athletics.

I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

1. b. is deleted in its entirety and replaced by the following:

1. b. Up to $5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.

1.d. is deleted in its entirety and replaced by the following:

1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to $1,000 a day because of time off from work.

J. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B the following is added:

We will pay, on your behalf, defense costs incurred by an “employee” in a criminal proceeding occurring in the course of employment.

The most we will pay for any “employee” who is alleged to be directly involved in a criminal proceeding is $25,000 regardless of the numbers of “employees,” claims or “suits” brought or persons or organizations making claims or bringing “suits.

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K. Key and Lock Replacement – Janitorial Services Client Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended to include the following:

We will pay for the cost to replace keys and locks at the "clients" premises due to theft or other loss to keys entrusted to you by your "client," up to a $10,000 limit per occurrence and $10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.

b. "Employee" means:

(1) Any natural person:

(a) While in your service or for 30 days after termination of service;

(b) Who you compensate directly by salary, wages or commissions; and

(c) Who you have the right to direct and control while performing services for you; or

(2) Any natural person who is furnished temporarily to you:

(a) To substitute for a permanent "employee" as defined in Paragraph **(1)** above, who is on leave; or

(b) To meet seasonal or short-term workload conditions;

while that person is subject to your direction and control and performing services for you.

(3) "Employee" does not mean:

(a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or

(b) Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."

c. "Manager" means a person serving in a directorial capacity for a limited liability company.

L. Additional Insureds

SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

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Coverage Part, Paragraph **3.a.** is deleted in its entirely and replaced by the following:

a. Coverage under this provision is afforded until the end of the policy period.

2. Each of the following is also an insured:

a. Medical Directors and Administrators – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.

b. Managers and Supervisors – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your "employees" are also insureds for "bodily injury" to a co-"employee" while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

c. Broadened Named Insured – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.

d. Funding Source – Any person or organization with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

e. Home Care Providers – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.

f. Managers, Landlords, or Lessors of Premises – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

(1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

g. Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

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organization is an insured only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person’s or organization’s status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any “occurrence” which takes place after the equipment lease expires.

h. Grantors of Permits – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:

(1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:

(a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;

(b) The construction, erection, or removal of elevators; or

(c) The ownership, maintenance, or use of any elevators covered by this insurance.

i. Vendors – Only with respect to “bodily injury” or “property damage” arising out of “your products” which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

(1) The insurance afforded the vendor does not apply to:

(a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

(b) Any express warranty unauthorized by you;

(c) Any physical or chemical change in the product made intentionally by the vendor;

(d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

(e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

(f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

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(g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in Sub-paragraphs **(d)** or (**f**); or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.

j. Franchisor – Any person or organization with respect to their liability as the grantor of a franchise to you.

k. As Required by Contract – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations

l. Owners, Lessees or Contractors – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:

(1) Your acts or omissions; or

(2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

(b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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m. State or Political Subdivisions – Any state or political subdivision as required, subject to the following provisions:

(1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.

(2) This insurance does not apply to:

(a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or

(b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

M. Duties in the Event of Occurrence, Claim or Suit

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph **2.** is amended as follows:

a. is amended to include:

This condition applies only when the “occurrence” or offense is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership; or

(3) An executive officer or insurance manager, if you are a corporation.

b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or “suit” is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership; or

(3) An executive officer or insurance manager, if you are a corporation.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of

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Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

P. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

Q. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph **3.** Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and

b. Except for mental anguish, includes death resulting from the foregoing (Item **a.** above) at any time.

R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. SECTION V – DEFINITIONS, Paragraph 14.b. is deleted in its entirety and replaced by the following:

b. Malicious prosecution or abuse of process;

2. SECTION V – DEFINITIONS, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

a. Done intentionally by or at the direction of, or with the knowledge or consent of:

(1) Any insured; or

(2) Any executive officer, director, stockholder, partner or member of the insured;

b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

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c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or

d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE ELITE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

Following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Who is An Insured Board Members Newly Acquired Entities Designated Insured Lessor of Leased Autos	 Included Included Included Included	2
Cost of Bail Bonds	$5,000	2
Reasonable Expenses – Loss of Earnings	$500 per day	2
Fellow Employee Coverage	Amended	3
Towing	$100 per disablement	3
Glass Breakage (Windshields and Windows)	No deductible applies	3
Transportation Expenses	$100 per day / $3,000 maximum	3
Hired Auto Physical Damage – Loss of Use	$100 per day / $1,000 maximum	3
Hired Auto Physical Damage	ACV or repair or replacement of the vehicle whichever is less	4
Personal Effects	$500	4
Rental Reimbursement	$100 per day / 30 days	4
Accidental Discharge – Air Bag	Amended	4
Electronic Equipment	$1000	5
Original Equipment Manufacturer Parts Replacement	Included	5
Auto Loan / Lease Gap Coverage	Amended	5
One Comprehensive Coverage Deductible Per Occurrence	Amended	6
Notice of and Knowledge of Occurrence	Amended	7
Blanket Waiver of Subrogation	Amended (as required by written contract)	7
Unintentional Errors or Omissions	Amended	7
Mental Anguish – Bodily Injury Redefined	Amended	7

Coverage extensions under this endorsement only apply in the event that no other specific coverage for these extensions is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted in this endorsement.

Any deductible listed in the Auto Declarations Page will apply unless specific deductible provisions are set forth under a coverage enhancement below.

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I. LIABILITY COVERAGE EXTENSIONS

A. Who Is An Insured

SECTION II – LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured is amended by adding the following:

The following are also "insureds":

1. **Board Members –** Board members (or their spouses) while renting a vehicle while on business for the named insured.

2. **Newly Acquired Entities –** Any business entity newly acquired or formed by you during the policy period, provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following the acquisition or the formation of the business entity.

3. **Designated Insured** – Any person or organization designated by the “insured” is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **SECTION II** of the Coverage Form.

4. **Lessor of Leased Autos** – The lessor of a “leased auto” is an “insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

   a. You;

   b. Any of your "employees" or agents; or

   c. Any person, except the lessor or any "employee" or agent of the lessor, operating a “leased auto” with the permission of any of the above.

   Any “leased auto” in the policy schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

   The coverages provided under this endorsement apply to any “leased auto” in the policy schedule until the expiration date of the lease, or when the lessor or his or her agent takes possession of the “leased auto,” whichever occurs first.

   “Leased auto” means an “auto” leased or rented to you, including any substitute, replacement or extra “auto” needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

B. Cost of Bail Bonds

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (2) is deleted in its entirety and replaced with the following:

(2) Up to $5,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

C. Reasonable Expenses

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (4) is deleted in its entirety and replaced with the following:

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(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to $500 a day because of time off from work.

D. Fellow Employee Coverage

SECTION II – LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee is deleted in its entirety and replaced by the following:

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

However, this exclusion does not apply to any manager or officer of your company.

II. PHYSICAL DAMAGE COVERAGE EXTENSIONS

A. Towing

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 2. Towing is deleted in its entirety and replaced with the following:

2. Towing

We will pay up to $100 for towing and labor costs incurred each time a covered "auto" is disabled. However, the labor must be performed at the place of disablement. No deductible applies to this enhancement.

B. Glass Breakage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles is amended by adding the following:

No deductible applies to "loss" to glass used in the windshield or windows.

C. Transportation Expenses

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses is deleted in its entirety and replaced with the following:

a. Transportation Expenses

We will pay up to $100 per day to a maximum of $3,000 for temporary transportation expenses incurred by you because of a “loss” to a covered “auto.” We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the “loss” and ending, regardless of the policy’s expiration, when the covered “auto” is returned to use or we pay for its “loss.”

D. Hired Auto Physical Damage – Loss of Use

The last sentence of **SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, b. Loss of Use Expenses** is deleted in its entirety and replaced with the following:

However, the most we will pay for any expenses for loss of use is $100 per day, to a maximum of $1,000.

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E. Hired Auto Physical Damage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Hired Auto Physical Damage

Any "auto" you lease, hire, rent or borrow from someone other than your “employees” or partners, or members of their household is a covered "auto" for each of your physical damage coverages.

The most we will pay for any “loss” in any one “accident” is the ACV or the cost for repair or replacement of the vehicle, whichever is less.

For each covered “auto” our obligation to pay will be reduced by a deductible of $500 for Comprehensive Coverage and $1000 for Collision Coverage.

F. Personal Effects Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Personal Effects Coverage

We will pay up to $500 for “loss” to personal effects, which are:

1. Owned by an “insured”; and

2. In or on your covered “auto.”

This coverage applies only in the event of the total theft of your covered “auto.” No deductible applies to this coverage.

G. Rental Reimbursement

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Rental Reimbursement Coverage

We will pay up to $100 per day, for up to 30 days, for rental reimbursement expenses incurred by you for the rental of an “auto” because of “loss” to a covered “auto.”

We will also pay up to $300 for reasonable and necessary expenses incurred by you to remove and replace your materials and equipment from the covered “auto.”

If “loss” results from the total theft of a covered “auto,” we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Item **III. C. Transportation Expenses** of this endorsement.

H. Accidental Discharge – Airbag Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions, Paragraph 3. is amended by adding the following exception:

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This exclusion does not apply to the accidental discharge of an airbag. This coverage is excess of any other collectible insurance or warranty. No deductible applies to this coverage.

I. Electronic Equipment Coverage

The following supersedes anything to the contrary in **SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions**, Paragraph 4.

Exclusions **4.c.** and **4.d.** do not apply to:

Any risk management or monitoring equipment and electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss," and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto."

The most we will pay for all “loss” to risk management or monitoring equipment, audio, visual or data electronic equipment that is not designed solely for the reproduction of sound and any accessories used with this equipment as a result of any one “accident” is the least of:

a. The actual cash value of the damaged or stolen property at the time of the “loss”;

b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or

c. $1,000.

This coverage will not apply if there is other insurance provided by this policy for the above-described electronic equipment. We will, however, pay any deductible, up to $500, that is applicable under the provisions of the other insurance.

J. Original Equipment Manufacturer (OEM) Parts Replacement

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance, Paragraph 1. is amended to include:

However, if the covered “auto” has less than 20,000 miles on its odometer, then the following condition will apply:

We will pay the cost to replace the damaged parts (excluding glass and mechanical parts) with new Original Equipment Manufacturer replacement parts if the damaged parts cannot be repaired.

K. Auto Loan / Lease Gap Protection

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance is amended to include the following:

4. In the event of “loss” to a covered “auto” that is loaned or leased to an “insured”:

   a. The most we will pay for “loss” in any one “accident” is the lesser of:

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(1) The actual cash value of the damaged or stolen property as of the time of the “loss”; or

(2) The cost of repairing or replacing the damaged or stolen property with other property of like, kind and quality.

b. Our Limit of Insurance for “total loss” will be the greater of:

(1) The balance due under the terms of the lease or loan, to which your "auto" is subject but not including:

(a) Past due payments;

(b) Financial penalties imposed under the lease;

(c) Security deposits not refunded;

(d) Costs for extended warranties or insurance; or

(e) Final payment due under a “balloon loan”; or

(2) Actual cash value of the stolen or damaged property.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of “loss.”

c. Additional Definitions

(1) “Total loss” for the purpose of this coverage, means a loss in which the estimated cost of repairs, plus the salvage value, exceeds the actual cash value.

(2) “Balloon loan” is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

d. Additional Conditions

This coverage will apply only to the original lease or loan written on your covered “auto.” In order for this coverage to apply, leased “autos” must be leased or rented to you under a leasing or rental agreement, for a period of not less than six months, which requires you to provide direct primary insurance for the benefit of the lessor.

L. One Comprehensive Coverage Deductible

SECTION III – PHYSICAL DAMAGE COVERAGE, D. Deductible is amended by adding the following:

Only one Comprehensive Coverage Deductible per occurrence will apply to any “loss” resulting from a covered peril.

For the purpose of this extension, occurrence means a single incident, including continuous or repeated exposure to substantially the same general harmful conditions within a 24-hour period.

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III. BUSINESS AUTO CONDITIONS

A. Notice and Knowledge of Occurrence

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss, Paragraph a. is deleted in its entirety and replaced with the following:

a. In the event of "accident," claim, "suit" or "loss," you must give us, or our authorized representative, prompt notice of the "accident" or "loss." Include:

(1) How, when and where the "accident" or "loss" occurred;

(2) The "insured's" name and address; and

(3) To the extent possible, the names and addresses of any injured persons and witnesses.

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership; or

(3) An executive officer or insurance manager, if you are a corporation.

B. Blanket Waiver Of Subrogation

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us, is amended by adding the following exception:

However, we waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract."

C. Unintentional Errors or Omissions

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 2. Concealment, Misrepresentation, Or Fraud is amended by adding the following:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

IV. DEFINITIONS

A. Mental Anguish

SECTION V – DEFINITIONS, C. "Bodily injury" is amended by adding the following:

"Bodily injury" also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/13/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (MP) Heffernan Insurance Brokers 1460B O'Brien Drive Menlo Park CA 94025 License#: 0564249	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 650-842-5200 **FAX (A/C, No):** 650-842-5201 **E-MAIL ADDRESS:**
INSURED Project Open Hand 730 Polk St. San Francisco CA 94109 PROJOPE-02	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Lloyd's of London **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 623392994 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 	$ $ $ $ $ $ $
	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS HIRED AUTOS ONLY NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) 	$ $ $ $ $
	UMBRELLA LIAB OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE 	$ $ $
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N N / A					PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
A	Cyber Liability Cyber Liability			ASJ20H008203	7/1/2020	7/1/2021	Limit Deductible	10,000,000 5,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Contract #1000013218.

CERTIFICATE HOLDER

The City and County of San Francisco
Its Officers, Agents and Employees
101 Grove St., Room 410
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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City and County of San Francisco
Office of Contract Administration
Purchasing Division

Third Amendment

THIS AMENDMENT (this "Amendment") is made as of **January 1st, 2022**, in San Francisco, California, by and between **PROJECT OPEN HAND** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **increase the contract amount, extend the contract term, and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 9-2017 issued on January 30, 2017** and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained on **July 18, 2016** from the **Civil Service Commission** under PSC number **2005 – 07/08** in the amount of **$450,000,000** for the period commencing **07/01/2008** and ending **Continuous**; and

WHEREAS, approval for the original Agreement was obtained on **July 18, 2016** from the **Civil Service Commission** under PSC number **2005 – 07/08** in the amount of **$450,000,000** for the period commencing **07/01/2008** and ending **Continuous**; and

WHEREAS, the City's **Board of Supervisors** approved this Agreement by **Resolution Number 202-22** on **May 24th, 2022**.

NOW, THEREFORE, Contractor and the City agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated **April 1st, 2017 (CID# 1000002671 / BPHC17000070)** between Contractor and City, as amended by the:

First Amendment, dated **December 1st, 2018 (CID# 1000002671 / BPHC17000070)**, and

Second Amendment, dated **February 1st, 2021 (CID# 1000002671 / BPHC17000070)**.

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1.2 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 **Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 "Confidential Information" means confidential City information including, but not limited to, personally-identifiable information ("PII"), protected health information ("PHI"), or individual financial information (collectively, "Proprietary or Confidential Information") that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

2.2 **Term of the Agreement.** *Article 2 Term of the Agreement of the 2nd Amendment currently reads as follows:*

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i**) April 1, 2017**; or (ii) the Effective Date and expire on **June 30, 2022**, unless earlier terminated as otherwise provided herein.

2.2 The City has **four (4)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1:	04/01/21 – 03/31/22	Exercised
Option 2:	04/01/22 – 03/31/23	Exercised
Option 3:	04/01/23 – 03/31/24	
Option 4:	04/01/24 – 03/31/25	
Option 5:	04/01/25 – 03/31/26	
Option 6:	04/01/26 – 03/31/27	

Such section is hereby amended in its entirety to read as follows:

Article 2 Term of the Agreement

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2.1 The term of this Agreement shall commence on the latter of: (i**) April 1, 2017**; or (ii) the Effective Date and expire on **March 31, 2027**, unless earlier terminated as otherwise provided herein.

2.2 The City has **zero (0)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City's sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, "Modification of this Agreement."

Option 1:	04/01/21 – 03/31/22	Exercised
Option 2:	04/01/22 – 03/31/23	Exercised
Option 3:	04/01/23 – 03/31/24	Exercised
Option 4:	04/01/24 – 03/31/25	Exercised
Option 5:	04/01/25 – 03/31/26	Exercised
Option 6:	04/01/26 – 03/31/27	Exercised

2.3 **Payment.** *Section 3.3.1 Payment of the 2nd Amendment currently reads as follows:*

Article 3 Financial Matters

3.3 **Compensation.**

3.3.1 **Payment**. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million, Three Hundred Fifty-Seven Thousand, Seven Hundred Five DOLLARS ($9,357,705)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

Article 3 Financial Matters

3.3 **Compensation.**

3.3.1 **Payment**. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event

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shall the amount of this Agreement exceed **Eighteen Million, Eight Hundred Thousand, Three Hundred Forty-Four DOLLARS ($18,800,344)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

2.4 **Contractor Vaccination Policy.** *The following is hereby added to Article 4 of the Agreement:*

4.2.2 **Contractor Vaccination Policy.**

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency ("Emergency Declaration"), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator ("Contractor Vaccination Policy"), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form ("Exemptions Form"), which can be found at https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors (navigate to "Exemptions" to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.5 **Ownership of City Data.** *The following section is hereby added and incorporated in Article 13 of the Agreement:*

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13.4 **Ownership of City Data.** The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

2.6 **Management of City Data and Confidential Information.** *The following sections are hereby added and incorporated in Article 13 of the Agreement:*

13. 5 **Management of City Data and Confidential Information.**

13.5.1 **Use of City Data and Confidential Information.** Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Data outside the United States is subject to prior written authorization by the City. Access to City's Data must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase "unauthorized use" means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.5.2 **Disposition of Confidential Information**. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by "clearing," "purging" or "physical destruction," in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

The Appendices listed below are Amendment as follows:

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2.7 **Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and incorporated within the Agreement.

2.8 **Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and incorporated within the Agreement.

2.9 **Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and incorporated within the Agreement.

2.10 **Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and incorporated within the Agreement.

2.11 **Appendix B-1e.** Appendix B-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.12 **Appendix B-1f.** Appendix B-1f is hereby added to this Amendment and fully incorporated within the Agreement.

2.13 **Appendix B-1g.** Appendix B-1g is hereby added to this Amendment and fully incorporated within the Agreement.

2.14 **Appendix B-1h.** Appendix B-1h is hereby added to this Amendment and fully incorporated within the Agreement.

2.15 **Appendix B-1i.** Appendix B-1i is hereby added to this Amendment and fully incorporated within the Agreement.

2.16 **Appendix B-2f.** Appendix B-2f is hereby added to this Amendment and fully incorporated within the Agreement.

2.17 **Appendix B-2g.** Appendix B-2g is hereby added to this Amendment and fully incorporated within the Agreement.

2.18 **Appendix B-2h.** Appendix B-2h is hereby added to this Amendment and fully incorporated within the Agreement.

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

2.19 **Appendix B-2i.** Appendix B-2i is hereby added to this Amendment and fully incorporated within the Agreement.

2.20 **Appendix B-2j.** Appendix B-2j is hereby added to this Amendment and fully incorporated within the Agreement.

2.21 **Appendix F-1e.** Appendix F-1e is hereby added to this Amendment and fully incorporated within the Agreement.

2.22 **Appendix F-1f.** Appendix F-1f is hereby added to this Amendment and fully incorporated within the Agreement.

2.23 **Appendix F-1g.** Appendix F-1g is hereby added to this Amendment and fully incorporated within the Agreement.

2.24 **Appendix F-1h.** Appendix F-1h is hereby added to this Amendment and fully incorporated within the Agreement.

2.25 **Appendix F-1i.** Appendix F-1i is hereby added to this Amendment and fully incorporated within the Agreement.

2.26 **Appendix F-2f.** Appendix F-2f is hereby added to this Amendment and fully incorporated within the Agreement.

2.27 **Appendix F-2g.** Appendix F-2g is hereby added to this Amendment and fully incorporated within the Agreement.

2.28 **Appendix F-2h.** Appendix F-2h is hereby added to this Amendment and fully incorporated within the Agreement.

2.29 **Appendix F-2i.** Appendix F-2i is hereby added to this Amendment and fully incorporated within the Agreement.

2.30 **Appendix F-2j.** Appendix F-2j is hereby added to this Amendment and fully incorporated within the Agreement.

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

2.31 **Appendix K.** Appendix K is hereby added to this Amendment and fully incorporated within the Agreement.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after **the date of this Amendment**.

Article 4 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY
Recommended by:

DocuSigned by:
Greg Wagner
785275247529481...

Grant Colfax, MD 6/14/2022 | 6:39:03 PDT
Director of Health
Department of Public Health

CONTRACTOR
PROJECT OPEN HAND

DocuSigned by:
Paul Hepfer
B9CD10AE02424E7...

PAUL HEPFER 6/13/2022 | 9:17:52 PDT
Chief Executive Officer
730 Polk Street
San Francisco, CA 94109

City Supplier number: **0000012810**

Approved as to Form:

David Chiu
City Attorney

DocuSigned by:
By: Louise Simpson
BD5A168A4C3B432...

Deputy City Attorney 6/13/2022 | 9:22:25 PDT

Approved:

Sailaja Kurella
Director of the Office of Contract Administration, and Purchaser

DocuSigned by:
By: Sailaja Kurella
78EA1FA4AB01C4E0...

6/17/2022 | 6:45:27 PDT

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

Appendix A
Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Bill Blum**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

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F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and subcontractors as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of its employees, agents, subcontractors and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

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reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and subcontractors, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

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M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

1) Staff evaluations completed on an annual basis.
2) Personnel policies and procedures in place, reviewed and updated annually.
3) Board Review of Quality Assurance Plan.

P. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1	**HIV/AIDS Food and Nutrition Services**
Appendix A-2	**HIV/AIDS Food and Nutrition Services – Getting to Zero**
Appendix A-3	**HIV/AIDS Food and Nutrition Services**

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3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Project Open Hand
HIV / AIDS Food and Nutrition Services

Appendix A
04/01/17 - 03/31/27
Ryan White Part A (RWPA) RW Part B / General Fund

SUMMARY

Contractor/Provider	**PROJECT OPEN HAND**
Total Contract	$ 17,565,165
Funding	Ryan White Part B (X07/X08) / General Fund (GTZ) / RWPA (COVID)
Program Name	HIV / AIDS Food and Nutrition Services
System of Care	HIV Health Services (HHS)
Address/Phone	730 Polk Street, San Francisco, California 94109, Phone: 415-447-2300 Fax: 415-447-2490
Contact Person	Paul Hepfer, CEO, 415-447-2321, phepfer@openhand.org; Serena Ngo, Program Director, 415-447-2462, sngo@openhand.org

Funding	Ryan White Part B (RWPB)										General Fund (GTZ)											
Appendices	A-1 / B-1		A- 1/ B-1a		A-1 / B-1b		A-1 / B-1c		A-1 / B-1d		A-2 / B-2		A-2 / B-2a		A-2 / B-2b		A-2 / B-2c		A-2 / B-2d		A-2 / B-2e	
Amount	*$1,278,279*		*$1,278,279*		*$1,426,235*		*$1,398,831*		*$1,408,026*		*$61,500*		*$341,500*		*$341,500*		*$351,745*		*$351,745*		*$373,166*	
Funding Term	*4/01/17-3/31/18*		*4/01/18-3/31/19*		*4/1/19 - 3/31/20*		*4/1/20 - 3/31/21*		*4/01/21-3/31/22*		*4/01/17-6/30/17*		*7/01/17-6/30/18*		*7/01/18-6/30/19*		*7/1/19 - 6/30/20*		*7/01/20-6/30/21*		*7/1/21-6/30/22*	
*Number / Type - UOS/UDC **	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Prepared Meals	85,822	800	83,285	800	68,039	800	66,750	800	66,149	800	4,205	30	23,350	120	23,350	120	22,040	120	22,782	120	19,186	120
Grocery Bags	9,607	800	9,323	800	15,589	800	12,680	800	12,930	800	471	30	2,614	120	2,614	120	3,062	120	2,551	120	2,994	120
Nutrition Couns Hrs	250	175	250	175	247	175	247	175	380	175	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Coord/Deliver Food (COVID) Visits	N/A	N/A	N/A	N/A	N/A	N/A	700	50	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Totals	95,679	800	92,858	800	83,875	800	80,377	800	79,459	800	4,676	30	25,964	120	25,964	120	25,102	120	25,333	120	22,180	120

Funding	RWPB X08						RW Part A (COVID/CarryForward)			
Appendices	A-1 / B-1.1		A-1 / B-1.1a		A-1 / B-1.1b		A-3 / B-3		A-3 / B-3a	
Amount	*$72,000*		*$70,000*		*$145,395*		*$53,000*		*$102,000*	
Funding Term	*4/01/17-9/29/17*		*9/30/17-9/29/18*		*9/30/18-9/29/19*		*4/1/20 - 3/31/21*		*8/1/20-2/28/21*	
*Number / Type - UOS/UDC **	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Prepared Meals	4,923	40	4,647	18	4,900	55	3,219	40	4,660	60
Grocery Bags	551	40	565	20	1,000	65	294	40	1,300	60
Totals	5,474	40	5,212	20	5,900	75	3,513	40	5,960	60

** NOTE: Total UDC is not a sum of the UDC from each mode of service; many clients receive more than one service.*

Target Population	Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of low-income PLWHA from anywhere in SF with the majority living in the Tenderloin, South of Market and other low-income areas of the city.
Description of Services	Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling.

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SUMMARY

Contractor/Provider	**PROJECT OPEN HAND**
Total Contract	$ 17,565,165
Funding	Ryan White Part B / General Fund (GTZ)
Program Name	HIV / AIDS Food and Nutrition Services
System of Care	HIV Health Services (HHS)
Address/Phone	730 Polk Street, San Francisco, California 94109, Phone: 415-447-2300 Fax: 415-447-2490
Contact Person	Paul Hepfer, CEO, 415-447-2321, phepfer@openhand.org; Serena Ngo, Program Director, 415-447-2462, sngo@openhand.org

Funding	Ryan White Part B (RWPB)										General Fund (GTZ)									
Appendices	A-1 / B-1e		A- 1/ B-1f		A-1 / B-1g		A-1 / B-1h		A-1 / B-1i		A-2 / B-2f		A-2 / B-2g		A-2 / B-2h		A-2 / B-2i		A-2 / B-2j	
Amount	*$1,347,885*		*$1,347,885*		*$1,347,885*		*$1,347,885*		*$1,347,885*		*$373,166*		*$373,166*		*$373,166*		*$373,166*		*$279,875*	
Funding Term	*4/1/22-3/31/23*		*4/1/23-3/31/24*		*4/1/24-3/31/25*		*4/1/25-3/31/26*		*4/1/26-3/31/27*		*7/1/22-6/30/23*		*7/1/23-6/30/24*		*7/1/24-6/30/25*		*7/1/25-6/30/26*		*7/1/26-3/31/27 (9mos)*	
*Number / Type - UOS/UDC **	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Prepared Meals	64,077	775	64,077	775	64,077	775	64,077	775	64,077	775	19,186	120	19,186	120	19,186	120	19,186	120	14,389	120
Grocery Bags	12,555	775	12,555	775	12,555	775	12,555	775	12,555	775	2,994	120	2,994	80	2,994	80	2,994	80	2,245	80
Nutrition Couns Hrs	330	175	330	175	330	175	330	175	330	175	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Totals	76,962	775	76,962	775	76,962	775	76,962	775	76,962	775	22,180	120	22,180	120	22,180	120	22,180	120	16,634	120

Funding										
Appendices										
Amount										
Funding Term										
*Number / Type - UOS/UDC **										
Prepared Meals										
Grocery Bags										
Totals										

** NOTE: Total UDC is not a sum of the UDC from each mode of service; many clients receive more than one service.*

Target Population	Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of low-income PLWHA from anywhere in SF with the majority living in the Tenderloin, South of Market and other low-income areas of the city.
Description of Services	Nutritional health through prepared meals, groceries, nutrition assessments and other food and nutrition counseling.

1. PROGRAM NAME / ADDRESS: Project Open Hand / HIV/AIDS Food and Nutrition Services
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org

Contacts / Phone:
Holly Calhoun, Director, Wellness Program,hcalhoun@openhand.org,415-447-2415
Ana Ayala, VP of Programs, aayala@opengand.org, 415-447-2330

2. NATURE OF DOCUMENT: Amendment

3. GOAL STATEMENT

To improve the nutritional health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments and other food and nutrition services.

4. TARGET POPULATION

Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of low-income San Francisco residents, of all ethnicities and populations, with symptomatic or disabling HIV disease whose eligibility is certified by their primary care provider. Project Open Hand (POH) serves residents of every neighborhood in San Francisco, however most of the HIV+ clients served live in the Tenderloin, South of Market, and other low-income areas of the city.

POH assures that HHS funds are used only to fund services not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-incomes and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-incomes and are underinsured. Low-income status is defined as 500% of Federal Poverty Level as defined by the US Department of Health and Human Services

A client's HIV diagnosis must be confirmed at intake. Client eligibility determination for residency, low-incomes, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in ARIES.

5. MODALITIES and INTERVENTIONS: Units of Service (UOS) and Unduplicated Clients (UDC)

***Total UDC is not the sum of UDC from each mode of service*

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1: 04/01/17 – 03/31/18 *RWPB*	*Food: Prepared Meals* 800 clients x ~9 meals / mo. x 12 mos.	85,822	800
	Food: Grocery Bags 800 clients x ~1 grocery bag / mo. x 12 mos.	9,607	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		95,679	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1.1 / 04/01/17 – 09/29/17 *RWPB-X08*	*Food: Prepared Meals* 40 clients x ~21 meals/month x 6 mos.	4,923	40
	Food: Grocery Bags 40 clients x ~2.3 grocery bags / mo. x 6 mos.	551	40
Total UOS and Total UDC		5,474	40

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1.1a / 09/30/17 – 09/29/18 *RWPB-X08*	*Food: Prepared Meals* 18 clients x ~21 - 22 meals / mo. x 12 mos.	4,647	18
	Food: Grocery Bags 20 clients x ~2.3 grocery bags / mo. x 12 mos.	565	20
Total UOS and Total UDC		5,212	20

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1a: 04/01/18 – 03/31/19 *RWPB*	*Food: Prepared Meals* 800 clients x ~8 - 9 meals / mo. x 12 mos.	83,285	800
	Food: Grocery Bags 800 clients x ~1 (.97) grocery bag / mo. x 12 mos.	9,323	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 65% effort	250	175
Total UOS and Total UDC		92,858	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1.1b / 09/30/18 – 09/29/19 *RWPB-X08*	*Food: Prepared Meals* 55 clients x ~7 - 8 meals / mo. x 12 mos.	4,900	55
	Food: Grocery Bags 65 clients x ~1.28 grocery bags / mo. x 12 mos.	1,000	65
Total UOS and Total UDC		5,900	75

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1b: 04/01/19 – 03/31/20 *RWPB*	*Food: Prepared Meals* 800 clients x ~7 – 8 *(7.09)* meals/mo. x 12 mos.	68,039	800
	Food: Grocery Bags 800 clients x ~1 (1.6) grocery bag / mo. x 12 mos.	15,589	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort	247	175
Total UOS and Total UDC		83,875	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1c: 04/01/20 – 03/31/21 *RWPB*	*Food: Prepared Meals* 800 clients x ~7 *(6.9)* meals/mo. x 12 mos.	66,750	800
	Food: Grocery Bags 800 clients x ~1 *(1.3)* grocery bag / mo. x 12 mos.	12,680	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 64.5% effort	247	175
	Coordinate & Deliver Food (COVID) - Visits 50 clients x 1 weekly grocery delivery x 14 wks.	700	50
Total UOS and Total UDC		80,377	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1d: 04/01/21 – 03/31/22 *RWPB*	*Food: Prepared Meals* 800 clients x ~7 (6.89) meals/mo. x 12 mos.	66,149	800
	Food: Grocery Bags 800 clients x ~1 (1.347) grocery bag / mo. x 12 mos.	12,930	800
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 98.7% effort	380	175
Total UOS and Total UDC		79,459	800

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1e: 04/01/22 – 03/31/23 *RWPB*	*Food: Prepared Meals* 775 clients x ~7 (6.89) meals/mo. x 12 mos.	64,077	775
	Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos.	12,555	775
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort	330	175
Total UOS and Total UDC		76,962	775

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1f: 04/01/23 – 03/31/24 *RWPB*	*Food: Prepared Meals* 775 clients x ~7 (6.89) meals/mo. x 12 mos.	64,077	775
	Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos.	12,555	775
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort	330	175
Total UOS and Total UDC		76,962	775

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1g: 04/01/24 – 03/31/25 *RWPB*	*Food: Prepared Meals* 775 clients x ~7 (6.89) meals/mo. x 12 mos.	64,077	775
	Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos.	12,555	775
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort	330	175
Total UOS and Total UDC		76,962	775

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1h: 04/01/25 – 03/31/26 *RWPB*	*Food: Prepared Meals* 775 clients x ~7 (6.89) meals/mo. x 12 mos.	64,077	775
	Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos.	12,555	775
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort	330	175
Total UOS and Total UDC		76,962	775

Appendix / Period / Funds	Units of Service Description	UOS	UDC
A-1 / B-1i: 04/01/26 – 03/31/27 *RWPB*	*Food: Prepared Meals* 775 clients x ~7 (6.89) meals/mo. x 12 mos.	64,077	775
	Food: Grocery Bags 775 clients x ~1 (1.35) grocery bag / mo. x 12 mos.	12,555	775
	Nutrition: Counseling Hours .20 FTE x 48 wk. x 40 hrs. /wk. x 85.9% effort	330	175
Total UOS and Total UDC		76,962	775

***Total UDC is not the sum of UDC from each mode of service*

6. METHODOLOGY

POH serves over 350,000 meals and over 70,000 grocery bags to approximately 2,800 People Living with HIV/AIDS (PLWHA) annually. There is no charge for services, and POH does not have a waiting list for eligible clients. The scope of service POH provides PLWHA far exceeds the funds received from government contracts. Private donations account for most of the funds needed to support POH's HIV program, and last year, volunteers donated over 161,000 hours to help POH meet service goals.

Developing a new client referral network: POH maintains relationships with key points of access inside and outside of the HIV service system, including Ward 86, emergency rooms, substance abuse treatment programs, detox centers, adult and juvenile probation, HIV counseling and testing, mental health programs, and homeless shelters. POH Bilingual Outreach Coordinators participate in more than 100 health fairs, speaking opportunities, and neighborhood events each year. POH leadership participates actively in the HIV/AIDS Providers Network, Getting to Zero, Food Security Task Force and Food Is Medicine Coalition. The POH Medical Advisory Council, consisting of Physicians and Researchers from the San Francisco medical community, advises on trends in client needs and medications.

Ensuring service meets client needs and determining eligibility: Service eligibility requires certification from a medical provider. Many clients will engage with their medical team to access POH's delicious meals. With physician input and following HRSA eligibility criteria, POH developed a certification form that identifies PLWHA who need services based on their medical condition and food insecurity. Clients qualify for multiple services based on food insecurity and health acuity. This programmatic nuance provides the most comprehensive service possible to PLWHA who are the sickest and maintains a baseline of food and nutrition for clients whose health and food security are stable. A client can receive up to 100% of daily nutritional requirements from POH.

Services may begin immediately if a prospective client submits a valid letter of diagnosis specifying HIV+ status, proof of residency, insurance, and income. The latter two documents verify 'payer of last resort' status, but in no way affect their access to services. Newly referred clients meet with a POH caseworker to discuss services, the annual recertification process, to collect demographic information, confirm eligibility, and initiate service. Clients are required to meet with a Registered Dietician (RD) to discuss specific dietary needs. Every client receives a "Welcome Packet", which includes their rights and responsibilities, consent to treatment, assurance of confidentiality, and grievance policy.

Clients must visit their medical provider every six months to recertify. This allows caseworkers and RDs to gather information from providers on how POH's nutrition service helps clients comply with medication, manage chronic conditions, ensure adequate access to nutrition, prevent deterioration of health, and provides Medical Nutrition Therapy.

Complete Food and Nutrition Intervention: POH bases its intervention model on 32 years of working with the nutritional needs of PLWHA. Recently published research in the Journal of Urban Health by the UCSF School of Medicine confirmed the POH model of care by demonstrating that services vastly improve the physical and mental health of clients.

Delicious Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for PLWHA. RDs work with chefs to develop menus, evaluate food appropriateness, and monitor the macronutrients and ensure all meals are low fat and heart healthy. Clients may also select from no dairy, vegetarian, renal, mechanical soft, pescatarian, bland, and diabetic meals. Volunteers help the staff prepare and package meals. Three daily volunteer shifts in the kitchen equate to 27,000 hours of volunteer time annually. Although the kitchen prepares meals every day of the week, clients choose the number of meals to receive, and how to receive them - a daily, hot meal or up to seven frozen meals. If they are unable to pick up their meals at the Grocery Center, they may have either meal plan delivered to their home or surrogate.

POH delivers meals throughout the city every day within a two-hour window of time. Staff delivery drivers use vans equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures in accordance with standards set by the California Retail Food Code. Volunteers (donating over 6,400 hours yearly) deliver meals on eight routes throughout San Francisco. These hand-delivered meals not only provide clients with nourishment, but also a compassionate and social point of contact. For many homebound clients, POH staff and volunteers may be the only person they interact with that day which is an important engagement that allows POH to spot obvious health changes.

The POH Grocery Center, unlike most food pantries, which exist solely to address hunger, provides food that meets the nutritional needs and medical regimens of PLWHA. As the dietary needs of PLWHA are different from others due to medications and disease progression, POH offers a variety of fresh, high-quality food items, including proteins, dairy, fruits, vegetables, and grains. The grocery bag service provides a minimum of one-third of the weekly nutritional requirements. Each week, clients who access the Grocery Center may select the specific items that they want from a variety of choices (retail value of a bag of groceries is $80). For marginally housed clients without cooking facilities, POH offers a pre-packed bag of groceries with "no-cook" items that are ready-to-eat. Approximately 1,800 clients shop at the Grocery Center weekly. Volunteers contribute approximately 115,000 hours annually assisting clients, packaging groceries, and helping with inventory.

The Grocery Center not only provides food, but it also provides a communal space for clients to gather. It is a resource hub too, where housing, workforce development, medical, mental health, case management, and legal services are brought on site to meet client needs while they are shopping. Additionally, POH provides up-to-date guides for HIV nutrition related issues and additional, less-intensive food resources such as Food Pantries, Congregate Dining Centers and CalFresh/SNAP program for eligible and interested clients. As clients stabilize and leave POH, they are better able to sustain their health, and they are better connected to healthy food resources in San Francisco. POH maintains secure client files permanently to facilitate easy re-engagement with POH should their needs change.

Dietetic and Nutritional Counseling is an instrumental part of POH services. Each RD is an expert in the nutritional aspects of HIV disease management and ART adherence. They teach and counsel POH clients. New clients are required to meet with an RD during the intake process to evaluate specific nutritional needs. Recommendations build upon eating nutritionally dense foods that complement their medicinal regimens, using food to combat metabolic syndrome, and managing their individual symptoms, such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems. During the initial session, high-need clients are identified, and follow-up appointments are made to monitor progress. Caseworkers and RD meet with clients at least every six months to monitor nutrition impact and behavior change.

Any client may schedule an infinite number of sessions and a RD is always on staff during Grocery Center hours for drop-ins. In addition to individual counseling sessions, RD are responsible for nutrition education activities that aid clients in meal program adherence. These activities include cooking demonstrations, recipes, written tips on monthly menus and educational handouts. POH provides all the necessary educational materials for clients to feel empowered to make their own informed, healthy eating choices in their own communities. Throughout client engagement, RD measure improvement in nutrition choices, paying specific attention to increases in knowledge and self-advocacy. This measurement allows RD to create a more individualized approach to their work, helping each client brainstorm specific solutions to reach their individual health goals.

Addressing Client Needs and Barriers to Access: While the program ensures accurate service levels and addresses the medical nutrition needs of PLWHA, there are many clients that have trouble engaging in care due to cultural, organizational, and geographical barriers. To breakdown these barriers, POH has taken many additional steps to provide an inclusive environment. There are bilingual and ASL client service staff and translated materials, such as recipes, nutrition handouts, and community flyers. Menus include culturally competent diets for all population groups. POH actively recruits a diversified workforce and holds quarterly client town halls. Through this, POH can garner ground level perspectives on obstacles experienced by clients. For clients that have limited cooking instruments and experience food storage limitations, there are multiple quantity options, frozen/fresh/hot meals, groceries, no-cook items, and spices. Most importantly, POH realizes that many clients are physically unable to travel to POH. For clients who are homebound, the distribution team delivers services to their doorstep. For those who enjoy participating in a more communal setting, POH has two vans equipped with warming ovens, freezers, and grocery shelves to bring services into their communities four days a week. This year POH is also exploring co-location opportunities inside the Bayview YMCA, Mission Neighborhood Health Center, and other community centers.

Client Satisfaction and Feedback: Satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, the Grocery Center services, and POH overall customer service. Ongoing feedback is gathered not only through surveys, but also on a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings. POH measures client satisfaction with food and services, client medication adherence, nutrition knowledge, medical engagement, resource access and mental health status. If not on the spot, POH responds within 24 hours to client challenges and complaints directly and on the Feedback Board in the Grocery Center.

Continuous Quality Improvement: POH operations follow federal, state, local and agency standards for food sanitation and safety, infection control and universal precautions. To ensure continuous quality improvement, internal departments meet regularly to evaluate kitchen operations, menus, and nutrition goals. More detail is available in the Data Collection and Quality Assurance Plan section.

POH tracking of service utilization, invoicing, and maintaining compliance: As the first and largest provider of food and nutrition for PLWHA in the United States, POH built a database to monitor service utilization more closely. Each client interaction is recorded in the system. Analysis of the data allows POH to identify access barriers and shifting client needs. With this system, POH can match and confirm that clients are fully registered in ARIES. If the client is not registered in ARIES, Caseworkers register the client and update the information regularly. Staff uploads secure files into ARIES monthly to ensure all information in ARIES is current and accurate. The system details the volume of Units of Service (UOS) and Unduplicated Clients (UDC) served, which is invoiced through the template system created by SFDPH. Invoices are submitted in accordance with the monthly deadline.

The MIP Accounting System and Functional Allocation Models allow POH to track each expenditure from tofu purchases to delivery driver salaries. Each expenditure is tied to a service, invoice, and contract engaged. This segregation of funding sources allows POH to ensure that for RWCA contracted UOS and UDC, there are no other funders or vice versa. These contract dollars are specifically allocated to UOS provision and not toward capital items or other expenditures. However, it is important to recognize that the funding received in this contract would only pay for a portion of the service provided. The remainder of the funds are privately raised. As a means of continuous evaluation, and to anticipate modification requirements, POH reviews utilization weekly and expenditures monthly. All methods are in accordance with OMB, A122, and A133, and POH has significant internal process audits to evaluate policy and procedure adherence in all areas.

ARIES Database
POH collects and submit all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for HHS providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. POH participates in the planning and implementation of its agency into ARIES.

POH complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered in ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

7. OBJECTIVES and MEASUREMENTS

All objectives, and descriptions of how objectives will be measured, are contained in the HHS document entitled "*HHS Performance Objectives."*

8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in "Making the Connection: Standards of Care for Client-Centered Services. POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of the kitchen and food storage operations. RD reviews nutrition goals.

Food storage, preparation, and services are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the SFDPH. These include guidelines for proper temperature control, cleaning, sanitizing, food service worker hygiene, and safe worker habits. All staff are ServSafe certified, and RD are credentialed by the Commission on Dietetic Registration.

POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. These procedures address:

- Communicable disease (i.e., all food handlers must be free of communicable disease to prevent transmission to clients with compromised immune systems.) TB clearances for all staff and food service volunteers are required annually.
- Protective clothing – head & hand coverings are required to prevent contamination.
- Food handler hygiene standards, including hand washing, are enforced.
- First Aid procedures are in place for treating cuts, abrasions, falls, etc.
- Precautions are taken to prevent the spread of HIV through proper handling of blood, body substances, or infectious waste.
- Staff in-service trainings are conducted addressing safe and sanitary habits in the kitchen to prevent food-borne illness and on-the-job injuries.

The Manager of Wellness Programs ensures the quality of services at POH. The current, Board of Directors approved plan includes all quality assurance areas throughout the proposal and the following:

- Annual staff performance plans and evaluations.
- Annual review and update of personnel policies and procedures.
- Annual review of Wellness Program (HIV Services) policies and procedures.

9. REQUIRED LANGUAGE

a)	Third Party Reimbursement:	See Target Population, Page 1
b)	Enrollment Priority/Low Income:	See Target Population, Page 1
c)	Client Eligibility:	See Target Population, Page 1
d)	Client Retention:	N/A
e)	Vouchers:	N/A
f)	ARIES Database:	See Methodology, ARIES, Pages 5
g)	Performance Objectives	See Objectives, Page 5
h)	Standards of Care:	See CQI, Page 5
i)	Subcontractors & Consultants:	N/A

j) Termination of Services

If Project Open Hand decides that it can no longer provide the services for which it has contracted under this agreement POH will send a written notice to HIV Health Services, no less than 90 days prior to the date it wishes to terminate the services. In addition, POH will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

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1. PROGRAM NAME / ADDRESS: Project Open Hand
HIV / AIDS Food and Nutrition Services – Getting to Zero
730 Polk Street, San Francisco, California 94109
415-447-2300 Fax: 415-447-2490, www.openhand.org

Contact Name / Phone: Holly Calhoun, Director, Wellness Program hcalhoun@openhand.org

2. NATURE OF DOCUMENT: Amendment

3. GOAL STATEMENT:

The Getting to Zero (GTZ) program aims to combat stigma associated with HIV and to improve the HIV Health, and more specifically the Nutritional Health of all people living with HIV/AIDS through prepared meals, groceries, nutrition assessments, education, and other food and nutrition services.

1. Expand and ensure food access for underserved new clients based on poverty and food insecurity by distributing food at off-site locations in communities severely impacted by HIV.
2. Combined expanded capacity to combat food insecurity beyond clients already served by POH and follow up on client referrals from other GTZ funded programs.

4. TARGET POPULATION

Project Open Hand will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of HIV+ unengaged and/or under engaged residents, most in need of food; and to clients of the newly funded GTZ programs referenced above. Any other HIV+ clients living with food insecurity who are not already being served with other POH funding may be served as well as clients eligible for any other food and nutrition programs, but who are still unable to meet dietary requirements for adherence and engagement.

The program assures that all HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter and must be documented in the client file or in ARIES

5. MODALITIES and INTERVENTIONS: Units of Service (UOS) and Unduplicated Clients (UDC)

***Total UDC is not the sum of UDC from each mode of service*

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared meal	1,388	10
	Grocery Bags	1 UOS = 1 grocery bag	155	10
Goal 1 Total UOS and Total UDC			1,543	10

Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared meal	1,051	10
	Grocery Bags	1 UOS = 1 grocery bag	118	10
Goal 2 Total UOS and Total UDC			1,169	10
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2: 04/01/17 – 06/30/17	Delivered Meals	1 UOS = 1 prepared meal	1,766	10
	Grocery Bags	1 UOS = 1 grocery bag	198	10
Goal 3 Total UOS and Total UDC			1,964	10
Total UOS and UDC (04/01/17 – 06/30/17)			4,676	30
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared meal	7,706	40
	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			8,569	40
Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared meal	5,838	30
	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			6,491	30
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2a: 07/01/17 – 06/30/18	Delivered Meals	1 UOS = 1 prepared meal	9,806	50
	Grocery Bags	1 UOS = 1 grocery bag	1,098	50
Goal 3 Total UOS and Total UDC			10,904	50
Total UOS and UDC (07/01/17 – 06/30/18)			25,964	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared meal	7,706	40
	Grocery Bags	1 UOS = 1 grocery bag	863	40
Goal 1 Total UOS and Total UDC			8,569	40
Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared meal	5,838	30
	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			6,491	30
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2b: 07/01/18 – 06/30/19	Delivered Meals	1 UOS = 1 prepared meal	9,806	50
	Grocery Bags	1 UOS = 1 grocery bag	1,098	50
Goal 3 Total UOS and Total UDC			10,904	50
Total UOS and UDC (07/01/18 – 06/30/19)			25,964	120

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2c: 07/01/19 – 06/30/20	Delivered Meals	1 UOS = 1 prepared meal	6,585	40
	Grocery Bags	1 UOS = 1 grocery bag	1,291	40
Goal 1 Total UOS and Total UDC			7,876	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2c: 07/01/19 – 06/30/20	Delivered Meals	1 UOS = 1 prepared meal	15,455	80
	Grocery Bags	1 UOS = 1 grocery bag	1,771	80
Goal 2 Total UOS and Total UDC			17,226	80
Total UOS and UDC (07/01/19 – 06/30/20)			25,102	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared meal	5,645	40
	Grocery Bags	1 UOS = 1 grocery bag	694	40
Goal 1 Total UOS and Total UDC			6,339	40
Goal # 2: Expand Capacity				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared meal	5,838	30
	Grocery Bags	1 UOS = 1 grocery bag	653	30
Goal 2 Total UOS and Total UDC			6,491	30
Goal # 3: Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2d: 07/01/20 – 06/30/21	Delivered Meals	1 UOS = 1 prepared meal	11,299	50
	Grocery Bags	1 UOS = 1 grocery bag	1,204	50
Goal 3 Total UOS and Total UDC			12,503	50
Total UOS and UDC (07/01/20 – 06/30/21)			25,333	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2e: 07/01/21 – 06/30/22	Delivered Meals	1 UOS = 1 prepared meal	4,895	40
	Grocery Bags	1 UOS = 1 grocery bag	707	40
Goal 1 Total UOS and Total UDC			5,602	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2e: 07/01/21 – 06/30/22	Delivered Meals	1 UOS = 1 prepared meal	14,291	80
	Grocery Bags	1 UOS = 1 grocery bag	2,287	80
Goal 2 Total UOS and Total UDC			16,578	80
Total UOS and UDC (07/01/21 – 06/30/22)			22,180	120

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2f: 07/01/22 – 06/30/23	Delivered Meals	1 UOS = 1 prepared meal	4,895	40
	Grocery Bags	1 UOS = 1 grocery bag	707	40
Goal 1 Total UOS and Total UDC			5,602	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2f: 07/01/22 – 06/30/23	Delivered Meals	1 UOS = 1 prepared meal	14,291	80
	Grocery Bags	1 UOS = 1 grocery bag	2,287	80
Goal 2 Total UOS and Total UDC			16,578	80
Total UOS and UDC (07/01/22 – 06/30/23)			22,180	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2g: 07/01/23 – 06/30/24	Delivered Meals	1 UOS = 1 prepared meal	4,895	40
	Grocery Bags	1 UOS = 1 grocery bag	707	40
Goal 1 Total UOS and Total UDC			5,602	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2g: 07/01/23 – 06/30/24	Delivered Meals	1 UOS = 1 prepared meal	14,291	80
	Grocery Bags	1 UOS = 1 grocery bag	2,287	80
Goal 2 Total UOS and Total UDC			16,578	80
Total UOS and UDC (07/01/23 – 06/30/24)			22,180	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2h: 07/01/24 – 06/30/25	Delivered Meals	1 UOS = 1 prepared meal	4,895	40
	Grocery Bags	1 UOS = 1 grocery bag	707	40
Goal 1 Total UOS and Total UDC			5,602	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2h: 07/01/24 – 06/30/25	Delivered Meals	1 UOS = 1 prepared meal	14,291	80
	Grocery Bags	1 UOS = 1 grocery bag	2,287	80
Goal 2 Total UOS and Total UDC			16,578	80
Total UOS and UDC (07/01/24 – 06/30/25)			22,180	120

Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2i: 07/01/25 – 06/30/26	Delivered Meals	1 UOS = 1 prepared meal	4,895	40
	Grocery Bags	1 UOS = 1 grocery bag	707	40
Goal 1 Total UOS and Total UDC			5,602	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2i: 07/01/25 – 06/30/26	Delivered Meals	1 UOS = 1 prepared meal	14,291	80
	Grocery Bags	1 UOS = 1 grocery bag	2,287	80
Goal 2 Total UOS and Total UDC			16,578	80
Total UOS and UDC (07/01/25 – 06/30/26)			22,180	120
Goal # 1: Food Access for Underserved Clients				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2j: 07/01/26 – 03/31/27	Delivered Meals	1 UOS = 1 prepared meal	3,671	40
	Grocery Bags	1 UOS = 1 grocery bag	530	40
Goal 1 Total UOS and Total UDC			4,201	40
Goal # 2 / # 3: Expand Capacity / Link, Track and Follow up Client Referrals				
Appendix / Term	UOS Description		UOS	UDC
A-2 / B-2j: 07/01/26 – 03/31/27	Delivered Meals	1 UOS = 1 prepared meal	10,718	80
	Grocery Bags	1 UOS = 1 grocery bag	1,715	80
Goal 2 Total UOS and Total UDC			12,433	80
Total UOS and UDC (07/01/26 – 03/31/27)			16,634	120

***Total UDC is not the sum of UDC from each mode of service*

6. METHODOLOGY

Goal # 1: Food Access for Underserved Clients

A. Outreach, Recruitment and Promotion

POH nutrition outreach coordinators and caseworkers will develop and implement communication and education programs focusing on navigation centers, SROs, needle exchange programs, mobile health services, city and free clinics, mobile laundry/bathing/bathroom services, etc.

Where food and client safety can be established, POH will establish remote sites and/or colocations with existing, trusted service providers to these populations. These remote delivery models will bring food to the clients.

Greater outreach resources will be required in the program's first year to build inroads and trust, and to process client flow, as this population of under/unengaged HIV+ individuals is sometimes reluctant or unable to engage. POH will utilize outreach and engagement strategies effective in the Food Insecure populations with these HIV+ clients to address access, stigma, eligibility, documentation and culture.

In addition to street-level and direct population outreach, POH will work with existing, trusted providers including MNHC, 3rd Street Youth Clinic, Southeast Health Center, Instituto de la Raza, AAHI, Bayview Hunters Point Foundation, Visitation Valley Community Center, incarceration release programs, places of worship and others. The client outreach program will educate providers, community centers, places of worship, pantries, and all potential points of contact about POH services and access points. Clients will receive incentives such as hygiene kits, daily living kits, food vouchers, etc. as necessary to encourage engagement.

B. Admission, Enrollment and/or Intake Criteria

Newly referred clients meet with a POH caseworker to discuss POH services, the annual recertification process, specific dietary needs, symptom management, and to collect demographic information and confirm all documents are in place to trigger service. The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

Throughout each 6 month period of enrolment, POH staff supports engagement in medical care, but it is not a required enrollment criteria. POH staff builds a relationship with the client to encourage trust and care. If a client falls out of care, POH supports reengagement while providing nutrition as the stabilizing service.

C. Service Delivery Model

The POH intervention model that has proven to engage clients, increase adherence and improve health includes the following three key elements:

1) medically tailored nutrition
2) nutrition education
3) medical engagement

POH will introduce its existing service model to communities in addition to current services. Working with existing community based organizations, SF/Marin Food Bank pantries and through a mobile POH Meal-Mobile, POH will meet clients where they are already connecting to services or in their neighborhoods.

The POH mobile delivery vehicle will provide clients with privacy for intake, a pantry to shop from, and a choice of frozen or hot meals. This additional engagement structure will be required to address and mitigate stigma, transportation, access and housing stability in this un/under engaged population.

POH will establish remote distribution through the following modalities: grocery/meal home delivery, colocation with existing trusted community partners, text-popups in client population centers (notifying clients who have provided cellular contact info that POH will be in their neighborhood or at their community center/clinic) colocation with existing pantry systems, and expanded congregate dining opportunities in key communities.

All clients must receive nutrition education through in-person or remote medium (texted video, GIFs, etc.) and will participate in nutrition education workshops or individual sessions with the Dietician to develop sustainable nutrition behaviors that address food security and disease symptoms. This engagement must happen at least semi-annually for clients to remain eligible.

Prepared Meals

Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. These medically tailored meals not only meet nutrition requirements of HIV+ clients but address most detrimental symptoms and common comorbid diagnoses associated with HIV, and aging with HIV, such as anal cancer, HCV, diabetes and heart disease.

The Registered Dietitian (funded elsewhere) works with the chefs to develop menus, evaluate food appropriateness, and monitor the nutritional content of the meals. In addition to the regular menu, clients can select from low-fat/no dairy, vegetarian, renal, mechanical soft, bland, and diabetic meals. Culturally appropriate meal requirements and client preferences are addressed whenever possible.

Although the kitchen prepares meals every day of the week, clients choose the number of meals to be received and how to receive them. Clients may pick up 4-7 packs of frozen meals or request a weekly delivery of four to seven frozen meals. And clients may pick up a daily hot or frozen meal at POH, or have it delivered to their homes. POH staff and volunteers deliver meals throughout the city every weekday and clients can expect to receive meals within a two hour window of time. Staff delivery drivers use vans that have been equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures.

Whenever possible POH delivery and client contact staff perform informal health-checks when meals are delivered to clients participating in the Medical Model Program. Health checks consist of simple inquiries of the clients and observation of the clients

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to assess the client's presentation, food consumption, food storage safety, and other indications of general health and service adherence during these visits. This information assists POH with program utilization and with the general well-being of the client.

The health check is an amended version of the evidence-based Mini Nutritional Assessment (MNA). It includes the following observations and questions:

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

Grocery Center

The POH Grocery Center is unlike food pantries that address hunger, but not necessarily nutrition. Given that the dietary needs of people with HIV are different than others because of medications and disease progression, POH strives to offer a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. POH has a goal of providing a minimum of one-third of the weekly nutritional requirements for people with HIV.

Each week approximately 1,200 clients shop at the POH Grocery Center and may select the specific items they want. The retail value of a bag of groceries from POH is approximately $80. A pre-packed bag of groceries with "no-cook" items that are ready-to-eat is offered to homeless clients and those who are marginally-housed without cooking facilities. POH also offers referrals to other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

The Registered Dietician is responsible for nutrition education activities and cooking demonstrations to help clients learn healthy eating habits. In addition to Nutritional Counseling the Dietitian helps clients to eat well, stay healthy, and control symptoms such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems through written nutrition tips on monthly menus, flyers, educational materials in the Grocery Center and recipes.

Periodic satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, satisfaction with the Grocery Center, and agency overall customer service. Ongoing feedback is gathered through a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings.

Volunteer Services

Volunteers contribute over 6,400 hours each year delivering meals on eight routes including both driving and walking delivery routes. Volunteers also staff the POH Tenderloin distribution site where clients who live nearby may choose to pick up meals instead of waiting for delivery. Three daily volunteer shifts in the kitchen translate into 27,000 hours of volunteer time contributed annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria and Process

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management. Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available but not required of the GTZ clients.

E. Program Staff

Nutrition Outreach Coordinator (bilingual) – this position develops and implements outreach strategies to underserved and un/under engaged GTZ target populations. This position has direct recruitment and engagement responsibilities at all remote opportunities for clients.

Caseworker – this position performs intakes, case management, meal and grocery program changes, treatment team coordination and referrals.

Registered Dietitians – in addition to evaluating all meal recipes for nutrition requirements and maintaining current knowledge regarding disease management and ART adherence, this position engages directly with the client and the client's treatment team to provide education about the integration of food and nutrition into daily care and the impact on adherence.

Van Drivers – this position engages directly with remote clients to provide safe delivery of food and nutrition and to, through simple observations and inquiries, assess apparent changes in client care, health and safety.

Wellness Manager – this position manages all aspects of the service development and delivery, processes grievances, reports program metrics and evaluates impact of interventions.

Additionally, the remaining POH workforce includes Development (fundraising), Communications (information dissemination), Programs (client services), Production (preparation of meals), Nutrition Services (diet planning, USDA standards, menu development) and Distribution (meal and service delivery).

Goal # 2: Expanded Capacity Combined*(with Link, Track & F/U):* to combat food insecurity and follow-up on referrals from GTZ funded programs

A. Outreach, Recruitment and Promotion

POH Wellness Manager, Caseworkers and Dietitians will continue the referral process with HHS Behavior Health and DPH Service Providers to bring under or unengaged food insecure individuals into the POH model of care. Wellness Manager and Caseworkers will also accept referrals from other GTZ programs.

B. Admission, Enrollment and/or Intake Criteria and Process

The ultimate goal is for each new client to leave with nutrition. First each new client is asked if they are engaged in care or have seen a medical provider recently. The client is enrolled to receive food for at least 6 months whether or not they are currently seeing a medical provider. If the client is willing to complete an intake for the Medical Model Program the Caseworker will enroll the client. The Caseworker will also offer to send the POH medical form directly to the medical provider. This process will not impede clients' access to food.

Throughout each 6 month period of enrolment, POH staff supports engagement in medical care, but it is not a required enrollment criteria. POH staff builds a relationship with the client to encourage trust and care. If a client falls out of care, POH supports reengagement while providing nutrition as the stabilizing service.

Every client receives a "Welcome Packet" that includes rights and responsibilities as well as the POH grievance policy. Clients work with caseworkers to identify immediate, stabilizing and longer-term nutrition strategies and supplemental nutrition options. The Caseworker gathers client demographics and confirms eligibility through ARIES verification at the POH location. Additionally, prospective clients may provide eligibility documentation on site. Where eligibility isn't immediately available, clients will receive one provisional service until eligibility is confirmed. Caseworkers facilitate connections to housing, legal services, mental health services, substance abuse services, and pharmacy services. SNAP and CalFresh eligibility is confirmed via SSDI status and via Medi-Cal expansion eligible clients. If the client is not registered in ARIES but presents documentation, the caseworker creates a new client record in ARIES according to ARIES policies and procedures.

Throughout the first 6 months of service (initial period), the Caseworker conducts an assessment of the client's needs including medical treatment, food security, housing, symptoms, medication, labs and other contributing factors of activities of daily living. At end of the first 6 month period the client is able to renew for another 6 months of service with simple attestations to eligibility. The Caseworker continues to build engagement in the POH model whenever possible, but will not require client participation in the full model to receive food and nutrition services. At end of the 2nd period, clients will be required to meet all standard intake criteria for the POH medical model.

C. Service Delivery Model

Prepared Meals

Prepared Meals are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. These medically tailored meals not only meet nutrition requirements of HIV+ clients but address most detrimental symptoms and common comorbid diagnoses associated with HIV, and aging with HIV, such as anal cancer, HCV, diabetes and heart disease.

The Registered Dietitian (funded elsewhere) works with the chefs to develop menus, evaluate food appropriateness, and monitor the nutritional content of the meals. In addition to the regular menu, clients can select from low-fat/no dairy, vegetarian, renal, mechanical soft, bland, and diabetic meals. Culturally appropriate meal requirements and client preferences are addressed whenever possible.

Although the kitchen prepares meals every day of the week, clients choose the number of meals to be received and how to receive them. Clients may pick up 4-7 packs of frozen meals or request a weekly delivery of four to seven frozen meals. And clients may pick up a daily hot or frozen meal at POH, or have it delivered to their homes.

POH staff and volunteers deliver meals throughout the city every weekday and clients can expect to receive meals within a two hour window of time. Staff delivery drivers use vans that have been equipped with mobile ovens and freeze boxes to keep hot and frozen meals at safe temperatures.

Whenever possible POH delivery and client contact staff perform informal health-checks when meals are delivered to clients participating in the Medical Model Program. Health checks consist of simple inquiries of the clients and observation of the clients to assess the client's presentation, food consumption, food storage safety, and other indications of general health and service adherence during these visits. This information assists POH with program utilization and with the general well-being of the client.

The health check is an amended version of the evidence-based Mini Nutritional Assessment (MNA). It includes the following observations and questions:

1. When was the last time you met with a medical provider? (client attestation)
2. Are you taking your medication? (observation and client attestation).
3. Are you eating enough? (observation and client attestation).
4. Have you experienced weight loss or gain? (observation and client attestation).
5. How is your mobility (observation and client attestation)
6. Psych stress (observation)
7. Others in household (observation).
8. Status of household (observation)
9. BMI Ankle measure (measurement)

Grocery Center

The POH Grocery Center is unlike food pantries that address hunger, but not necessarily nutrition. Given that the dietary needs of people with HIV are different than others because of medications and disease progression, POH strives to offer a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. POH has a goal of providing a minimum of one-third of the weekly nutritional requirements for people with HIV.

Each week approximately 1,200 clients shop at the POH Grocery Center and may select the specific items they want. The retail value of a bag of groceries from POH is approximately $80. A pre-packed bag of groceries with "no-cook" items that are ready-to-eat is offered to homeless clients and those who are marginally-housed without cooking facilities. POH also offers referrals to other services for clients when they visit the Grocery Center, including housing, case management, legal services, benefits counseling and psych/social.

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Periodic satisfaction surveys are conducted with clients to evaluate the appeal, taste and variety of the meals, satisfaction with the Grocery Center, and agency overall customer service. Ongoing feedback is gathered through a voicemail suggestion line, comment cards in the Grocery Center, bimonthly lunches with the CEO, and quarterly town hall meetings.

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annually to assist with preparing and packaging meals. Volunteers contribute approximately 38,000 hours annually assisting clients, packaging groceries, and helping with inventory in the Grocery Center.

D. Discharge Planning and Exit Criteria

From the beginning, POH clients are educated about nutrition options in their communities. Clients are provided education about food preparation, meal planning, shopping, storage and symptom management. Clients will work with caseworkers to anticipate supplemental food needs and identify sources. These services will be available to, but not required of the GTZ clients.

E. Program Staff

Caseworker – this position performs intakes, case management, meal and grocery program changes, treatment team coordination and referrals.

Registered Dietitians – in addition to evaluating all meal recipes for nutrition requirements and maintaining current knowledge regarding disease management and ART adherence, this position engages directly with the client and the client's treatment team to provide education about the integration of food and nutrition into daily care and the impact on adherence.

Van Drivers – this position engages directly with remote clients to provide safe delivery of food and nutrition and to, through simple observations and inquiries, assess apparent changes in client care, health and safety.

Wellness Manager – this position manages all aspects of the service development and delivery, processes grievances, reports program metrics and evaluates impact of interventions.

Additionally, the remaining POH workforce includes Development (fundraising), Communications (information dissemination), Programs (client services), Production (preparation of meals), Nutrition Services (diet planning, USDA standards, menu development) and Distribution (meal and service delivery).

7. OBJECTIVES AND MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the DPH document entitled *HHS Performance Objectives.*

8. CONTINUOUS QUALITY IMPROVEMENT

The program abides by the standards of care for the services specified in this appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. POH operations follow governmental, professional and agency standards for food sanitation and safety, infection control and universal precautions. The Food Operations and Grocery Center Committees work together to evaluate the meals and groceries, develop menu cycles, and monitor the safety and sanitation of kitchen and food storage operations. The R.D. reviews nutrition goals periodically.

Food storage, preparation, and service activities are monitored according to established Hazard Analysis and Critical Control Points (HACCP) procedures and the California Uniform Retail Food Facilities Law from the California Health and Safety Code, as administered by the San Francisco Department of Public Health and the Office on Aging. These include guidelines for proper temperature control, cleaning and sanitizing, food service worker hygiene, and safe worker habits. Eight staff members are ServSafe certified and the R.D. is credentialed by the Commission on Dietetic Registration.

POH follows written policies to train staff and volunteers regarding infection control, blood-borne pathogens, and universal precautions to prevent the spread of HIV and other disease. Procedures address:

- Communicable disease (i.e., all food handlers must be free of communicable disease to prevent transmission to clients with compromised immune systems.) TB clearances for all staff and food service volunteers are required annually.
- Protective clothing – head and hand coverings are required to prevent contamination of foods and utensils.
- Food handler hygiene standards, including hand washing, are enforced.
- First Aid procedures are in place for treating cuts, abrasions, falls, etc.
- Precautions are taken to prevent the spread of HIV through proper handling of blood, body substances, or infectious waste.

- Staff trainings are conducted addressing safe and sanitary habits in the kitchen to prevent food-borne illness and on-the-job injuries.

ARIES Database

POH collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for HHS providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

POH complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

HIPAA Compliance

The DPH Privacy Policy is integrated into the POH governing policies and procedures regarding client privacy and confidentiality. Evidence that the policy and procedures abide by the rules outlined in the DPH Privacy Policy and have been adopted, approved and implemented. All staff that handles patient health information are trained (including new hires), and annually updated in the program's privacy/confidentiality policies and procedures. Staff signs documentation when the training occurs.

A written Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided to all clients served in their threshold and other languages. If document is not available in the client's relevant language, a verbal translation is provided. Evidence exists in client file that client was given notice. A Summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility. Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian are provided.)

Each disclosure of client health information for purposes other than treatment, payment or operations is documented and placed in the client file. Authorization for disclosure of client health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in the client file.

9. REQUIRED LANGUAGE

a) Third Party Reimbursement: See Target Population, Page 1
b) Low Income: See Target Population, Page 1
c) Client Eligibility: See Target Population, Page 1
d) Client Retention: N/A
e) Vouchers: N/A
f) Performance Objectives: See Objectives, Page 8
g) ARIES Database: See Methodology, Page 9
h) Standards of Care: See CQI, Page 9
i) Termination of Services:

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If POH decides that it can no longer provide the services for which it has contracted under this agreement it will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, POH will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

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Appendix B
Calculation of Charges

1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Appendix B	Budget Summary
Appendix B-1, B-1.1, B-1a, B-1.1a, B-1b, B-1.1b, B-1c, B-1d, B-1e, B-1f, B-1g, B-1h, B-1i	**HIV/AIDS Food and Nutrition Services**
Appendix B-2, B-2a, B-2b, B-2c, B-2d, B-2e, B-2f, B-2g, B-2h, B-2i, B-2j	**HIV/AIDS Food and Nutrition Services – Getting to Zero**
Appendix B-3, B-3a	**HIV/AIDS Food and Nutrition Services**

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **$1,235,179** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

	Term	Funding Source	Amount
Original Agreement	04/01/17 – 03/31/18	SAM/State RWPB	$1,278,279
Original Agreement	04/01/17 – 09/29/17	SAM/State RWPB Supplemental	$72,000
Original Agreement	04/01/17 – 06/30/17	General Fund	$61,500
Original Agreement	07/01/17 – 06/30/18	General Fund	$341,500
Original Agreement	04/01/18 – 03/31/19	SAM/State RWPB	$1,278,279
Original Agreement	04/01/19 – 03/31/20	SAM/State RWPB	$1,278,279
Original Agreement	04/01/20 – 03/31/21	SAM/State RWPB	$1,278,279

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Internal Contract Revision #1	09/30/17 – 09/29/18	SAM/State RWPB Supplemental	$70,000
Amendment #1	07/01/18 – 06/30/19	General Fund	$341,500
Amendment #1	09/30/18 – 09/29/19	SAM/State RWPB	$145,395
Amendment #1	07/01/19 – 06/30/20	General Fund	$341,500
Amendment #1	07/01/20 – 06/30/21	General Fund	$341,500
Revision to Program Budgets #2	09/30/18 – 09/29/19	SAM/State RWPB	$0
Revision to Program Budgets #3	07/01/19 – 06/30/20	General Fund	$10,245
Revision to Program Budgets #3	07/01/20 – 06/30/21	General Fund	$19,039
Revision to Program Budgets #3	04/01/19 – 03/31/20	SAM/State RWPB	$147,956
Revision to Program Budgets #3	04/01/20 – 03/31/21	SAM/State RWPB	$28,036
Revision to Program Budgets #4	04/01/2019 – 03/31/2020	SAM/State RWPB	$0
Revision to Program Budgets #4	07/01/2019 – 06/30/2020	General Fund	$0
Revision to Program Budgets #4	04/01/2020 – 03/31/2021	SAM/State RWPB	$0
Revision to Program Budgets #5	04/01/2020 – 03/31/2021	SAM/State RWPB	$68,100
Revision to Program Budgets #6	04/01/2020 – 03/31/2021	RWPA	$53,000
Revision to Program Budgets #6	07/01/2020 – 06/30/2021	General Fund	-$8,794
Revision to Program Budgets #7	08/01/2020 – 02/28/2021	RWPA	$102,000
Amendment #2	04/01/2020 – 03/31/2021	SAM/State RWPB	$24,416
Amendment #2	04/01/2021 – 03/31/2022	SAM/State RWPB	$1,306,315
Amendment #2	07/01/2021 – 06/30/2022	General Fund	$351,745
Revision to Program Budgets #8	04/01/2021 – 03/31/2022	SAM/State RWPB	$101,711
Revision to Program Budgets #8	07/01/2021 – 06/30/2022	General Fund	$21,421
Amendment #3	**04/01/2022 – 03/31/2023**	**SAM/State RWPB**	**$1,347,885**
Amendment #3	**07/01/2022 – 06/30/2023**	**General Fund**	**$373,166**
Amendment #3	**04/01/2023 – 03/31/2024**	**SAM/State RWPB**	**$1,347,885**
Amendment #3	**07/01/2023 – 06/30/2024**	**General Fund**	**$373,166**
Amendment #3	**04/01/2024 – 03/31/2025**	**SAM/State RWPB**	**$1,347,885**
Amendment #3	**07/01/2024 – 06/30/2025**	**General Fund**	**$373,166**
Amendment #3	**04/01/2025 – 03/31/2026**	**SAM/State RWPB**	**$1,347,885**
Amendment #3	**07/01/2025 – 06/30/2026**	**General Fund**	**$373,166**
Amendment #3	**04/01/2026 – 03/31/2027**	**SAM/State RWPB**	**$1,347,885**
Amendment #3	**07/01/2026 – 03/31/2027**	**General Fund**	**$279,875**
		Total Award	**$17,565,165**
		Contingency (04/01/21 – 03/31/2027)	**$1,235,179**
		Not-to-Exceed Amount	**$18,800,344**

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

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D. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

DPH 1: Department of Public Health Contract Budget Summary by Program

CID# 1000002671																	Appendix B, Page 4
DPH Section HIV Health Services						Prepared by:	Darin Raffaelli, draffaelli@openhand.org, 415-447-2481										04/01/17 - 3/31/27
Check one: [ ] Original [ ] Contract Amendment [ ] Revision to Program Budgets																	FY 2016-27
Org/Contractor Name PROJECT OPEN HAND																	Current Fund Notice: n/a
Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs		HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs				HIV/AIDS Food & Nutrition Svcs(GTZ)	SUB- TOTALS for this page
Appendix Number	B-1.1	B-2	B-1	B-1.1a	B-2a	B-1.1b	B-2b	B-1a	B-2c	B-1b	B-2d	B-1c	B-3	B-3a	B-1d	B-2e	
Appendix Term	4/01/17-9/29/17	4/01/17-6/30/17	4/01/17-3/31/18	9/30/17-9/29/18	7/01/17-6/30/18	9/30/18-9/29/19	7/01/18-6/30/19	4/01/18-3/31/19	7/01/19-6/30/20	4/01/19-3/31/20	7/01/20-6/30/21	4/01/20-3/31/21	4/01/20-3/31/21	8/01/20-2/28/21	4/01/21-3/31/22	7/1/21-6/30/22	
EXPENSES																	
Salaries	$ 21,562	$ 45,505	$ 672,375	$ 21,562	$ 164,475	$ 68,852	$ 164,475	$ 679,132	$ 164,475	$ 725,717	$ 152,849	$ 699,102	$ 25,604	$ 48,525	$ 663,768	$ 162,453	$ 4,480,431
Employee Benefits	$ 7,579	$ 15,995	$ 236,340	$ 7,579	$ 57,813	$ 24,201	$ 57,813	$ 238,715	$ 57,813	$ 255,090	$ 53,726	$ 245,734	$ 9,000	$ 17,057	$ 252,896	$ 61,894	$ 1,599,245
Total Personnel	$ 29,141	$ 61,500	$ 908,715	$ 29,141	$ 222,288	$ 93,053	$ 222,288	$ 917,847	$ 222,288	$ 980,807	$ 206,575	$ 944,836	$ 34,604	$ 65,582	$ 916,664	$ 224,347	$ 6,079,676
Operating Expense	$ 42,859	$ -	$ 369,564	$ 40,859	$ 119,212	$ 45,603	$ 119,212	$ 360,432	$ 119,212	$ 378,246	$ 117,030	$ 363,456	$ 14,020	$ 27,996	$ 465,694	$ 117,112	$ 2,700,507
Subtotal Direct Costs	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 138,656	$ 341,500	$ 1,278,279	$ 341,500	$ 1,359,053	$ 323,605	$ 1,308,292	$ 48,624	$ 93,578	$ 1,382,358	$ 341,459	$ 8,780,183
Indirect Cost Amount	$ -	$ -	$ -		$ -	$ 6,739	$ -	$ -	$ 10,245	$ 67,182	$ 28,140	$ 90,539	$ 4,376	$ 8,422	$ 25,668	$ 31,707	$ 273,018
Indirect Cost Rate (%)	0%	0%	0%	0%	0%	4.9%	0%	0%	3%	4.9%	8.696%	6.9%	9.0%	9.0%	1.9%	9.3%	
Total Expenses	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 145,395	$ 341,500	$ 1,278,279	$ 351,745	$ 1,426,235	$ 351,745	$ 1,398,831	$ 53,000	$ 102,000	$ 1,408,026	$ 373,166	$ 9,053,201
REVENUES & FUNDING SOURCES																	
DPH Funding Sources																	
RWPB CFDA 93.917			$ 1,278,279					$ 1,278,279		$ 1,426,235		$ 1,398,831			$ 1,408,026		$ 6,789,650
GTZ - General Fund		$ 61,500			$ 341,500		$ 341,500		$ 351,745		$ 351,745					$ 373,166	$ 1,821,156
RWPB X08 CFDA 93.917	$ 72,000			$ 70,000		$ 145,395											$ 287,395
RWPA COVID 93.914													$ 53,000				$ 53,000
RWPA CarryForw 93.914														$ 102,000			$ 102,000
Total DPH Revenues	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 145,395	$ 341,500	$ 1,278,279	$ 351,745	$ 1,426,235	$ 351,745	$ 1,398,831	$ 53,000	$ 102,000	$ 1,408,026	$ 373,166	$ 9,053,201
Total (DPH/Non-DPH)	$ 72,000	$ 61,500	$ 1,278,279	$ 70,000	$ 341,500	$ 145,395	$ 341,500	$ 1,278,279	$ 351,745	$ 1,426,235	$ 351,745	$ 1,398,831	$ 53,000	$ 102,000	$ 1,408,026	$ 373,166	$ 9,053,201
Payment Method	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR	

DPH 1: Department of Public Health Contract Budget Summary by Program

CID# 1000002671																	Appendix B, Page 5
DPH Section HIV Health Services							Prepared by:	Darin Raffaelli, draffaelli@openhand.org, 415-447-2481									04/01/22 - 03/31/27
Check one: [ ] Original [ ] Contract Amendment [ ] Revision to Program Budgets																	FY 2022-27
Org/Contractor Name PROJECT OPEN HAND																	
Program/Provider Name	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)	HIV/AIDS Food & Nutrition Svcs	HIV/AIDS Food & Nutrition Svcs(GTZ)				SUB-TOTALS for this page		**TOTALS page 4 & 5**
Appendix Number	B-1e	B-2f	B-1f	B-2g	B-1g	B-2h	B-1h	B-2i	B-1i	B-2j						
Appendix Term	4/1/22-3/31/23	7/1/22-6/30/23	4/1/23-3/31/24	7/1/23-6/30/24	4/1/24-3/31/25	7/1/24-6/30/25	4/1/25-3/31/26	7/1/25-6/30/26	4/1/26-3/31/27	7/1/26-3/31/27						
EXPENSES																
Salaries	$ 622,975	$ 162,453	$ 622,975	$ 162,453	$ 622,975	$ 162,453	$ 622,975	$ 162,453	$ 622,975	$ 121,839				$ 3,886,526		$ 8,366,957
Employee Benefits	$ 237,353	$ 61,894	$ 237,353	$ 61,894	$ 237,353	$ 61,894	$ 237,353	$ 61,894	$ 237,353	$ 46,420				$ 1,480,761		$ 3,080,006
Total Personnel	$ 860,328	$ 224,347	$ 860,328	$ 224,347	$ 860,328	$ 224,347	$ 860,328	$ 224,347	$ 860,328	$ 168,259				$ 5,367,287		$ 11,446,963
Operating Expense	$ 370,888	$ 117,112	$ 370,888	$ 117,112	$ 370,888	$ 117,112	$ 370,888	$ 117,112	$ 370,888	$ 87,835				$ 2,410,723		$ 5,020,230
Subtotal Direct Costs	$ 1,231,216	$ 341,459	$ 1,231,216	$ 341,459	$ 1,231,216	$ 341,459	$ 1,231,216	$ 341,459	$ 1,231,216	$ 256,094	$ -	$ -	$ -	$ 7,778,010	$ -	$ 16,467,193
Indirect Cost Amount	$ 116,669	$ 31,707	$ 116,669	$ 31,707	$ 116,669	$ 31,707	$ 116,669	$ 31,707	$ 116,669	$ 23,781				$ 733,954		$ 1,097,972
Indirect Cost Rate (%)	9%	9%	9%	9%	9%	9%	9%	9%	9%	9%						
Total Expenses	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 279,875	$ -	$ -	$ -	$ 8,511,964	$ -	$ 17,565,165
REVENUES & FUNDING SOURCES																
DPH Funding Sources																
RWPB CFDA 93.917	$ 1,347,885		$ 1,347,885		$ 1,347,885		$ 1,347,885		$ 1,347,885					$ 6,739,425		$ 13,529,075
GTZ - General Fund		$ 373,166		$ 373,166		$ 373,166		$ 373,166		$ 279,875				$ 1,772,539		$ 3,593,695
RWPB X08 CFDA 93.917														$ -		$ 287,395
RWPA COVID 93.914														$ -		$ 53,000
RWPA CarryForw 93.914														$ -		$ 102,000
Total DPH Revenues	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 279,875	$ -	$ -	$ -	$ 8,511,965	$ -	$ 17,565,165
Total (DPH/Non-DPH)	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 373,166	$ 1,347,885	$ 279,875	$ -	$ -	$ -	$ 8,511,965	$ -	$ 17,565,165
Payment Method	CR	CR	CR	CR	CR	CR	CR	CR	CR	CR						

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE			
Wellness Prog Coor (Caseworker)	0.73702	30,362	71%	12,423	29%					42,785
Wellness Prog Coor (Caseworker)	-	-	0%	-	0%					-
Client Engagement Specialist	0.84219	14,516	71%	5,940	29%					20,456
Outreach Coordinator	0.17991	7,602	71%	3,110	29%					10,712
Manager, Wellness Programs	0.60292	32,892	71%	13,458	29%					46,350
Cook I	0.84842	22,579	71%	9,238	29%					31,817
Cook II	0.84380	25,856	71%	10,579	29%					36,435
Cook II	0.80128	21,928	71%	8,972	29%					30,900
Inventory Operations Coordinator II	0.47045	13,444	71%	5,500	29%					18,944
Porter	0.84697	22,603	71%	9,248	29%					31,851
Porter	0.51641	12,966	71%	5,305	29%					18,271
Driver	0.95166	25,692	71%	10,512	29%					36,204
Dispatcher	0.69318	24,596	71%	10,063	29%					34,659
Director, Distribution	0.64389	37,627	71%	15,396	29%					53,023
Director, Nutrition Services	0.12000					11,400	100%			11,400
Registered Dietician	0.26312					18,515	100%			18,515
Director, Operations	0.25122	16,045	71%	6,565	29%					22,610
Purchasing Supervisor	0.60433	25,898	71%	10,596	29%					36,494
Kitchen Logistics Supervisor	0.39056	13,444	71%	5,500	29%					18,944
Volunteer Coordinators	0.33876	11,786	71%	4,822	29%					16,608
Volunteer Coordinators	0.34898	11,786	71%	4,822	29%					16,608
Director, Volunteer Services	0.56797	35,626	71%	14,576	29%					50,202
Director, Wellness Programs	0.45435	13,616	71%	5,571	29%					19,187
Total FTE & Total Salaries	12.31739	420,864	68%	172,196	28%	29,915	5%	-		622,975
Fringe Benefits	38.10%	160,349	68%	65,607	28%	11,397	5%	-		237,353
Total Personnel Expenses		581,213	68%	237,803	28%	41,312	5%	-		860,328
Operating Expenses		Expense	%	Expense	%	Expense	%			Total
Total Occupancy		47,297	71%	19,352	29%					66,649
Total Materials and Supplies		215,902	71%	88,337	29%					304,239
Total Operating Expenses		263,199	71%	107,689	29%	-		-		370,888
Total Direct Expenses		844,412	69%	345,492	28%	41,312	3%	-		1,231,216
Indirect Expenses	9.4759%	82,794	71%	33,875	29%					116,669
TOTAL EXPENSES		927,206	69%	379,367	28%	41,312	3%	-		1,347,885
UOS per Service Mode		64,077		12,555		330				76,962
Cost / UOS by Service Mode		$14.48		$30.22		$125.19				N/A
UDC per Service Mode		775		775		175				775

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	Annual Salary:	*x FTE:*	*x Months per Year:*	*Annualized if < 12 mos*	Total
	$58,052.00	0.73702	12	1.00	$ 42,785
Staff Position 2:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	$57,990.00	-	12	1.00	$ -
Staff Position 3:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	$24,289.00	0.84219	12	1.00	$ 20,456
Staff Position 4:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	$59,540.00	0.17991	12	1.00	$ 10,712
Staff Position 5:	Manager, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
	$76,875.00	0.60292	12	1.00	$ 46,350
Staff Position 7:	Cook I				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$37,502.00	0.84842	12	1.00	$ 31,817
Staff Position 8:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$43,180.00	0.84380	12	1.00	$ 36,435
Staff Position 9:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$38,563.00	0.80128	12	1.00	$ 30,900
Staff Position 10:	Inventory Operations Coordinator II				
Brief Duties	Responsible for inventory management of raw goods and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
	$40,269.00	0.47045	12	1.00	$ 18,944
Staff Position 11:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	$37,606.00	0.84697	12	1.00	$ 31,851

Staff Position 12:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,381.00	0.51641	12	1.00	$	18,271

Staff Position 13:	Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$38,043.00	0.95166	12	1.00	$	36,204

Staff Position 14:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$50,000.00	0.69318	12	1.00	$	34,659

Staff Position 15:	Director, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$82,348.00	0.64389	12	1.00	$	53,023

Staff Position 16:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$95,000.00	0.12	12	1.00	$	11,400

Staff Position 17:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.26312	12	1.00	$	18,515

Staff Position 18:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$90,000.00	0.25122	12	1.00	$	22,610

Staff Position 19:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$60,388.00	0.60433	12	1.00	$	36,494

Staff Position 20:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for meal inventory storage logistics.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$48,506.00	0.39056	12	1.00	$	18,944

Staff Position 21:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$49,025.00	0.33876	12	1.00	$	16,608

Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$47,590.00	0.34898	12	1.00	$	16,608

Staff Position 23:	Director, Volunteer Services

Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$88,387.00	0.56797	12	1.00	$	50,202

Staff Position 24:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication.				
$84,460.00	0.45435	6	1.00	$	19,187

	Total FTE:	12.31739		Total Salaries:	$ 622,975

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Payroll Tax	$ 56,690.73	
	Employee Health Benefits	$ 135,808.55	
	Retirement Plan Employer Contributions	$ 8,098.68	
	Commuter Benefits	$ 3,737.85	
	Workers Compensation	$ 33,017.68	
Fringe Benefit %:	38.10%	Total Fringe Benefit:	237,353
	OTAL SALARIES & EMPLOYEE FRINGE BENEFITS		860,328

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	Agency: $97,880 / 83.9 total prog FTE = 1,166.63	=	14,370
Internet	Agency: $16,000 / 83.9 total prog FTE = 190.71	$190.71 x 12.31 Program FTE =	2,349
Gas/Electric	Agency: $196,000 / 83.9 total prog FTE = 2,336.12	=	28,775
Water	Agency: $50,000 / 83.9 total prog FTE = $595.95	$595.95 x 12.31 Program FTE =	7,341
Garbage Disposal	Agency: $94100 / 83.9 total prog FTE = $1,121.58	$1,121.58 x 12.31 Program FTE	13,815
		Total Occupancy:	66,649

Materials/Supplies:	Brief Description	Rate	Cost
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.02 per meal X 64,077 UOS =	193,817
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.80 per bag X 12,555 UOS =	110,422
		Total Materials & Supplies:	304,239
		TOTAL OPERATING EXPENSES:	370,888
		TOTAL DIRECT COSTS:	1,231,216

4) INDIRECT COSTS	Indirect Rate:	9.4759%	
Director, Finance (Annual Salary $128,125 @ .16 FTE + 38% Fringe Benefits)			29,146
Chief Executive Officer (Annual Salary $235,000 @ .09 FTE + 38% Fringe Benefits)			29,146
Director, Statewide Initiatives (Annual Salary $92,250 @ .23FTE + 38% Fringe Benefits)			29,228
Vice President, Programs (Annual Salary $117,260 @ .18 FTE + 38% Fringe Benefits)			29,146
		TOTAL INDIRECT COSTS:	116,669
		TOTAL EXPENSES:	1,347,885

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE			
Wellness Prog Coor (Caseworker)	0.73702	30,362	71%	12,423	29%					42,785
Wellness Prog Coor (Caseworker)	-	-	0%	-	0%					-
Client Engagement Specialist	0.84219	14,516	71%	5,940	29%					20,456
Outreach Coordinator	0.17991	7,602	71%	3,110	29%					10,712
Manager, Wellness Programs	0.60292	32,892	71%	13,458	29%					46,350
Cook I	0.84842	22,579	71%	9,238	29%					31,817
Cook II	0.84380	25,856	71%	10,579	29%					36,435
Cook II	0.80128	21,928	71%	8,972	29%					30,900
Inventory Operations Coordinator II	0.47045	13,444	71%	5,500	29%					18,944
Porter	0.84697	22,603	71%	9,248	29%					31,851
Porter	0.51641	12,966	71%	5,305	29%					18,271
Driver	0.95166	25,692	71%	10,512	29%					36,204
Dispatcher	0.69318	24,596	71%	10,063	29%					34,659
Director, Distribution	0.64389	37,627	71%	15,396	29%					53,023
Director, Nutrition Services	0.12000					11,400	100%			11,400
Registered Dietician	0.26312					18,515	100%			18,515
Director, Operations	0.25122	16,045	71%	6,565	29%					22,610
Purchasing Supervisor	0.60433	25,898	71%	10,596	29%					36,494
Kitchen Logistics Supervisor	0.39056	13,444	71%	5,500	29%					18,944
Volunteer Coordinators	0.33876	11,786	71%	4,822	29%					16,608
Volunteer Coordinators	0.34898	11,786	71%	4,822	29%					16,608
Director, Volunteer Services	0.56797	35,626	71%	14,576	29%					50,202
Director, Wellness Programs	0.45435	13,616	71%	5,571	29%					19,187
Total FTE & Total Salaries	12.31739	420,864	68%	172,196	28%	29,915	5%	-		622,975
Fringe Benefits	38.10%	160,349	68%	65,607	28%	11,397	5%	-		237,353
Total Personnel Expenses		581,213	68%	237,803	28%	41,312	5%	-		860,328
Operating Expenses		Expense	%	Expense	%	Expense	%			Total
Total Occupancy		47,297	71%	19,352	29%					66,649
Total Materials and Supplies		215,902	71%	88,337	29%					304,239
Total Operating Expenses		263,199	71%	107,689	29%	-		-		370,888
Total Direct Expenses		844,412	69%	345,492	28%	41,312	3%	-		1,231,216
Indirect Expenses	9.4759%	82,794	71%	33,875	29%					116,669
TOTAL EXPENSES		927,206	69%	379,367	28%	41,312	3%	-		1,347,885
UOS per Service Mode		64,077		12,555		330				76,962
Cost / UOS by Service Mode		$14.48		$30.22		$125.19				N/A
UDC per Service Mode		775		775		175				775

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	Annual Salary:	*x FTE:*	*x Months per Year:*	*Annualized if < 12 mos*	Total
	$58,052.00	0.73702	12	1.00	$ 42,785
Staff Position 2:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	$57,990.00	-	12	1.00	$ -
Staff Position 3:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	$24,289.00	0.84219	12	1.00	$ 20,456
Staff Position 4:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	$59,540.00	0.17991	12	1.00	$ 10,712
Staff Position 5:	Manager, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
	$76,875.00	0.60292	12	1.00	$ 46,350
Staff Position 7:	Cook I				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$37,502.00	0.84842	12	1.00	$ 31,817
Staff Position 8:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$43,180.00	0.84380	12	1.00	$ 36,435
Staff Position 9:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$38,563.00	0.80128	12	1.00	$ 30,900
Staff Position 10:	Inventory Operations Coordinator II				
Brief Duties	Responsible for inventory management of raw goods and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
	$40,269.00	0.47045	12	1.00	$ 18,944
Staff Position 11:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	$37,606.00	0.84697	12	1.00	$ 31,851

Staff Position 12:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,381.00	0.51641	12	1.00	$	18,271

Staff Position 13:	Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$38,043.00	0.95166	12	1.00	$	36,204

Staff Position 14:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$50,000.00	0.69318	12	1.00	$	34,659

Staff Position 15:	Director, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$82,348.00	0.64389	12	1.00	$	53,023

Staff Position 16:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$95,000.00	0.12	12	1.00	$	11,400

Staff Position 17:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.26312	12	1.00	$	18,515

Staff Position 18:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$90,000.00	0.25122	12	1.00	$	22,610

Staff Position 19:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$60,388.00	0.60433	12	1.00	$	36,494

Staff Position 20:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for meal inventory storage logistics.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$48,506.00	0.39056	12	1.00	$	18,944

Staff Position 21:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$49,025.00	0.33876	12	1.00	$	16,608

Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$47,590.00	0.34898	12	1.00	$	16,608

Staff Position 23:	Director, Volunteer Services

Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$88,387.00	0.56797	12	1.00	$	50,202

Staff Position 24:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication.				
$84,460.00	0.45435	6	1.00	$	19,187

	Total FTE:	12.31739		Total Salaries:	$ 622,975

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Payroll Tax	$ 56,690.73	
	Employee Health Benefits	$ 135,808.55	
	Retirement Plan Employer Contributions	$ 8,098.68	
	Commuter Benefits	$ 3,737.85	
	Workers Compensation	$ 33,017.68	
Fringe Benefit %:	38.10%	Total Fringe Benefit:	237,353
	OTAL SALARIES & EMPLOYEE FRINGE BENEFITS		860,328

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	Agency: $97,880 / 83.9 total prog FTE = 1,166.63	=	14,370
Internet	Agency: $16,000 / 83.9 total prog FTE = 190.71	$190.71 x 12.31 Program FTE =	2,349
Gas/Electric	Agency: $196,000 / 83.9 total prog FTE = 2,336.12	=	28,775
Water	Agency: $50,000 / 83.9 total prog FTE = $595.95	$595.95 x 12.31 Program FTE =	7,341
Garbage Disposal	Agency: $94100 / 83.9 total prog FTE = $1,121.58	$1,121.58 x 12.31 Program FTE	13,815
		Total Occupancy:	66,649

Materials/Supplies:	Brief Description	Rate	Cost
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.02 per meal X 64,077 UOS =	193,817
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.80 per bag X 12,555 UOS =	110,422
		Total Materials & Supplies:	304,239
		TOTAL OPERATING EXPENSES:	370,888
		TOTAL DIRECT COSTS:	1,231,216

4) INDIRECT COSTS	Indirect Rate:	9.4759%	
Director, Finance (Annual Salary $128,125 @ .16 FTE + 38% Fringe Benefits)			29,146
Chief Executive Officer (Annual Salary $235,000 @ .09 FTE + 38% Fringe Benefits)			29,146
Director, Statewide Initiatives (Annual Salary $92,250 @ .23FTE + 38% Fringe Benefits)			29,228
Vice President, Programs (Annual Salary $117,260 @ .18 FTE + 38% Fringe Benefits)			29,146
		TOTAL INDIRECT COSTS:	116,669
		TOTAL EXPENSES:	1,347,885

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE			
Wellness Prog Coor (Caseworker)	0.73702	30,362	71%	12,423	29%					42,785
Wellness Prog Coor (Caseworker)	-	-	0%	-	0%					-
Client Engagement Specialist	0.84219	14,516	71%	5,940	29%					20,456
Outreach Coordinator	0.17991	7,602	71%	3,110	29%					10,712
Manager, Wellness Programs	0.60292	32,892	71%	13,458	29%					46,350
Cook I	0.84842	22,579	71%	9,238	29%					31,817
Cook II	0.84380	25,856	71%	10,579	29%					36,435
Cook II	0.80128	21,928	71%	8,972	29%					30,900
Inventory Operations Coordinator II	0.47045	13,444	71%	5,500	29%					18,944
Porter	0.84697	22,603	71%	9,248	29%					31,851
Porter	0.51641	12,966	71%	5,305	29%					18,271
Driver	0.95166	25,692	71%	10,512	29%					36,204
Dispatcher	0.69318	24,596	71%	10,063	29%					34,659
Director, Distribution	0.64389	37,627	71%	15,396	29%					53,023
Director, Nutrition Services	0.12000					11,400	100%			11,400
Registered Dietician	0.26312					18,515	100%			18,515
Director, Operations	0.25122	16,045	71%	6,565	29%					22,610
Purchasing Supervisor	0.60433	25,898	71%	10,596	29%					36,494
Kitchen Logistics Supervisor	0.39056	13,444	71%	5,500	29%					18,944
Volunteer Coordinators	0.33876	11,786	71%	4,822	29%					16,608
Volunteer Coordinators	0.34898	11,786	71%	4,822	29%					16,608
Director, Volunteer Services	0.56797	35,626	71%	14,576	29%					50,202
Director, Wellness Programs	0.45435	13,616	71%	5,571	29%					19,187
Total FTE & Total Salaries	12.31739	420,864	68%	172,196	28%	29,915	5%	-		622,975
Fringe Benefits	38.10%	160,349	68%	65,607	28%	11,397	5%	-		237,353
Total Personnel Expenses		581,213	68%	237,803	28%	41,312	5%	-		860,328

Operating Expenses		Expense	%	Expense	%	Expense	%			Total
Total Occupancy		47,297	71%	19,352	29%					66,649
Total Materials and Supplies		215,902	71%	88,337	29%					304,239
Total Operating Expenses		263,199	71%	107,689	29%	-		-		370,888
Total Direct Expenses		844,412	69%	345,492	28%	41,312	3%	-		1,231,216
Indirect Expenses	9.4759%	82,794	71%	33,875	29%					116,669
TOTAL EXPENSES		927,206	69%	379,367	28%	41,312	3%	-		1,347,885

UOS per Service Mode	64,077	12,555	330	76,962
Cost / UOS by Service Mode	$14.48	$30.22	$125.19	N/A
UDC per Service Mode	775	775	175	775

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	Annual Salary:	*x FTE:*	*x Months per Year:*	*Annualized if < 12 mos*	Total
	$58,052.00	0.73702	12	1.00	$ 42,785
Staff Position 2:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	$57,990.00	-	12	1.00	$ -
Staff Position 3:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	$24,289.00	0.84219	12	1.00	$ 20,456
Staff Position 4:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	$59,540.00	0.17991	12	1.00	$ 10,712
Staff Position 5:	Manager, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
	$76,875.00	0.60292	12	1.00	$ 46,350
Staff Position 7:	Cook I				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$37,502.00	0.84842	12	1.00	$ 31,817
Staff Position 8:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$43,180.00	0.84380	12	1.00	$ 36,435
Staff Position 9:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$38,563.00	0.80128	12	1.00	$ 30,900
Staff Position 10:	Inventory Operations Coordinator II				
Brief Duties	Responsible for inventory management of raw goods and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
	$40,269.00	0.47045	12	1.00	$ 18,944
Staff Position 11:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	$37,606.00	0.84697	12	1.00	$ 31,851

Staff Position 12:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,381.00	0.51641	12	1.00	$	18,271

Staff Position 13:	Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$38,043.00	0.95166	12	1.00	$	36,204

Staff Position 14:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$50,000.00	0.69318	12	1.00	$	34,659

Staff Position 15:	Director, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$82,348.00	0.64389	12	1.00	$	53,023

Staff Position 16:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$95,000.00	0.12	12	1.00	$	11,400

Staff Position 17:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.26312	12	1.00	$	18,515

Staff Position 18:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$90,000.00	0.25122	12	1.00	$	22,610

Staff Position 19:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$60,388.00	0.60433	12	1.00	$	36,494

Staff Position 20:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for meal inventory storage logistics.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$48,506.00	0.39056	12	1.00	$	18,944

Staff Position 21:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$49,025.00	0.33876	12	1.00	$	16,608

Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$47,590.00	0.34898	12	1.00	$	16,608

Staff Position 23:	Director, Volunteer Services

Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$88,387.00	0.56797	12	1.00	$	50,202

Staff Position 24:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication.				
$84,460.00	0.45435	6	1.00	$	19,187

	Total FTE:	12.31739		Total Salaries:	$ 622,975

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost
	Payroll Tax	$	56,690.73
	Employee Health Benefits	$	135,808.55
	Retirement Plan Employer Contributions	$	8,098.68
	Commuter Benefits	$	3,737.85
	Workers Compensation	$	33,017.68
Fringe Benefit %:	38.10%	Total Fringe Benefit:	237,353
	OTAL SALARIES & EMPLOYEE FRINGE BENEFITS		860,328

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	Agency: $97,880 / 83.9 total prog FTE = 1,166.63	=	14,370
Internet	Agency: $16,000 / 83.9 total prog FTE = 190.71	$190.71 x 12.31 Program FTE =	2,349
Gas/Electric	Agency: $196,000 / 83.9 total prog FTE = 2,336.12	=	28,775
Water	Agency: $50,000 / 83.9 total prog FTE = $595.95	$595.95 x 12.31 Program FTE =	7,341
Garbage Disposal	Agency: $94100 / 83.9 total prog FTE = $1,121.58	$1,121.58 x 12.31 Program FTE	13,815
		Total Occupancy:	66,649

Materials/Supplies:	Brief Description	Rate	Cost
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.02 per meal X 64,077 UOS =	193,817
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.80 per bag X 12,555 UOS =	110,422
		Total Materials & Supplies:	304,239
		TOTAL OPERATING EXPENSES:	370,888
		TOTAL DIRECT COSTS:	1,231,216

4) INDIRECT COSTS	Indirect Rate:	9.4759%	
Director, Finance (Annual Salary $128,125 @ .16 FTE + 38% Fringe Benefits)			29,146
Chief Executive Officer (Annual Salary $235,000 @ .09 FTE + 38% Fringe Benefits)			29,146
Director, Statewide Initiatives (Annual Salary $92,250 @ .23FTE + 38% Fringe Benefits)			29,228
Vice President, Programs (Annual Salary $117,260 @ .18 FTE + 38% Fringe Benefits)			29,146
		TOTAL INDIRECT COSTS:	116,669
		TOTAL EXPENSES:	1,347,885

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE			
Wellness Prog Coor (Caseworker)	0.73702	30,362	71%	12,423	29%					42,785
Wellness Prog Coor (Caseworker)	-	-	0%	-	0%					-
Client Engagement Specialist	0.84219	14,516	71%	5,940	29%					20,456
Outreach Coordinator	0.17991	7,602	71%	3,110	29%					10,712
Manager, Wellness Programs	0.60292	32,892	71%	13,458	29%					46,350
Cook I	0.84842	22,579	71%	9,238	29%					31,817
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Cook II	0.80128	21,928	71%	8,972	29%					30,900
Inventory Operations Coordinator II	0.47045	13,444	71%	5,500	29%					18,944
Porter	0.84697	22,603	71%	9,248	29%					31,851
Porter	0.51641	12,966	71%	5,305	29%					18,271
Driver	0.95166	25,692	71%	10,512	29%					36,204
Dispatcher	0.69318	24,596	71%	10,063	29%					34,659
Director, Distribution	0.64389	37,627	71%	15,396	29%					53,023
Director, Nutrition Services	0.12000					11,400	100%			11,400
Registered Dietician	0.26312					18,515	100%			18,515
Director, Operations	0.25122	16,045	71%	6,565	29%					22,610
Purchasing Supervisor	0.60433	25,898	71%	10,596	29%					36,494
Kitchen Logistics Supervisor	0.39056	13,444	71%	5,500	29%					18,944
Volunteer Coordinators	0.33876	11,786	71%	4,822	29%					16,608
Volunteer Coordinators	0.34898	11,786	71%	4,822	29%					16,608
Director, Volunteer Services	0.56797	35,626	71%	14,576	29%					50,202
Director, Wellness Programs	0.45435	13,616	71%	5,571	29%					19,187
Total FTE & Total Salaries	12.31739	420,864	68%	172,196	28%	29,915	5%	-		622,975
Fringe Benefits	38.10%	160,349	68%	65,607	28%	11,397	5%	-		237,353
Total Personnel Expenses		581,213	68%	237,803	28%	41,312	5%	-		860,328
Operating Expenses		Expense	%	Expense	%	Expense	%			Total
Total Occupancy		47,297	71%	19,352	29%					66,649
Total Materials and Supplies		215,902	71%	88,337	29%					304,239
Total Operating Expenses		263,199	71%	107,689	29%	-		-		370,888
Total Direct Expenses		844,412	69%	345,492	28%	41,312	3%	-		1,231,216
Indirect Expenses	9.4759%	82,794	71%	33,875	29%					116,669
TOTAL EXPENSES		927,206	69%	379,367	28%	41,312	3%	-		1,347,885
UOS per Service Mode		64,077		12,555		330				76,962
Cost / UOS by Service Mode		$14.48		$30.22		$125.19				N/A
UDC per Service Mode		775		775		175				775

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	Annual Salary:	*x FTE:*	*x Months per Year:*	*Annualized if < 12 mos*	Total
	$58,052.00	0.73702	12	1.00	$ 42,785
Staff Position 2:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	$57,990.00	-	12	1.00	$ -
Staff Position 3:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	$24,289.00	0.84219	12	1.00	$ 20,456
Staff Position 4:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	$59,540.00	0.17991	12	1.00	$ 10,712
Staff Position 5:	Manager, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
	$76,875.00	0.60292	12	1.00	$ 46,350
Staff Position 7:	Cook I				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$37,502.00	0.84842	12	1.00	$ 31,817
Staff Position 8:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$43,180.00	0.84380	12	1.00	$ 36,435
Staff Position 9:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$38,563.00	0.80128	12	1.00	$ 30,900
Staff Position 10:	Inventory Operations Coordinator II				
Brief Duties	Responsible for inventory management of raw goods and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
	$40,269.00	0.47045	12	1.00	$ 18,944
Staff Position 11:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	$37,606.00	0.84697	12	1.00	$ 31,851

Staff Position 12:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,381.00	0.51641	12	1.00	$	18,271

Staff Position 13:	Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$38,043.00	0.95166	12	1.00	$	36,204

Staff Position 14:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$50,000.00	0.69318	12	1.00	$	34,659

Staff Position 15:	Director, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$82,348.00	0.64389	12	1.00	$	53,023

Staff Position 16:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$95,000.00	0.12	12	1.00	$	11,400

Staff Position 17:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.26312	12	1.00	$	18,515

Staff Position 18:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$90,000.00	0.25122	12	1.00	$	22,610

Staff Position 19:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$60,388.00	0.60433	12	1.00	$	36,494

Staff Position 20:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for meal inventory storage logistics.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$48,506.00	0.39056	12	1.00	$	18,944

Staff Position 21:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$49,025.00	0.33876	12	1.00	$	16,608

Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$47,590.00	0.34898	12	1.00	$	16,608

Staff Position 23:	Director, Volunteer Services

Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$88,387.00	0.56797	12	1.00	$	50,202

Staff Position 24:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication				
$84,460.00	0.45435	6	1.00	$	19,187

	Total FTE:	12.31739		Total Salaries:	$ 622,975

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Payroll Tax	$ 56,690.73	
	Employee Health Benefits	$ 135,808.55	
	Retirement Plan Employer Contributions	$ 8,098.68	
	Commuter Benefits	$ 3,737.85	
	Workers Compensation	$ 33,017.68	
Fringe Benefit %:	38.10%	Total Fringe Benefit:	237,353
	OTAL SALARIES & EMPLOYEE FRINGE BENEFITS		860,328

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	Agency: $97,880 / 83.9 total prog FTE = 1,166.63	=	14,370
Internet	Agency: $16,000 / 83.9 total prog FTE = 190.71	$190.71 x 12.31 Program FTE =	2,349
Gas/Electric	Agency: $196,000 / 83.9 total prog FTE = 2,336.12	=	28,775
Water	Agency: $50,000 / 83.9 total prog FTE = $595.95	$595.95 x 12.31 Program FTE =	7,341
Garbage Disposal	Agency: $94100 / 83.9 total prog FTE = $1,121.58	$1,121.58 x 12.31 Program FTE	13,815
		Total Occupancy:	66,649

Materials/Supplies:	Brief Description	Rate	Cost
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.02 per meal X 64,077 UOS =	193,817
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.80 per bag X 12,555 UOS =	110,422
		Total Materials & Supplies:	304,239
		TOTAL OPERATING EXPENSES:	370,888
		TOTAL DIRECT COSTS:	1,231,216

4) INDIRECT COSTS	Indirect Rate:	9.4759%	
Director, Finance (Annual Salary $128,125 @ .16 FTE + 38% Fringe Benefits)			29,146
Chief Executive Officer (Annual Salary $235,000 @ .09 FTE + 38% Fringe Benefits)			29,146
Director, Statewide Initiatives (Annual Salary $92,250 @ .23FTE + 38% Fringe Benefits)			29,228
Vice President, Programs (Annual Salary $117,260 @ .18 FTE + 38% Fringe Benefits)			29,146
		TOTAL INDIRECT COSTS:	116,669
		TOTAL EXPENSES:	1,347,885

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UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses		Prepared Meals		Grocery Bags		Nutrition Counseling Hours				Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE			
Wellness Prog Coor (Caseworker)	0.73702	30,362	71%	12,423	29%					42,785
Wellness Prog Coor (Caseworker)	-	-	0%	-	0%					-
Client Engagement Specialist	0.84219	14,516	71%	5,940	29%					20,456
Outreach Coordinator	0.17991	7,602	71%	3,110	29%					10,712
Manager, Wellness Programs	0.60292	32,892	71%	13,458	29%					46,350
Cook I	0.84842	22,579	71%	9,238	29%					31,817
Cook II	0.84380	25,856	71%	10,579	29%					36,435
Cook II	0.80128	21,928	71%	8,972	29%					30,900
Inventory Operations Coordinator II	0.47045	13,444	71%	5,500	29%					18,944
Porter	0.84697	22,603	71%	9,248	29%					31,851
Porter	0.51641	12,966	71%	5,305	29%					18,271
Driver	0.95166	25,692	71%	10,512	29%					36,204
Dispatcher	0.69318	24,596	71%	10,063	29%					34,659
Director, Distribution	0.64389	37,627	71%	15,396	29%					53,023
Director, Nutrition Services	0.12000					11,400	100%			11,400
Registered Dietician	0.26312					18,515	100%			18,515
Director, Operations	0.25122	16,045	71%	6,565	29%					22,610
Purchasing Supervisor	0.60433	25,898	71%	10,596	29%					36,494
Kitchen Logistics Supervisor	0.39056	13,444	71%	5,500	29%					18,944
Volunteer Coordinators	0.33876	11,786	71%	4,822	29%					16,608
Volunteer Coordinators	0.34898	11,786	71%	4,822	29%					16,608
Director, Volunteer Services	0.56797	35,626	71%	14,576	29%					50,202
Director, Wellness Programs	0.45435	13,616	71%	5,571	29%					19,187
Total FTE & Total Salaries	12.31739	420,864	68%	172,196	28%	29,915	5%	-		622,975
Fringe Benefits	38.10%	160,349	68%	65,607	28%	11,397	5%	-		237,353
Total Personnel Expenses		581,213	68%	237,803	28%	41,312	5%	-		860,328
Operating Expenses		Expense	%	Expense	%	Expense	%			Total
Total Occupancy		47,297	71%	19,352	29%					66,649
Total Materials and Supplies		215,902	71%	88,337	29%					304,239
Total Operating Expenses		263,199	71%	107,689	29%	-		-		370,888
Total Direct Expenses		844,412	69%	345,492	28%	41,312	3%	-		1,231,216
Indirect Expenses	9.4759%	82,794	71%	33,875	29%					116,669
TOTAL EXPENSES		927,206	69%	379,367	28%	41,312	3%	-		1,347,885
UOS per Service Mode		64,077		12,555		330				76,962
Cost / UOS by Service Mode		$14.48		$30.22		$125.19				N/A
UDC per Service Mode		775		775		175				775

BUDGET JUSTIFICATION

1a) SALARIES

Staff Position 1:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	Annual Salary:	*x FTE:*	*x Months per Year:*	*Annualized if < 12 mos*	Total
	$58,052.00	0.73702	12	1.00	$ 42,785
Staff Position 2:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience. Bi-lingual preferred.				
	$57,990.00	-	12	1.00	$ -
Staff Position 3:	Client Engagement Specialist				
Brief Duties	Responsible for greeting clients, helping clients navigate services and recording client service data.				
Min Quals	Previous experience as receptionist and working with vulnerable populations, HIV and critically ill.				
	$24,289.00	0.84219	12	1.00	$ 20,456
Staff Position 4:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	$59,540.00	0.17991	12	1.00	$ 10,712
Staff Position 5:	Manager, Wellness Programs				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	BA in Social Svcs and 5 yrs experience supervising svcs for PWHA and behavioral health issues.				
	$76,875.00	0.60292	12	1.00	$ 46,350
Staff Position 7:	Cook I				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$37,502.00	0.84842	12	1.00	$ 31,817
Staff Position 8:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$43,180.00	0.84380	12	1.00	$ 36,435
Staff Position 9:	Cook II				
Brief Duties	Responsible for daily meal preparations with other food service staff and volunteers.				
Min Quals	3 yrs cooking in a high volume food service operation, and food protection manager certification.				
	$38,563.00	0.80128	12	1.00	$ 30,900
Staff Position 10:	Inventory Operations Coordinator II				
Brief Duties	Responsible for inventory management of raw goods and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
	$40,269.00	0.47045	12	1.00	$ 18,944
Staff Position 11:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
	$37,606.00	0.84697	12	1.00	$ 31,851

Staff Position 12:	Porter				
Brief Duties	Cleaning and sanitizing all food preparation containers, utensils & equipment and cleaning kitchen.				
Min Quals	Requires previous experience working in high-volume kitchen operations.				
$35,381.00	0.51641	12	1.00	$	18,271

Staff Position 13:	Driver				
Brief Duties	Responsible for driving agency vehicles to deliver meals and groceries.				
Min Quals	Requires 2 years driving experience, clean driving record and the ability to lift 50 lbs.				
$38,043.00	0.95166	12	1.00	$	36,204

Staff Position 14:	Dispatcher				
Brief Duties	Responsible for organizing food products by route, scheduling and supervising staff and volunteer drivers.				
Min Quals	3 yrs experience supervising staff and volunteers.				
$50,000.00	0.69318	12	1.00	$	34,659

Staff Position 15:	Director, Distribution				
Brief Duties	Responsible for scheduling and supervising drivers and distribution staff and volunteers.				
Min Quals	BA in Social Services or related field, experience in food services distribution and supervision of staff.				
$82,348.00	0.64389	12	1.00	$	53,023

Staff Position 16:	Director, Nutrition Services				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients				
$95,000.00	0.12	12	1.00	$	11,400

Staff Position 17:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.26312	12	1.00	$	18,515

Staff Position 18:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	3 yrs experience managing staff and inventory for food distribution programs.				
$90,000.00	0.25122	12	1.00	$	22,610

Staff Position 19:	Purchasing Supervisor				
Brief Duties	Responsible for purchasing and inventory management of food and supplies.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$60,388.00	0.60433	12	1.00	$	36,494

Staff Position 20:	Kitchen Logistics Supervisor				
Brief Duties	Responsible for meal inventory storage logistics.				
Min Quals	Previous experience in warehouse operations and inventory control.				
$48,506.00	0.39056	12	1.00	$	18,944

Staff Position 21:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$49,025.00	0.33876	12	1.00	$	16,608

Staff Position 22:	Volunteer Coordinators				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$47,590.00	0.34898	12	1.00	$	16,608

Staff Position 23:	Director, Volunteer Services				
Brief Duties	Responsible for volunteer recruitment, training and retention, and supervising Volunteer Coordinator.				
Min Quals	BA in Social Services related field and 2 yrs experience managing volunteers and staff.				
$88,387.00	0.56797	12	1.00	$	50,202

Staff Position 24:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication.				
$84,460.00	0.45435	6	1.00	$	19,187

	Total FTE:	12.31739		Total Salaries:	$ 622,975

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost	
	Payroll Tax	$ 56,690.73	
	Employee Health Benefits	$ 135,808.55	
	Retirement Plan Employer Contributions	$ 8,098.68	
	Commuter Benefits	$ 3,737.85	
	Workers Compensation	$ 33,017.68	
Fringe Benefit %:	38.10%	Total Fringe Benefit:	237,353
	OTAL SALARIES & EMPLOYEE FRINGE BENEFITS		860,328

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Telephone	Agency: $97,880 / 83.9 total prog FTE = 1,166.63	=	14,370
Internet	Agency: $16,000 / 83.9 total prog FTE = 190.71	$190.71 x 12.31 Program FTE =	2,349
Gas/Electric	Agency: $196,000 / 83.9 total prog FTE = 2,336.12	=	28,775
Water	Agency: $50,000 / 83.9 total prog FTE = $595.95	$595.95 x 12.31 Program FTE =	7,341
Garbage Disposal	Agency: $94100 / 83.9 total prog FTE = $1,121.58	$1,121.58 x 12.31 Program FTE	13,815
		Total Occupancy:	66,649

Materials/Supplies:	Brief Description	Rate	Cost
Food/Packaging Meals	direct cost of food/packaging per meal.	~ $3.02 per meal X 64,077 UOS =	193,817
Food/Pack Groceries	direct cost of food/packaging costs per grocery bag.	~ $8.80 per bag X 12,555 UOS =	110,422
		Total Materials & Supplies:	304,239
		TOTAL OPERATING EXPENSES:	370,888
		TOTAL DIRECT COSTS:	1,231,216

4) INDIRECT COSTS	Indirect Rate:	9.4759%	
Director, Finance (Annual Salary $128,125 @ .16 FTE + 38% Fringe Benefits)			29,146
Chief Executive Officer (Annual Salary $235,000 @ .09 FTE + 38% Fringe Benefits)			29,146
Director, Statewide Initiatives (Annual Salary $92,250 @ .23FTE + 38% Fringe Benefits)			29,228
Vice President, Programs (Annual Salary $117,260 @ .18 FTE + 38% Fringe Benefits)			29,146
		TOTAL INDIRECT COSTS:	116,669
		TOTAL EXPENSES:	1,347,885

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2f, p 1 Total
Outreach Coordinator	0.08233	3,765	77%	1,137	23%			4,902
Manager, Wellness Program	0.05034	2,973	77%	897	23%			3,870
Wellness Prog Coor (Caseworker)	0.08888	3,963	77%	1,197	23%			5,160
Cook II	0.05264	1,559	77%	471	23%			2,030
Porter	0.04375	1,189	77%	359	23%			1,548
Grocery Center Supervisor	0.07508	3,059	77%	923	23%			3,982
Grocery Center Operations Coord. II	0.09907	3,064	77%	925	23%			3,989
Registered Dietician	0.05131	2,773	77%	837	23%			3,610
Volunteer Coordinator	0.05421	1,880	77%	568	23%			2,448
Director, Operations	0.04405	3,045	77%	919	23%			3,964
Kitchen Operations Coordinator II	0.09828	2,973	77%	897	23%			3,870
Director, Wellness Programs	0.06226	1,012	77%	305	23%			1,317
Total FTE & Total Salaries	0.80220	31,255	77%	9,435	23%			40,690
Fringe Benefits	38.10%	11,908	77%	3,595	23%			15,503
Total Personnel Expenses		43,163	77%	13,030	23%			56,193
Operating Expenses		Expense	%	Expense	%			B-2f, p 1 Total
Total Occupancy								-
Total Materials and Supplies		15,735	77%	4,750	23%			20,485
Total General Operating		6,797	77%	2,052	23%			8,849
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		22,532	77%	6,802	23%			29,334
Total Direct Expenses		65,695	77%	19,832	23%			85,527
Indirect Expenses	9.286%	6,101	77%	1,842	23%			7,943
TOTAL EXPENSES		71,796	77%	21,674	23%			93,470
UOS per Service Mode		4,895		707				5,602
Cost / UOS by Service Mode		$14.67		$30.66				N/A
UDC per Service Mode		40		40				40

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2f, p 2 Totals	Total FTE	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			GTZ Totals
Outreach Coordinator	0.24636	10,992	75%	3,676	25%	14,668	0.32869	19,570
Manager, Wellness Program	0.15064	8,678	75%	2,902	25%	11,580	0.20097	15,450
Wellness Prog Coor (Caseworker)	0.26597	11,571	75%	3,869	25%	15,440	0.35485	20,600
Cook II	0.15751	4,552	75%	1,522	25%	6,074	0.21014	8,104
Porter	0.13092	3,471	75%	1,161	25%	4,632	0.17467	6,180
Grocery Center Supervisor	0.22467	8,931	75%	2,986	25%	11,917	0.29975	15,899
Grocery Center Operations Coord. II	0.29645	8,947	75%	2,991	25%	11,938	0.39552	15,927
Registered Dietician	0.15354	8,097	75%	2,707	25%	10,804	0.20485	14,414
Volunteer Coordinator	0.16222	5,489	75%	1,836	25%	7,325	0.21643	9,773
Director, Operations	0.13181	8,890	75%	2,973	25%	11,863	0.17585	15,827
Kitchen Operations Coordinator II	0.29410	8,678	75%	2,902	25%	11,580	0.39239	15,450
Director, Wellness Programs	0.06226	2,954	75%	988	25%	3,942	0.12452	5,259
Total FTE & Total Salaries	2.27644	91,250	56%	30,513	19%	121,763	3.07863	162,453
Fringe Benefits	38.10%	34,766	75%	11,625	25%	46,391		61,894
Total Personnel Expenses		126,016	75%	42,138	25%	168,154		224,347
Operating Expenses		Expense	%	Expense	%	B-2f, p 2 Totals		GTZ Totals
Total Occupancy								-
Total Materials and Supplies		45,938	75%	15,361	25%	61,299		81,784
Total General Operating		19,844	75%	6,635	25%	26,479		35,328
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		65,782	56%	21,996	19%	87,778		117,112
Total Direct Expenses		191,798	75%	64,134	25%	255,932		341,459
Indirect Expenses	9.286%	17,810	56%	5,954	19%	23,764		31,707
TOTAL EXPENSES		209,608	75%	70,088	25%	279,696		373,166
UOS per Service Mode		14,291		2,287		16,578		22,180
Cost / UOS by Service Mode		$14.67		$30.65		N/A		N/A
UDC per Service Mode		80		80		80		120

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	Total
	$59,540.00	0.32869	12	1.00	$ 19,570
Staff Position 2:	Manager, Wellness Program				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
	$76,875.00	0.20097	12	1	$ 15,450
Staff Position 3:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
	$58,052.00	0.35485	12	1.00	$ 20,600
Staff Position 5:	Cook II				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
	$38,563.00	0.21014	12	1.00	$ 8,104
Staff Position 6:	Porter				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$35,381.00	0.17467	12	1.00	$ 6,180
Staff Position 7:	Grocery Center Supervisor				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$53,040.00	0.29975	12	1.00	$ 15,899
Staff Position 8:	Grocery Center Operations Coord. II				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$40,268.00	0.39552	12	1.00	$ 15,927
Staff Position 9:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	$70,366.00	0.20485	12	1.00	$ 14,414
Staff Position 10:	Volunteer Coordinator				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
	$45,156.00	0.21643	12	1.00	$ 9,773
Staff Position 11:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
	$90,000.00	0.17585	12	1.00	$ 15,827

Staff Position 12:	Kitchen Operations Coordinator II				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.39239	12	1.00	$ 15,450

Staff Position 13:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication				
	$84,460.00	0.12452	6	1.00	$ 5,259

Total FTE:	3.07863	Total Salaries:	$ 162,453

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost
	Payroll Tax		$ 14,783
	Employee Health Benefits		$ 35,415
	Retirement Plan Employer Contributions		$ 2,112
	Commuter Benefits		$ 975
	Workers Compensation		$ 8,610
	Fringe Benefit %:	38.10%	Total Fringe Benefit: 61,894
			TOTAL SALARIES & BENEFITS: 224,347

2) OPERATING EXPENSES:			
Materials & Supplies:	Brief Description	Rate	Cost
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.93 / UOS x 19,186	56,215
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.54 / UOS x 2,994	25,569
		Total Materials & Supplies:	81,784

General Operating:	Brief Description	Rate	Cost
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x 3.08 Program FTE =	16,071
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 3.08 Program FTE =	4,927
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 3.08 Program FTE =	3,097
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 3.08 Program FTE =	3,101
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 3.08 Program FTE =	3,119
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 3.08 Program FTE =	3,691
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 3.08 Program FTE =	1,321
		Total General Operating:	35,328
		TOTAL OPERATING EXPENSES:	117,112
		TOTAL DIRECT COSTS:	341,459

4) INDIRECT COSTS	Indirect Rate:	9.286%	Amount
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits)			15,853
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits)			15,853
		TOTAL INDIRECT COSTS:	31,707
		TOTAL EXPENSES:	373,166

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2g, p 1 Total
Outreach Coordinator	0.08233	3,765	77%	1,137	23%			4,902
Manager, Wellness Program	0.05034	2,973	77%	897	23%			3,870
Wellness Prog Coor (Caseworker)	0.08888	3,963	77%	1,197	23%			5,160
Cook II	0.05264	1,559	77%	471	23%			2,030
Porter	0.04375	1,189	77%	359	23%			1,548
Grocery Center Supervisor	0.07508	3,059	77%	923	23%			3,982
Grocery Center Operations Coord. II	0.09907	3,064	77%	925	23%			3,989
Registered Dietician	0.05131	2,773	77%	837	23%			3,610
Volunteer Coordinator	0.05421	1,880	77%	568	23%			2,448
Director, Operations	0.04405	3,045	77%	919	23%			3,964
Kitchen Operations Coordinator II	0.09828	2,973	77%	897	23%			3,870
Director, Wellness Programs	0.06226	1,012	77%	305	23%			1,317
Total FTE & Total Salaries	0.80220	31,255	77%	9,435	23%			40,690
Fringe Benefits	38.10%	11,908	77%	3,595	23%			15,503
Total Personnel Expenses		43,163	77%	13,030	23%			56,193
Operating Expenses		Expense	%	Expense	%			B-2g, p 1 Total
Total Occupancy								-
Total Materials and Supplies		15,735	77%	4,750	23%			20,485
Total General Operating		6,797	77%	2,052	23%			8,849
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		22,532	77%	6,802	23%			29,334
Total Direct Expenses		65,695	77%	19,832	23%			85,527
Indirect Expenses	9.286%	6,101	77%	1,842	23%			7,943
TOTAL EXPENSES		71,796	77%	21,674	23%			93,470
UOS per Service Mode		4,895		707				5,602
Cost / UOS by Service Mode		$14.67		$30.66				N/A
UDC per Service Mode		40		40				40

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2g, p 2 Totals	Total FTE	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			GTZ Totals
Outreach Coordinator	0.24636	10,992	75%	3,676	25%	14,668	0.32869	19,570
Manager, Wellness Program	0.15064	8,678	75%	2,902	25%	11,580	0.20097	15,450
Wellness Prog Coor (Caseworker)	0.26597	11,571	75%	3,869	25%	15,440	0.35485	20,600
Cook II	0.15751	4,552	75%	1,522	25%	6,074	0.21014	8,104
Porter	0.13092	3,471	75%	1,161	25%	4,632	0.17467	6,180
Grocery Center Supervisor	0.22467	8,931	75%	2,986	25%	11,917	0.29975	15,899
Grocery Center Operations Coord. II	0.29645	8,947	75%	2,991	25%	11,938	0.39552	15,927
Registered Dietician	0.15354	8,097	75%	2,707	25%	10,804	0.20485	14,414
Volunteer Coordinator	0.16222	5,489	75%	1,836	25%	7,325	0.21643	9,773
Director, Operations	0.13181	8,890	75%	2,973	25%	11,863	0.17585	15,827
Kitchen Operations Coordinator II	0.29410	8,678	75%	2,902	25%	11,580	0.39239	15,450
Director, Wellness Programs	0.06226	2,954	75%	988	25%	3,942	0.12452	5,259
Total FTE & Total Salaries	2.27644	91,250	56%	30,513	19%	121,763	3.07863	162,453
Fringe Benefits	38.10%	34,766	75%	11,625	25%	46,391		61,894
Total Personnel Expenses		126,016	75%	42,138	25%	168,154		224,347
Operating Expenses		Expense	%	Expense	%	B-2g, p 2 Totals		GTZ Totals
Total Occupancy								-
Total Materials and Supplies		45,938	75%	15,361	25%	61,299		81,784
Total General Operating		19,844	75%	6,635	25%	26,479		35,328
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		65,782	56%	21,996	19%	87,778		117,112
Total Direct Expenses		191,798	75%	64,134	25%	255,932		341,459
Indirect Expenses	9.286%	17,810	56%	5,954	19%	23,764		31,707
TOTAL EXPENSES		209,608	75%	70,088	25%	279,696		373,166
UOS per Service Mode		14,291		2,287		16,578		22,180
Cost / UOS by Service Mode		$14.67		$30.65		N/A		N/A
UDC per Service Mode		80		80		80		120

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	Total	
$59,540.00	0.32869	12	1.00	$	19,570
Staff Position 2:	Manager, Wellness Program				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
$76,875.00	0.20097	12	1	$	15,450
Staff Position 3:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
$58,052.00	0.35485	12	1.00	$	20,600
Staff Position 5:	Cook II				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
$38,563.00	0.21014	12	1.00	$	8,104
Staff Position 6:	Porter				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$35,381.00	0.17467	12	1.00	$	6,180
Staff Position 7:	Grocery Center Supervisor				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
$53,040.00	0.29975	12	1.00	$	15,899
Staff Position 8:	Grocery Center Operations Coord. II				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
$40,268.00	0.39552	12	1.00	$	15,927
Staff Position 9:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.20485	12	1.00	$	14,414
Staff Position 10:	Volunteer Coordinator				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$45,156.00	0.21643	12	1.00	$	9,773
Staff Position 11:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
$90,000.00	0.17585	12	1.00	$	15,827

Staff Position 12:	Kitchen Operations Coordinator II				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.39239	12	1.00	$ 15,450

Staff Position 13:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication				
	$84,460.00	0.12452	6	1.00	$ 5,259

Total FTE:	3.07863	Total Salaries:	$ 162,453

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost
	Payroll Tax		$ 14,783
	Employee Health Benefits		$ 35,415
	Retirement Plan Employer Contributions		$ 2,112
	Commuter Benefits		$ 975
	Workers Compensation		$ 8,610
	Fringe Benefit %:	38.10%	Total Fringe Benefit: 61,894
			TOTAL SALARIES & BENEFITS: 224,347

2) OPERATING EXPENSES:			
Materials & Supplies:	Brief Description	Rate	Cost
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.93 / UOS x 19,186	56,215
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.54 / UOS x 2,994	25,569
		Total Materials & Supplies:	81,784

General Operating:	Brief Description	Rate	Cost
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x 3.08 Program FTE =	16,071
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 3.08 Program FTE =	4,927
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 3.08 Program FTE =	3,097
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 3.08 Program FTE =	3,101
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 3.08 Program FTE =	3,119
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 3.08 Program FTE =	3,691
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 3.08 Program FTE =	1,321
		Total General Operating:	35,328
		TOTAL OPERATING EXPENSES:	117,112
		TOTAL DIRECT COSTS:	341,459

4) INDIRECT COSTS	Indirect Rate:	9.286%	Amount
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits)			15,853
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits)			15,853
		TOTAL INDIRECT COSTS:	31,707
		TOTAL EXPENSES:	373,166

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2h, p 1 Total
Outreach Coordinator	0.08233	3,765	77%	1,137	23%			4,902
Manager, Wellness Program	0.05034	2,973	77%	897	23%			3,870
Wellness Prog Coor (Caseworker)	0.08888	3,963	77%	1,197	23%			5,160
Cook II	0.05264	1,559	77%	471	23%			2,030
Porter	0.04375	1,189	77%	359	23%			1,548
Grocery Center Supervisor	0.07508	3,059	77%	923	23%			3,982
Grocery Center Operations Coord. II	0.09907	3,064	77%	925	23%			3,989
Registered Dietician	0.05131	2,773	77%	837	23%			3,610
Volunteer Coordinator	0.05421	1,880	77%	568	23%			2,448
Director, Operations	0.04405	3,045	77%	919	23%			3,964
Kitchen Operations Coordinator II	0.09828	2,973	77%	897	23%			3,870
Director, Wellness Programs	0.06226	1,012	77%	305	23%			1,317
Total FTE & Total Salaries	0.80220	31,255	77%	9,435	23%			40,690
Fringe Benefits	38.10%	11,908	77%	3,595	23%			15,503
Total Personnel Expenses		43,163	77%	13,030	23%			56,193
Operating Expenses		Expense	%	Expense	%			B-2h, p 1 Total
Total Occupancy								-
Total Materials and Supplies		15,735	77%	4,750	23%			20,485
Total General Operating		6,797	77%	2,052	23%			8,849
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		22,532	77%	6,802	23%			29,334
Total Direct Expenses		65,695	77%	19,832	23%			85,527
Indirect Expenses	9.286%	6,101	77%	1,842	23%			7,943
TOTAL EXPENSES		71,796	77%	21,674	23%			93,470
UOS per Service Mode		4,895		707				5,602
Cost / UOS by Service Mode		$14.67		$30.66				N/A
UDC per Service Mode		40		40				40

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2h, p 2 Totals	Total FTE	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			GTZ Totals
Outreach Coordinator	0.24636	10,992	75%	3,676	25%	14,668	0.32869	19,570
Manager, Wellness Program	0.15064	8,678	75%	2,902	25%	11,580	0.20097	15,450
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Grocery Center Supervisor	0.22467	8,931	75%	2,986	25%	11,917	0.29975	15,899
Grocery Center Operations Coord. II	0.29645	8,947	75%	2,991	25%	11,938	0.39552	15,927
Registered Dietician	0.15354	8,097	75%	2,707	25%	10,804	0.20485	14,414
Volunteer Coordinator	0.16222	5,489	75%	1,836	25%	7,325	0.21643	9,773
Director, Operations	0.13181	8,890	75%	2,973	25%	11,863	0.17585	15,827
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Director, Wellness Programs	0.06226	2,954	75%	988	25%	3,942	0.12452	5,259
Total FTE & Total Salaries	2.27644	91,250	56%	30,513	19%	121,763	3.07863	162,453
Fringe Benefits	38.10%	34,766	75%	11,625	25%	46,391		61,894
Total Personnel Expenses		126,016	75%	42,138	25%	168,154		224,347
Operating Expenses		Expense	%	Expense	%	B-2h, p 2 Totals		GTZ Totals
Total Occupancy								-
Total Materials and Supplies		45,938	75%	15,361	25%	61,299		81,784
Total General Operating		19,844	75%	6,635	25%	26,479		35,328
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		65,782	56%	21,996	19%	87,778		117,112
Total Direct Expenses		191,798	75%	64,134	25%	255,932		341,459
Indirect Expenses	9.286%	17,810	56%	5,954	19%	23,764		31,707
TOTAL EXPENSES		209,608	75%	70,088	25%	279,696		373,166
UOS per Service Mode		14,291		2,287		16,578		22,180
Cost / UOS by Service Mode		$14.67		$30.65		N/A		N/A
UDC per Service Mode		80		80		80		120

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	Total
	$59,540.00	0.32869	12	1.00	$ 19,570
Staff Position 2:	Manager, Wellness Program				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
	$76,875.00	0.20097	12	1	$ 15,450
Staff Position 3:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
	$58,052.00	0.35485	12	1.00	$ 20,600
Staff Position 5:	Cook II				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
	$38,563.00	0.21014	12	1.00	$ 8,104
Staff Position 6:	Porter				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$35,381.00	0.17467	12	1.00	$ 6,180
Staff Position 7:	Grocery Center Supervisor				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$53,040.00	0.29975	12	1.00	$ 15,899
Staff Position 8:	Grocery Center Operations Coord. II				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$40,268.00	0.39552	12	1.00	$ 15,927
Staff Position 9:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	$70,366.00	0.20485	12	1.00	$ 14,414
Staff Position 10:	Volunteer Coordinator				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
	$45,156.00	0.21643	12	1.00	$ 9,773
Staff Position 11:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
	$90,000.00	0.17585	12	1.00	$ 15,827

Staff Position 12:	Kitchen Operations Coordinator II				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.39239	12	1.00	$ 15,450

Staff Position 13:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication				
	$84,460.00	0.12452	6	1.00	$ 5,259

Total FTE:	3.07863	Total Salaries:	$ 162,453

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost
	Payroll Tax		$ 14,783
	Employee Health Benefits		$ 35,415
	Retirement Plan Employer Contributions		$ 2,112
	Commuter Benefits		$ 975
	Workers Compensation		$ 8,610
	Fringe Benefit %:	38.10%	Total Fringe Benefit: 61,894
			TOTAL SALARIES & BENEFITS: 224,347

2) OPERATING EXPENSES:			
Materials & Supplies:	Brief Description	Rate	Cost
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.93 / UOS x 19,186	56,215
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.54 / UOS x 2,994	25,569
		Total Materials & Supplies:	81,784

General Operating:	Brief Description	Rate	Cost
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x 3.08 Program FTE =	16,071
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 3.08 Program FTE =	4,927
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 3.08 Program FTE =	3,097
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 3.08 Program FTE =	3,101
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 3.08 Program FTE =	3,119
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 3.08 Program FTE =	3,691
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 3.08 Program FTE =	1,321
		Total General Operating:	35,328
		TOTAL OPERATING EXPENSES:	117,112
		TOTAL DIRECT COSTS:	341,459

4) INDIRECT COSTS	Indirect Rate:	9.286%	Amount
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits)			15,853
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits)			15,853
		TOTAL INDIRECT COSTS:	31,707
		TOTAL EXPENSES:	373,166

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2i, p 1 Total
Outreach Coordinator	0.08233	3,765	77%	1,137	23%			4,902
Manager, Wellness Program	0.05034	2,973	77%	897	23%			3,870
Wellness Prog Coor (Caseworker)	0.08888	3,963	77%	1,197	23%			5,160
Cook II	0.05264	1,559	77%	471	23%			2,030
Porter	0.04375	1,189	77%	359	23%			1,548
Grocery Center Supervisor	0.07508	3,059	77%	923	23%			3,982
Grocery Center Operations Coord. II	0.09907	3,064	77%	925	23%			3,989
Registered Dietician	0.05131	2,773	77%	837	23%			3,610
Volunteer Coordinator	0.05421	1,880	77%	568	23%			2,448
Director, Operations	0.04405	3,045	77%	919	23%			3,964
Kitchen Operations Coordinator II	0.09828	2,973	77%	897	23%			3,870
Director, Wellness Programs	0.06226	1,012	77%	305	23%			1,317
Total FTE & Total Salaries	0.80220	31,255	77%	9,435	23%			40,690
Fringe Benefits	38.10%	11,908	77%	3,595	23%			15,503
Total Personnel Expenses		43,163	77%	13,030	23%			56,193
Operating Expenses		Expense	%	Expense	%			B-2i, p 1 Total
Total Occupancy								-
Total Materials and Supplies		15,735	77%	4,750	23%			20,485
Total General Operating		6,797	77%	2,052	23%			8,849
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		22,532	77%	6,802	23%			29,334
Total Direct Expenses		65,695	77%	19,832	23%			85,527
Indirect Expenses	9.286%	6,101	77%	1,842	23%			7,943
TOTAL EXPENSES		71,796	77%	21,674	23%			93,470
UOS per Service Mode		4,895		707				5,602
Cost / UOS by Service Mode		$14.67		$30.66				N/A
UDC per Service Mode		40		40				40

Project Open Hand
HIV Food and Nutrition Services

Appendix B-2i, Page 2
07/01/2025 - 06/30/2026
General Fund GTZ

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2i, p 2 Totals	Total FTE	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			GTZ Totals
Outreach Coordinator	0.24636	10,992	75%	3,676	25%	14,668	0.32869	19,570
Manager, Wellness Program	0.15064	8,678	75%	2,902	25%	11,580	0.20097	15,450
Wellness Prog Coor (Caseworker)	0.26597	11,571	75%	3,869	25%	15,440	0.35485	20,600
Cook II	0.15751	4,552	75%	1,522	25%	6,074	0.21014	8,104
Porter	0.13092	3,471	75%	1,161	25%	4,632	0.17467	6,180
Grocery Center Supervisor	0.22467	8,931	75%	2,986	25%	11,917	0.29975	15,899
Grocery Center Operations Coord. II	0.29645	8,947	75%	2,991	25%	11,938	0.39552	15,927
Registered Dietician	0.15354	8,097	75%	2,707	25%	10,804	0.20485	14,414
Volunteer Coordinator	0.16222	5,489	75%	1,836	25%	7,325	0.21643	9,773
Director, Operations	0.13181	8,890	75%	2,973	25%	11,863	0.17585	15,827
Kitchen Operations Coordinator II	0.29410	8,678	75%	2,902	25%	11,580	0.39239	15,450
Director, Wellness Programs	0.06226	2,954	75%	988	25%	3,942	0.12452	5,259
Total FTE & Total Salaries	2.27644	91,250	56%	30,513	19%	121,763	3.07863	162,453
Fringe Benefits	38.10%	34,766	75%	11,625	25%	46,391		61,894
Total Personnel Expenses		126,016	75%	42,138	25%	168,154		224,347
Operating Expenses		Expense	%	Expense	%	B-2i, p 2 Totals		GTZ Totals
Total Occupancy								-
Total Materials and Supplies		45,938	75%	15,361	25%	61,299		81,784
Total General Operating		19,844	75%	6,635	25%	26,479		35,328
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		65,782	56%	21,996	19%	87,778		117,112
Total Direct Expenses		191,798	75%	64,134	25%	255,932		341,459
Indirect Expenses	9.286%	17,810	56%	5,954	19%	23,764		31,707
TOTAL EXPENSES		209,608	75%	70,088	25%	279,696		373,166
UOS per Service Mode		14,291		2,287		16,578		22,180
Cost / UOS by Service Mode		$14.67		$30.65		N/A		N/A
UDC per Service Mode		80		80		80		120

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	Total	
$59,540.00	0.32869	12	1.00	$	19,570
Staff Position 2:	Manager, Wellness Program				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
$76,875.00	0.20097	12	1	$	15,450
Staff Position 3:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
$58,052.00	0.35485	12	1.00	$	20,600
Staff Position 5:	Cook II				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
$38,563.00	0.21014	12	1.00	$	8,104
Staff Position 6:	Porter				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
$35,381.00	0.17467	12	1.00	$	6,180
Staff Position 7:	Grocery Center Supervisor				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
$53,040.00	0.29975	12	1.00	$	15,899
Staff Position 8:	Grocery Center Operations Coord. II				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
$40,268.00	0.39552	12	1.00	$	15,927
Staff Position 9:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
$70,366.00	0.20485	12	1.00	$	14,414
Staff Position 10:	Volunteer Coordinator				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
$45,156.00	0.21643	12	1.00	$	9,773
Staff Position 11:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
$90,000.00	0.17585	12	1.00	$	15,827

Staff Position 12:	Kitchen Operations Coordinator II				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.39239	12	1.00	$ 15,450

Staff Position 13:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication				
	$84,460.00	0.12452	6	1.00	$ 5,259

Total FTE:	3.07863	Total Salaries:	$ 162,453

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost
	Payroll Tax		$ 14,783
	Employee Health Benefits		$ 35,415
	Retirement Plan Employer Contributions		$ 2,112
	Commuter Benefits		$ 975
	Workers Compensation		$ 8,610
	Fringe Benefit %:	38.10%	Total Fringe Benefit: 61,894
			TOTAL SALARIES & BENEFITS: 224,347

2) OPERATING EXPENSES:			
Materials & Supplies:	Brief Description	Rate	Cost
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.93 / UOS x 19,186	56,215
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.54 / UOS x 2,994	25,569
		Total Materials & Supplies:	81,784

General Operating:	Brief Description	Rate	Cost
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x 3.08 Program FTE =	16,071
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 3.08 Program FTE =	4,927
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 3.08 Program FTE =	3,097
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 3.08 Program FTE =	3,101
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 3.08 Program FTE =	3,119
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 3.08 Program FTE =	3,691
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 3.08 Program FTE =	1,321
		Total General Operating:	35,328
		TOTAL OPERATING EXPENSES:	117,112
		TOTAL DIRECT COSTS:	341,459

4) INDIRECT COSTS	Indirect Rate:	9.286%	Amount
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits)			15,853
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits)			15,853
		TOTAL INDIRECT COSTS:	31,707
		TOTAL EXPENSES:	373,166

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal # 1: Food Access for Underserved Clients						
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags				
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			B-2j, p 1 Total
Outreach Coordinator	0.08233	2,824	77%	852	23%			3,676
Manager, Wellness Program	0.05034	2,229	77%	673	23%			2,902
Wellness Prog Coor (Caseworker)	0.08888	2,973	77%	897	23%			3,870
Cook II	0.05264	1,169	77%	353	23%			1,522
Porter	0.04375	892	77%	269	23%			1,161
Grocery Center Supervisor	0.07508	2,294	77%	693	23%			2,987
Grocery Center Operations Coord. II	0.09907	2,298	77%	694	23%			2,992
Registered Dietician	0.05131	2,080	77%	628	23%			2,708
Volunteer Coordinator	0.05421	1,410	77%	426	23%			1,836
Director, Operations	0.04405	2,284	77%	689	23%			2,973
Kitchen Operations Coordinator II	0.09828	2,229	77%	673	23%			2,902
Director, Wellness Programs	0.06226	759	77%	229	23%			988
Total FTE & Total Salaries	0.80220	23,441	77%	7,076	23%			30,517
Fringe Benefits	38.10%	8,931	77%	2,696	23%			11,627
Total Personnel Expenses		32,372	77%	9,771	23%			42,144
Operating Expenses		Expense	%	Expense	%			B-2j, p 1 Total
Total Occupancy								-
Total Materials and Supplies		11,801	77%	3,563	23%			15,364
Total General Operating		5,098	77%	1,539	23%			6,637
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		16,899	77%	5,102	23%			22,001
Total Direct Expenses		49,271	77%	14,874	23%			64,145
Indirect Expenses	9.286%	4,575	77%	1,382	23%			5,957
TOTAL EXPENSES		53,846	77%	16,256	23%			70,102
UOS per Service Mode		3,671		530				4,201
Cost / UOS by Service Mode		$14.68		$30.68				N/A
UDC per Service Mode		40		40				40

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UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES - Goal #2 Expanded Capacity and Goal #3 Link, Track, & Follow-up Client Referrals Combined					Grand Total	
Personnel Expenses		HIV/AIDS Prepared Meals		HIV/AIDS Grocery Bags		B-2j, p 2 Totals	Total FTE	
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE			GTZ Totals
Outreach Coordinator	0.24636	8,244	75%	2,757	25%	11,001	0.32869	14,677
Manager, Wellness Program	0.15064	6,508	75%	2,176	25%	8,684	0.20097	11,586
Wellness Prog Coor (Caseworker)	0.26597	8,678	75%	2,902	25%	11,580	0.35485	15,450
Cook II	0.15751	3,414	75%	1,142	25%	4,556	0.21014	6,078
Porter	0.13092	2,604	75%	871	25%	3,475	0.17467	4,636
Grocery Center Supervisor	0.22467	6,698	75%	2,240	25%	8,938	0.29975	11,925
Grocery Center Operations Coord. II	0.29645	6,711	75%	2,243	25%	8,954	0.39552	11,946
Registered Dietician	0.15354	6,074	75%	2,031	25%	8,105	0.20485	10,813
Volunteer Coordinator	0.16222	4,116	75%	1,377	25%	5,493	0.21643	7,329
Director, Operations	0.13181	6,667	75%	2,229	25%	8,896	0.17585	11,869
Kitchen Operations Coordinator II	0.29410	6,508	75%	2,176	25%	8,684	0.39239	11,586
Director, Wellness Programs	0.06226	2,215	75%	741	25%	2,956	0.12452	3,944
Total FTE & Total Salaries	2.27644	68,437	56%	22,885	19%	91,322	3.07863	121,839
Fringe Benefits	38.10%	26,074	75%	8,719	25%	34,793		46,420
Total Personnel Expenses		94,511	75%	31,604	25%	126,115		168,259
Operating Expenses		Expense	%	Expense	%	B-2j, p 2 Totals		GTZ Totals
Total Occupancy								-
Total Materials and Supplies		34,454	75%	11,520	25%	45,974		61,338
Total General Operating		14,883	75%	4,977	25%	19,860		26,497
Total Staff Travel								-
Consultants/Subcontractor:								-
Other (specify):								-
								-
Total Operating Expenses		49,337	56%	16,497	19%	65,834		87,835
Total Direct Expenses		143,848	75%	48,101	25%	191,949		256,094
Indirect Expenses	9.286%	13,357	56%	4,467	19%	17,824		23,781
TOTAL EXPENSES		157,205	75%	52,568	25%	209,773		279,875
UOS per Service Mode		10,718		1,715		12,433		18,035
Cost / UOS by Service Mode		$14.67		$30.66		N/A		N/A
UDC per Service Mode		80		80		80		120

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Outreach Coordinator				
Brief Duties	Community Outreach, Client and Partner Engagement, program communication and barrier analysis.				
Min Quals	B.A., case management experience. Bil-lingual Spanish.				
	Annual Salary	*x FTE*	*x Mos per Yr*	*Annualized if < 12 mos*	Total
	$59,540.00	0.32869	12	0.75	$ 14,677
Staff Position 2:	Manager, Wellness Program				
Brief Duties	Responsible for management of all client-related issues including setting service policies and supervising staff.				
Min Quals	B.A., Communication.				
	$76,875.00	0.20097	12	0.75	$ 11,586
Staff Position 3:	Wellness Prog Coor (Caseworker)				
Brief Duties	Performs intakes, verifies eligibility, maintains client database, and provides referrals to clients.				
Min Quals	B.A. Case management experience.				
	$58,052.00	0.35485	12	0.75	$ 15,450
Staff Position 5:	Cook II				
Brief Duties	Meal design and preparation.				
Min Quals	3+ years in social service or public service.				
	$38,563.00	0.21014	12	0.75	$ 6,078
Staff Position 6:	Porter				
Brief Duties	Kitchen preparation and maintenance.				
Min Quals	2+ years experience in similar roles.				
	$35,381.00	0.17467	12	0.75	$ 4,636
Staff Position 7:	Grocery Center Supervisor				
Brief Duties	Fulfills weekly grocery orders.				
Min Quals	2+ years' experience managing process and procedures for warehouse or kitchen operations.				
	$53,040.00	0.29975	12	0.75	$ 11,925
Staff Position 8:	Grocery Center Operations Coord. II				
Brief Duties	Responsible for grocery center inventory & storage.				
Min Quals	1-3 years' experience working in a commercial kitchen or industrial warehouse.				
	$40,268.00	0.39552	12	0.75	$ 11,946
Staff Position 9:	Registered Dietician				
Brief Duties	Responsible for direct client engagement and assessment and for nutrition education and quality assurance.				
Min Quals	Must be licensed Registered Dietitian and have previous exp working with critically ill & HIV clients.				
	$70,366.00	0.20485	12	0.75	$ 10,813
Staff Position 10:	Volunteer Coordinator				
Brief Duties	Responsible for scheduling and supervising volunteers for the kitchen, distribution and Grocery Center.				
Min Quals	Requires 3 years experience managing volunteers.				
	$45,156.00	0.21643	12	0.75	$ 7,329
Staff Position 11:	Director, Operations				
Brief Duties	Responsible for supervising grocery center staff, inventory and daily operations and client grocery selection.				
Min Quals	2+ years experience in similar roles.				
	$90,000.00	0.17585	12	0.75	$ 11,869

Staff Position 12:	Kitchen Operations Coordinator II				
Brief Duties	Provides inventory and storage support for the kitchen.				
Min Quals	2+ years experience in similar roles.				
	$39,374.00	0.39239	12	0.75	$ 11,586

Staff Position 13:	Director, Wellness Programs				
Brief Duties	Oversees all Wellness Program activities and staff.				
Min Quals	B.A., Communication.				
	$84,460.00	0.12452	6	0.75	$ 3,944

Total FTE:	3.07863	Total Salaries:	$ 121,839

1b) EMPLOYEE FRINGE BENEFITS:	Component		Cost
	Payroll Tax		$ 11,087
	Employee Health Benefits		$ 26,561
	Retirement Plan Employer Contributions		$ 1,584
	Commuter Benefits		$ 731
	Workers Compensation		$ 6,457
	Fringe Benefit %:	38.10%	Total Fringe Benefit: 46,420
			TOTAL SALARIES & BENEFITS: 168,259

2) OPERATING EXPENSES:			
Materials & Supplies:	Brief Description	Rate	Cost
Food / Packaging Meals	Direct food and packaging costs per meal.	$2.93 / UOS x 14,389	42,161
Food / Packaging Groceries	Direct food and packaging costs per grocery bag.	$8.54 / UOS x 2,245	19,177
		Total Materials & Supplies:	61,338

General Operating:	Brief Description	Rate	Cost
Utilities-phone, PGE, Garbage, Water	Ann Agency Budget: 437,980 / 83.9 prog FTE = 5,220.26 / FTE	$5,226.26 x 3.08 Program FTE =	12,054
Bldg Mainten.i.e., repairs, pest Control, Security/Alarm, Fire Safe	Ann Agency Budget: 134,282 / 83.9 prog FTE =1,600.50 / FTE	$1,600.50 x 3.08 Program FTE =	3,696
Supplies -. Facilities, Janitorial, Office	Ann Agency Budget: 84,400 / 83.9 prog FTE = 1,005.96 / FTE	$1,005.96 x 3.08 Program FTE =	2,323
Other Exps - books, dues, postage subscriptions, data communication	Ann Agency Budget: 84,509 / 83.9 prog FTE = 1,007.26 / FTE	$1,007.26 x 3.08 Program FTE =	2,326
General Liability Insurance	Ann Agency Budget: 85,000 / 83.9 prog FTE = 1,013.11 / FTE	$1,013.11 x 3.08 Program FTE =	2,339
Vehicle Exp incl. Fuel, Fees & Tolls, Maintenance, Parking	Ann Agency Budget: 100,600 / 83.9 prog FTE = 1,199.05 / FTE	$1,199.05 x 3.08 Program FTE =	2,769
Staff Training/Transportation	Ann Agency Budget: 36,000 / 83.9 prog FTE = $429.08 / FTE	$429.08 x 3.08 Program FTE =	991
		Total General Operating:	26,497
		TOTAL OPERATING EXPENSES:	87,835
		TOTAL DIRECT COSTS:	256,094

4) INDIRECT COSTS	Indirect Rate:	9.286%	Amount
Vice President, Programs (Annual Salary $117,260 @ .10 FTE + 38% Fringe Benefits)			11,890
Director, Statewide Initiatives (Annual Salary $92,250 @ .12 FTE + 38% Fringe Benefits)			11,890
		TOTAL INDIRECT COSTS:	23,781
		TOTAL EXPENSES:	279,875

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-1APR22

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/22 - 04/30/22

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	64,077	775							64,077	775
Food: Grocery Bags	12,555	775							12,555	775
Nutrition Counseling Hours	330	175							330	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		775								775

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$622,975				$622,975.00
Fringe Benefits	$237,353				$237,353.00
Total Personnel Expenses	$860,328				$860,328.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$66,649				$66,649.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$304,239				$304,239.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$370,888				$370,888.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,231,216				$1,231,216.00
Indirect Expenses	$116,669				$116,669.00
TOTAL EXPENSES	$1,347,885				$1,347,885.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1e
04/01/22 - 03/31/23
PAGE B

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR22

Contract Purchase Order No:

Fund Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/22 - 04/30/22

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coord (Case Worker)	0.73702	$42,785				$42,785.00
Wellness Prog Coord (Case Worker)						
Client Engagement Specialist	0.84219	$20,456				$20,456.00
Outreach Coordinator	0.17991	$10,712				$10,712.00
Manager, Wellness Programs	0.60292	$46,350				$46,350.00
Cook I	0.84842	$31,817				$31,817.00
Cook II	0.84380	$36,435				$36,435.00
Cook II	0.80128	$30,900				$30,900.00
Inventory Operations Coordinator II	0.47045	$18,944				$18,944.00
Porter	0.84697	$31,851				$31,851.00
Porter	0.51641	$18,271				$18,271.00
Driver	0.95166	$36,204				$36,204.00
Dispatcher	0.69318	$34,659				$34,659.00
Director, Distribution	0.64389	$53,023				$53,023.00
Director, Nutrition Services	0.12	$11,400				$11,400.00
Registered Dietician	0.26312	$18,515				$18,515.00
Director, Operations	0.25122	$22,610				$22,610.00
Purchasing Supervisor	0.60433	$36,494				$36,494.00
Kitchen Logistics Supervisor	0.39056	$18,944				$18,944.00
Volunteer Coordinators	0.33876	$16,608				$16,608.00
Volunteer Coordinators	0.34898	$16,608				$16,608.00
Director, Volunteer Services	0.56797	$50,202				$50,202.00
Director, Wellness Programs	0.45435	$19,187				$19,187.00
TOTAL SALARIES	12.31739	$622,975				$622,975.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-1APR23

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/23 - 04/30/23

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	64,077	775							64,077	775
Food: Grocery Bags	12,555	775							12,555	775
Nutrition Counseling Hours	330	175							330	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		775								775

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$622,975				$622,975.00
Fringe Benefits	$237,353				$237,353.00
Total Personnel Expenses	$860,328				$860,328.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$66,649				$66,649.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$304,239				$304,239.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$370,888				$370,888.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,231,216				$1,231,216.00
Indirect Expenses	$116,669				$116,669.00
TOTAL EXPENSES	$1,347,885				$1,347,885.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

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Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1f
04/01/23 - 03/31/24
PAGE B

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR23
Contract Purchase Order No:
Fund Source: RWPB/SAM
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 04/1/23 - 04/30/23
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coord (Case Worker)	0.73702	$42,785				$42,785.00
Wellness Prog Coord (Case Worker)						
Client Engagement Specialist	0.84219	$20,456				$20,456.00
Outreach Coordinator	0.17991	$10,712				$10,712.00
Manager, Wellness Programs	0.60292	$46,350				$46,350.00
Cook I	0.84842	$31,817				$31,817.00
Cook II	0.84380	$36,435				$36,435.00
Cook II	0.80128	$30,900				$30,900.00
Inventory Operations Coordinator II	0.47045	$18,944				$18,944.00
Porter	0.84697	$31,851				$31,851.00
Porter	0.51641	$18,271				$18,271.00
Driver	0.95166	$36,204				$36,204.00
Dispatcher	0.69318	$34,659				$34,659.00
Director, Distribution	0.64389	$53,023				$53,023.00
Director, Nutrition Services	0.12	$11,400				$11,400.00
Registered Dietician	0.26312	$18,515				$18,515.00
Director, Operations	0.25122	$22,610				$22,610.00
Purchasing Supervisor	0.60433	$36,494				$36,494.00
Kitchen Logistics Supervisor	0.39056	$18,944				$18,944.00
Volunteer Coordinators	0.33876	$16,608				$16,608.00
Volunteer Coordinators	0.34898	$16,608				$16,608.00
Director, Volunteer Services	0.56797	$50,202				$50,202.00
Director, Wellness Programs	0.45435	$19,187				$19,187.00
TOTAL SALARIES	12.31739	$622,975				$622,975.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-1APR24

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/24 - 04/30/24

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	64,077	775							64,077	775
Food: Grocery Bags	12,555	775							12,555	775
Nutrition Counseling Hours	330	175							330	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		775								775

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$622,975				$622,975.00
Fringe Benefits	$237,353				$237,353.00
Total Personnel Expenses	$860,328				$860,328.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$66,649				$66,649.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$304,239				$304,239.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$370,888				$370,888.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,231,216				$1,231,216.00
Indirect Expenses	$116,669				$116,669.00
TOTAL EXPENSES	$1,347,885				$1,347,885.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

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DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1g
04/01/24 - 03/31/25
PAGE B

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR24

Contract Purchase Order No:

Fund Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/24 - 04/30/24

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coord (Case Worker)	0.73702	$42,785				$42,785.00
Wellness Prog Coord (Case Worker)						
Client Engagement Specialist	0.84219	$20,456				$20,456.00
Outreach Coordinator	0.17991	$10,712				$10,712.00
Manager, Wellness Programs	0.60292	$46,350				$46,350.00
Cook I	0.84842	$31,817				$31,817.00
Cook II	0.84380	$36,435				$36,435.00
Cook II	0.80128	$30,900				$30,900.00
Inventory Operations Coordinator II	0.47045	$18,944				$18,944.00
Porter	0.84697	$31,851				$31,851.00
Porter	0.51641	$18,271				$18,271.00
Driver	0.95166	$36,204				$36,204.00
Dispatcher	0.69318	$34,659				$34,659.00
Director, Distribution	0.64389	$53,023				$53,023.00
Director, Nutrition Services	0.12	$11,400				$11,400.00
Registered Dietician	0.26312	$18,515				$18,515.00
Director, Operations	0.25122	$22,610				$22,610.00
Purchasing Supervisor	0.60433	$36,494				$36,494.00
Kitchen Logistics Supervisor	0.39056	$18,944				$18,944.00
Volunteer Coordinators	0.33876	$16,608				$16,608.00
Volunteer Coordinators	0.34898	$16,608				$16,608.00
Director, Volunteer Services	0.56797	$50,202				$50,202.00
Director, Wellness Programs	0.45435	$19,187				$19,187.00
TOTAL SALARIES	12.31739	$622,975				$622,975.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1h
04/01/25 - 03/31/26
PAGE A

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-1APR25

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/25 - 04/30/25

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	64,077	775							64,077	775
Food: Grocery Bags	12,555	775							12,555	775
Nutrition Counseling Hours	330	175							330	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		775								775

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$622,975				$622,975.00
Fringe Benefits	$237,353				$237,353.00
Total Personnel Expenses	$860,328				$860,328.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$66,649				$66,649.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$304,239				$304,239.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$370,888				$370,888.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,231,216				$1,231,216.00
Indirect Expenses	$116,669				$116,669.00
TOTAL EXPENSES	$1,347,885				$1,347,885.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1h
04/01/25 - 03/31/26
PAGE B

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR25

Contract Purchase Order No:

Fund Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/25 - 04/30/25

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coord (Case Worker)	0.73702	$42,785				$42,785.00
Wellness Prog Coord (Case Worker)						
Client Engagement Specialist	0.84219	$20,456				$20,456.00
Outreach Coordinator	0.17991	$10,712				$10,712.00
Manager, Wellness Programs	0.60292	$46,350				$46,350.00
Cook I	0.84842	$31,817				$31,817.00
Cook II	0.84380	$36,435				$36,435.00
Cook II	0.80128	$30,900				$30,900.00
Inventory Operations Coordinator II	0.47045	$18,944				$18,944.00
Porter	0.84697	$31,851				$31,851.00
Porter	0.51641	$18,271				$18,271.00
Driver	0.95166	$36,204				$36,204.00
Dispatcher	0.69318	$34,659				$34,659.00
Director, Distribution	0.64389	$53,023				$53,023.00
Director, Nutrition Services	0.12	$11,400				$11,400.00
Registered Dietician	0.26312	$18,515				$18,515.00
Director, Operations	0.25122	$22,610				$22,610.00
Purchasing Supervisor	0.60433	$36,494				$36,494.00
Kitchen Logistics Supervisor	0.39056	$18,944				$18,944.00
Volunteer Coordinators	0.33876	$16,608				$16,608.00
Volunteer Coordinators	0.34898	$16,608				$16,608.00
Director, Volunteer Services	0.56797	$50,202				$50,202.00
Director, Wellness Programs	0.45435	$19,187				$19,187.00
TOTAL SALARIES	12.31739	$622,975				$622,975.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-1APR26

Contract Purchase Order No:

Funding Source: RWPB/SAM

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 04/1/26 - 04/30/26

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food: Prepared Meals	64,077	775							64,077	775
Food: Grocery Bags	12,555	775							12,555	775
Nutrition Counseling Hours	330	175							330	175
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		775								775

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$622,975				$622,975.00
Fringe Benefits	$237,353				$237,353.00
Total Personnel Expenses	$860,328				$860,328.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,	$66,649				$66,649.00
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$304,239				$304,239.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff					
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$370,888				$370,888.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$1,231,216				$1,231,216.00
Indirect Expenses	$116,669				$116,669.00
TOTAL EXPENSES	$1,347,885				$1,347,885.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-1i
04/01/26 - 03/31/27
PAGE B

Contractor: **Project Open Hand**
Address: **730 Polk Street**
San Francisco, CA 94109

Telephone: **415-447-2300**
Fax: **415-447-2490**

Program Name: **HIV/AIDS Food and Nutrition Services**

ACE Control #:

Invoice Number: A-1APR26
Contract Purchase Order No:
Fund Source: RWPB/SAM
Department ID-Authority ID:
Project ID-Activity ID:
Invoice Period: 04/1/26 - 04/30/26
FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Wellness Prog Coord (Case Worker)	0.73702	$42,785				$42,785.00
Wellness Prog Coord (Case Worker)						
Client Engagement Specialist	0.84219	$20,456				$20,456.00
Outreach Coordinator	0.17991	$10,712				$10,712.00
Manager, Wellness Programs	0.60292	$46,350				$46,350.00
Cook I	0.84842	$31,817				$31,817.00
Cook II	0.84380	$36,435				$36,435.00
Cook II	0.80128	$30,900				$30,900.00
Inventory Operations Coordinator II	0.47045	$18,944				$18,944.00
Porter	0.84697	$31,851				$31,851.00
Porter	0.51641	$18,271				$18,271.00
Driver	0.95166	$36,204				$36,204.00
Dispatcher	0.69318	$34,659				$34,659.00
Director, Distribution	0.64389	$53,023				$53,023.00
Director, Nutrition Services	0.12	$11,400				$11,400.00
Registered Dietician	0.26312	$18,515				$18,515.00
Director, Operations	0.25122	$22,610				$22,610.00
Purchasing Supervisor	0.60433	$36,494				$36,494.00
Kitchen Logistics Supervisor	0.39056	$18,944				$18,944.00
Volunteer Coordinators	0.33876	$16,608				$16,608.00
Volunteer Coordinators	0.34898	$16,608				$16,608.00
Director, Volunteer Services	0.56797	$50,202				$50,202.00
Director, Wellness Programs	0.45435	$19,187				$19,187.00
TOTAL SALARIES	12.31739	$622,975				$622,975.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2f
07/01/2022 - 06/30/2023
PAGE A

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL22

Contract Purchase Order No:

Funding Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	4,895	40							4,895	40
Food Access: Grocery Bags	707	40							707	40
Expanded Capacity & Link. Track, F/U: Prepared	14,291	80							14,291	80
Expanded Capacity & Link. Track, F/U: Grocery B	2,287	80							2,287	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$162,453				$162,453.00
Fringe Benefits	$61,894				$61,894.00
Total Personnel Expenses	$224,347				$224,347.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$81,784				$81,784.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$35,328				$35,328.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$117,112				$117,112.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,459				$341,459.00
Indirect Expenses	$31,707				$31,707.00
TOTAL EXPENSES	$373,166				$373,166.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2JUL22

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/22 - 07/31/22

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.32869	$19,570				$19,570.00
Manager, Wellness Program	0.20097	$15,450				$15,450.00
Wellness Prog Coord (Caseworker)	0.35485	$20,600				$20,600.00
Cook II	0.21014	$8,104				$8,104.00
Porter	0.17467	$6,180				$6,180.00
Grocery Center Supervisor	0.29975	$15,899				$15,899.00
Grocery Center Operations Coord. II	0.39552	$15,927				$15,927.00
Registered Dietician	0.20485	$14,414				$14,414.00
Volunteer Coordinator	0.21643	$9,773				$9,773.00
Director, Operations	0.17585	$15,827				$15,827.00
Kitchen Operations Coordinator II	0.39239	$15,450				$15,450.00
Director, Wellness Programs	0.12452	$5,259				$5,259.00
TOTAL SALARIES	3.07863	$162,453				$162,453.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2g
07/01/2023 - 06/30/2024
PAGE A

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL23

Contract Purchase Order No:

Funding Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	4,895	40							4,895	40
Food Access: Grocery Bags	707	40							707	40
Expanded Capacity & Link. Track, F/U: Prepared	14,291	80							14,291	80
Expanded Capacity & Link. Track, F/U: Grocery B	2,287	80							2,287	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$162,453				$162,453.00
Fringe Benefits	$61,894				$61,894.00
Total Personnel Expenses	$224,347				$224,347.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office, Postage, Printing and Repro., Program Supplies)	$81,784				$81,784.00
General Operating-(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	$35,328				$35,328.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	$117,112				$117,112.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,459				$341,459.00
Indirect Expenses	$31,707				$31,707.00
TOTAL EXPENSES	$373,166				$373,166.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2JUL23

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/23 - 07/31/23

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.32869	$19,570				$19,570.00
Manager, Wellness Program	0.20097	$15,450				$15,450.00
Wellness Prog Coord (Caseworker)	0.35485	$20,600				$20,600.00
Cook II	0.21014	$8,104				$8,104.00
Porter	0.17467	$6,180				$6,180.00
Grocery Center Supervisor	0.29975	$15,899				$15,899.00
Grocery Center Operations Coord. II	0.39552	$15,927				$15,927.00
Registered Dietician	0.20485	$14,414				$14,414.00
Volunteer Coordinator	0.21643	$9,773				$9,773.00
Director, Operations	0.17585	$15,827				$15,827.00
Kitchen Operations Coordinator II	0.39239	$15,450				$15,450.00
Director, Wellness Programs	0.12452	$5,259				$5,259.00
TOTAL SALARIES	3.07863	$162,453				$162,453.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2h
07/01/2024 - 06/30/2025
PAGE A

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL24

Contract Purchase Order No:

Funding Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	4,895	40							4,895	40
Food Access: Grocery Bags	707	40							707	40
Expanded Capacity & Link. Track, F/U: Prepared	14,291	80							14,291	80
Expanded Capacity & Link. Track, F/U: Grocery B	2,287	80							2,287	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$162,453				$162,453.00
Fringe Benefits	$61,894				$61,894.00
Total Personnel Expenses	$224,347				$224,347.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$81,784				$81,784.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$35,328				$35,328.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$117,112				$117,112.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,459				$341,459.00
Indirect Expenses	$31,707				$31,707.00
TOTAL EXPENSES	$373,166				$373,166.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2JUL24

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/24 - 07/31/24

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.32869	$19,570				$19,570.00
Manager, Wellness Program	0.20097	$15,450				$15,450.00
Wellness Prog Coord (Caseworker)	0.35485	$20,600				$20,600.00
Cook II	0.21014	$8,104				$8,104.00
Porter	0.17467	$6,180				$6,180.00
Grocery Center Supervisor	0.29975	$15,899				$15,899.00
Grocery Center Operations Coord. II	0.39552	$15,927				$15,927.00
Registered Dietician	0.20485	$14,414				$14,414.00
Volunteer Coordinator	0.21643	$9,773				$9,773.00
Director, Operations	0.17585	$15,827				$15,827.00
Kitchen Operations Coordinator II	0.39239	$15,450				$15,450.00
Director, Wellness Programs	0.12452	$5,259				$5,259.00
TOTAL SALARIES	3.07863	$162,453				$162,453.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL25

Contract Purchase Order No:

Funding Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	4,895	40							4,895	40
Food Access: Grocery Bags	707	40							707	40
Expanded Capacity & Link. Track, F/U: Prepared	14,291	80							14,291	80
Expanded Capacity & Link. Track, F/U: Grocery B	2,287	80							2,287	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$162,453				$162,453.00
Fringe Benefits	$61,894				$61,894.00
Total Personnel Expenses	$224,347				$224,347.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$81,784				$81,784.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$35,328				$35,328.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$117,112				$117,112.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$341,459				$341,459.00
Indirect Expenses	$31,707				$31,707.00
TOTAL EXPENSES	$373,166				$373,166.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2JUL25

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/25 - 07/31/25

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.32869	$19,570				$19,570.00
Manager, Wellness Program	0.20097	$15,450				$15,450.00
Wellness Prog Coord (Caseworker)	0.35485	$20,600				$20,600.00
Cook II	0.21014	$8,104				$8,104.00
Porter	0.17467	$6,180				$6,180.00
Grocery Center Supervisor	0.29975	$15,899				$15,899.00
Grocery Center Operations Coord. II	0.39552	$15,927				$15,927.00
Registered Dietician	0.20485	$14,414				$14,414.00
Volunteer Coordinator	0.21643	$9,773				$9,773.00
Director, Operations	0.17585	$15,827				$15,827.00
Kitchen Operations Coordinator II	0.39239	$15,450				$15,450.00
Director, Wellness Programs	0.12452	$5,259				$5,259.00
TOTAL SALARIES	3.07863	$162,453				$162,453.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-2j
07/01/2026 - 03/31/2027
PAGE A

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract ID #: 1000002671

HHS

Invoice Number: A-2JUL26

Contract Purchase Order No:

Funding Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/26 - 07/31/26

FINAL Invoice ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	TOTAL CONTRACTED UDC	DELIVERED THIS PERIOD UOS	DELIVERED THIS PERIOD UDC	DELIVERED TO DATE UOS	DELIVERED TO DATE UDC	% OF TOTAL UOS	% OF TOTAL UDC	REMAINING DELIVERABLES UOS	REMAINING DELIVERABLES UDC
Food Access: Prepared Meals	3,671	40							3,671	40
Food Access: Grocery Bags	530	40							530	40
Expanded Capacity & Link. Track, F/U: Prepared	10,718	80							10,718	80
Expanded Capacity & Link. Track, F/U: Grocery B	1,715	80							1,715	80
		UDC		UDC		UDC		UDC		UDC
Unduplicated Clients for Appendix		120								120

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	$121,839				$121,839.00
Fringe Benefits	$46,420				$46,420.00
Total Personnel Expenses	$168,259				$168,259.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities,					
Building Maintenance Supplies and Repairs)					
Materials and Supplies-(e.g., Office,	$61,338				$61,338.00
Postage, Printing and Repro., Program Supplies)					
General Operating-(e.g., Insurance, Staff	$26,497				$26,497.00
Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb,					
Stipends, Facilitators)					
Total Operating Expenses	$87,835				$87,835.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	$256,094				$256,094.00
Indirect Expenses	$23,781				$23,781.00
TOTAL EXPENSES	$279,875				$279,875.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

Invoice Number: A-2JUL26

Contractor: Project Open Hand
Address: 730 Polk Street
San Francisco, CA 94109

Telephone: 415-447-2300
Fax: 415-447-2490

Program Name: HIV/AIDS Food and Nutrition Services

ACE Control #:

Contract Purchase Order No:

Fund Source: GTZ GF

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 07/1/26 - 07/31/26

FINAL Invoice (check if Yes)

DETAIL PERSONNEL EXPENDITURES

PERSONNEL	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Outreach Coordinator	0.32869	$14,677				$14,677.00
Manager, Wellness Program	0.20097	$11,586				$11,586.00
Wellness Prog Coord (Caseworker)	0.35485	$15,450				$15,450.00
Cook II	0.21014	$6,078				$6,078.00
Porter	0.17467	$4,636				$4,636.00
Grocery Center Supervisor	0.29975	$11,925				$11,925.00
Grocery Center Operations Coord. II	0.39552	$11,946				$11,946.00
Registered Dietician	0.20485	$10,813				$10,813.00
Volunteer Coordinator	0.21643	$7,329				$7,329.00
Director, Operations	0.17585	$11,869				$11,869.00
Kitchen Operations Coordinator II	0.39239	$11,586				$11,586.00
Director, Wellness Programs	0.12452	$3,944				$3,944.00
TOTAL SALARIES	3.07863	$121,839				$121,839.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Certified By: _____ Date: _____

Title: _____

DocuSign Envelope ID: EE03F123-EB95-425E-BB18-86B6EEDAB361

APPENDIX K

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

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1.6 **Role Based Access.**

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 **Training Requirements.**

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 **Agency Data User Confidentiality Agreement.**

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 **Corrective Action.**

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 **User ID and Password.**

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 **Notification of Compromised Password.**

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 **Multi Factor Authentication.**

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 **Qualified Personnel.**

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

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1.14 **Workstation/Laptop encryption.**

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 **Server Security.**

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 **Removable media devices.**

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e., USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 **Antivirus software.**

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 **Patch Management.**

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 **System Timeout.**

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 **Warning Banners.**

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 **Transmission encryption.**

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 **No Faxing/Mailing.**

City Data may not be faxed or mailed.

1.23 **Intrusion Detection.**

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

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1.24 **Security of PHI.**

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 **Data Security and City Data**

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 **Data Privacy and Information Security Program.**

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 **Disaster Recovery.**

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 **Supervision of Data.**

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 **As Is Access.**

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law,

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the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 **No Technical or Administrative Support.**

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 **City Audit of Agency and Agency Data Users.**

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 **Minimum Necessary.**

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 **No Re-Disclosure or Reporting.**

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 **Health Information Exchange.**

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 **Subcontracting.**

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor

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to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data breach in the same manner in which Agency would be so obligated, (2) provide cyber insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

(a) Read information displayed or transmitted by the System accurately and completely;

(b) Ensure that Agency Data Users are trained on the use of the System;

(c) Be responsible for decisions made based on the use of the System;

(d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;

(e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;

(f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;

(g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

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ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 **Investigation of Breach and Security Incidents**: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and

ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and

iii. a description of where the City Data is believed to have been improperly used or disclosed; and

iv. a description of the probable and proximate causes of the breach or security incident; and

v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 **Written Report**: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 **Notification to Individuals**: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or

ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 **Sample Notification to Individuals**: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or

ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

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3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

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Attachment 1 to Appendix K
System Specific Requirements

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.

b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

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associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: https://userweb.epic.com/Forms/AccessApplication. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

a. Access to the BHS Electronic Heath Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf

b. Each user is unique and agrees not to share accounts or passwords.

c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf

d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.

e. Applicants must complete myAvatar Training.

f. Level of access is based on "Need to Know", job duties and responsibilities.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/29/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (MP) Heffernan Insurance Brokers 1460B O'Brien Drive Menlo Park CA 94025 License#: 0564249	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 650-842-5200 **FAX (A/C, No):** 650-842-5201 **E-MAIL ADDRESS:**
INSURED Project Open Hand 730 Polk St. San Francisco CA 94109 PROJOPE-02	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Philadelphia Indemnity Insurance Company / 18058 **INSURER B :** Redwood Fire & Casualty Insurance Company / 11673 **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1392954340 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X **COMMERCIAL GENERAL LIABILITY** CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC OTHER:	Y		PHPK2294089	7/1/2021	7/1/2022	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG LIQUOR LIABILITY	$ 1,000,000 $ 1,000,000 $ 20,000 $ 1,000,000 $ 3,000,000 $ 3,000,000 $ $1M Per Occ/Agg
A	**AUTOMOBILE LIABILITY** X ANY AUTO OWNED AUTOS ONLY SCHEDULED AUTOS X HIRED AUTOS ONLY X NON-OWNED AUTOS ONLY	Y		PHPK2294089	7/1/2021	7/1/2022	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X **UMBRELLA LIAB** X OCCUR **EXCESS LIAB** CLAIMS-MADE DED RETENTION $			PHUB774698	7/1/2021	7/1/2022	EACH OCCURRENCE AGGREGATE	$ 5,000,000 $ 5,000,000
B	**WORKERS COMPENSATION AND EMPLOYERS' LIABILITY** Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)** If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		PRWC230559	7/1/2021	7/1/2022	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Social Service Prof. Liability Social Service Prof. Liability			PHPK2294089	7/1/2021	7/1/2022	Occurrence Limit Aggregate Limit	1,000,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

*Umbrella Policy #PHUB774698 - Sexual Abuse and Professional Liability are limited to $2M within the Umbrella.
Re: As Per Contract or Agreement on File with Insured. City & County of San Francisco, its officers, employees and agents are included as an additional insured (and primary) on General Liability policy and additional insured on Automobile Liability policy per the attached endorsements, if required.

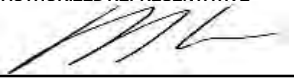
CERTIFICATE HOLDER

City & County of San Francisco
Attn: Contracts Unit, SF Dept. Of Public Health
101 Grove Street, Room 402
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

GENERAL LIABILITY DELUXE ENDORSEMENT: HUMAN SERVICES

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE

It is understood and agreed that the following extensions only apply in the event that no other specific coverage for the indicated loss exposure is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted on this endorsement. The following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Extended Property Damage	Included	2
Limited Rental Lease Agreement Contractual Liability	$50,000 limit	2
Non-Owned Watercraft	Less than 58 feet	2
Damage to Property You Own, Rent, or Occupy	$30,000 limit	2
Damage to Premises Rented to You	$1,000,000	3
HIPAA	Clarification	4
Medical Payments	$20,000	5
Medical Payments – Extended Reporting Period	3 years	5
Athletic Activities	Amended	5
Supplementary Payments – Bail Bonds	$5,000	5
Supplementary Payment – Loss of Earnings	$1,000 per day	5
Employee Indemnification Defense Coverage	$25,000	5
Key and Lock Replacement – Janitorial Services Client Coverage	$10,000 limit	6
Additional Insured – Newly Acquired Time Period	Amended	6
Additional Insured – Medical Directors and Administrators	Included	7
Additional Insured – Managers and Supervisors (with Fellow Employee Coverage)	Included	7
Additional Insured – Broadened Named Insured	Included	7
Additional Insured – Funding Source	Included	7
Additional Insured – Home Care Providers	Included	7
Additional Insured – Managers, Landlords, or Lessors of Premises	Included	7
Additional Insured – Lessor of Leased Equipment	Included	7
Additional Insured – Grantor of Permits	Included	8
Additional Insured – Vendor	Included	8
Additional Insured – Franchisor	Included	9
Additional Insured – When Required by Contract	Included	9
Additional Insured – Owners, Lessees, or Contractors	Included	9
Additional Insured – State or Political Subdivisions	Included	10

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Duties in the Event of Occurrence, Claim or Suit	Included	10
Unintentional Failure to Disclose Hazards	Included	10
Transfer of Rights of Recovery Against Others To Us	Clarification	10
Liberalization	Included	11
Bodily Injury – includes Mental Anguish	Included	11
Personal and Advertising Injury – includes Abuse of Process, Discrimination	Included	11

A. Extended Property Damage

SECTION I – COVERAGES, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **a.** is deleted in its entirety and replaced by the following:

a. Expected or Intended Injury

"Bodily injury" or property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

B. Limited Rental Lease Agreement Contractual Liability

SECTION I – COVERAGES, **COVERAGE A. BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**, Paragraph **b. Contractual Liability** is amended to include the following:

(3) Based on the named insured's request at the time of claim, we agree to indemnify the named insured for their liability assumed in a contract or agreement regarding the rental or lease of a premises on behalf of their client, up to $50,000. This coverage extension only applies to rental lease agreements. This coverage is excess over any renter's liability insurance of the client.

C. Non-Owned Watercraft

SECTION I – COVERAGES, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions,** Paragraph **g. (2)** is deleted in its entirety and replaced by the following:

(2) A watercraft you do not own that is:

(a) Less than 58 feet long; and

(b) Not being used to carry persons or property for a charge;

This provision applies to any person, who with your consent, either uses or is responsible for the use of a watercraft. This insurance is excess over any other valid and collectible insurance available to the insured whether primary, excess or contingent.

D. Damage to Property You Own, Rent or Occupy

SECTION I – COVERAGES, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE**

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LIABILITY, Subsection **2. Exclusions**, Paragraph **j. Damage to Property**, Item **(1)** is deleted in its entirety and replaced with the following:

(1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property, unless the damage to property is caused by your client, up to a $30,000 limit. A client is defined as a person under your direct care and supervision.

E. Damage to Premises Rented to You

1. If damage by fire to premises rented to you is not otherwise excluded from this Coverage Part, the word "fire" is changed to "fire, lightning, explosion, smoke, or leakage from automatic fire protective systems" where it appears in:

a. The last paragraph of **SECTION I – COVERAGES**, **COVERAGE A BODILY INJURY AND PROPERTY DAMAGE LIABILITY**, Subsection **2. Exclusions**; is deleted in its entirety and replaced by the following:

Exclusions **c.** through **n.** do not apply to damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner. A separate limit of insurance applies to this coverage as described in **SECTION III – LIMITS OF INSURANCE**.

b. SECTION III – LIMITS OF INSURANCE, Paragraph 6. is deleted in its entirety and replaced by the following:

Subject to Paragraph 5. above, the Damage To Premises Rented To You Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems while rented to you or temporarily occupied by you with permission of the owner.

c. SECTION V – DEFINITIONS, Paragraph 9.a., is deleted in its entirety and replaced by the following:

A contract for a lease of premises. However, that portion of the contract for a lease of premises that indemnifies any person or organization for damage by fire, lightning, explosion, smoke, or leakage from automatic fire protective systems to premises while rented to you or temporarily occupied by you with permission of the owner is not an "insured contract";

2. SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Subsection **4. Other Insurance**, Paragraph **b. Excess Insurance**, **(1) (a) (ii)** is deleted in its entirety and replaced by the following:

That is insurance for fire, lightning, explosion, smoke, or leakage from automatic fire protective systems for premises rented to you or temporarily occupied by you with permission of the owner;

3. The Damage To Premises Rented To You Limit section of the Declarations is amended to the greater of:

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a. $1,000,000; or

b. The amount shown in the Declarations as the Damage to Premises Rented to You Limit.

This is the most we will pay for all damage proximately caused by the same event, whether such damage results from fire, lightning, explosion, smoke, or leaks from automatic fire protective systems or any combination thereof.

F. HIPAA

SECTION I – COVERAGES, **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY**, is amended as follows:

1. Paragraph **1. Insuring Agreement** is amended to include the following:

We will pay those sums that the insured becomes legally obligated to pay as damages because of a "violation(s)" of the Health Insurance Portability and Accountability Act (HIPAA). We have the right and the duty to defend the insured against any "suit," "investigation," or "civil proceeding" seeking these damages. However, we will have no duty to defend the insured against any "suit" seeking damages, "investigation," or "civil proceeding" to which this insurance does not apply.

2. Paragraph **2. Exclusions** is amended to include the following additional exclusions:

This insurance does not apply to:

a. Intentional, Willful, or Deliberate Violations

Any willful, intentional, or deliberate "violation(s)" by any insured.

b. Criminal Acts

Any "violation" which results in any criminal penalties under the HIPAA.

c. Other Remedies

Any remedy other than monetary damages for penalties assessed.

d. Compliance Reviews or Audits

Any compliance reviews by the Department of Health and Human Services.

3. SECTION V – **DEFINITIONS** is amended to include the following additional definitions:

a. "Civil proceeding" means an action by the Department of Health and Human Services (HHS) arising out of "violations."

b. "Investigation" means an examination of an actual or alleged "violation(s)" by HHS. However, "investigation" does not include a Compliance Review.

c. "Violation" means the actual or alleged failure to comply with the regulations included in the HIPAA.

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G. Medical Payments – Limit Increased to $20,000, Extended Reporting Period

If **COVERAGE C MEDICAL PAYMENTS** is not otherwise excluded from this Coverage Part:

1. The Medical Expense Limit is changed subject to all of the terms of **SECTION III - LIMITS OF INSURANCE** to the greater of:

a. $20,000; or
b. The Medical Expense Limit shown in the Declarations of this Coverage Part.

2. **SECTION I – COVERAGE**, **COVERAGE C MEDICAL PAYMENTS**, Subsection **1. Insuring Agreement**, a. (3) (b) is deleted in its entirety and replaced by the following:

(b) The expenses are incurred and reported to us within three years of the date of the accident.

H. Athletic Activities

SECTION I – COVERAGES, **COVERAGE C MEDICAL PAYMENTS**, Subsection **2. Exclusions**, Paragraph **e. Athletic Activities** is deleted in its entirety and replaced with the following:

e. Athletic Activities

To a person injured while taking part in athletics.

I. Supplementary Payments

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS - COVERAGE A AND B are amended as follows:

1. b. is deleted in its entirety and replaced by the following:

1. b. Up to $5000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these.

1.d. is deleted in its entirety and replaced by the following:

1. d. All reasonable expenses incurred by the insured at our request to assist us in the investigation or defense of the claim or "suit", including actual loss of earnings up to $1,000 a day because of time off from work.

J. Employee Indemnification Defense Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B the following is added:

We will pay, on your behalf, defense costs incurred by an “employee” in a criminal proceeding occurring in the course of employment.

The most we will pay for any “employee” who is alleged to be directly involved in a criminal proceeding is $25,000 regardless of the numbers of “employees,” claims or “suits” brought or persons or organizations making claims or bringing “suits.

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K. Key and Lock Replacement – Janitorial Services Client Coverage

SECTION I – COVERAGES, SUPPLEMENTARY PAYMENTS – COVERAGES A AND B is amended to include the following:

We will pay for the cost to replace keys and locks at the "clients" premises due to theft or other loss to keys entrusted to you by your "client," up to a $10,000 limit per occurrence and $10,000 policy aggregate.

We will not pay for loss or damage resulting from theft or any other dishonest or criminal act that you or any of your partners, members, officers, "employees", "managers", directors, trustees, authorized representatives or any one to whom you entrust the keys of a "client" for any purpose commit, whether acting alone or in collusion with other persons.

The following, when used on this coverage, are defined as follows:

a. "Client" means an individual, company or organization with whom you have a written contract or work order for your services for a described premises and have billed for your services.

b. "Employee" means:

(1) Any natural person:

(a) While in your service or for 30 days after termination of service;

(b) Who you compensate directly by salary, wages or commissions; and

(c) Who you have the right to direct and control while performing services for you; or

(2) Any natural person who is furnished temporarily to you:

(a) To substitute for a permanent "employee" as defined in Paragraph **(1)** above, who is on leave; or

(b) To meet seasonal or short-term workload conditions;

while that person is subject to your direction and control and performing services for you.

(3) "Employee" does not mean:

(a) Any agent, broker, person leased to you by a labor leasing firm, factor, commission merchant, consignee, independent contractor or representative of the same general character; or

(b) Any "manager," director or trustee except while performing acts coming within the scope of the usual duties of an "employee."

c. "Manager" means a person serving in a directorial capacity for a limited liability company.

L. Additional Insureds

SECTION II – WHO IS AN INSURED is amended as follows:

1. If coverage for newly acquired or formed organizations is not otherwise excluded from this

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Coverage Part, Paragraph **3.a.** is deleted in its entirely and replaced by the following:

a. Coverage under this provision is afforded until the end of the policy period.

2. Each of the following is also an insured:

a. Medical Directors and Administrators – Your medical directors and administrators, but only while acting within the scope of and during the course of their duties as such. Such duties do not include the furnishing or failure to furnish professional services of any physician or psychiatrist in the treatment of a patient.

b. Managers and Supervisors – Your managers and supervisors are also insureds, but only with respect to their duties as your managers and supervisors. Managers and supervisors who are your "employees" are also insureds for "bodily injury" to a co-"employee" while in the course of his or her employment by you or performing duties related to the conduct of your business.

This provision does not change Item 2.a.(1)(a) as it applies to managers of a limited liability company.

c. Broadened Named Insured – Any organization and subsidiary thereof which you control and actively manage on the effective date of this Coverage Part. However, coverage does not apply to any organization or subsidiary not named in the Declarations as Named Insured, if they are also insured under another similar policy, but for its termination or the exhaustion of its limits of insurance.

d. Funding Source – Any person or organization with respect to their liability arising out of:

(1) Their financial control of you; or

(2) Premises they own, maintain or control while you lease or occupy these premises.

This insurance does not apply to structural alterations, new construction and demolition operations performed by or for that person or organization.

e. Home Care Providers – At the first Named Insured's option, any person or organization under your direct supervision and control while providing for you private home respite or foster home care for the developmentally disabled.

f. Managers, Landlords, or Lessors of Premises – Any person or organization with respect to their liability arising out of the ownership, maintenance or use of that part of the premises leased or rented to you subject to the following additional exclusions:

This insurance does not apply to:

(1) Any "occurrence" which takes place after you cease to be a tenant in that premises; or

(2) Structural alterations, new construction or demolition operations performed by or on behalf of that person or organization.

g. Lessor of Leased Equipment – Automatic Status When Required in Lease Agreement With You – Any person or organization from whom you lease equipment when you and such person or organization have agreed in writing in a contract or agreement that such person or organization is to be added as an additional insured on your policy. Such person or

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organization is an insured only with respect to liability for “bodily injury,” “property damage” or “personal and advertising injury” caused, in whole or in part, by your maintenance, operation or use of equipment leased to you by such person or organization.

A person’s or organization’s status as an additional insured under this endorsement ends when their contract or agreement with you for such leased equipment ends.

With respect to the insurance afforded to these additional insureds, this insurance does not apply to any “occurrence” which takes place after the equipment lease expires.

h. Grantors of Permits – Any state or political subdivision granting you a permit in connection with your premises subject to the following additional provision:

(1) This insurance applies only with respect to the following hazards for which the state or political subdivision has issued a permit in connection with the premises you own, rent or control and to which this insurance applies:

(a) The existence, maintenance, repair, construction, erection, or removal of advertising signs, awnings, canopies, cellar entrances, coal holes, driveways, manholes, marquees, hoist away openings, sidewalk vaults, street banners or decorations and similar exposures;

(b) The construction, erection, or removal of elevators; or

(c) The ownership, maintenance, or use of any elevators covered by this insurance.

i. Vendors – Only with respect to “bodily injury” or “property damage” arising out of “your products” which are distributed or sold in the regular course of the vendor's business, subject to the following additional exclusions:

(1) The insurance afforded the vendor does not apply to:

(a) "Bodily injury" or "property damage" for which the vendor is obligated to pay damages by reason of the assumption of liability in a contract or agreement. This exclusion does not apply to liability for damages that the vendor would have in the absence of the contract or agreement;

(b) Any express warranty unauthorized by you;

(c) Any physical or chemical change in the product made intentionally by the vendor;

(d) Repackaging, except when unpacked solely for the purpose of inspection, demonstration, testing, or the substitution of parts under instructions from the manufacturer, and then repackaged in the original container;

(e) Any failure to make such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products;

(f) Demonstration, installation, servicing or repair operations, except such operations performed at the vendor's premises in connection with the sale of the product;

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(g) Products which, after distribution or sale by you, have been labeled or relabeled or used as a container, part or ingredient of any other thing or substance by or for the vendor; or

(h) "Bodily injury" or "property damage" arising out of the sole negligence of the vendor for its own acts or omissions or those of its employees or anyone else acting on its behalf. However, this exclusion does not apply to:

(i) The exceptions contained in Sub-paragraphs **(d)** or (**f**); or

(ii) Such inspections, adjustments, tests or servicing as the vendor has agreed to make or normally undertakes to make in the usual course of business, in connection with the distribution or sale of the products.

(2) This insurance does not apply to any insured person or organization, from whom you have acquired such products, or any ingredient, part or container, entering into, accompanying or containing.

j. Franchisor – Any person or organization with respect to their liability as the grantor of a franchise to you.

k. As Required by Contract – Any person or organization where required by a written contract executed prior to the occurrence of a loss. Such person or organization is an additional insured for "bodily injury," "property damage" or "personal and advertising injury" but only for liability arising out of the negligence of the named insured. The limits of insurance applicable to these additional insureds are the lesser of the policy limits or those limits specified in a contract or agreement. These limits are included within and not in addition to the limits of insurance shown in the Declarations

l. Owners, Lessees or Contractors – Any person or organization, but only with respect to liability for "bodily injury," "property damage" or "personal and advertising injury" caused, in whole or in part, by:

(1) Your acts or omissions; or

(2) The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured when required by a contract.

With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

This insurance does not apply to "bodily injury" or "property damage" occurring after:

(a) All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

(b) That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

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m. State or Political Subdivisions – Any state or political subdivision as required, subject to the following provisions:

(1) This insurance applies only with respect to operations performed by you or on your behalf for which the state or political subdivision has issued a permit, and is required by contract.

(2) This insurance does not apply to:

(a) "Bodily injury," "property damage" or "personal and advertising injury" arising out of operations performed for the state or municipality; or

(b) "Bodily injury" or "property damage" included within the "products-completed operations hazard."

M. Duties in the Event of Occurrence, Claim or Suit

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, Paragraph **2.** is amended as follows:

a. is amended to include:

This condition applies only when the “occurrence” or offense is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership; or

(3) An executive officer or insurance manager, if you are a corporation.

b. is amended to include:

This condition will not be considered breached unless the breach occurs after such claim or “suit” is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership; or

(3) An executive officer or insurance manager, if you are a corporation.

N. Unintentional Failure To Disclose Hazards

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 6. Representations is amended to include the following:

It is agreed that, based on our reliance on your representations as to existing hazards, if you should unintentionally fail to disclose all such hazards prior to the beginning of the policy period of this Coverage Part, we shall not deny coverage under this Coverage Part because of such failure.

O. Transfer of Rights of Recovery Against Others To Us

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, 8. Transfer of Rights of

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Recovery Against Others To Us is deleted in its entirety and replaced by the following:

If the insured has rights to recover all or part of any payment we have made under this Coverage Part, those rights are transferred to us. The insured must do nothing after loss to impair them. At our request, the insured will bring "suit" or transfer those rights to us and help us enforce them.

Therefore, the insured can waive the insurer's rights of recovery prior to the occurrence of a loss, provided the waiver is made in a written contract.

P. Liberalization

SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS, is amended to include the following:

If we revise this endorsement to provide more coverage without additional premium charge, we will automatically provide the additional coverage to all endorsement holders as of the day the revision is effective in your state.

Q. Bodily Injury – Mental Anguish

SECTION V – DEFINITIONS, Paragraph **3.** Is deleted in its entirety and replaced by the following:

"Bodily injury" means:

a. Bodily injury, sickness or disease sustained by a person, and includes mental anguish resulting from any of these; and

b. Except for mental anguish, includes death resulting from the foregoing (Item **a.** above) at any time.

R. Personal and Advertising Injury – Abuse of Process, Discrimination

If **COVERAGE B PERSONAL AND ADVERTISING INJURY LIABILITY COVERAGE** is not otherwise excluded from this Coverage Part, the definition of "personal and advertising injury" is amended as follows:

1. SECTION V – DEFINITIONS, Paragraph 14.b. is deleted in its entirety and replaced by the following:

b. Malicious prosecution or abuse of process;

2. SECTION V – DEFINITIONS, Paragraph 14. is amended by adding the following:

Discrimination based on race, color, religion, sex, age or national origin, except when:

a. Done intentionally by or at the direction of, or with the knowledge or consent of:

(1) Any insured; or

(2) Any executive officer, director, stockholder, partner or member of the insured;

b. Directly or indirectly related to the employment, former or prospective employment, termination of employment, or application for employment of any person or persons by an insured;

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c. Directly or indirectly related to the sale, rental, lease or sublease or prospective sales, rental, lease or sub-lease of any room, dwelling or premises by or at the direction of any insured; or

d. Insurance for such discrimination is prohibited by or held in violation of law, public policy, legislation, court decision or administrative ruling.

The above does not apply to fines or penalties imposed because of discrimination.

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMERCIAL AUTOMOBILE ELITE ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE PART

Following is a summary of the Limits of Insurance and additional coverages provided by this endorsement. For complete details on specific coverages, consult the policy contract wording.

Coverage Applicable	Limit of Insurance	Page #
Who is An Insured Board Members Newly Acquired Entities Designated Insured Lessor of Leased Autos	 Included Included Included Included	2
Cost of Bail Bonds	$5,000	2
Reasonable Expenses – Loss of Earnings	$500 per day	2
Fellow Employee Coverage	Amended	3
Towing	$100 per disablement	3
Glass Breakage (Windshields and Windows)	No deductible applies	3
Transportation Expenses	$100 per day / $3,000 maximum	3
Hired Auto Physical Damage – Loss of Use	$100 per day / $1,000 maximum	3
Hired Auto Physical Damage	ACV or repair or replacement of the vehicle whichever is less	4
Personal Effects	$500	4
Rental Reimbursement	$100 per day / 30 days	4
Accidental Discharge – Air Bag	Amended	4
Electronic Equipment	$1000	5
Original Equipment Manufacturer Parts Replacement	Included	5
Auto Loan / Lease Gap Coverage	Amended	5
One Comprehensive Coverage Deductible Per Occurrence	Amended	6
Notice of and Knowledge of Occurrence	Amended	7
Blanket Waiver of Subrogation	Amended (as required by written contract)	7
Unintentional Errors or Omissions	Amended	7
Mental Anguish – Bodily Injury Redefined	Amended	7

Coverage extensions under this endorsement only apply in the event that no other specific coverage for these extensions is provided under this policy. If such specific coverage applies, the terms, conditions and limits of that coverage are the sole and exclusive coverage applicable under this policy, unless otherwise noted in this endorsement.

Any deductible listed in the Auto Declarations Page will apply unless specific deductible provisions are set forth under a coverage enhancement below.

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I. LIABILITY COVERAGE EXTENSIONS

A. Who Is An Insured

SECTION II – LIABILITY COVERAGE, A. Coverage, 1. Who Is An Insured is amended by adding the following:

The following are also "insureds":

1. **Board Members –** Board members (or their spouses) while renting a vehicle while on business for the named insured.

2. **Newly Acquired Entities –** Any business entity newly acquired or formed by you during the policy period, provided you own 50% or more of the business entity and the business entity is not separately insured for Business Auto Coverage. Coverage is extended up to a maximum of 180 days following the acquisition or the formation of the business entity.

3. **Designated Insured** – Any person or organization designated by the “insured” is an "insured" for Liability Coverage, but only to the extent that person or organization qualifies as an "insured" under the Who Is An Insured Provision contained in **SECTION II** of the Coverage Form.

4. **Lessor of Leased Autos** – The lessor of a “leased auto” is an “insured" only for "bodily injury" or "property damage" resulting from the acts or omissions by:

   a. You;

   b. Any of your "employees" or agents; or

   c. Any person, except the lessor or any "employee" or agent of the lessor, operating a “leased auto” with the permission of any of the above.

   Any “leased auto” in the policy schedule will be considered a covered "auto" you own and not a covered "auto" you hire or borrow.

   The coverages provided under this endorsement apply to any “leased auto” in the policy schedule until the expiration date of the lease, or when the lessor or his or her agent takes possession of the “leased auto,” whichever occurs first.

   “Leased auto” means an “auto” leased or rented to you, including any substitute, replacement or extra “auto” needed to meet seasonal or other needs, under a leasing or rental agreement that requires you to provide direct primary insurance for the lessor.

B. Cost of Bail Bonds

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (2) is deleted in its entirety and replaced with the following:

(2) Up to $5,000 for cost of bail bonds (including bonds for related traffic law violations) required because of an "accident" we cover. We do not have to furnish these bonds.

C. Reasonable Expenses

SECTION II – LIABILITY COVERAGE, A. Coverage, 2. Coverage Extensions, a. Supplementary Payments, Item (4) is deleted in its entirety and replaced with the following:

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(4) All reasonable expenses incurred by the "insured" at our request, including actual loss of earnings up to $500 a day because of time off from work.

D. Fellow Employee Coverage

SECTION II – LIABILITY COVERAGE, B. Exclusions, 5. Fellow Employee is deleted in its entirety and replaced by the following:

"Bodily injury" to any fellow "employee" of the "insured" arising out of and in the course of the fellow "employee's" employment or while performing duties related to the conduct of your business.

However, this exclusion does not apply to any manager or officer of your company.

II. PHYSICAL DAMAGE COVERAGE EXTENSIONS

A. Towing

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 2. Towing is deleted in its entirety and replaced with the following:

2. Towing

We will pay up to $100 for towing and labor costs incurred each time a covered "auto" is disabled. However, the labor must be performed at the place of disablement. No deductible applies to this enhancement.

B. Glass Breakage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 3. Glass Breakage – Hitting A Bird Or Animal – Falling Objects Or Missiles is amended by adding the following:

No deductible applies to "loss" to glass used in the windshield or windows.

C. Transportation Expenses

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, a. Transportation Expenses is deleted in its entirety and replaced with the following:

a. Transportation Expenses

We will pay up to $100 per day to a maximum of $3,000 for temporary transportation expenses incurred by you because of a “loss” to a covered “auto.” We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the “loss” and ending, regardless of the policy’s expiration, when the covered “auto” is returned to use or we pay for its “loss.”

D. Hired Auto Physical Damage – Loss of Use

The last sentence of **SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions, b. Loss of Use Expenses** is deleted in its entirety and replaced with the following:

However, the most we will pay for any expenses for loss of use is $100 per day, to a maximum of $1,000.

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E. Hired Auto Physical Damage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Hired Auto Physical Damage

Any "auto" you lease, hire, rent or borrow from someone other than your “employees” or partners, or members of their household is a covered "auto" for each of your physical damage coverages.

The most we will pay for any “loss” in any one “accident” is the ACV or the cost for repair or replacement of the vehicle, whichever is less.

For each covered “auto” our obligation to pay will be reduced by a deductible of $500 for Comprehensive Coverage and $1000 for Collision Coverage.

F. Personal Effects Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Personal Effects Coverage

We will pay up to $500 for “loss” to personal effects, which are:

1. Owned by an “insured”; and

2. In or on your covered “auto.”

This coverage applies only in the event of the total theft of your covered “auto.” No deductible applies to this coverage.

G. Rental Reimbursement

SECTION III – PHYSICAL DAMAGE COVERAGE, A. Coverage, 4. Coverage Extensions is amended by adding the following extension:

Rental Reimbursement Coverage

We will pay up to $100 per day, for up to 30 days, for rental reimbursement expenses incurred by you for the rental of an “auto” because of “loss” to a covered “auto.”

We will also pay up to $300 for reasonable and necessary expenses incurred by you to remove and replace your materials and equipment from the covered “auto.”

If “loss” results from the total theft of a covered “auto,” we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided under Item **III. C. Transportation Expenses** of this endorsement.

H. Accidental Discharge – Airbag Coverage

SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions, Paragraph 3. is amended by adding the following exception:

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This exclusion does not apply to the accidental discharge of an airbag. This coverage is excess of any other collectible insurance or warranty. No deductible applies to this coverage.

I. Electronic Equipment Coverage

The following supersedes anything to the contrary in **SECTION III – PHYSICAL DAMAGE COVERAGE, B. Exclusions**, Paragraph 4.

Exclusions **4.c.** and **4.d.** do not apply to:

Any risk management or monitoring equipment and electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss," and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto."

The most we will pay for all “loss” to risk management or monitoring equipment, audio, visual or data electronic equipment that is not designed solely for the reproduction of sound and any accessories used with this equipment as a result of any one “accident” is the least of:

a. The actual cash value of the damaged or stolen property at the time of the “loss”;

b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality; or

c. $1,000.

This coverage will not apply if there is other insurance provided by this policy for the above-described electronic equipment. We will, however, pay any deductible, up to $500, that is applicable under the provisions of the other insurance.

J. Original Equipment Manufacturer (OEM) Parts Replacement

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance, Paragraph 1. is amended to include:

However, if the covered “auto” has less than 20,000 miles on its odometer, then the following condition will apply:

We will pay the cost to replace the damaged parts (excluding glass and mechanical parts) with new Original Equipment Manufacturer replacement parts if the damaged parts cannot be repaired.

K. Auto Loan / Lease Gap Protection

SECTION III – PHYSICAL DAMAGE COVERAGE, C. Limit of Insurance is amended to include the following:

4. In the event of “loss” to a covered “auto” that is loaned or leased to an “insured”:

   a. The most we will pay for “loss” in any one “accident” is the lesser of:

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(1) The actual cash value of the damaged or stolen property as of the time of the "loss"; or

(2) The cost of repairing or replacing the damaged or stolen property with other property of like, kind and quality.

b. Our Limit of Insurance for "total loss" will be the greater of:

(1) The balance due under the terms of the lease or loan, to which your "auto" is subject but not including:

(a) Past due payments;

(b) Financial penalties imposed under the lease;

(c) Security deposits not refunded;

(d) Costs for extended warranties or insurance; or

(e) Final payment due under a "balloon loan"; or

(2) Actual cash value of the stolen or damaged property.

An adjustment for depreciation and physical condition will be made in determining actual cash value at the time of "loss."

c. Additional Definitions

(1) "Total loss" for the purpose of this coverage, means a loss in which the estimated cost of repairs, plus the salvage value, exceeds the actual cash value.

(2) "Balloon loan" is one with periodic payments that are insufficient to repay the balance over the term of the loan, thereby requiring a large final payment.

d. Additional Conditions

This coverage will apply only to the original lease or loan written on your covered "auto." In order for this coverage to apply, leased "autos" must be leased or rented to you under a leasing or rental agreement, for a period of not less than six months, which requires you to provide direct primary insurance for the benefit of the lessor.

L. One Comprehensive Coverage Deductible

SECTION III – PHYSICAL DAMAGE COVERAGE, D. Deductible is amended by adding the following:

Only one Comprehensive Coverage Deductible per occurrence will apply to any "loss" resulting from a covered peril.

For the purpose of this extension, occurrence means a single incident, including continuous or repeated exposure to substantially the same general harmful conditions within a 24-hour period.

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III. BUSINESS AUTO CONDITIONS

A. Notice and Knowledge of Occurrence

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 2. Duties In The Event Of Accident, Claim, Suit Or Loss, Paragraph a. is deleted in its entirety and replaced with the following:

a. In the event of "accident," claim, "suit" or "loss," you must give us, or our authorized representative, prompt notice of the "accident" or "loss." Include:

(1) How, when and where the "accident" or "loss" occurred;

(2) The "insured's" name and address; and

(3) To the extent possible, the names and addresses of any injured persons and witnesses.

Your duty to give us or our authorized representative prompt notice of the "accident" or "loss" applies only when the "accident" or "loss" is known to:

(1) You, if you are an individual;

(2) A partner, if you are a partnership; or

(3) An executive officer or insurance manager, if you are a corporation.

B. Blanket Waiver Of Subrogation

SECTION IV – BUSINESS AUTO CONDITIONS, A. Loss Conditions, 5. Transfer Of Rights Of Recovery Against Others To Us, is amended by adding the following exception:

However, we waive any right of recovery we may have against any person or organization because of payments we make for "bodily injury" or "property damage" arising out of the operation of a covered "auto" when you have assumed liability for such "bodily injury" or "property damage" under an "insured contract."

C. Unintentional Errors or Omissions

SECTION IV – BUSINESS AUTO CONDITIONS, B. General Conditions, 2. Concealment, Misrepresentation, Or Fraud is amended by adding the following:

The unintentional omission of, or unintentional error in, any information given by you shall not prejudice your rights under this insurance. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

IV. DEFINITIONS

A. Mental Anguish

SECTION V – DEFINITIONS, C. "Bodily injury" is amended by adding the following:

"Bodily injury" also includes mental anguish but only when the mental anguish arises from other bodily injury, sickness, or disease.

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/12/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER (MP) Heffernan Insurance Brokers 1460B O'Brien Drive Menlo Park CA 94025 License#: 0564249	**CONTACT NAME:** **PHONE (A/C, No, Ext):** 650-842-5200 **FAX (A/C, No):** 650-842-5201 **E-MAIL ADDRESS:**
INSURED Project Open Hand 730 Polk St. San Francisco CA 94109 PROJOPE-02	**INSURER(S) AFFORDING COVERAGE** / **NAIC #** **INSURER A :** Lloyd's of London **INSURER B :** **INSURER C :** **INSURER D :** **INSURER E :** **INSURER F :**

COVERAGES **CERTIFICATE NUMBER:** 1923202421 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	☐ OTHER:							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ **(Mandatory in NH)**	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Cyber Liability			CYB301927300	7/1/2021	7/1/2022	Each Claim/Agg. $5M	Deductible $5,000
A	Excess Cyber Liability			H21CXS2024000	7/1/2021	7/1/2022	Each Claim/Aggregate	$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: As Per Contract or Agreement on File with Insured. This Certificate replaces and supersedes all previously issued certificates.

CERTIFICATE HOLDER

The City and County of San Francisco
Its Officers, Agents and Employees
101 Grove St., Room 410
San Francisco, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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CITY AND COUNTY OF SAN FRANCISCO
DEPARTMENT OF PUBLIC HEALTH
San Francisco Health Network
HIV Health Services (HHS)
101 Grove Room 402
San Francisco, CA 94102

REQUEST FOR PROPOSALS
RFP No. 9-2017

Provision of Food and Nutrition Services Targeting Low-Income HIV Clients Living in San Francisco

SCHEDULE OF EVENTS AND SUBMISSION DEADLINES

ACTIVITY	TIMES	DATES
Solicitation Issued:		January 30, 2017
Letter of Intent Due *(Mandatory. Please use template provided in Appendix A-1.)*	**By 12:00 Noon**	**February 8, 2017**
E-Questions	**NA**	**2/08/2017 thru 2/10/2014**
Qualifications Statements and Proposals Due	**By 12:00 Noon**	**March 1, 2017**
Technical Review		March 2017
Invitation to Negotiate		March 2017
Start Date of Service		**April 1, 2017**

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Appendices:

A-1 REQUIRED FORMS and HIV Health Services Information for this solicitation

1) Letter of Intent
2) Qualifications Statement
3) CMD Form 3 – Non-Discrimination Affidavit
4) DPH General Budget Forms
5) HIV Health Services Standard Objectives (Information Attachment)
6) HIV Health Services Formulas for Calculating UOS (Information Attachment)

A-2 STANDARD FORMS: If required to be completed via the OCA Web Site: http://sfgsa.org/index.aspx?page=4762

1) Vendor Profile Application/Package
   - New Vendor Cover Letter
   - General Instructions for Form VenAdd-2007-01
   - New Vendor Number Request Form VenAdd-2007-01
   - Commodity Codes
   - Business Tax Declaration (Form P-25)
   - Request for Taxpayer Identification Number and Certification (Form W-9)
   - S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts & Benefits (Form CMD 12B 101)
   - Declaration for the Minimum Compensation Ordinance
   - Declaration for the Health CARE Accountability Ordinance
2) CMD Attachment 2: CMD/HRC Requirements for Architecture, Engineering, and Professional Services Contracts

A-3 FOR INFORMATION ONLY

1) DPH General Budget Documents
2) Standard Legal Agreement Boilerplate
3) Insurance Requirements
4) LBE Certification Instructions
5) LBE Applications
   5b) LBE Application – Small/Micro/Local Business
   5b) LBE Application – Non-Profit Entity)
6) SFDPH Procedures regarding Subcontracting
7) HIPAA for Business Associates

I. Introduction

==========

The San Francisco Department of Public Health (SFDPH), HIV Health Services (HHS) is soliciting proposals to provide Food and Nutrition Services for HIV Clients to low-income persons living with HIV (PLWH) in the City and County of San Francisco. Each proposal must meet the necessary qualifications and service requirements set forth in this solicitation. Whether a proposal meets these qualifications and service requirements will be determined through the Review and Selection Process described in Section IV. No Proposer shall have any legal or equitable right or obligation to enter into a contract or to perform the Work as a result of being selected.

A. Solicitation Overview

The San Francisco Department of Public Health, San Francisco Health Network, HIV Health Services (HHS) is soliciting proposals to support Food and Nutrition Services to low income persons living with HIV (PLWH) in the City and County of San Francisco to very low-income individuals as defined by at our below 400% of Federal Poverty Level (FPL) by the Department of Health and Human Services, living with HIV or AIDS who are residents of San Francisco County, further detailed in the Program Services Specifications in Section II.

In order to participate in this solicitation process, Proposers are required to submit:

(1.) a Letter of Intent (LOI), (2.) a Qualifications Statements, and (3.) a complete Proposal Package with all requested documentation by the stated deadlines and according to Submission Requirements in Section III of this solicitation.

In the event that only one LOI or if one Proposal is submitted for this solicitation or for a specific category within this solicitation, the Department will determine the viability of entering into negotiations with that vendor. If more than one LOI or if more than one Proposal is received, the process will progress through the submittal steps outlined in this solicitation. Agencies who submit an LOI and then decide to not submit a Proposal afterward, should contact the Contracts Unit and communicate their intent to not participate in the RFP.

Incomplete or non-compliant proposals will be rejected during Initial Screening. Proposals progressing to the Review and Selection Process will be evaluated by a Technical Review Panel, as described in Section IV, Review and Selection Process.

Opportunities for bidders to ask pre-bid questions will be afforded through a Bidders' Conference or E-questions as specified in Section V.

Section VI covers Standard Terms and Conditions for Receipt of Proposals, as established by the City and County of San Francisco.

Section VII, Standard Contract Requirements, continues with City requirements should the Proposer(s) be selected to provide contractual services.

Appeals Procedures for breach of solicitation procedures are covered in Section VIII.

Required forms, standard forms, and informational documents are provided in Appendices A-1, A-2, and A-3.

The complete solicitation package is available for download at:

http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts.

Click on **RFP# 9-2017** and follow the instructions.

For questions about solicitation procedures or documents, please contact:

Irene Carmona
SFDPH – Contracts Unit
(415) 554-2652

B. Contract Term

The City reserves the option to award initial contract(s) for original term(s) of one (1) to five (5) years and the right to exercise options to extend the original term of the contract(s) for any period(s) not to exceed a total maximum of ten (10) years of services from the original contract agreement.

Contract terms allowable are mandated under the "Administrative Code Section 21.9 Multiple Year Contracts; Options to Extend or Renew."

A contract or contract funding notice is not a guarantee of funding for a program or the continuation of services. Annual funding for contracts may vary or change according to the availability of funds. The Department reserves the right to re-open the solicitation to request additional proposals.

II. Program Service Specifications

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A. Service(s) Introduction/Overview and Target Population

The San Francisco Department of Public Health, SFDPH, HIV Health Services (HHS) is soliciting proposals to provide Food and Nutrition Services for HIV Clients for low income persons living with HIV (PLWH) in the City and County of San Francisco. The goal of these services is to improve the health of people living with HIV/AIDS through prepared meals (many being medically tailored to meet the clients' needs), groceries, nutrition assessments, education and other food and nutrition services. This goal is achieved by providing prepared meals that are designed to meet the needs of clients and provide a minimum of one-third of the daily nutritional requirements for people living with HIV. To better serve the diverse communities impacted by HIV/AIDS, this program must be designed to address stigma and other barriers potentially experienced by clients from diverse communities when accessing HIV services.

The meals should not only strive to meet nutritional requirements of HIV positive clients but also address the most detrimental symptoms and common comorbid diagnoses associated with HIV and aging with HIV such as anal cancer, HCV, diabetes and heart disease. A selection of menus that meet low-fat/no dairy, vegetarian, renal, mechanical soft, bland and diabetic meal needs must be made available to clients. Clients should be given options for a hot meal at the agency site, or to pick up frozen meals or delivery of meals, for those with complex health issues or mobility issues.

Grocery center services should meet the nutritional needs of people with HIV and should include a variety of fresh, high-quality food items including: proteins, dairy, fruits, vegetables, and grains. Nutrition education activities and cooking demonstrations to assist clients learn healthy eating habits should be coordinated by a Registered Dietitian. Nutrition Counseling by a registered Dietician must be available to review meal recipes for nutrition requirements and maintain current knowledge regarding disease management and ART adherence. Nutritional Counseling must be made available to provide education to clients about the integration of food and nutrition into daily care and the impact on adherence.

The target population to be served through this program is low income (400% and under the Federal Poverty Level as determined by the U.S. Department of Health & Human Service), persons living with HIV, and persons who are residents of the City and County of San Francisco. These funds will be used for services that are not reimbursed by any other source of revenue. Client eligibility determination for residency, low-income, and insurance status must be confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be by a client's self-attestation, but must be documented in the client's file or in the HHS client services database system, ARIES. Additionally, intensive nutrition case management assessments must be conducted at regular intervals to ensure meal program adherence, problem solve around food intake, and changes in metabolic syndrome.

Eligibility criteria listed below represent the basic criteria for receiving services funded by SF DPH HIV Health Services.

a) Must have diagnosis of HIV infection.
b) Must be a San Francisco resident.
c) Must have income below 400% of FPL as determined by the U.S. Department of Health & Human Services.
d) Uninsured or underinsured.

B. Funding

Only one provider will be selected for this RFP.

Contracts resulting from this solicitation are anticipated to begin April 1, 2017.

Depending on the availability of funds, an **estimated annual total of up to $1,840,279** in Federal Ryan White Part A, State Office of AIDS Ryan White Part B and local San Francisco General Fund dollars (including funding for the "Getting to Zero" initiative) is available for this solicitation on an annual basis.

All General Fund funding is based on the City & County of San Francisco "Annual General Fund Budget Approval Process." All Federal funding is determined by the grantor. Annual funding may increase or decrease depending on availability of funds. Grant funding is based on the conditions of the grant award. There are no guarantees of annual funding.

System for Award Management (SAM) Registration – Federal Funding Requirement:

- Agencies/vendors who receive funding from the Federal Government must register with the System for Award Management (SAM) and renew their membership annually.
- This requirement includes sub-recipients and subcontractors
- Please complete the registration/renewal process and forward a printout indicating your membership is active.
- No grant funds will be encumbered until SAM membership is active
- SAM registration can be done here: https://www.sam.gov/portal/SAM/##11

Should additional funds become available after the release of this RFP or after awards from this RFP have been made, SFDPH reserves the right to allocate these additional funds as it deems appropriate according to program planning and service needs, including but not limited to adjusting the number and/or size of awards, supplementing awards from this RFP with additional funds during service periods, supporting SFDPH-delivered services, or issuing a new solicitation.

C. Minimum Qualifications

To be eligible to apply the applicant agency must:

1. Bidders must have at least two years of experience providing food and nutrition services, including meals to be delivered to clients with health and mobility issues, as well as general food services (meals, groceries and nutritional counseling) available on site for 600 or more clients living with HIV.
2. Community based non-profit providers, 501c3 (as determined by the Internal Revenue Service) or public agency service providers or a not-for profit health care foundation, since December 31, 2012 are eligible to apply.
3. Minimum qualifications must be certified (see "Qualifications Statement" in Appendix A-1) and indicate prior experience serving the target population.
4. All candidates must be in good standing with the Department.
5. Must have a registered/valid City and County of San Francisco Vendor ID, and provide your current Vendor ID.
6. Must agree to the terms outlined in the City and County contract agreement document (P-600 in attachments).
7. Must comply with all City and County Ordinances as outlined in the P-600.

Compliance with the minimum qualification and eligibility criteria will be assessed through the contents of the proposal. Any application that does not clearly document compliance will be disqualified.

D. Services Solicited and Specifications

It is expected that one (1) agency will be selected to support Food and Nutrition services for low income persons living with HIV/AIDS (PLWHA) in the City and County of San Francisco. Collaborative efforts are allowed, however one agency must be the identified lead.

PLWHA are to be screened for program eligibility, and if eligible and capacity is available, the Food and Nutrition Services Program will provide the following services:

1. Delivered Meals prepared to meet the special needs of clients, with each meal providing approximately one-third of the enhanced daily nutritional requirements of people living with HIV/AIDS. Special meal options should include: low-fat/no dairy, vegetarian, mechanical soft, bland, and diabetic meals. Periodic satisfaction surveys should be conducted to evaluate the appeal, taste, and variety of the meals provided. Food Delivery personnel must be trained to do routine assessment of clients' general health and well-being. Candidates should have the capacity to deliver meals throughout every neighborhood in San Francisco.

2. Distribution of bundled grocery items must provide a variety of fresh and high-quality items for people with HIV/AIDS. These grocery items should include pre-packed staples like cereals, breads, and canned foods, and menu-guided selections of proteins dairy, and fresh fruits and vegetables, carbohydrates, juice, bread, soup, eggs, margarine, condiments, and special donated items. A bundle of grocery items should be comparable to about $60 worth of food when purchased at a typical grocery store. For homeless and marginally-housed clients without cooking facilities, a pre-packed bag with different "no-cook" items must be made available.
3. Individual nutrition counseling by a Registered Dietitian must be made available to HIV+ clients whose medical condition require greater coordination with nutritional and caloric intake, as well as for all clients who may benefit from improved eating habit and nutrition.
4. Nutrition education activities to help clients learn healthy eating habits shall be coordinated by a Registered Dietitian. Cooking demonstrations, written nutrition tips, flyers and educational materials, recipes to cook grocery selections, informal counseling, and referrals should be made available to help clients eat well, stay healthy and control symptoms such as weight loss, diarrhea, nausea, poor appetite, and mouth/dental/swallowing problems.
5. In an effort to expand and ensure food access for underserved, new clients and to address experienced and/or perceived stigma, prepared meals and grocery bags must be made available at multiple distribution sites throughout the city to reach communities severely impacted by HIV.
6. Identification, linkage and tracking of clients referred through the network of other programs providing services funded with SF General Funds to help reach the Retention and Re-engagement goals of "Getting to Zero" is a required component for funding.
7. All agencies receiving funding through HHS must collect and submit all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for HHS providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.
8. **Proposal Requirements**

The Candidate's full Application Package, consisting of the following:

1) Qualifications Statement

2) Proposal Narrative

3) Budget

4) CMD Form 3

1) Qualifications Statement Form

The Qualifications Statement form can be found in **Appendix A-1 "Qualifications Statement"** available for download at the Department's RFP/Q center at:

http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts

The Qualifications Statement must be signed by a person authorized to bind the Candidate to the representations, commitments, and statements contained in the Qualifications Statement.

- Qualifications Statements, must use this form located in Appendix A-1.
- One Qualification Statement per proposal application.
- Application Packages that do not include the Qualifications Statement form will be rejected.
- All Qualification Statements must be signed and initialed in the designated areas.

2) Proposal Narrative Instructions

In the narrative, describe your program as envisioned when fully operational; any start-up or transition needs will be discussed during negotiations. Describe all the components of the proposed program in the application, even if some components are funded by another source, and be clear about which portion you are asking SFDPH HHS to support.

Page Limits and formatting requirements:

- The maximum page limit is **14 pages**.
- Times New Roman font
- 11 point font
- 1 inch margins
- 1.5 spacing between lines

Narrative Content Information Instructions:

I. Relevant Experience: (1- 2 pages maximum):

Bidders must have at least two years of experience providing food services, including meals to be delivered to clients with health and mobility issues, as well as general food services (meals, groceries and nutritional counseling) available on site for 600 or more clients living with HIV. Please describe the number of years as a provider of this service and demonstrate agency experience as a provider of this service.

Bidders must also demonstrate an established network with San Francisco non-profit agencies serving low income residents of City and County of San Francisco living with HIV. Please describe number of years and number of non-profit agencies serving HIV clients in your provider network.

Describe the structure of communication, evaluation of need and any other relevant information in maintaining and updating your system of provide network.

Describe history of managing large, complex projects and responding to evolving needs of services.

II. Objectives: (1 page maximum):

State the agreed measurable process and health outcome objectives for the program as a whole. Describe how these will be measured or how the applicant will demonstrate whether or not the process and outcome objectives have been achieved. This description should describe how the objectives will be measured (including tools or instruments to be used), staff responsibilities related to evaluation, as well as define the standards for success related to each objective.

HHS Outcome Objectives

1) Program will provide at least one nutrition education opportunity to all clients in the program. At least 90% of clients will be assessed for mental health and substance use treatment needs within 30 days of program enrollment.
2) Program will measure engagement rates of clients with ≥ 6 months of service.
3) More than 60% of HIV+ clients who return client satisfaction survey will report "program helps maintain or improve my health".
4) More than 60% of HIV+ clients who return client satisfaction survey will report "nutrition education increased my knowledge of nutrition in addressing HIV and overall health".

Additional program objectives to measure program performance and increase Continuous Quality Improvement may be suggested in your submitted proposal.

Proposals must include a description of program evaluation mechanisms or demonstrate a relationship with an external evaluator.

III. Program Overview (1 – 4 pages maximum):

1) Each proposal should describe *only one* program and address the services solicited.
2) Service must be provided to residents of the City and County of San Francisco.
3) Provide a brief organizational chart of your agency and describe your organizational structure.
4) Briefly describe key agency staff to be funded by this program and how they are connected to the provision of services.
5) Provide an overview of how your agency recruits, engages, and retains the target population to be served.
6) Describe your proposed referral process for HIV providers with clients requesting delivered meals and grocery services.
7) Describe how service delivery is provided and monitored.

IV. Service Description (1 – 4 pages maximum):

Bidders must describe how the program will:

1) Bidder must describe the proposed manner in which food and nutrition services for HIV+ will be provided.
2) Meet client needs and the demand for the proposed services.
3) Describe how agency will promote availability of services.
4) Bidder must describe process as to confirmation of eligibility of services for HHS funding.
5) Collect intake and other client data as well as enter data into ARIES (the HHS HIV client database).
6) Track all contract deliverables, including fulfilling contract objectives, invoicing of UOS and UDC, and other SFPDH-HHS reporting requirements.
7) Promote the program services.
8) Determine appropriate funding source to ensure that Federal RWPA and San Francisco General Funds are the payers of last resort
9) Establish and maintain appropriate relationships with key points of entry in San Francisco, such as medical case management, employment services, ambulatory/outpatient medical care, etc.
10) Organization must agree to abide by the standards of care for the services specified in this exhibit as described in "Making the Connection: Standards of Care for Client-Centered Services."
11) Invoices must be submitted monthly to report Units of Service (UOS) provided, Unduplicated Clients (UDC) served and expenditure rates budgeted for the program. Providers must submit invoices promptly, and in compliance with legal agreement changes and DPH policies. Contractors must also:
    a. track expenditures, by funding source (individual contract);
    b. track and monitor rates of program and contract expenditure to allow for timely budget revision requests (when needed);
    c. allocate funds and document allocation method in accordance with Office of Management and Budget (OMB) requirements.
12) Services covered under the awarded contract must be offered without regard to the individual's ability to pay, the individual's past or present health condition and in a setting accessible to persons with low income living with HIV disease.
13) With regard to funds requested in this RFP, the cost per Unit of Service (UOS) should reflect the full cost of the unit of service as defined in the RFP. Do not propose to count units that are paid for, in whole or in part, from another funding source. If the Program selects to provide required services from other revenues, the full cost of each unit must be paid for from that other revenue source. UOS rates may not exceed established HHS cost caps (See Attachment II).
14) Required services may be paid for from non-RFP funds (i.e. another grant, contract, or

agency unrestricted funds). Services funded through non-RFP funds must be maintained throughout the term of the program.

15) Funds may not be used to purchase or improve land, or to purchase, construct, or make permanent improvement to any building except for minor remodeling. They may not be used to make direct cash payments to recipients of services.

V. Data Collection, Evaluation, and Quality Assurance (2 – 3 pages maximum):

1. Describe how contract objectives tracked, documented and reported to SFDPH.
2. Describe how contracted units of services will be tracked and invoiced to HHS.
3. Describe how agencies will be informed or trained on eligibility requirements and provision of services.
4. Bidders must be able to measure the achievement of standardized performance objectives required by HHS and the DPH Business Office of Contract Development and Technical Assistance (CDTA).
5. Proposals must include a description of program evaluation mechanisms or demonstrate a relationship with an external evaluator.
6. Bidders must describe how success in achieving the program objectives will be tracked and measured as part of the evaluation effort.
7. Each Program will be required to conduct a client satisfaction survey for agencies served at least once annually. This survey must include measurements of the level of satisfaction and must include opportunities for agencies to comment on program challenges and perceived service gaps.
8. Each participating agency is required to have in place a detailed quality assurance plan for the services they provide. The issues to be addressed include the following:

    1. A description of the staff position(s) responsible for ensuring the quality of services;
    2. A description of the appropriateness of the overall service to the target population (e.g., service times and locations);
    3. Adherence to relevant standards, guidelines, and contractual requirements;
    4. Review of written policies and procedures;
    5. Site audits (as applicable);
    6. Review and updating of protocols and practices;
    7. Quality Assurance Committee or Quality Team (as applicable) and/or Advisory Committees (as applicable);
    8. Trend analyses.

9. Include agency Quality Assurance plan.

3) Budget Documents

Complete the standard Budget documents attached in Appendix A

Describe your program as envisions when fully operational; any start-up or transition needs will be discussed during negotiations.

Due to grant funder restrictions, no more than 10% of the total funding for these services may be allocated to Administrative Costs. Administrative Costs would include all Indirect Costs, Operating Costs not connected to the provision of direct client services, and the salary and benefits for any staff who are administrative by definition. Personnel who would not be defined as administrative would be those providing direct client services, involved in data entry related to electronic client records and receptionist time spent scheduling clients and performing intake duties. Management staff and those whose functions are administrative in nature (involved with contracts, budgets, monitoring processes, etc) should actually be included in the calculation of Indirect Costs.

If the vendor is successful in the application process, the proposed budget will be reviewed in the contract negotiation process.

4) CMD Form 3

Per the San Francisco Contract Monitoring Division (CMD), this form must be submitted with your proposal. The CMD Form 3 is provided in Appendix A-1, with additional forms and instructions in CMD Attachment 2 in Appendix A-2. **Submit only the original (no additional copies are required) in a *separate envelope labeled "CMD Form 3" and the solicitation number*.**

E. Proposal Scoring Criteria/Rating Scale

Proposal Statements will be evaluated using the criteria established below and ranked by a selection committee comprised of City staff. At any time during the evaluation process, the City may require a Proposer to provide oral / interviews or written clarification of its Proposal Statements.

The Department reserves the right to review and evaluate qualifications received without further clarification.

- **Vendors must have a total score of 75, or more to be eligible for selection.**
- The proposals will be evaluated by a selection/review committee comprised of parties with expertise in the services outlined in the solicitation.
- This selection/review committee will score the submitted proposals based on the scoring criteria listed in Vendor Scoring Criteria as outlined in this solicitation.

Scoring Criteria:

Narrative Section: Question	Description with Points	Maximum Points Available
A. Target Populations and Barriers to Care	Extent to which populations, subpopulations, and cofactors are identified and described (3 points) Extent to which stigma and cultural, organizational, geographical, and other barriers to services for the identified target population(s) are described and likely effectiveness of the proposed services in addressing these barriers. (3 points)	6
B. History and Mission/Purpose Statement	Extent and effectiveness of history of providing food and nutrition services. (3 points) Adequacy of purpose statement. (3 points)	6
C. **History of Serving Target Population (s)**	Description of line staff, management, Board of Directors, and Mission Statement of agency's competencies to serve identified target population(s) (9 points)	9
D. Programmatic Design, Coordination and Collaboration	Completeness of description of the program design and its likely efficacy; should include the following: (10 points each for a total of 20 points for each of the bullet points) • How requirements described in "Services Solicited and Specifications" section will be met by program design and implementation. • How a client receives service beginning with intake through the delivery of service to discharge,	20

Narrative Section: Question	Description with Points	Maximum Points Available
	including consent to treatment and assurance of confidentiality and client self-determination. • Effective plan for meeting needs of PLWH with service needs that exceed routine program services.	
E. Program Evaluation and Objectives	Description of plans to meet measurable objectives, including how objectives will be measured (tools or instruments to be used, staff responsibilities related to evaluation, as well as define the standards for success related to each objective.) Description of objectives for each required service.	10
F. Client Satisfaction	Description of annual Client Satisfaction survey instrument and/or process, including factors to be evaluated. Description of how applicant will ensure measurement of the level of satisfaction and client defined challenges for each type of service provided.	3
G. Documenting Referrals, Follow-up, and Linkages	Linkages and referral relationships outside of the program are described and include linkages with other programs that serve the identified target population(s). (4 points)	3
H. Quality Assurance	Effective description of how the agency will evaluate the appropriateness of the overall service to the target population, adherence to contractual requirements; review and updating of protocols, policies, and practices; adequacy of on-site clinical consultation and supervision. (3 points) Adequacy of plan for staff training as well as for supervision. (3 points).	8
I. **HHS Data System**	Achievable plan to enter data into the HHS designated database an accurate, complete, and timely manner; and assurance that data entered is consistent with services to be invoiced. (2 points)	5
J. **Overall Strengths and**	Compelling statement of why this program should be funded and description of why this is the best agency to	10

Narrative Section: Question	Description with Points	Maximum Points Available
Unique Qualities	provide these services to this target population, including any evidence that the target population is interested in, and will participate in, the proposed services. (5 points)	

<u>Budget and Budget Justification</u> (Total Points Available for this Section =20)

Budget and Budget Justification	Extent to which the budget and justification are consistent with the proposal narrative (10 points) Extent to which the line item costs are reasonable (e.g., staff salaries, materials costs) (5 points) Appropriateness of requested amount for scope of the program (5 points)	20
NARRATIVE AND BUDGET SECTION MAXIMUM AVAILABLE POINTS:		**100**

Bidder Rating Discount:

Bidder Rating Discount:	**0-10**
10% discount to LBE; or joint venture between or among LBEs	
5% discount to joint venture with LBE participation that equals or exceeds 35% but is under 40%.	
7.5% discount to a joint venture with LBE participation that equals or exceeds 40%.	
10% discount to a certified non-profit entity.	
Total Available Points:	**110**

III. Submission Requirements

All forms are available for download at the Department's RFP center at:

http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts.

A. Deadlines/Delivery Location

1. Letter of Intent Deadline

A **Letter of Intent (LOI)** to submit a proposal is mandatory. The letter must use the template in Appendix A-1 and must be signed by the appropriate authorities.

Please Note: Agencies who submit an LOI and then decide to not submit a Proposal afterward, should contact the Contracts Unit and communicate their intent to not participate in the RFP.

The Letter of Intent must be submitted as follows:

By: **12:00 Noon** **On:** **February 8, 2017**

To: **Irene Carmona**
SFDPH Contracts Unit
101 Grove St. Room 402
San Francisco, CA 94102
email: **Irene.carmona@sfdph.org**

2. Qualifications Statement and Proposal Package Deadline

Qualifications Statements and Proposal Packages must be received at the following deadline and address:

By: **12:00 Noon** **On:** **March 1, 2017**

Place: **Attn: Irene Carmona** **RFP #** **9-2017**
SFDPH Contracts Unit
101 Grove St. Room 402
San Francisco, CA 94102

Proposals may be delivered in person or mailed; however, postmarks will not be considered in judging the timeliness of submissions. Proposals received after the deadline but within 24 hours may be accepted for extenuating circumstances at the sole discretion of the Director of the Department of Public Health. Applicants that submit proposals within this grace period must provide a letter to the Director explaining the extenuating circumstances by **12 noon** on **3/2/2017.** Decisions of the Director to accept or reject the proposal during the grace period will not be appealable. If the proposal is accepted, the letter of explanation will be provided to the Technical Review Panel. Following the 24-hour grace period no late proposals will be accepted for any reason and there will be no appeal. Email letter to Irene.carmona@sfdph.org, include **"Late Submission Request"** in the subject area.

In addition, the required CMD Form 3 must be submitted separately in a sealed envelope clearly marked with the above address and solicitation number.

Proposals may NOT be submitted by fax or email and will not be accepted if so received.

B. Solicitation Package Documentation

1. Qualifications Statement

To respond to this solicitation, a Proposer must follow the submittal steps outlined in this Submissions Requirements Section, to include a Qualifications Statement along with a complete and assembled proposal package by the deadline cited below. The Qualifications Statement can be found in Appendix A-1 and is also available for download at http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts. *This is the only form that can be used for the Qualifications statement. Qualifications Statements that do not use this form will be rejected.*

A person authorized to bind the Proposer to the representations, commitments and statements contained in the Qualifications Statement must sign the Qualifications Statement document. The Qualifications Statement must contain the following information and any applicable supporting documents:

- Description of Proposer: A description of the Proposer's organizational structure (e.g., corporation, partnership, limited liability company, etc.), the jurisdiction in which the Proposer is organized and date of such organization.
- Authorized Representative: The name, address, telephone number, facsimile number and e-mail address of the person authorized to represent the Proposer with respect to all notices, negotiations, discussions and other communications relating to this solicitation and to any negotiations relating to a contract.
- Representations Regarding Good Standing, Licenses, etc.: A representation that the Proposer is in good standing in the State of California and has all necessary

licenses, permits, approvals and authorizations necessary in order to perform the Work and conduct the Proposer's business.

- Representations Regarding CITY Contracting Requirements: A representation that the Proposer is able and willing to comply with all of the contracting requirements described in "Section VII. Standard Contract Requirements."

2. Proposal (see Section II, Program Service Specifications, for detailed content)

The process requires submission of a proposal package consisting of the following documentation.

(a) Introductory Documents
  (i) Qualifications Statement (use as cover page)
  (ii) Table of Contents

(b) Standard Documents
  (i) Program Narrative
  (ii) Budget Document

(c) Mandatory attachments
  (i) CMD FORM 3 (for the Lead Agency, if a collaboration). Per the San Francisco Contract Monitoring Division (CMD), this form must be submitted with your proposal. The CMD Form 3 is provided in Appendix A-1, with additional forms and instructions in CMD Attachment 2 in Appendix A-2. **Submit only the original (no additional copies are required) in a *separate envelope labeled "CMD Form 3" and the solicitation number*.**

Additional pages beyond any limits specified will be eliminated before the proposal is reviewed.

Applicants may not submit other items not listed above. For example, do not submit curricula or policies and procedures manuals. Anything submitted that is not on the list above will be discarded.

3. Proposal Format

Proposers must submit **One Original** and **Six (6) Copies** of the Qualifications Statement and the same number of complete and assembled Proposal Packages.

The original must be clearly marked "**ORIGINAL**."

Each proposal should be unbound (use paper clips, binder clips, and/or rubber bands as necessary – NO STAPLES), collated, and include a table of contents.

Each section must be clearly labeled with the appropriate heading, and pages should be clearly numbered.

The Proposer's name and program name should be shown in the page footers.

IV. Review and Selection Process

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A. Initial Screening

Any proposal submitted without the required Qualifications Statement and a complete proposal package will be rejected without further review.

1. Minimum Qualifications

During the initial screening process, any proposal that does not demonstrate that the Proposer meets the Minimum Qualifications specified in the Program Service Specifications, Section II, of this solicitation will be considered non-responsive and will not be eligible for further review or consideration.

B. Technical Review and Scoring of Proposals

The proposals will be reviewed and rated by (a) Technical Review Panel(s) with expertise in the services required. This Technical Review Panel(s) will be recruited with strict attention to ensuring that no conflict of interest exists related to any member of the panel and the proposals anticipated according to required Letters of Intent received.

1. Proposal Review

The Technical Review Panel(s) will review and score each proposal according to criteria outlined in the **"Program Service Specifications, Section II, F. Scoring Criteria"** of this solicitation. Proposals from one or more Proposer may be recommended. In the event that more than one proposal is recommended for selection, they will be ranked pursuant to the scores of the Technical Review Panel(s). If upon execution of a subsequent contract, based on performance or other issues, the SFDPH needs to select another provider, the next ranking Proposer will be contacted for an offer to provide the solicited services. If that Proposer refuses the offer, the SFDPH will continue to contact Proposers in their ranked order until the offer to provide the solicited services is accepted.

C. Invitation to Negotiate

An Invitation to Negotiate with the SFDPH will be sent to applicants based on their proposal ranking. During program negotiations, any aspect of the proposal will be considered negotiable, including the budget, the services to be provided, and the target population to be reached. Receiving an Invitation to Negotiate and entering

into negotiations does not obligate either SFDPH or the applicant to enter into a contract; either party may decide to end the negotiations at any time for any reason. If the negotiations fail to result in a contract award in a reasonable period of time, the SFDPH reserves the right to invite the next ranking Proposer to negotiate or to issue another solicitation for the services.

D. Contract Award Notification

If the negotiation process is completed to the satisfaction of both the SFDPH and the applicant, the applicant will receive a notification letter indicating the negotiated services and funding amount.

The anticipated start date for contracts resulting from this solicitation is **April 1, 2017**. Failure to negotiate the contract in a timely manner, or to furnish any and all certificates, bonds, or other materials required in the contract, shall be deemed an abandonment of the contract offer.

The SFDPH reserves the right to award a single contract or multiple contracts to multiple Proposers that submitted proposal(s).

E. Stipulations

The issuance of this solicitation does not constitute an agreement by the City that any contract actually will be entered into by the City. The City reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue this solicitation;
4. Procure any materials, equipment, or services specified in this solicitation by any other means;
5. Ensure that all target populations are served and service requirements are met; and
6. Determine that no project will be funded.

In addition to the ability to provide the specified services, the applicant must comply with general SFDPH and City and County of San Francisco contractual requirements, Population Health Division, Community Health Equity and Prevention reporting requirements, and the Standard Agreement for Services.

V. E-Questions Process

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A. E-Questions

Only Proposers that have submitted a Letter of Intent (LOI) with an email address by the due date may e-mail questions concerning the specifics of the services solicited.

Dates/Period when e-mail questions will be accepted:

Begin: **February 8, 2017** End: **February 10, 2017**

All questions are to be directed to the following e-mail address:

Irene.carmona@sfdph.org

You must insert the following language in the Subject area of your email message: E-Questions RFP 9-2017

The questions will be compiled and coordinated with program staff for appropriate answers.

The compilation of questions and answers will be returned by email to the questioners.

This is the only opportunity vendors can ask direct programmatic questions of the Departmental staff.

VI. Standard Terms and Conditions for Receipt of Proposals

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A. Errors and Omissions in Solicitation

Proposers are responsible for reviewing all portions of this solicitation. Proposers are to promptly notify the Department, in writing, if the Proposer discovers any ambiguity, discrepancy, omission, or other error in the solicitation. Any such notification should be directed to the Department promptly after discovery, but in no event later than five working days prior to the date for receipt of proposals. Modifications and clarifications will be made by addenda as provided below.

B. Inquiries Regarding Solicitation

Technical or procedural inquires regarding this solicitation, other than programmatic questions addressed at either a Bidder's Conference or through the E-Questions procedure described in Section V, above, must be directed to:

Irene Carmona
SFDPH – Contracts Unit
Phone: **(415) 554-2652**
Email: **Irene.carmona@sfdph.org**

C. Objections to Solicitation Terms

Should a Proposer object on any ground to any provision or legal requirement set forth in this solicitation, the Proposer must, not more than ten calendar days after the solicitation is issued, provide written notice to the Department setting forth with specificity the grounds for the objection. The failure of a Proposer to object in the manner set forth in this paragraph shall constitute a complete and irrevocable waiver of any such objection.

D. Change Notices

The Department may modify the solicitation, prior to the proposal due date, by issuing Change Notices, which will be posted on the website. The Proposer shall be responsible for ensuring that its proposal reflects any and all Change Notices issued by the Department prior to the proposal due date regardless of when the proposal is submitted. Therefore, the City recommends that the Proposer consult the website frequently, including shortly before the proposal due date, to determine if the Proposer has downloaded all Change Notices.

In the event that modifications are posted to the website, the SFDPH will send a courtesy notice by email to Proposers that have submitted a Letter of Intent. This notice will advise the Proposer that changes have been posted. Notwithstanding this provision, the Proposer shall be responsible for ensuring that its proposal reflects any and all modifications or addenda issued by the SFDPH prior to the proposal due date.

E. Term of Proposal

Submission of a proposal signifies that the proposed services and prices are valid for 120 calendar days from the proposal due date and that the quoted prices are genuine and not the result of collusion or any other anti-competitive activity.

F. Revision of Proposal

A Proposer may revise a proposal on the Proposer's own initiative at any time before the deadline for submission of proposals. The Proposer must submit the revised proposal in the same manner as the original. A revised proposal must be received on or before the proposal due date.

In no case will a statement of intent to submit a revised proposal, or commencement of a revision process, extend the proposal due date for any Proposer.

At any time during the proposal evaluation process, the Department may require a Proposer to provide oral or written clarification of its proposal. The Department reserves the right to make an award without further clarifications of proposals received.

G. Errors and Omissions in Proposal

Failure by the Department to object to an error, omission, or deviation in the proposal will in no way modify the solicitation or excuse the vendor from full compliance with the specifications of the solicitation or any contract awarded pursuant to the solicitation.

H. Financial Responsibility

The City accepts no financial responsibility for any costs incurred by a firm in responding to this solicitation. Submissions of the solicitation will become the property of the City and may be used by the City in any way deemed appropriate.

Proposer's Obligations under the Campaign Reform Ordinance

Proposers must comply with Section 1.126 of the S.F. Campaign and Governmental Conduct Code, which states:

No person who contracts with the City and County of San Francisco for the rendition of personal services, for the furnishing of any material, supplies or equipment to the City, or for selling any land or building to the City, whenever such transaction would require approval by a City elective officer, or the board on which that City elective officer serves, shall make any contribution to such an officer, or candidates for such an office, or committee controlled by such officer or candidate at any time between commencement of negotiations and the later of either (1) the termination of negotiations for such contract, or (2) three months have elapsed from the date the contract is approved by the City elective officer or the board on which that City elective officer serves.

If a Proposer is negotiating for a contract that must be approved by an elected local officer or the board on which that officer serves, during the negotiation period the Proposer is prohibited from making contributions to:

- the officer's re-election campaign
- a candidate for that officer's office
- a committee controlled by the officer or candidate.

The negotiation period begins with the first point of contact, either by telephone, in person, or in writing, when a contractor approaches any city officer or employee about a particular contract, or a city officer or employee initiates communication with a potential contractor about a contract. The negotiation period ends when a contract is awarded or not awarded to the contractor. Examples of initial contacts include: (1) a vendor contacts a city officer or employee to promote himself or herself as a candidate for a contract; and (2) a city officer or employee contacts a contractor to propose that the contractor apply for a contract. Inquiries for information about a particular contract, requests for documents relating to a Request for Proposal, and requests to be placed on a mailing list do not constitute negotiations.

Violation of Section 1.126 may result in the following criminal, civil, or administrative penalties:

1. Criminal. Any person who knowingly or willfully violates section 1.126 is subject to a fine of up to $5,000 and a jail term of not more than six months, or both.

2. Civil. Any person who intentionally or negligently violates section 1.126 may be held liable in a civil action brought by the civil prosecutor for an amount up to $5,000.

3. Administrative. Any person who intentionally or negligently violates section 1.126 may be held liable in an administrative proceeding before the Ethics Commission held pursuant to the Charter for an amount up to $5,000 for each violation.

For further information, Proposers should contact the San Francisco Ethics Commission at (415) 581-2300.

I. Sunshine Ordinance

In accordance with S.F. Administrative Code Section 67.24(e), contractors' bids, responses to solicitations and all other records of communications between the City and persons or firms seeking contracts shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person's or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefits until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

J. Public Access to Meetings and Records

If a Proposer is a non-profit entity that receives a cumulative total per year of at least $250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the S.F. Administrative Code, the Proposer must comply with Chapter 12L. The Proposer must include in its proposal (1) a statement describing its efforts to comply with the Chapter 12L provisions regarding public access to Proposer's meetings and records, and (2) a summary of all complaints concerning the Proposer's compliance with Chapter 12L that were filed with the City in the last two years and deemed by the City to be substantiated. The summary shall also describe the disposition of each complaint. If no such complaints were filed, the Proposer shall include a statement to that effect. Failure to comply with the reporting requirements of Chapter 12L or material misrepresentation in Proposer's Chapter 12L submissions shall be grounds for rejection of the proposal and/or termination of any subsequent Agreement reached on the basis of the proposal.

K. Reservations of Rights by the City

The issuance of this solicitation does not constitute an agreement by the City that any contract will actually be entered into by the City. The City expressly reserves the right at any time to:

1. Waive or correct any defect or informality in any response, proposal, or proposal procedure;
2. Reject any or all proposals;
3. Reissue a Request for Proposals;
4. Prior to submission deadline for proposals, modify all or any portion of the selection procedures, including deadlines for accepting responses, the specifications or requirements for any materials, equipment or services to be provided under this solicitation, or the requirements for contents or format of the proposals;
5. Procure any materials, equipment or services specified in this solicitation by any other means; or
6. Determine that no project will be pursued.

L. Waiver

No waiver by the City of any provision of this solicitation shall be implied from any failure by the City to recognize or take action on account of any failure by a Proposer to observe any provision of this solicitation.

M. Local Business Enterprise Goals and Outreach

The requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance") shall apply to this solicitation.

1. LBE Subconsultant Participation Goals

The LBE subconsulting goal for this project is **0%** of the total value of the goods and/or services to be procured.

Each firm responding to this solicitation shall demonstrate in its response that it has used good-faith outreach to select LBE subcontractors as set forth in S.F. Administrative Code §§14B.8 and 14B.9, and shall identify the particular LBE subcontractors solicited and selected to be used in performing the contract. For each LBE identified as a subcontractor, the response must specify the value of the participation as a percentage of the total value of the goods and/or services to be procured, the type of work to be performed, and such information as may reasonably be required to determine the responsiveness of the proposal. LBEs identified as subcontractors must be certified with the San Francisco Contract Monitoring Division (CMD) at the time the proposal is submitted, and must be contacted by the Proposer (prime contractor) prior to listing them as

subcontractors in the proposal. Any proposal that does not meet the requirements of this paragraph will be non-responsive.

In addition to demonstrating that it will achieve the level of subconsulting participation required by the contract, a Proposer shall also undertake and document in its submittal the good faith efforts required by Chapter 14B.8(C) & (D) and CMD Attachment 2, Requirements for Architecture, Engineering and Professional Services Contracts.

Proposals which fail to comply with the material requirements of S.F. Administrative Code §§14B.8 and 14B.9, CMD Attachment 2 and this solicitation will be deemed non-responsive and will be rejected. During the term of the contract, any failure to comply with the level of LBE subcontractor participation specified in the contract shall be deemed a material breach of contract. Subconsulting goals can only be met with CMD-certified LBEs located in San Francisco.

2. LBE Participation

The City strongly encourages proposals from qualified LBEs. Pursuant to Chapter 14B, the following rating discount will be in effect for the award of this project for any Proposers who are certified by CMD as a LBE, or joint ventures where the joint venture partners are in the same discipline and have the specific levels of participation as identified below. Certification applications may be obtained by calling **CMD at (415) 581-2310**. The rating discount applies at each phase of the selection process. The application of the rating discount is as follows:

a. A 10% discount to an LBE; or a joint venture between or among LBEs; or
b. A 5% discount to a joint venture with LBE participation that equals or exceeds 35%, but is under 40%; or
c. A 7.5% discount to a joint venture with LBE participation that equals or exceeds 40%; or
d. A 10% discount to a certified non-profit entity.

If applying for a rating discount as a joint venture: The LBE must be an active partner in the joint venture and perform work, manage the job and take financial risks in proportion to the required level of participation stated in the proposal, and must be responsible for a clearly defined portion of the work to be performed and share in the ownership, control, management responsibilities, risks, and profits of the joint venture. The portion of the LBE joint venture's work shall be set forth in detail separately from the work to be performed by the non-LBE joint venture partner. The LBE joint venture's portion of the contract must be assigned a commercially useful function.

3. CMD Forms to be Submitted with Proposal

   a. All proposals submitted must include the following Contract Monitoring Division (CMD) Form 3 Non Discrimination Affidavit.

      - If these forms are not returned with the proposal, the proposal may be determined to be non-responsive and may be rejected.

   b. Please submit only two copies of the above forms with your proposal. The forms should be placed in a separate, sealed envelope labeled CMD Forms.

   If you have any questions concerning the CMD Forms, you may call the Contract Monitoring Division at (415) 581-2310.

VII. Standard Contract Requirements

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A. Standard Contract Provisions (Legal Agreement)

Upon award of a contract, the Contractor will be required to enter into and sign a legal agreement ("Agreement") containing standard terms and conditions. A sample Agreement can be found in Appendix A-3, available for download at http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/. Failure to timely execute the contract, or to furnish any and all insurance certificates and policy endorsement, surety bonds or other materials required in the contract, shall be deemed an abandonment of a contract offer. The City, in its sole discretion, may select another firm and may proceed against the original selectee for damages.

Proposers are urged to pay special attention to the requirements of Administrative Code Chapters 12B and 12C, Nondiscrimination in Contracts and Benefits, the Minimum Compensation Ordinance; the Health Care Accountability Ordinance; the First Source Hiring Program; and applicable conflict of interest laws, as set forth in paragraphs B, C, D, E and F below.

B. Nondiscrimination in Contracts and Benefits

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Generally, Chapter 12B prohibits the City and County of San Francisco from entering into contracts or leases with any entity that discriminates in the provision of benefits between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of employees. The Chapter 12C requires nondiscrimination in contracts in public accommodation. Additional information on Chapters 12B and 12C is available on the HRC's website at www.sfgov.org/sfhumanrights.

C. Minimum Compensation Ordinance (MCO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Minimum Compensation Ordinance (MCO), as set forth in S.F. Administrative Code Chapter 12P. Generally, this Ordinance requires contractors to provide employees covered by the Ordinance who do work funded under the contract with hourly gross compensation and paid and unpaid time off that meet certain minimum requirements.

For the amount of hourly gross compensation currently required under the MCO, see www.sfgov.org/olse/mco. Note that this hourly rate may increase on January 1 of each year and that contractors will be required to pay any such increases to covered employees during the term of the contract.

Additional information regarding the MCO is available on the web at www.sfgov.org/olse/mco.

D. Health Care Accountability Ordinance (HCAO)

The successful Proposer will be required to agree to comply fully with and be bound by the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in S.F. Administrative Code Chapter 12Q. Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the HCAO is available on the web at www.sfgov.org/olse/hcao.

E. First Source Hiring Program (FSHP)

If the contract is for more than $50,000, then the First Source Hiring Program (Administrative Code Chapter 83) may apply. Generally, this ordinance requires contractors to notify the First Source Hiring Program of available entry-level jobs and provide the Workforce Development System with the first opportunity to refer qualified individuals for employment.

Contractors should consult the San Francisco Administrative Code to determine their compliance obligations under this chapter. Additional information regarding the FSHP is available on the web at www.onestopsf.org, under the "Employers" menu, and from the First Source Hiring Administrator, (415) 401-4960.

F. Conflicts of Interest

The successful Proposer will be required to agree to comply fully with and be bound by the applicable provisions of state and local laws related to conflicts of interest, including Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California. The successful Proposer will be required to acknowledge that it is familiar with these laws; certify that it does not know of any facts that constitute a violation of said provisions; and agree to immediately notify the City if it becomes aware of any such fact during the term of the Agreement.

Individuals who will perform work for the City on behalf of the successful Proposer might be deemed consultants under state and local conflict of interest laws. If so, such individuals will be required to submit a Statement of Economic Interests, California Fair Political Practices Commission Form 700, to the City within ten calendar days of the City notifying the successful Proposer that the City has selected the Proposer.

G. Healthcare Insurance Portability and Accountability Act of 1996 (HIPAA)

The parties acknowledge that City is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that Contractor may be defined as one of the following definitions under the HIPAA regulations:

- A Covered Entity[1] subject to HIPAA and the Privacy Rule contained therein;
- A Business Associate[2] subject to the terms set forth in Appendix A-3 - Standard Legal Agreement Boilerplate (see Appendix E "Business Associate Addendum").
- Not Applicable, Contractor will not have access to Protected Health Information.

H. Insurance Requirements

Upon award of contract, Contractor shall furnish to the SFDPH a Certificate or Certificates of Insurance, with applicable Additional Insured Endorsements, stating that there is insurance presently in effect for Contractor with limits of not less than those established by the City.

Requirements are listed in Appendix A-3 and are available for download at the Department's RFP/Q center:

http://www.sfdph.org/dph/comupg/aboutdph/insideDept/Contracts/.

[1] "*Covered Entity" shall mean an entity that receives reimbursement for direct services from insurance companies or authorities and thus must comply with HIPAA.*

[2] "*Business Associate" shall mean an entity that has an agreement with CITY and may have access to private information, and does not receive reimbursement for direct health services from insurance companies or authorities and thus is not a Covered Entity as defined by HIPAA.*

VIII. Appeals Procedures

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An appeal of the an award to provide services decision may be filed if the Proposer has reason to believe that there was a substantial failure by the Department of Public Health in following standard solicitation procedures. The appeal must be filed within five (5) working days of receipt of the notification letter. All appeals will be presented to the Director, Office of Contracts Management and Compliance. Appeals will be ruled on, and the appealing entity notified in writing, within five (5) working days after its receipt. All decisions are final. If you wish to appeal, prepare a brief statement describing the procedural breach that is the reason for your appeal to the SFDPH Office Contracts Management and Compliance, San Francisco Department of Public Health, 101 Grove St. Room 402, San Francisco, CA 94102, irene.carmona@sfdph.org .

Appendices

A-1 REQUIRED FORMS for this solicitation

1) Letter of Intent
2) Qualifications Statement
3) Program Narrative
4) Budget Document
5) CMD Form 3 – CMD Non-Discrimination Affidavit

A-2 STANDARD FORMS

1) Vendor Profile Application/Package (see also reference chart with URLs below)
   (a) New Vendor Cover Letter
   (b) General Instructions for Form VenAdd-2007-01
   (c) New Vendor Number Request Form VenAdd-2007-01
   (d) Commodity Codes
   (e) Business Tax Declaration (Form P-25)
   (f) Request for Taxpayer Identification Number and Certification (Form W-9)
   (g) S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts & Benefits (Form CMD 12B 101)
   (h) Declaration for the Minimum Compensation Ordinance (MCO)
   (i) Declaration for the Health Care Accountability Ordinance (HCAO)
2) HRC Attachment 2:
   HRC Requirements for Architecture, Engineering, and Professional Services Contracts

A-3 FOR INFORMATIONAL USE

1) Standard Legal Agreement Boilerplate
2) HIPAA for Business Associates
3) Insurance Requirements
4) LBE Certification Instructions
5) LBE Applications – (a) Small/Micro/Local Business or (b)Non-Profit Entity
6) SFDPH Community Programs Policy/Procedure Regarding: Contracts in which Subcontracting Occurs; Acceptable Subcontracting Procedures; Definitions of Contractor as Fiscal Agent, Fiscal Intermediary, and Lead Agency in a Collaboration

Reference Chart of Sources for Standard, City-required forms:

This chart describes the most essential forms, where to find them on the Internet, and where to file them. If a contractor cannot get the documents off the Internet, the contractor should call (415) 554-6248 or e-mail Purchasing (purchasing@sfgov.org) and Purchasing will fax, mail or e-mail them to the contractor. If a contractor has already filled out items 1-3 on the chart**, the contractor should not do so again unless the contractor's answers have changed**. To find out whether these forms have been submitted, the contractor should call Vendor File Support in the Controller's Office at (415) 554-6702.

If a contractor would like to apply to be certified as a local business enterprise, it must submit item 4. To find out about item 4 and certification, the contractor should call Human Rights Commission at (415) 252-2500.

Item	Form name and Internet location	Form	Description	Return the form to; For more info
1.	Request for Taxpayer Identification Number and Certification www.sfgov.org/oca/purchasing/forms.htm www.irs.gov/pub/irs-fill/fw9.pdf	W-9	The City needs the contractor's taxpayer ID number on this form. If a contractor has already done business with the City, this form is not necessary because the City already has the number.	Controller's Office Vendor File Support City Hall, Room 484 San Francisco, CA 94102 (415) 554-6702
2.	Business Tax Declaration www.sfgov.org/oca/purchasing/forms.htm	P-25	All contractors must sign this form to determine if they must register with the Tax Collector, even if not located in San Francisco. All businesses that qualify as "conducting business in San Francisco" must register with the Tax Collector.	Controller's Office Vendor File Support City Hall, Room 484 San Francisco, CA 94102 (415) 554-6702

3.	S.F. Administrative Code Chapters 12B & 12C Declaration: Nondiscrimination in Contracts and Benefits www.sfgov.org/oca/purchasing/forms.htm – **in "Vendor Profile Application"** Also at www.sfgov.org/site/sfhumanrights **under "Equal Benefits"**	HRC-12B-101	Contractors tell the City if their personnel policies meet the City's requirements for nondiscrimination against protected classes of people, and in the provision of benefits between employees with spouses and employees with domestic partners. Form submission is not complete if it does not include the additional documentation asked for on the form. Other forms may be required, depending on the answers on this form. **Contract-by-Contract Compliance status vendors must fill out an additional form for each contract.**	Human Rights Comm. 25 Van Ness, #800 San Francisco, CA 94102-6059 (415) 252-2500

4.	HRC LBE Certification Application www.sfgov.org/oca/purchasing/forms.htm – **in "Vendor Profile Application"** Also at www.sfgov.org/site/sfhumanrights **under "LBE"**		Local businesses complete this form to be certified by HRC as LBEs. Certified LBEs receive a bid discount pursuant to Chapter 14B when bidding on City contracts. To receive the bid discount, you must be certified by HRC by the proposal due date.	Human Rights Comm. 25 Van Ness, #800 San Francisco, CA 94102-6059 (415) 252-2500

How to navigate to the forms on the Internet sites:

Office of Contract Administration (Purchasing)
Homepage: www.sfgov.org/oca/
Purchasing forms: Click on "Required Vendor Forms" under the "Information for Vendors and Contractors" banner.

Human Rights Commission
Homepage: www.sfgov.org/sfhumanrights
Equal Benefits forms: Click on "Forms" under the "Equal Benefits" banner near the bottom.
LBE certification form: Click on "…Forms" under the "LBE" banner near the bottom.

PERSONAL SERVICES CONTRACT SUMMARY ("PSC FORM 1")

Department: PUBLIC HEALTH Dept. Code: DPH

Type of Request: ☐Initial ☑Modification of an existing PSC (PSC # 2005-07/08)

Type of Approval: ☐Expedited ☐Regular ☐Annual ☑Continuing ☐ (Omit Posting)

Type of Service: HIV Health Services

Funding Source: Federal, State, General Fund

PSC Original Approved Amount: $300,000,000 PSC Original Approved Duration: 07/01/2008 - continuous

PSC Mod#1 Amount: $150,000,000 PSC Mod#1 Duration: 03/01/16 - continuous

PSC Cumulative Amount Proposed: $450,000,000 PSC Cumulative Duration Proposed: 07/01/2008 - continuous

1. Description of Work

A. Scope of Work/Services to be Contracted Out:

Contractors will provide the following services to residents of San Francisco affected by Human Immunodefciency Virus (HIV): case management, advocacy, mental health psychosocial support, benefits eligibility, money management/representative payee, transportation/vouchers, emergency financial assistance, housing for youth & housing grants/subsidies; mental health & substance abuse srvs; primary medical care, including dementia & dental care; other health care, including residential site/home care, hospice care, attendant care, home infusion therapy, alternative/complementary therapies,fiscal administration/intermediary support, respite (child) care, case management, peer advocacy, assisted housing program, permanent HIV housing, crisis hotline, & nutrition counseling; delivered meals, grocery center, emergency food boxes, & food solicitation.

Scope Change

In collaboration with HIV System of Care division of the Department of Public Health programs, community based organizations will provide the following services to residents of the City and County of San Francisco affected by HIV who meet income eligibility requirements of the grantors and the Departments high risk and affected target populations. Services include ambulatory outpatient care, oral health care, medical case management, non-medical case management, peer advocacy, fiscal and administrative program support, technical assistance, treatment adherence services, outpatient mental health, outpatient substance use counseling, prevention with positives counseling, money management representative payee services, legal support advocay services, benefits counseling, therapeutic monitoring, emergency financial assisstance services, home health care hospice services, medical nutrition therapy, food bank, delivered meals, health education, risk reduction counseling, emergeny housing, medical transportation, outreach, psychosocial support, referral and linkages, respite care, rehabilitation, treatment advocacy, facility based care, residential mental health, residential substance use services, detox, employment advocacy, hotline counseling, HIV consumer advocacy, grant writing, HIV Health Sercices Planning Council support. Funding will include Federal grants, State grants, local grants, and General Fund.

B. Explain why this service is necessary and the consequence of denial:

A wide spectrum of srvs are necessary to effectively deal with the multifaceted complex needs of persons with HIV, including health, mental health, psychosocial support, housing, benefits eligibility, & nutrition services. These servoces need to be accessible & culturally appropriate to persons from diverse ethnicities, cultures, genders, age groups, sexual orientations, & income levels, including homeless/indigent residents. These services help people with HIV maintain financial independence, prevent them from becoming homeless, provide mental health services & chemical dependency treatment. Denial of these services would seriously hinder the City's ability to provide services to persons living with HIV, including low income/indigent persons, women & children.

C. Has this service been provided in the past? If so, how? If the service was provided under a previous PSC, attach copy of the most recently approved PSC.
Yes

D. Will the contract(s) be renewed?
It is anticipated that these contracts will be renewed depending on the availability of funding from our Federal, State and local grantors.

E. If this is a request for a new PSC in excess of five years, or if your request is to extend (modify) an existing PSC by another five years, please explain why:
These are continuing services esential to the delivery of Community Health Equity and Prevention services for the residents of the City and County of San Francisco who are affected by HIV and other communicable diseases.

2. Reason(s) for the Request

A. Display all that apply

☑ Services required on an as-needed, intermittent, or periodic basis (e.g., peaks in workload).

☑ Services that require resources that the City lacks (e.g., office space, facilities or equipment with an operator).

Explain the qualifying circumstances:
These are highly speicalized services supporting HIV and other communicable disease programs. Community based organizations provide a unique service to the community affected by HIV and other communicable disease, services are provided where they live and by peers who are experts in the delivery of Public Health services.

B. Reason for the request for modification:
To extend term, increase amount by $150,000,000 for a new total of $450,000,000, and to update the Description of Services language.

3. Description of Required Skills/Expertise

A. Specify required skills and/or expertise: Extensive experience & knowledge in the provision of comprehensive primary medical care, early intervention treatment, psychosocial support, counseling & crisis intervention services, dental care, case managment, alternative medical approaches related to HIV treatment, a wide range of home health care & hospice care services, HIV-related health education, outreach, financial management services, HIV treatment advocacy, HIV & substance use related mental health & clinical treatment. Experience in providing rental assistance & access to emerging issues with housing support services.

B. Which, if any, civil service class(es) normally perform(s) this work? 2210, Dentist; 2230, Physician Specialist; 2585, Health Worker 1; 2589, Health Program Coordinator 1; 2626, Chief Dietitian; 2819, Assistant Health Educator; 2903, Eligibility Worker; 2910, Social Worker;

C. Will contractor provide facilities and/or equipment not currently possessed by the City? If so, explain: No.

4. If applicable, what efforts has the department made to obtain these services through available resources within the City?

Not Applicable

5. Why Civil Service Employees Cannot Perform the Services to be Contracted Out

A. Explain why civil service classes are not applicable.
Civil Service classifications are not applicable as staffing is only one component of the overall services being provided. Staffing conforms with policy, funding, & legal mandates. In addition, Community Based

Organizations are part of the continuum of service providers required by Ryan White CARE Act of 1990.

B. If there is no civil service class that could perform the work, would it be practical and/or feasible to adopt a new civil service class to perform this work? Explain: HIV-related servicess continue to change with the evolution of the disease. Therefore, it would not be practical to adopt new civil service classifications to perform this specialized work.

6. Additional Information

A. Will the contractor directly supervise City and County employee? If so, please include an explanation.
No.

B. Will the contractor train City and County employees and/or is there a transfer of knowledge component that will be included in the contact? If so, please explain what that will entail; if not, explain why not.
No training

C. Are there legal mandates requiring the use of contractual services?
No.

D. Are there federal or state grant requirements regarding the use of contractual services? If so, please explain and include an excerpt or copy of any such applicable requirement.
no

E. Has a board or commission determined that contracting is the most effective way to provide this service? If so, please explain and include a copy of the board or commission action.
no

F. Will the proposed work be completed by a contractor that has a current PSC contract with your department? If so, please explain.
See attached list of current contractors.

7. Union Notification: On 04/25/16, the Department notified the following employee organizations of this PSC/RFP request:
SEIU Local 1021; Professional & Tech Engrs, Local 21; Physicians and Dentists - 11AA;

☑ I CERTIFY ON BEHALF OF THE DEPARTMENT THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS FORM IS COMPLETE AND ACCURATE:

Name: Jacquie Hale Phone: (415) 554-2609 Email: jacquie.hale@sfdph.org

Address: 101 Grove Street, Room 307, San Francisco, CA 94102

****

FOR DEPARTMENT OF HUMAN RESOURCES USE

PSC# 2005-07/08
DHR Analysis/Recommendation: 07/18/2016
Commission Approval Required Approved by Civil Service Commission with conditions
07/18/2016 DHR Approved for 07/18/2016

FILE NO. 220259 RESOLUTION NO. 202-22

[Contract Amendment - Project Open Hand - Food and Nutrition Services Low-Income People Living with HIV/AIDS - Not to Exceed $18,800,344]

Resolution approving Amendment No. 3 to the agreement between Project Open Hand and the Department of Public Health (DPH), to secure food and nutrition services for low-income people living with HIV/AIDS who reside in San Francisco, to increase the agreement by $9,442,639 for an amount not to exceed $18,800,344; to extend the term by four years and nine months, from June 30, 2022, for a total agreement term of April 1, 2017, through March 31, 2027; and to authorize DPH to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract.

WHEREAS, There is a continued need to secure food and nutrition services for low-income people living with HIV/AIDS who reside in San Francisco through providing prepared meals, groceries, nutrition assessments and related services to meet their medically-indicated nutritional needs and to improve their access and engagement with nutritional health; and

WHEREAS, Through a Request for Proposals (RFP) process, RFP 9-2017, issued on January 30, 2017, DPH selected Project Open Hand to provide these services; and

WHEREAS, DPH entered into an agreement on April 1, 2017, to provide these services for four years, with the term of April 1, 2017, through March 31, 2021, in an amount not to exceed $6,258,690, and

WHEREAS, In order to add General Fund monies to the contract, and align the term of the agreement with the City's fiscal year to better accommodate programs funded with General Fund monies, DPH amended the agreement on December 1, 2018, to extend the

term by three months from March 31,2021, through June 30, 2021, adding $1,225,840 for an amount not to exceed $7,484,530; and

WHEREAS, DPH amended the agreement on February 1, 2021, to extend the term by one year from June 30, 2021, through June 30, 2022, adding $1,873,175 for an amount not to exceed $9,357,705; and

WHEREAS, DPH wishes to continue services under that agreement for the full term stated in the RFP of ten years; and

WHEREAS, Section 9.118 of the Charter requires approval of the Board of Supervisors for contracts requiring anticipated expenditures exceeding $10 million; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and County of San Francisco, to execute Amendment No. 3 to the agreement with Project Open Hand to secure food and nutrition services for low-income people living with HIV/AIDS that reside in San Francisco for an amount not to exceed $18,800,344 for a total agreement term of April 1, 2017, through March 31, 2027; and, be it

FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of Public Health to enter into any amendments or modifications to the contract, prior to its final execution by all parties, that the Department determines, in consultation with the City Attorney, are in the best interests of the City, do not otherwise materially increase the obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of the contract, and are in compliance with all applicable laws; and be it

FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed by all parties, the Director of Health and/or the Director of the Office of Contract Administration/Purchaser shall provide the final contacts to the Clerk of the Board for inclusion into the official File No. 220259.

RECOMMENDED

/s/

Dr. Grant Colfax

Director of Health

City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 220259 **Date Passed:** May 17, 2022

Resolution approving Amendment No. 3 to the agreement between Project Open Hand and the Department of Public Health (DPH), to secure food and nutrition services for low-income people living with HIV/AIDS who reside in San Francisco, to increase the agreement by $9,442,639 for an amount not to exceed $18,800,344; to extend the term by four years and nine months, from June 30, 2022, for a total agreement term of April 1, 2017, through March 31, 2027; and to authorize DPH to enter into amendments or modifications to the contract prior to its final execution by all parties that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the contract.

May 11, 2022 Budget and Finance Committee - RECOMMENDED

May 17, 2022 Board of Supervisors - ADOPTED

Ayes: 10 - Chan, Dorsey, Mar, Melgar, Peskin, Preston, Ronen, Safai, Stefani and Walton
Excused: 1 - Mandelman

File No. 220259

I hereby certify that the foregoing Resolution was ADOPTED on 5/17/2022 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo
Clerk of the Board

London Breed

London N. Breed
Mayor

5/24/22

Date Approved

Docusign Envelope ID: 6905F82A-927E-489F-838C-747FD2C07819

Incomplete - Pending Signature

San Francisco Ethics Commission
25 Van Ness Avenue, Suite 220, San Francisco, CA 94102
Phone: 415.252.3100 . Fax: 415.252.3112
ethics.commission@sfgov.org . www.sfethics.org

Received On:

File #: 250751

Bid/RFP #:

Notification of Contract Approval

SFEC Form 126(f)4
(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)
A Public Document

Each City elective officer who approves a contract that has a total anticipated or actual value of $100,000 or more must file this form with the Ethics Commission within five business days of approval by: (a) the City elective officer, (b) any board on which the City elective officer serves, or (c) the board of any state agency on which an appointee of the City elective officer serves. For more information, see: https://sfethics.org/compliance/city-officers/contract-approval-city-officers

1. FILING INFORMATION

TYPE OF FILING	DATE OF ORIGINAL FILING (*for amendment only*)
Original	
AMENDMENT DESCRIPTION – Explain reason for amendment	

2. CITY ELECTIVE OFFICE OR BOARD

OFFICE OR BOARD	NAME OF CITY ELECTIVE OFFICER
Board of Supervisors	Members

3. FILER'S CONTACT

NAME OF FILER'S CONTACT	TELEPHONE NUMBER
Angela Calvillo	415-554-5184
FULL DEPARTMENT NAME	**EMAIL**
Office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

4. CONTRACTING DEPARTMENT CONTACT

NAME OF DEPARTMENTAL CONTACT	DEPARTMENT CONTACT TELEPHONE NUMBER
Reanna Albert	628-271-6178
FULL DEPARTMENT NAME	**DEPARTMENT CONTACT EMAIL**
DPH Department of Public Health	reanna.albert@sfdph.org

Docusign Envelope ID: 6905F82A-927E-489F-838C-747FD2C07819

Incomplete - Pending Signature

5. CONTRACTOR	
NAME OF CONTRACTOR Project Open Hand	**TELEPHONE NUMBER** 415-447-2326
STREET ADDRESS (including City, State and Zip Code) 730 Polk Street, San Francisco, CA 94109	**EMAIL**

6. CONTRACT		
DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)	**ORIGINAL BID/RFP NUMBER**	**FILE NUMBER (*If applicable*)** 250751
DESCRIPTION OF AMOUNT OF CONTRACT Not to exceed $20,528,272		
NATURE OF THE CONTRACT *(Please describe)* Provide HIV/AIDS Food and Nutrition Services.		

7. COMMENTS

8. CONTRACT APPROVAL	
This contract was approved by:	
☐	**THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM**
☒	**A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES** Board of Supervisors
☐	**THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS**

Docusign Envelope ID: 6905F82A-927E-489F-838C-747FD2C07819

Incomplete - pending signature

9. AFFILIATES AND SUBCONTRACTORS

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Henry	Mike	Board of Directors
2	Maring, M.D.	Preston	Board of Directors
3	Chang	Andrew	Board of Directors
4	Chandra	Vishwa	Board of Directors
5	Chang	Theresa	Board of Directors
6	Long	Richard	Board of Directors
7	Holt	Susanna	Board of Directors
8	Wei	Jason	Board of Directors
9	Alley	Drew	Board of Directors
10	Horton	Claire	Board of Directors
11	Dillon	Mike	Board of Directors
12	Hepfer	Paul	Other Principal Officer
13	Dong	Herbert	Other Principal Officer
14	Jackson	Katherine	Other Principal Officer
15	Okulolo	Onome	Other Principal Officer
16	Ayala	Ana	Other Principal Officer
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Incomplete - pending signature

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#	**LAST NAME/ENTITY/SUBCONTRACTOR**	**FIRST NAME**	**TYPE**
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Docusign Envelope ID: 6905F82A-927E-489F-838C-747FD2C07819

Incomplete - pending signature

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#	**LAST NAME/ENTITY/SUBCONTRACTOR**	**FIRST NAME**	**TYPE**
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☐	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

10. VERIFICATION	
I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete. **I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**	
SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK BOS Clerk of the Board	**DATE SIGNED**

San Francisco Department of Public Health
Daniel Tsai
Director of Health

City and County of San Francisco
Daniel Lurie, Mayor

July 10, 2025

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Project Open Hand, in the amount of $20,528,272.

This contract agreement requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution
- Proposed Amendment 4
- Original Agreement
- Amendment 1
- Amendment 2
- Amendment 3
- Form SFEC-126
- Prior Resolution

For questions on this matter, please contact me at (628) 271-6178, reanna.albert@sfdph.org.

Thank you for your time and consideration.

Sincerely,

Reanna Albert

Reanna Albert
Senior Contracts Analyst
Office of Contracts Management and Compliance
DPH Business Office

cc: Daniel Tsai, Director of Health
Jenny Louie, Chief Operating Officer
Michelle Ruggels, Director, DPH Business Office