

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

FIRST Amendment

This AMENDMENT (this "Amendment") is made as of **March 1, 2015**, in San Francisco, California, by and between **PUBLIC HEALTH FOUNDATION ENTERPRISES, INC.** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

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

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the contract term, increase the contract amount, update the standard contractual clauses;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract Number 2000-03/04, on January 7, 2013;

NOW THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

1a. Agreement. The term "Agreement" shall mean the Original Agreement dated August 1, 2014, (BPHC1500042/DPHC15000444), between Contractor and City

1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

2. Modifications to the Agreement. The Agreement is hereby modified as follows:

a. Section 02. Section 02 Term of the Agreement, of the Agreement currently reads as follows:

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from August 1, 2014 to June 30, 2015.

The City shall have the sole discretion to exercise the following options to extend the Agreement term:

- Option 1: 07/01/2015 - 06/30/2016
- Option 2: 07/01/2016 - 06/30/2017
- Option 3: 07/01/2017 - 06/30/2018
- Option 4: 07/01/2018 - 06/30/2019
- Option 5: 07/01/2019 - 06/30/2020
- Option 6: 07/01/2020 - 06/30/2021
- Option 7: 07/01/2021 - 06/30/2022

Option 8: 07/01/2022 - 06/30/2023

Option 9: 07/01/2023 - 06/30/2024

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

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from August 1, 2014 to June 30, 2018.

The City shall have the sole discretion to exercise the following options to extend the Agreement term:

Option 1:	07/01/2015 - 06/30/2016	Exercised
Option 2:	07/01/2016 - 06/30/2017	Exercised
Option 3:	07/01/2017 - 06/30/2018	Exercised
Option 4:	07/01/2018 - 06/30/2019	
Option 5:	07/01/2019 - 06/30/2020	
Option 6:	07/01/2020 - 06/30/2021	
Option 7:	07/01/2021 - 06/30/2022	
Option 8:	07/01/2022 - 06/30/2023	
Option 9:	07/01/2023 - 06/30/2024	

b. Section 05. Section 05 Compensation, of the Agreement currently reads as follows:

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Public Health Department**, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Six Million One Hundred Fifty-Two Thousand and Thirty-Nine DOLLARS (\$6,152,039)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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:

5. Compensation. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Public Health Department**, in his or her sole discretion, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty-Three Million Seven Hundred Sixty-Six Thousand Fifty-Six DOLLARS (\$23,766,056)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

In no event shall City be liable for interest or late charges for any late payments.

c. Section 15. Insurance, is hereby amended in their entirety to read as follows:

15. Insurance

a. 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:

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

2) 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

3) 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.

4) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement.

5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

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

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

2) 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.

c. 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 the Section entitled "Notices to the Parties."

d. 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.

e. 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.

f. 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.

g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

h. 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.

d. Section 19. Reserved. (Liquidated damages), is hereby amended in their entirety to read as follows:

19. Left Blank by agreement of the parties. (Liquidated damages)

e. Section 55. Supervision of Minors, is hereby amended in their entirety to read as follows:

55. Supervision of 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. Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for positions involving the supervision of minors. In the event of a conflict between this section and Section 32, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

The Appendices listed below are Amended as follows:

f. Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: Amendment 03/01/2015.

g. Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: Amendment 03/01/2015.

h. Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: Amendment 03/01/2015.

i. Add Appendix B-1a to Agreement as amended. Dated: Amendment 03/01/2015.

j. Add Appendix B-1b to Agreement as amended. Dated: Amendment 03/01/2015.

k. Add Appendix B-1c to Agreement as amended. Dated: Amendment 03/01/2015.

l. Add Appendix F-1a (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.

m. Add Appendix F-1a (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.

n. Add Appendix F-1b (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.

o. Add Appendix F-1b (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.

p. Add Appendix F-1c (GF-SA) to Agreement as amended. Dated: Amendment 03/01/2015.

q. Add Appendix F-1c (GF-WO) to Agreement as amended. Dated: Amendment 03/01/2015.

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

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

CITY

CONTRACTOR

Recommended by:

**PUBLIC HEALTH FOUNDATION
ENTERPRISES, INC.**



3/9/15
Date

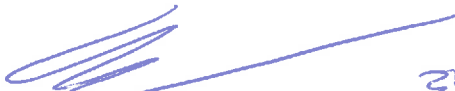
BARBARA A. GARCIA, M.P.A.
Director of Health

By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

Approved as to Form:

Dennis J. Herrera
City Attorney

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.



3/10/15
Date

By: Aleeta Van Runkle
Deputy City Attorney

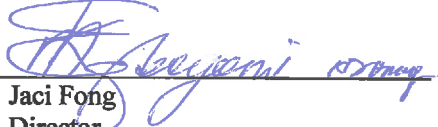


3/5/15
Date

Peter D. Dale
Director, Contract and Grant Management
12801 Crossroads Parkway South, Suite 200
City of Industry, CA 91746

Approved:

City vendor number: 48661


Jaci Fong
Director
Office of Contract
Administration and Purchaser

7/2/15
Date

Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Christine Siador, 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.

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. 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. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

For any quarter that CONTRACTOR maintains less than ninety percent (90%) of the total agreed upon units of service, and for HIV Prevention Services contracts the number of clients (NOC), for any mode of service hereunder, except for taxi scrip, bus tokens, clothing vouchers, and household goods vouchers, which may be

distributed on an as-needed basis, CONTRACTOR shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

N. Quality Assurance:

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

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Assurance Plan.

O. Compliance With Grant Award Notices:

If any portion of 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.

P. 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.

Q. Research Study Records:

To facilitate the exchange of research study records, should this Appendix A include the use of human study subjects, Contractor will include the City in all study subject consent forms reviewed and approved by Contractor's IRB.

2. Description of Services

Detailed descriptions of services supporting the period 08/01/14-06/30/18 may be found in the following Appendixes:

Appendix A, 08/01/14-06/30/18

Program Summary

Appendix A-1, 08/01/14-06/30/18

SF Homeless Outreach Team

SUMMARY

Service Providers:	San Francisco Department of Public Health				
Fiscal Agent:	Public Health Foundation Enterprises				
Total Contract Amount:	\$22,746,426				
Program Name:	San Francisco Homeless Outreach Team				
Program Address:	SFHOT 50 Ivy Street (Lech Walesa) San Francisco, CA 94102	Mission Mental Health Clinic 2712 Mission Street San Francisco, CA 94110	SF Sobering Center for EST activities 1171 Mission Street San Francisco, CA 94103		
Program Contact:	Brenda Meskan				
Amount:	Appendix A-1 / Appendix B-1 \$5,132,409			Appendix A-1 / Appendix B-1a \$ 5,984,277	
Term:	08/01/14-6/30/15			07/01/15-6/30/16	
Definition of UOS:	SA County- Staff Hours	80,387	550	SA County- Staff Hours	93,681 825
	SA Work Order- Staff Hours	5,025	20	SA Work Order- Staff Hours	5,964 30
Total UOS / UDC:	Totals			Totals	
		85,412	570		99,645 855
Amount:	Appendix A -1/ Appendix B-1b \$ 5,984,277			Appendix A-1 / Appendix B-1c \$ 5,645,463	
Term:	07/01/16-6/30/17			07/01/17-6/30/18	
Definition of UOS:	SA County- Staff Hours	93,681	825	SA County- Staff Hours	93,681 825
	SA Work Order- Staff Hours	5,964	30	SA Work Order- Staff Hours	5,964 30
Total UOS / UDC:	Totals			Totals	
		99,645	855		99,645 855
Target Population:	No direct services are provided to clients. Human resources and fiscal management services are provided to support staff that conduct program management, data, fiscal management and quality improvement activities				
Description of Service:	Public Health Foundation Enterprises, Inc. will be responsible for providing human resources and fiscal management for this project and for compliance and adherence with the City and County of San Francisco fund management policies to ensure project success. Staff will to provide human resources management, technical assistance, training and fiscal management services to manage the SFHOT program.				

- 1. Vendor and Program Name:**
Public Health Foundation Enterprises, Inc (PHFE)
San Francisco Homeless Outreach Team (SFHOT)

SFHOT Staff Located at:

SFHOT
50 Ivy Street (Lech Walesa)
San Francisco, CA 94102
Tele: (415) 415-355-7555
FAX: (415) 415-355-7404

Mission Mental Health Clinic
2712 Mission Street
San Francisco, CA 94110
Tele:(415) 401-2660
FAX: (415) 401-2671

SF Sobering Center for EST activities
1171 Mission Street
San Francisco, CA 94103
Tele: (415)734-4233
Fax: (415) 735-4223

- 2. Nature of Document**

New Renewal Amendment Modification

- 3. Goal Statement**

The goal, in collaboration with the San Francisco Department of Public Health, is to provide Fiscal and Human Resource Management services in support of the San Francisco Homeless Outreach Team (SFHOT) program.

- 4. Target Population**

Target population is the San Francisco Department of Public Health's San Francisco Homeless Outreach Team (SF HOT) program. This multidisciplinary team serves individuals living on the street who are severely disabled. Staff members consist of employees of the Department of Public Health, the Human Services Agency, and community-based organization staff (PHFE). SFHOT uses a client-centered "whatever it takes" approach, and employs comprehensive wrap-around services to meet client needs. The program promotes harm reduction and strength-based recovery philosophies through its daily functioning, and utilizes acuity-based, data-driven, and outcomes-oriented processes to meet its goals. The program also assesses medical and behavioral crises, and refers clients to emergency care as appropriate.

SFHOT provides the following lines of service:

Stabilization Case Management

This service line provides short-term stabilization care management for 480 high risk homeless individuals (homeless more than three years, experiencing complex medical, psychiatric, and substance abuse tri-morbidity, using a high number of urgent/emergent care services, and not able to navigate health and human services system on their own). Case Management accepts referrals from SFHOT Street Outreach and high user treatment programs. Within six to twelve months, the goals are to: (1) Stabilize individuals from the street into shelter/SRO, (2) Remove personal barriers to attaining permanent housing; e.g., attain benefits, primary care linkage, behavioral health care linkage, IDs, legal aid, etc., (3) Secure and place into permanent housing, (4) Assess and serve as care coordinators for SF Health Network members who are high risk / high cost individuals and are unable to engage into the system.

Street Outreach Team

This service line provides outreach, engagement and warm-handoffs from the street to (or between) urgent/ emergent institutions. The Engagement Specialist Team (EST) operate 24/7 and responds to requests from 311, Care Coordinators, Police, Fire, and Urgent/Emergent facilities (hospitals, SF Sobering Center, Psych Emergency Services, and Dore Psych Urgent Care) for street outreach/intervention and therapeutic transports. The goals are to, within two hours, respond and determine if the individual can be cleared for transport and provide warm-handoff to and/or from urgent/emergent facilities. In addition, the EST provides targeted search and outreach of HUMS (High Users of Multiple Systems) and other high-risk homeless individuals as identified by 311 (citizens) and health care coordinators and once found, performs wellness checks and attempts to engage individuals into services and other resources as identified by community care plans.

Medical Team

The medical team uses the model "Homeless to Primary Care Medical Home" and provides transitional primary health care to address barriers to primary care in the appropriate setting for each patient. Barriers that will be addressed may be related to patient issues such as: medical, mental health and substance use disorders; lack of benefits; competing priorities such as lack of food, shelter, or clothing. Barriers may also be related to systems issues such as: Enrollment and insurance requirements that are difficult for homeless individuals to obtain, inconvenient hours or locations of services; discrimination against homeless individuals in services; or services that have not created adaptations and accommodations for the needs of homeless people.

San Francisco Public Library Team

This service line is situated at the Civic Center Main Branch with staff who conduct outreach and offers referrals to homeless, marginally housed and/or mentally ill patrons of the library. Staff also facilitate education sessions in group or individual settings for library staff, in order to improve understanding of behaviorally vulnerable patrons of the library. Staff's goal is to help library staff serve this group of patrons according to their needs, while helping to decrease the number and severity of incidents that require

intervention from Library security staff. Staff also train Health and Safety Associates (HaSAs) who are selected from a group of homeless library patrons being served by SF HOT's case management function. These HaSAs assist the team by using their life experiences and learned engagement skills to reach out to other homeless patrons, in order to persuade them to accept case management and other services. In the process, HaSAs gain employment and job-seeking skills.

5. Unit of Service / Modalities

GF: SFHOT and San Francisco Public Library Work Order 8/1/14 – 6/30/15 (B-1)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	80,387	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,025	N/A
Total UOS	85,412	
Total NOC		N/A

GF: SFHOT and San Francisco Public Library Work Order 7/1/15 – 6/30/16 (B-1a)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	86,193	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,025	N/A
Total UOS	91,218	
Total NOC		N/A

GF: SFHOT and San Francisco Public Library Work Order 7/1/16 – 6/30/17 (B-1b)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	93,681	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,964	N/A
Total UOS	99,645	
Total NOC		N/A

GF: SFHOT and San Francisco Public Library Work Order 7/1/17 – 6/30/18 (B-1c)

Unit of Service Description	Units of Service (UOS)	Number of Clients (NOC)
DPH Units of Service- SA County General Fund Unit Type: Staff Hour	93,681	N/A
DPH Units of Service- SA Work Order- Public Library SFHOT Unit Type: Staff Hour	5,964	N/A
Total UOS	99,645	
Total NOC		N/A

6. Methodology

This contract will facilitate the fiscal and human resource management services that support the SFHOT contracted staff. PHFE will provide Fiscal Intermediary administrative services to support the San Francisco Homeless Outreach Team program. This will be a collaborative project with close coordination with the San Francisco Department of Public Health (DPH) SFHOT Program Administrator.

Fiscal Management for this program consists of developing and monitoring the budget; managing employee payroll and benefits; dispersing programmatic expenditures such as client funds, peer stipends, training, supplies, equipment, and leases according to budget plan; and maintaining all program documentation as related to this contract.

Staff Management for this program consists of primary Human Resource management processes and will be coordinated with the SFHOT DPH Program Administrator. It will include recruiting, hiring, and orienting new staff; managing employee benefits; monitoring employee training, skill development, and performance evaluations on regular basis, and implementing employee discipline when necessary.

A. Fiscal Management

Contractor will utilize established fiscal management policies and procedures and employee training materials that assure the ability to meet all fiscal management responsibilities of this project. The policies address the following internal controls: safeguarding assets, transaction authorizations, timely reconciliation of accounting records; financial reporting; accounts payable; accounts receivable; petty cash; and, payroll.

Fiscal management team assigned to SFHOT program will include support from a Contracts and Grants Manager, a Budget Analyst, and an Accounts Payable Specialist. These staff will work closely with the SFDPH Program Administrator and CBA Program Director. The PHFE Contracts and Grants Manager, in collaboration with the SFDPH Program Administrator, will serve as the lead team member assigned to the contract and will oversee all fiscal management activities. In addition the contracts and grants manager will issues and monitor all subcontracts, lease, and consultant agreements. The Budget Analyst (BA), working closely with the Accounts Payable Specialist and the SFDPH Program Administrator, will be responsible for monthly expenses and annual cost reporting, including the tracking of all costs against each cost center's budget, generating invoices on a monthly basis to SFDPH, and providing oversight and assurance that all expenses are charged and invoiced appropriately. The BA will also provide a monthly statement of activities, assistance with budget modifications, and be responsible for final financial reconciliation and reporting. In addition the BA and Accounts Payable Specialist are responsible for vendor management, including ensuring vendors are set up correctly with required documentation.

PHFE will work within SFDPH approved budgets to reimburse program expenses directly to vendors and partners or directly to employees that have made authorized program purchases. This includes but not limited to: (1) pay invoices on a predetermined schedule, (2) ensure the accuracy and authenticity of invoice processed, (3) process accounts payable paperwork timely, and (4) maintain support documentation.

As part of the contract, PHFE will purchase up to four vehicles for SFHOT to use in outreach activities. Authorized SFHOT staff members will utilize the vans for program purposes only including but not limited to therapeutic transport, and client meetings and appointments. The vans will be registered to PHFE, and be serviced by a SFHOT recommended maintenance provider. Vehicles will be stored in the Delta Parking Lot, 1127 Mission St, San Francisco, CA 94103, or the Civic Center Parking Lot, 355 McAllister Street, San Francisco, CA 94102, when not in use. Vehicle purchases, related services and expenses will be approved by the SFHOT Director or designee. Documentation will be kept on file at PHFE headquarters and will be available upon request.

B. Human Resource Management:

Human Resources management team assigned to SFHOT program will include support from a Contract and Grant Manager, the Human Resources Generalist, and the Human Resource Generalist Assistant. The HR Generalist will work closely with the SFDPH SFHOT supervisors and staff to oversee staff hired and assigned to the program. They will also provide hands on, comprehensive training to all employee supervisors so they are familiar with HR policies and procedures in order to provide comprehensive supervision to contracted employees.

Human Resources Generalist will also provide full training to SFHOT employees and supervisors on PHFE's time collection system. The HR Generalist will work closely with the Contract Manager and Budget Analyst to assure that payroll costs are correctly allocated and align with the approved position/line item budget as outlined in the SFDPH contract for SFHOT. The HR Generalist will also maintain confidentiality among SFHOT employees related to salary rates, reimbursements, and the SFHOT budget.

PHFE will utilize current HR policies and procedures to include employee handbook. This will provide the HR Generalist a systematic process to address issues of discipline, investigations, hiring and terminations consistently and remain in compliance with federal and state labor laws. Existing policies and procedures along with PHFE's Employee handbook are reviewed periodically to stay current and updated on any new laws and regulations. Tracking and monitoring of successfully completed trainings by staff is entered into the HRIS for recordkeeping and reporting purposes.

Staff management/HR management will include the complete hiring process from recruitment, employee selection, background/reference checks to new hire orientation. Employee relations, benefit management, leave management, workforce development, employee performance/reviews, personnel records, complaints, and any disciplinary action will also be managed.

7. Objectives and Measurements

Indicator	Data Source / Compliance
<p>P.1 Fiscal Intermediary contractors will pay 95-100% of vendor and subcontractor invoices within 30 days from the date of submission by SFDPH or vendor/subcontractor.</p>	<p>Measured and documented by check dates; contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end.</p>

Indicator	Data Source / Compliance
<p>P.2 <u>Effective Fiscal Management:</u> Agency will meet 95% (correctable to 100%) of Salary & Benefit budgeted obligations during the contract period. This includes accurate and on-time payment of salaries, overtime, accrued benefits, and taxes and optimal record keeping.</p>	<p>A. Within 30 days of month's end and if requested, Agency provides a running expense report addressed to Program Director.</p> <p>B. Within in 45 days of DPH quarter's end, Agency self reports this objective for time period and year-to-date in report addressed to Director OFGM, PHD.</p> <p>C. Contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end; reports of achievement must be consistent with findings of external Annual Audit</p>
<p>P.3 <u>Effective Fiscal Management:</u> Agency will meet 100% of Operating Expense obligations during the contract period. This includes paying vendor invoices within vendor payment schedule and avoiding late fees (usually 30 days from the date of submission by vendor or Program).</p>	<p>A. Within 30 days of month's end and if requested, Agency provides a running expense report addressed to Program Director.</p> <p>B. Within in 45 days of DPH quarter's end, Agency self reports this objective for time period and year-to-date in report addressed to Director OFGM, PHD.</p> <p>C. Contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end; reports of achievement must be consistent with findings of external Annual Audit</p>
<p>P.4 <u>Effective Human Resources Management:</u> Agency will have 90% of personnel files complete, up-to-date, and in terminology consistent with HR best practices, during the contract period. This includes: 1) signed job descriptions, 2) qualifications statement (resume), 3) reference verification, 4) benefits orientation, 5) program orientation, 6) proof of annual certification/training in HIPAA Privacy and DPH Compliance, 7) signed "User Confidentiality, Security and Electronic Signature Agreement" form, 8) signed code of conduct forms, 9) skill development/training plans, 10) on-time performance evaluations,</p>	<p>A. Within 30 days of month's end and if requested, Agency provides a running personnel report of these items addressed to Program Director.</p> <p>B. Within in 45 days of DPH quarter's end, Agency self reports this objective for time period and year-to-date in report addressed to Director OFGM, PHD.</p> <p>C. Contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end; reports of achievement must be consistent with findings of spot checks by DPH.</p>

Indicator	Data Source / Compliance
and 11) remedial skill development plans as needed.	
<p>P.5 Effective Human Resources <u>Management:</u> Agency will help programs operate at or near full staff capacity by filling 90% of vacant positions within 3 months of posting date, during the contract period. This includes Position Control Reports reflecting in aggregate and by service line all positions and their status, including date of vacancy or leave, date of job posting, number of applications, number of qualified candidates, date interviews began, and date position filled.</p>	<p>A. Within 30 days of month's end and if requested, Agency provides a running Position Control report of these items addressed to Program Director.</p> <p>B. Within in 45 days of DPH quarter's end, Agency self reports this objective for time period and year-to-date in report addressed to Director OFGM, PHD.</p> <p>C. Contractor prepares Annual Summary Report documenting achievement of objective; to Director OFGM, PHD and BOCC within 60 days of the fiscal year end; reports of achievement must be consistent with findings of spot checks by DPH</p>

- 8. Continuous Quality Assurance and Improvement**
 PHFE will develop a program specific quality assurance plan agreed upon by both SFDPH and PHFE.

**Appendix B
Calculation of Charges**

1. Method of Payment

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 supporting the period 08/01/14-06/30/18 may be found in the following Appendices:

Appendix B, 08/01/14-06/30/18	Budget Summary
Appendix B-1, 08/01/14-06/30/15	FIS – SF Homeless Outreach Team
Appendix B-1a, 07/01/15-06/30/16	FIS – SF Homeless Outreach Team
Appendix B-1b, 07/01/16-06/30/17	FIS – SF Homeless Outreach Team
Appendix B-1c, 07/01/17-06/30/18	FIS – SF Homeless Outreach Team

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$1,019,630** 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 funding source shall be as follows:

Original Agreement	County SA General Fund	\$5,350,888	08/01/14-06/30/15	Appendix B-1
Original Agreement	County Public Library Work Order	\$142,004	08/01/14-06/30/15	Appendix B-1
1 st Internal Contract Revision	County SA General Fund	\$0 (No-Cost-Mod)	08/01/14-06/30/15	Appendix B-1
1 st Internal Contract Revision	County Public Library Work Order	\$0 (No-Cost-Mod)	08/01/14-06/30/15	Appendix B-1
2 nd Internal Contract Revision	County SA General Fund	(\$360,483)	08/01/14-06/30/15	Appendix B-1
First Amendment	County SA General Fund	\$5,815,728	07/01/15-06/30/16	Appendix B-1a
First Amendment	County Public Library Work Order	\$168,549	07/01/15-06/30/16	Appendix B-1a
First Amendment	County SA General Fund	\$5,815,728	07/01/16-06/30/17	Appendix B-1b
First Amendment	County Public Library Work Order	\$168,549	07/01/16-06/30/17	Appendix B-1b
First Amendment	County SA General Fund	\$5,476,914	07/01/17-06/30/18	Appendix B-1c
First Amendment	County Public Library Work Order	\$168,549	07/01/17-06/30/18	Appendix B-1c
		<u>\$22,746,426</u>		
	Contingency	<u>\$1,019,630</u>		
		\$23,766,056		

C. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, CITY agrees to make an initial payment to the CONTRACTOR of **Nine Hundred Sixty-Nine Thousand Two Hundred Eighty-Eight Dollars (\$969,288)**. CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one sixth (1/6) of the initial payment for the period October 1, 2015 through March 31, 2016. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

D. 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.

E. 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.

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: N/A	Prepared By: Julia Dysart	Appendix #: B
Contractor Name: Public Health Foundation Enterprises, Inc.	Document Date: 2/26/15	Page #: 3
Contract CMS #: 7492		Fiscal Year: 2015-16

	B-1	B-1a	B-1b	B-1c		
Contract Appendix Number:	SFHOT	SFHOT	SFHOT	SFHOT		
Appendix A/Provider Name:	383800	383800	383800	383800		
Provider Number:	N/A	N/A	N/A	N/A		
Program Code:	8/1/14-6/30/15	07/01/15-06/30/16	07/01/16-06/30/17	07/01/17-06/30/18		
Funding Term:						TOTAL
FUNDING USES						
Salaries & Employee Benefits:	3,711,851	4,504,969	4,504,969	4,504,969		17,226,758
Operating Expenses:	682,657	838,136	758,695	615,062		2,894,550
Capital Expenses:	\$188,000	\$0	\$0	\$0		188,000
Subtotal Direct Expenses:	4,582,508	5,343,105	5,263,664	5,120,031		20,309,308
Indirect Expenses:	549,901	641,172	631,641	614,404		2,437,118
Indirect %:	12.00%	12.00%	12.00%	12.00%		12.00%
TOTAL FUNDING USES	5,132,409	5,984,277	5,895,305	5,734,435		22,746,426
BHS MENTAL HEALTH FUNDING SOURCES						Employee Fringe Benefits %: 34.43%
TOTAL BHS MENTAL HEALTH FUNDING SOURCES						
BHS SUBSTANCE ABUSE FUNDING SOURCES						
SA COUNTY - General Fund	4,990,405	5,815,728	5,726,756	5,565,886		22,098,775
SA WORK ORDER - Public Library SFHOT	142,004	168,549	168,549	168,549		647,651
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	5,132,409	5,984,277	5,895,305	5,734,435		22,746,426
OTHER DPH FUNDING SOURCES						
TOTAL OTHER DPH FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES	5,132,409	5,984,277	5,895,305	5,734,435		22,746,426
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES (DPH AND NON-DPH)	5,132,409	5,984,277	5,895,305	5,734,435		22,746,426

DPH 2: Department of Public Health Health Cost Reporting/Data Collection (CRDC)

Contractor Name: Public Health Foundation Enterprises, Inc.				Appendix: B-1a	
Provider Name: SFHOT				Page #: 1	
Provider Number: 383800				Document Date: 2/26/15	
Program Name: SFHOT				Fiscal Year: 2015-16	
Program Code:	SFHOT	SFHOT	SFHOT		
Mode/SFC (MH) or Modality (SA):	N/A	N/A	N/A		
Service Description:	SecPrev-19	SecPrev-19	SecPrev-19		
Funding Term:	SA-Sec Prev Outreach	SA-Sec Prev Outreach	SA-Sec Prev Outreach		
	07/01/15-06/30/16	07/01/15-06/30/16	07/01/15-06/30/16		TOTAL
FUNDING USES:					
Salaries & Employee Benefits:	4,354,479	150,490			4,504,969
Operating Expenses:	838,136	-			838,136
Capital Expenses (greater than \$5,000):	-	-			-
Subtotal Direct Expenses:	5,192,615	150,490			5,343,105
Indirect Expenses:	623,113	18,059			641,172
TOTAL FUNDING USES:	5,815,728	168,549			5,984,277
BHS MENTAL HEALTH FUNDING SOURCES					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES					
BHS SUBSTANCE ABUSE FUNDING SOURCES					
SA COUNTY - General Fund	5,815,728				5,815,728
SA WORK ORDER - Public Library SFHOT		168,549			168,549
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	5,815,728	168,549			5,984,277
OTHER DPH FUNDING SOURCES					
TOTAL OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	5,815,728	168,549			5,984,277
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	5,815,728	168,549			5,984,277
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable):					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR			
DPH Units of Service:	93,681	5,964			
Unit Type:	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH Funding Sources Only):	62.08	28.26			
Cost Per Unit - Contract Rate (DPH & Non-DPH Funding Sources):	62.08	28.26			
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):	825	30			855

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Program Name: SFHOT

Document Date: 2/26/15

Appendix #: B-1a

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Position Title	Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16		Term: 07/01/15-06/30/16	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Coordinator	1.00	50,000	1.00	50,000						
Community Liaison	1.00	55,000	1.00	55,000						
Business Analyst Transitions Division	1.00	68,000	1.00	68,000						
Administrative Assistant	1.00	40,000	1.00	40,000						
Social Workers	3.00	222,000	3.00	222,000						
Housing Specialist	1.00	55,000	1.00	55,000						
Program Coordinator EST	1.00	68,000	1.00	68,000						
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959						
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000						
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960				
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889				
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65,520				
Interns (8 pos)	3.30	75,847	3.30	75,847						
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369				

Employee Fringe Benefits:	34.43%	1,153,794	34.78%	1,123,673	25.02%	30,121	
TOTAL SALARIES & BENEFITS		4,504,969		4,354,479		150,490	

DPH 4: Operating Expenses Detail

Program Code: N/A
 Program Name: SFHOT
 Document Date: 2/26/15

Appendix #: B-1a
 Page # 3

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHSCCR227	Public Library Workorder HMHSHOME227	Term: 07/01/15-06/30/16	Term: 7/01/15-6/30/16	Term: 7/01/15-6/30/16	Term:	Term:
Occupancy:								
Rent \$	72,000	\$ 72,000						
Utilities(telephone, electricity, water, gas) \$	12,000	\$ 12,000						
Building Repair/Maintenance \$	6,000	\$ 6,000						
Mobile Phones \$	46,200	\$ 46,200						
Materials & Supplies:								
Office Supplies \$	12,060	\$ 12,060						
Program Supplies \$	30,000	\$ 30,000						
Handheld Computers and Application \$	50,000	\$ 50,000						
Computer hardware/software \$	5,000	\$ 5,000						
General Operating:								
Training/Staff Development \$	18,000	\$ 18,000						
Insurance \$	-	\$ -						
Equipment Lease & Maintenance \$	2,400	\$ 2,400						
Offsite Storage \$	2,112	\$ 2,112						
Audit & Accounting \$	10,000	\$ 10,000						
Staff Travel:								
Local Travel \$	-	\$ -						
Out-of-Town Travel \$	10,000	\$ 10,000						
Field Expenses \$	-	\$ -						
Consultant/Subcontractor:								
Professional Services to Rep Payee TBD \$	75,000	\$ 75,000						
RTZ software consultation and development \$	88,000	\$ 88,000						
Professional Registry TBD \$	240,000	\$ 240,000						
Other Professional Consultants TBD \$	4,964	\$ 4,964						
Other:								
Client Related Supplies & Expenses \$	60,000	\$ 60,000						
Van Parking \$	64,000	\$ 64,000						
Vehicle Maintenance \$	10,000	\$ 10,000						
Vehicle Expenses \$	3,600	\$ 3,600						
Van Lease \$	16,800	\$ 16,800						
	-	\$ -						

TOTAL OPERATING EXPENSE

838,136

838,136

DPH 5: Capital Expenses Detail

Program Code: N/A
 Program Name: SFHOT
 Document Date: 2/26/15

Appendix: B-1a
 Page#: 4

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Total Equipment Cost					\$0

2. Remodeling

Description	Total Cost
Total Remodeling Cost	\$0

**Total Capital Expenditure
 (Equipment plus Remodeling Cost)**

\$0
 Amendment: 03/01/2015

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/15-6/30/16

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1) SALARIES & BENEFITS:

Staff Position 1: Administrative Coordinator						
Brief description of job duties: Manages SFHOT offices and coordinates operations, including facilities, equipment, inventory, repairs, etc						
Minimum qualifications: Experience or Bachelor's degree						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 50,000.00	1.00	12	1.00	\$	\$	50,000

Staff Position 2: Community Liaison						
Brief description of job duties: Interface with community departments and special projects planning						
Minimum qualifications: Experience with population and community. Bachelor's degree preferred						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 55,000.00	1.00	12	1.00	\$	\$	55,000

Staff Position 3: Business Analyst Transitions Division						
Brief description of job duties: Respond to community providers regarding computer access, generate data reports, plan data needs						
Minimum qualifications: Bachelor's degree in a Health Science. Experience analysis large datasets and interacting with community.						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 68,000.00	1.00	12	1.00	\$	\$	68,000

Staff Position 4: Administrative Assistant						
Brief description of job duties: Manage, mail, supplies, office organization						
Minimum qualifications: Associates degree preferred. Experience in busy office with vulnerable populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 40,000.00	1.00	12	1.00	\$	\$	40,000

Staff Position 5: Social Worker						
Brief description of job duties: Supervise Specialist I and II in daily work						
Minimum qualifications: Master's degree in Social Work or Marriage, Family Therapy. License preferred. Experience with homeless population.						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 74,000.00	3.00	12	1.00	\$	\$	222,000

Staff Position 6: Housing Specialist						
Brief description of job duties: Manage the daily Stabilization Room reservations and activity. Prepare reports.						
Minimum qualifications: Bachelors degree. Computer skills and database management. Experience with homeless population.						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 55,000.00	1.00	12	1.00	\$	\$	55,000

Staff Position 7: Program Coordinator for Engagement Specialist Mobile Team						
Brief description of job duties: Manage schedules, manage team operation, analyze progress, relate to community						
Minimum qualifications: Master's degree in a Health Science, experience managing a team, knowledge of the population, computer skills						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 68,000.00	1.00	12	1.00	\$	\$	68,000

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/15-6/30/16

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Staff Position 8: SFHOT Specialist I					
Under direction of SW or MFT provide support for homeless clients in benefits, housing, treatment linkages, therapeutic transport, street outreach, and case management. Help program participants engage or re-engage with community resources including jobs.					
Brief description of job duties: with community resources including jobs.					
Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 45,919.00	32.60	12	1.00	\$	1,496,959

Staff Position 9: SFHOT Specialist II					
Under direction of SW or MFT provide support for clients in benefits, housing, treatment linkages, therapeutic transport, street outreach, and case management. Help program participants engage or re-engage with community resources including jobs.					
Brief description of job duties: community resources including jobs					
Minimum qualifications: Bachelor's or Master's degree and experience with homeless and tri-morbid populations					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 55,000.00	20.00	12	1.00	\$	1,100,000

Staff Position 10: SFHOT Specialist I Library Position					
Brief description of job duties: SFHOT Specialist I for Public Library neighborhood locations					
Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 45,919.00	0.50	12	1.00	\$	22,960

Staff Position 11: SFHOT Specialist II Library Position					
Brief description of job duties: SFHOT Specialist II for Public Library neighborhood locations					
Minimum qualifications: Bachelor's or Master's degree and experience w/ homeless and tri-morbid populations					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 55,000.00	0.58	12	1.00	\$	31,889

Staff Position 12: Health & Safety Associates					
San Francisco Public Library Health & Safety Associates identify health & safety concerns at the library, and interact and practice effective outreach techniques with homeless populations. Part-time positions.					
Brief description of job duties: interact and practice effective outreach techniques with homeless populations. Part-time positions.					
Minimum qualifications: Prior personal experience with homelessness, knowledge of the client population, ability to work with a diverse staff & clientele, able to speak, write and read English, and ability to use the internet					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 24,960.00	2.63	12	1.00	\$	65,520

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/15-6/30/16

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Staff Position 13: Interns				
Brief description of job duties: Client Training Interns interact and practice effective outreach techniques with homeless populations. Part-time positions				Part-
Minimum qualifications: Prior personal experience with homelessness, knowledge of the client population, ability to work with a diverse staff & clientele, able to speak, write and read English, and ability to use the internet				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$ 22,984.00	3.30	12	1.00	\$ 75,847

Total FTE: 69.60

Fringe Benefit %:

Total Salaries: \$ 3,351,175
34.43% \$ 1,153,794

TOTAL SALARIES & BENEFITS: \$ 4,504,969

2) OPERATING EXPENSES:

Occupancy:

Brief description of expense: \$6000/mo * 12 months	Rent: \$	72,000
Brief description of expense: \$1000/mo * 12 months	Utilities: \$	12,000
Brief description of expense: \$500/mo * 12 months	Building Maintenance: \$	6,000
Brief description of expense: \$55/mo * 70 mobile phones * 12 months	Mobile Phones \$	46,200
Total Occupancy: \$		136,200

Materials & Supplies:

Brief description of expense: \$15/employee/month x 67 employees x 12 months	Office Supplies: \$	12,060
Brief description of expense: \$2500/mo * 12 mo, including, but not limited to employee uniforms, medical supplies (gloves, hand sanitizer, masks, lice, flea and tick treatments, etc.), containers, and vehicle supplies (wipes, disinfectant spray, air freshener, etc.).	Program Supplies: \$	30,000
Brief description of expense: Expansion of staff necessitates 35 handheld computers linking to medical databases. Cost estimated at \$1,428.57/device including applications	Handheld Computers and Applications \$	50,000
Brief description of expense: Staff expansion requires new computer equipment and IT mandated replacement of old ones, costs estimated at \$1000/computer x 5 computers that have not been upgraded.	Computer Hardware/Software \$	5,000
Total Materials & Supplies: \$		97,060

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
Program Name: SFHOT
Funding Term: 7/01/15-6/30/16

Appendix #: B-1a
Page #: 8

General Operating:

	Training/Staff Development	\$	18,000
Brief description of expense:	\$1550/mo * 12 months for trainings for the SFHOT team, including but not limited to CPR, First Aid, Course fees, specialized homeless and trauma experts		
	Equipment Lease and Maintenance:	\$	2,400
Brief description of expense:	Equipment Leases & Maintenance to support the SFHOT operations including but not limited to Copier lease at \$200/mo * 12 months		
	Offsite Storage:	\$	2,112
Brief description of expense:	storage at \$176/mo * 12 months		
	Audit & Accounting:	\$	10,000
Brief description of expense:	Annual audit expense \$10,000		
	Total General Operating:	\$	32,512

Staff Travel:

	Local Travel		
Brief description of expense:			
	Out-of-Town Travel	\$	10,000
Brief description of expense:	\$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences		
	Total Staff Travel:	\$	10,000

Consultants/Subcontractors:

	Consultants/Subcontractors:	\$	75,000
Brief description of expense:	\$75,000 annually for Representative Payee Services		
	Consultants/Subcontractors:	\$	88,000
Brief description of expense:	\$125,000 to vendor RTZ at direction of IT dept for building electronic med record for homeless services		
	Consultants/Subcontractors:	\$	240,000
Brief description of expense:	\$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage		
	Consultants/Subcontractors:	\$	4,964
Brief description of expense:	Homeless best practice consultants to align with nation-wide initiatives		
	Total Consultants/Subcontractors:	\$	407,964

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/15-6/30/16

Appendix #: B-1a
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Other:

Other Client Related Supplies & Expenses: \$ 60,000

\$5000/mo for 12 months for client related supplies and expenses to support homeless clients. Expenses include, but not limited to obtaining IDs, documents, engagement incentives and supplies, gift cards, food,

Brief description of expense: clothing, bedding, hygiene supplies, moving costs for transporting client related supplies, etc.

Other Vehicle parking: \$ 64,000

Brief description of expense: \$280.70 per vehicle x 19 vehicles x 12 months

Other Vehicle Maintenance: \$ 10,000

Required maintenance on vehicles, including but not limited to oil changes, tires maintenance, and damage

Brief description of expense: repair

Other- Vehicle Expenses \$ 3,600

\$300 per month for 12 months. Vehicle expenses includes installation and interest expenses, as approved by program directors, related to SFHOT Vehicles, including but not limited to the installation of GPS (including monthly charges), radios, and other supplies and equipment needed for the safety and monitoring of the SFHOT

Brief description of expense: fleet.

Other van Leasing/Rental: \$ 16,800

Brief description of expense: \$700/mo * 2 vans * 12 months

Total Other: \$ 154,400

TOTAL OPERATING EXPENSES: \$ 838,136

3) CAPITAL EXPENDITURES:

(If needed. A unit valued at \$5,000 or more)

Capital Expenditure 1: _____

Brief description of expense: _____

Capital Expenditure 2: _____

Brief description of expense: _____

Capital Expenditure 3: _____

Brief description of expense: _____

TOTAL CAPITAL EXPENDITURES: \$ -

TOTAL DIRECT COSTS: \$ 5,343,105

4) INDIRECT COSTS

Brief description of Indirect Cost Expenses:

Amount

Indirect costs cover fiscal and human resources management staff and systems costs.	\$ 641,172
Costs calculated at 12% of total costs.	

An allocation of administrative & support staff salary and related fringe benefits and general overhead expenses related to the contract. Rate is 12% of Direct Cost.

TOTAL INDIRECT COSTS: \$ 641,172

TOTAL EXPENSES: \$ 5,984,277

DPH 7: Contract-Wide Indirect Detail

Contractor Name:	Public Health Foundation Enterprises, Inc.	Appendix#: B-1a
Program Name:	SFHOT	Page #: 10
Document Date:	2/26/15	
Fiscal Year:	2016-2017	

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.62	52,080
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		425,508
EMPLOYEE FRINGE BENEFITS	31.10%	132,333
TOTAL SALARIES & BENEFITS		557,841

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	37,001
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,331

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

641,172

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name: Public Health Foundation Enterprises, Inc.		SFHOT		SFHOT		SFHOT	
Provider Name: SFHOT		N/A		N/A		N/A	
Provider Number: 383800		SecPrev-19		SecPrev-19		SecPrev-19	
Program Name:		SA-Sec Prev Outreach		SA-Sec Prev Outreach		SA-Sec Prev Outreach	
Mode/SFC (MH) or Modality (SA):		07/01/16-06/30/17		07/01/16-06/30/17		07/01/16-06/30/17	
Service Description:							
Funding Term:							
FUNDING USES							
Salaries & Employee Benefits:	4,354,479	150,490				4,504,969	
Operating Expenses:	758,695					758,695	
Capital Expenses (greater than \$5,000):							
Subtotal Direct Expenses:	5,113,174	150,490				5,263,664	
Indirect Expenses:	613,582	18,059				631,641	
TOTAL FUNDING USES:	5,726,756	168,549				5,895,305	
BHS MENTAL HEALTH FUNDING SOURCES							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES							
BHS SUBSTANCE ABUSE FUNDING SOURCES							
HMHSACCRES227	5,726,756					5,726,756	
SA COUNTY - General Fund							
SA WORK ORDER - Public Library SFHOT		168,549				168,549	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		168,549				168,549	
OTHER DPH FUNDING SOURCES							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES	5,726,756	168,549				5,895,305	
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	5,726,756	168,549				5,895,305	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable):							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR					
DPH Units of Service:	92,248	5,964					
Unit Type:	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH Funding Sources Only):	62.08	28.26					
Cost Per Unit - Contract Rate (DPH & Non-DPH Funding Sources):	62.08	28.26					
Published Rate (Medi-Cal Providers Only):							
Unduplicated Clients (UDC):	825	30					855

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Program Name: SFHOT

Document Date: 2/26/15

Appendix #: B-1b

Page #: 2

Position Title	Term: 07/01/16-06/30/17		Term: 07/01/16-06/30/17		Term: 07/01/16-06/30/17		Term: 07/01/16-06/30/17		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Coordinator	1.00	50,000	1.00	50,000						
Community Liaison	1.00	55,000	1.00	55,000						
Business Analyst Transitions Division	1.00	66,000	1.00	66,000						
Administrative Assistant	1.00	40,000	1.00	40,000						
Social Workers	3.00	222,000	3.00	222,000						
Housing Specialist	1.00	55,000	1.00	55,000						
Program Coordinator EST	1.00	68,000	1.00	68,000						
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959						
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000						
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960				
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889				
Health & Safety Associates (6 pos)	2.63	65,520			2.63	65,520				
Interns (10 pos)	3.30	75,847	3.30	75,847						
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369				

Employee Fringe Benefits:	34.43%	1,153,794	34.78%	1,123,673	25.02%	30,121		
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TOTAL SALARIES & BENEFITS	4,504,969	4,354,479	150,490
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DPH 4: Operating Expenses Detail

Appendix #: B-1b
Page # 3

Program Code: N/A
Program Name: SFHOT
Document Date: 2/26/15

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHS227	Public Library Workorder HMHS227	Term: 07/01/16-06/30/17	Term: 07/01/16-06/30/17	Term: 07/01/16-06/30/17
Occupancy:						
Rent	\$ 72,000	\$ 72,000				
Utilities (telephone, electricity, water, gas)	\$ 12,000	\$ 12,000				
Building Repair/Maintenance	\$ 6,000	\$ 6,000				
Mobile Phones	\$ 46,200	\$ 46,200				
Maintenals & Supplies:						
Office Supplies	\$ 12,600	\$ 12,600				
Program Supplies	\$ 36,000	\$ 36,000				
Handheld Computers and Application	\$ -	\$ -				
Computer hardware/software	\$ -	\$ -				
General Operating:						
Training/Staff Development	\$ 28,000	\$ 28,000				
Insurance	\$ -	\$ -				
Equipment Lease & Maintenance	\$ 2,400	\$ 2,400				
Offsite Storage	\$ 2,112	\$ 2,112				
Audit & Accounting	\$ 10,000	\$ 10,000				
Staff Travel:						
Local Travel	\$ -	\$ -				
Out-of-Town Travel	\$ 10,000	\$ 10,000				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:						
Professional Services to Rep Payee TBD	\$ 75,000	\$ 75,000				
RTZ software consultation and development	\$ 36,000	\$ 36,000				
Professional Registry TBD	\$ 240,000	\$ 240,000				
Other Professional Consultants TBD	\$ 15,983	\$ 15,983				
Other:						
Client Related Supplies & Expenses	\$ 60,000	\$ 60,000				
Van Parking	\$ 64,000	\$ 64,000				
Vehicle Maintenance	\$ 10,000	\$ 10,000				
Vehicle Expenses	\$ 3,600	\$ 3,600				
Van Lease	\$ 16,800	\$ 16,800				
TOTAL OPERATING EXPENSE	758,695	758,695				

DPH 5: Capital Expenses Detail

Program Code: N/A
 Program Name: SFHOT
 Document Date: 2/26/15

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 Page#: 4

1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Total Equipment Cost					\$0

2. Remodelling

Description	Total Cost
Total Remodelling Cost	\$0

Total Capital Expenditure
 (Equipment plus Remodeling Cost)

\$0
 Amendment: 03/01/2015

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/16-06/30/17

Appendix #: B-1b
 Page #: **5**

1) SALARIES & BENEFITS:

Staff Position 1: Administrative Coordinator						
Brief description of job duties: Manages SFHOT offices and coordinates operations, including facilities, equipment, inventory, repairs, etc						
Minimum qualifications: Experience or Bachelor's degree						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	50,000.00	1.00	12		1.00	\$ 50,000

Staff Position 2: Community Liaison						
Brief description of job duties: Interface with community departments and special projects planning						
Minimum qualifications: Experience with population and community. Bachelor's degree preferred						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	55,000.00	1.00	12		1.00	\$ 55,000

Staff Position 3: Business Analyst Transitions Division						
Brief description of job duties: Respond to community providers regarding computer access, generate data reports, plan data needs						
Minimum qualifications: Bachelor's degree in a Health Science. Experience analysis large datasets and interacting with community.						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	68,000.00	1.00	12		1.00	\$ 68,000

Staff Position 4: Administrative Assistant						
Brief description of job duties: Manage, mail, supplies, office organization						
Minimum qualifications: Associates degree preferred. Experience in busy office with vulnerable populations						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	40,000.00	1.00	12		1.00	\$ 40,000

Staff Position 5: Social Worker						
Brief description of job duties: Supervise Specialist I and II in daily work						
Minimum qualifications: Master's degree in Social Work or Marriage, Family Therapy. License preferred. Experience with homeless population.						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	74,000.00	3.00	12		1.00	\$ 222,000

Staff Position 6: Housing Specialist						
Brief description of job duties: Manage the daily Stabilization Room reservations and activity. Prepare reports.						
Minimum qualifications: Bachelors degree. Computer skills and database management. Experience with homeless population.						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	55,000.00	1.00	12		1.00	\$ 55,000

Staff Position 7: Program Coordinator for Engagement Specialist Mobile Team						
Brief description of job duties: Manage schedules, manage team operation, analyze progress, relate to community						
Minimum qualifications: Master's degree in a Health Science, experience managing a team, knowledge of the population, computer skills						
	Annual Salary:	x FTE:	x Months per Year:		Annualized (if less than 12 months):	Total
\$	68,000.00	1.00	12		1.00	\$ 68,000

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/16-06/30/17

Appendix #: B-1b
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Staff Position 8: SFHOT Specialist I						
Under direction of SW or MFT provide support for homeless clients in benefits, housing, treatment linkages, therapeutic transport, street outreach, and case management. Help program participants engage or re-engage with community resources including jobs.						
Brief description of job duties: engage with community resources including jobs.						
Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total		
\$ 45,919.00	32.60	12	1.00	\$ 1,496,959		

Staff Position 9: SFHOT Specialist II						
Under direction of SW or MFT provide support for clients in benefits, housing, treatment linkages, therapeutic transport, street outreach, and case management. Help program participants engage or re-engage with community resources including jobs.						
Brief description of job duties: community resources including jobs						
Minimum qualifications: Bachelor's or Master's degree and experience with homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total		
\$ 55,000.00	20.00	12	1.00	\$ 1,100,000		

Staff Position 10: SFHOT Specialist I Library Position						
Brief description of job duties: SFHOT Specialist I for Public Library neighborhood locations						
Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total		
\$ 45,919.00	0.50	12	1.00	\$ 22,960		

Staff Position 11: SFHOT Specialist II Library Position						
Brief description of job duties: SFHOT Specialist II for Public Library neighborhood locations						
Minimum qualifications: Bachelor's or Master's degree and experience w/ homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total		
\$ 55,000.00	0.58	12	1.00	\$ 31,889		

Staff Position 12: Health & Safety Associates						
San Francisco Public Library Health & Safety Associates identify health & safety concerns at the library, and interact and practice effective outreach techniques with homeless populations. Part-time positions.						
Brief description of job duties: interact and practice effective outreach techniques with homeless populations. Part-time positions.						
Minimum qualifications: Prior personal experience with homelessness, knowledge of the client population, ability to work with a diverse staff & clientele, able to speak, write and read English, and ability to use the internet						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total		
\$ 24,960.00	2.63	12	1.00	\$ 65,520		

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/16-06/30/17

Appendix #: B-1b
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Staff Position 13: Interns					
Client Training Interns interact and practice effective outreach techniques with homeless populations.					
Brief description of job duties: Part-time positions					
Minimum qualifications: Prior personal experience with homelessness, knowledge of the client population, ability to work with a diverse staff & clientele, able to speak, write and read English, and ability to use the internet					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 22,984.00	3.30	12	1.00	\$ 75,847	

Total FTE:	69.60	Fringe Benefit %:	Total Salaries: \$ 3,351,175
			34.43% \$ 1,153,794
			TOTAL SALARIES & BENEFITS: \$ 4,504,969

2) OPERATING EXPENSES:

Occupancy:

Brief description of expense: \$6000/mo * 12 months	Rent: \$ 72,000
Brief description of expense: \$1000/mo * 12 months	Utilities: \$ 12,000
Brief description of expense: \$500/mo * 12 months	Building Maintenance: \$ 6,000
Brief description of expense: \$55/mo * 70 mobile phones * 12 months	Mobile Phones \$ 46,200
	Total Occupancy: \$ 136,200

Materials & Supplies:

Brief description of expense: \$15/employee/month x 70 employees x 12 months	Office Supplies: \$ 12,600
Brief description of expense: \$3000/mo * 12 mo, including, but not limited to employee uniforms, medical supplies (gloves, hand sanitizer, masks, lice, flea and tick treatments, etc.), containers, and vehicle supplies (wipes, disinfectant spray, air freshener, etc.).	Program Supplies: \$ 36,000
	Total Materials & Supplies: \$ 48,600

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
Program Name: SFHOT
Funding Term: 7/01/16-06/30/17

Appendix #: B-1b
Page #: 8

General Operating:

	Training/Staff Development	\$	28,000
Brief description of expense: \$2,334/mo * 12 months for trainings for the SFHOT team, including but not limited to CPR, First Aid, Course fees, specialized homeless and trauma experts			
	Equipment Lease and Maintenance:	\$	2,400
Brief description of expense: Equipment Leases & Maintenance to support the SFHOT operations including but not limited to Copier lease at \$200/mo * 12 months			
	Offsite Storage:	\$	2,112
Brief description of expense: Storage at \$176/mo * 12 months			
	Audit & Accounting:	\$	10,000
Brief description of expense: Annual expense \$10,000			
Total General Operating:			\$ 42,512

Staff Travel:

	Local Travel		
Brief description of expense:			
	Out-of-Town Travel	\$	10,000
Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences			
Total Staff Travel:			\$ 10,000

Consultants/Subcontractors:

	Consultants/Subcontractors:	\$	75,000
Brief description of expense: \$75,000 annually for Representative Payee Services			
	Consultants/Subcontractors:	\$	36,000
Brief description of expense: \$3000 per month x 12 months for software updates for RTZ at direction of IT dept for building electronic med record for homeless services			
	Consultants/Subcontractors:	\$	240,000
Brief description of expense: \$240,000 to professional registries for bringing in on-call medical and driver services during staff shortage			
	Consultants/Subcontractors:	\$	15,983
Brief description of expense: Homeless best practice consultants to align with nation-wide Initiatives			
Total Consultants/Subcontractors:			\$ 366,983

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 7/01/16-06/30/17

Appendix #: **B-1b**
 Page #: **4**

Other:

Other Client Related Supplies & Expenses: \$ 60,000

\$7000/mo for 12 months for client related supplies and expenses to support homeless clients. Expenses include, but not limited to obtaining IDs, documents, engagement incentives and supplies, gift cards, food,

Brief description of expense: clothing, bedding, hygiene supplies, moving costs for transporting client related supplies, etc.

Other Vehicle parking: \$ 64,000

Brief description of expense: \$280.70 per vehicle x 19 vehicles x 12 months

Other Vehicle Maintenance: \$ 10,000

Required maintenance on vehicles, including but not limited to oil changes, tires maintenance, and damage

Brief description of expense: repair

Other- Vehicle Expenses \$ 3,600

\$300 per month for 12 months. Vehicle expenses includes installation and interest expenses, as approved by program directors, related to SFHOT Vehicles, including but not limited to the installation of GPS (including monthly charges), radios, and other supplies and equipment needed for the safety and monitoring of the

Brief description of expense: SFHOT fleet.

Other van leasing: \$ 16,800

Brief description of expense: \$700/mo * 2 vans * 12 months

Total Other: \$ 154,400

TOTAL OPERATING EXPENSES: \$ 758,695

3) CAPITAL EXPENDITURES:

(If needed. A unit valued at \$5,000 or more)

Capital Expenditure 1: _____

Brief description of expense: _____

Capital Expenditure 2: _____

Brief description of expense: _____

Capital Expenditure 3: _____

Brief description of expense: _____

TOTAL CAPITAL EXPENDITURES: \$ -

TOTAL DIRECT COSTS: \$ 5,263,664

4) INDIRECT COSTS

Brief description of Indirect Cost Expenses:

Amount

Indirect costs cover fiscal and human resources management staff and systems costs.	\$ <u>631,641</u>
Costs calculated at 12% of total costs.	

An allocation of administrative & support staff salary and related fringe benefits and general overhead expenses related to the contract. Rate is 12% of Direct Cost.

TOTAL INDIRECT COSTS: \$ 631,641

TOTAL EXPENSES: \$ 5,895,305

DPH 7: Contract-Wide Indirect Detail

Contractor Name: Public Health Foundation Enterprises, Inc. Appendix#: B-1b
 Program Name: SFHOT Page #: 10
 Document Date: 2/26/15
 Fiscal Year: 2016-2017

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.53	44,520
Sr. Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.30	16,715
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		417,948
EMPLOYEE FRINGE BENEFITS	31.10%	129,982
TOTAL SALARIES & BENEFITS		547,930

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	37,381
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	83,711

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

631,641

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

Contractor Name: Public Health Foundation Enterprises, Inc.		SFHOT		SFHOT		SFHOT		SFHOT	
Provider Name: SFHOT		N/A		SecPrev-19		SecPrev-19		N/A	
Provider Number: 383800		SA-Sec Prev Outreach		SA-Sec Prev Outreach		SA-Sec Prev Outreach		SA-Sec Prev Outreach	
Program Name:		Mode/SFC (MH) or Modality (SA):		Service Description:		Funding Term:		TOTAL	
		07/01/17-06/30/18		07/01/17-06/30/18		07/01/17-06/30/18			
FUNDING USES									
Salaries & Employee Benefits:		4,354,479		150,490		-		4,504,969	
Operating Expenses: (greater than \$5,000):		615,062		-		-		615,062	
Capital Expenses		-		-		-		-	
Subtotal Direct Expenses:		4,969,541		150,490		-		5,120,031	
Indirect Expenses:		596,345		18,059		-		614,404	
TOTAL FUNDING USES:		5,565,886		168,549		-		5,734,435	
BHS MENTAL HEALTH FUNDING SOURCES									
TOTAL BHS MENTAL HEALTH FUNDING SOURCES									
BHS SUBSTANCE ABUSE FUNDING SOURCES									
SA COUNTY - General Fund		HMHSCCRES227		5,565,886		-		5,565,886	
SA WORK ORDER - Public Library SFHOT		HMHSOMELSWO		168,549		-		168,549	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		5,565,886		168,549		-		5,734,435	
OTHER DPH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES									
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES		-		-		-		-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,565,886		168,549		-		5,734,435	
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased (if applicable):									
SA Only - Non-Res 33 - ODF # of Group Sessions (classes):									
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program:									
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR		CR		CR		CR	
DPH Units of Service:		89,657		5,964		-		-	
Unit Type:		Staff Hour		Staff Hour		-		-	
Cost Per Unit - DPH Rate (DPH Funding Sources Only):		62.08		28.26		-		-	
Cost Per Unit - Contract Rate (DPH & Non-DPH Funding Sources):		62.08		28.26		-		-	
Published Rate (Medi-Cal Providers Only):		825		30		-		-	
Unduplicated Clients (UDC):		825		30		-		855	

DPH 3: Salaries & Benefits Detail

Program Code: N/A

Program Name: SFHOT

Document Date: 2/26/15

Appendix #: B-1c

Page #: 2

Position Title	Term: 07/01/17-06/30/18		Term: 07/01/17-06/30/18		Term: 07/01/17-06/30/18		Term: 07/01/17-06/30/18		Term: 07/01/17-06/30/18	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Coordinator	1.00	50,000	1.00	50,000						
Community Liaison	1.00	55,000	1.00	55,000						
Business Analyst Transitions Division	1.00	68,000	1.00	68,000						
Administrative Assistant	1.00	40,000	1.00	40,000						
Social Workers	3.00	222,000	3.00	222,000						
Housing Specialist	1.00	55,000	1.00	55,000						
Program Coordinator EST	1.00	68,000	1.00	68,000						
SFHOT Specialist I (34 pos)	32.60	1,496,959	32.60	1,496,959						
SFHOT Specialist II (21 pos)	20.00	1,100,000	20.00	1,100,000						
SFHOT Specialist I - Library (1 pos)	0.50	22,960			0.50	22,960				
SFHOT Specialist II - Library (1 pos)	0.58	31,889			0.58	31,889				
Health & Safety Associates (8 pos)	2.63	65,520			2.63	65,520				
Interns (10 pos)	3.30	75,847	3.30	75,847						
Totals:	68.60	3,351,175	64.90	3,230,806	3.70	120,369				

Employee Fringe Benefits:	34.43%	1,153,794	34.78%	1,123,673	25.02%	30,121
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TOTAL SALARIES & BENEFITS	4,504,969	4,354,479	150,490
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DPH 4: Operating Expenses Detail

Appendix #: B-1c
Page # 3

Program Code: N/A
Program Name: SFHOT
Document Date: 2/26/15

Expenditure Categories & Line Items	TOTAL	SA General Fund HMHSOCRES227	Public Library Workorder HMHSOHEL3WO	Term:	Term:	Term:
	Term:07/01/17-06/30/18	Term: 07/01/17-06/30/18	Term:07/01/17-06/30/18			
Occupancy:						
Rent \$	72,000 \$	72,000 \$				
Utilities(telephone, electricity, water, gas) \$	12,000 \$	12,000 \$				
Building Repair/Maintenance \$	6,000 \$	6,000 \$				
Mobile Phones \$	46,200 \$	46,200 \$				
Materials & Supplies:						
Office Supplies \$	12,600 \$	12,600 \$				
Program Supplies \$	36,000 \$	36,000 \$				
Handheld Computers and Application \$	- \$	- \$				
Computer hardware/software \$	- \$	- \$				
General Operating:						
Training/Staff Development \$	28,000 \$	28,000 \$				
Insurance \$	- \$	- \$				
Equipment Lease & Maintenance \$	2,400 \$	2,400 \$				
Offsite Storage \$	2,112 \$	2,112 \$				
Audit & Accounting \$	10,000 \$	10,000 \$				
Staff Travel:						
Local Travel \$	- \$	- \$				
Out-of-Town Travel \$	10,000 \$	10,000 \$				
Field Expenses \$	- \$	- \$				
Consultant/Subcontractor:						
Professional Services to Rep Payee TBD \$	75,000 \$	75,000 \$				
RTZ software consultation and development \$	36,000 \$	36,000 \$				
Professional Registry TBD \$	107,350 \$	107,350 \$				
Other Professional Consultants TBD \$	5,000 \$	5,000 \$				
Other:						
Client Related Supplies & Expenses \$	60,000 \$	60,000 \$				
Van Parking \$	64,000 \$	64,000 \$				
Vehicle Maintenance \$	10,000 \$	10,000 \$				
Vehicle Expenses \$	3,600 \$	3,600 \$				
Van Lease \$	16,800 \$	16,800 \$				

TOTAL OPERATING EXPENSE 615,062 615,062

DPH 5: Capital Expenses Detail

Program Code: N/A
 Program Name: SFHOT
 Document Date: 2/26/15

Appendix: B-1c
 Page#: 4

1. Equipment	Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Total Equipment Cost						<u>\$0</u>

2. Remodeling	Description	Total Cost
Total Remodeling Cost		<u>\$0</u>

Total Capital Expenditure
 (Equipment plus Remodeling Cost) \$0

Amendment: 03/01/2015

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 07/01/17-06/30/18

Appendix #: **B-1c**
 Page #: **5**

1) SALARIES & BENEFITS:

Staff Position 1: Administrative Coordinator					
Brief description of job duties: Manages SFHOT offices and coordinates operations, including facilities, equipment, inventory, repairs, etc					
Minimum qualifications: Experience or Bachelor's degree					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 50,000.00	1.00	12	1.00	\$ 50,000	

Staff Position 2: Community Liaison					
Brief description of job duties: Interface with community departments and special projects planning					
Minimum qualifications: Experience with population and community. Bachelor's degree preferred					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 55,000.00	1.00	12	1.00	\$ 55,000	

Staff Position 3: Business Analyst Transitions Division					
Brief description of job duties: Respond to community providers regarding computer access, generate data reports, plan data needs					
Minimum qualifications: Bachelor's degree in a Health Science. Experience analysis large datasets and interacting with community.					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 68,000.00	1.00	12	1.00	\$ 68,000	

Staff Position 4: Administrative Assistant					
Brief description of job duties: Manage, mail, supplies, office organization					
Minimum qualifications: Associates degree preferred. Experience in busy office with vulnerable populations					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 40,000.00	1.00	12	1.00	\$ 40,000	

Staff Position 5: Social Worker					
Brief description of job duties: Supervise Specialist I and II in daily work					
Minimum qualifications: Master's degree in Social Work or Marriage, Family Therapy. License preferred. Experience with homeless population.					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 74,000.00	3.00	12	1.00	\$ 222,000	

Staff Position 6: Housing Specialist					
Brief description of job duties: Manage the daily Stabilization Room reservations and activity. Prepare reports.					
Minimum qualifications: Bachelors degree. Computer skills and database management. Experience with homeless population.					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 55,000.00	1.00	12	1.00	\$ 55,000	

Staff Position 7: Program Coordinator for Engagement Specialist Mobile Team					
Brief description of job duties: Manage schedules, manage team operation, analyze progress, relate to community					
Minimum qualifications: Master's degree in a Health Science, experience managing a team, knowledge of the population, computer skills					
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total	
\$ 68,000.00	1.00	12	1.00	\$ 68,000	

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 07/01/17-06/30/18

Appendix #: B-1c
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Staff Position 8: SFHOT Specialist I						
Under direction of SW or MFT provide support for homeless clients in benefits, housing, treatment linkages, therapeutic transport, street outreach, and case management. Help program participants engage or re-engage						
Brief description of job duties: with community resources including jobs.						
Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 45,919.00	32.60	12	1.00		\$ 1,496,959	

Staff Position 9: SFHOT Specialist II						
Under direction of SW or MFT provide support for clients in benefits, housing, treatment linkages, therapeutic transport, street outreach, and case management. Help program participants engage or re-engage with						
Brief description of job duties: community resources including jobs						
Minimum qualifications: Bachelor's or Master's degree and experience with homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 55,000.00	20.00	12	1.00		\$ 1,100,000	

Staff Position 10: SFHOT Specialist I Library Position						
Brief description of job duties: SFHOT Specialist I for Public Library neighborhood locations						
Minimum qualifications: Associates degree and experience with homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 45,919.00	0.50	12	1.00		\$ 22,960	

Staff Position 11: SFHOT Specialist II Library Position						
Brief description of job duties: SFHOT Specialist II for Public Library neighborhood locations						
Minimum qualifications: Bachelor's or Master's degree and experience w/ homeless and tri-morbid populations						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 55,000.00	0.58	12	1.00		\$ 31,889	

Staff Position 12: Health & Safety Associates						
San Francisco Public Library Health & Safety Associates identify health & safety concerns at the library, and						
Brief description of job duties: interact and practice effective outreach techniques with homeless populations. Part-time positions.						
Minimum qualifications: Prior personal experience with homelessness, knowledge of the client population, ability to work with a diverse staff & clientele, able to speak, write and read English, and ability to use the internet						
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):		Total	
\$ 24,960.00	2.63	12	1.00		\$ 65,520	

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 07/01/17-06/30/18

Appendix #: **B-1c**
 Page #: **7**

Staff Position 13: Interns				
Brief description of job duties: Client Training Interns interact and practice effective outreach techniques with homeless populations. Part-time positions				Part-
Minimum qualifications: Prior personal experience with homelessness, knowledge of the client population, ability to work with a diverse staff & clientele, able to speak, write and read English, and ability to use the internet				
Annual Salary:	x FTE:	x Months per Year:	Annualized (if less than 12 months):	Total
\$ 22,984.00	3.30	12	1.00	\$ 75,847

Total FTE:	69.60	Fringe Benefit %:	Total Salaries: \$	3,351,175
			34.43%	\$ 1,153,794
			TOTAL SALARIES & BENEFITS: \$	4,504,969

2) OPERATING EXPENSES:

Occupancy:

Brief description of expense: \$6000/mo * 12 months	Rent: \$	72,000
Brief description of expense: \$1000/mo * 12 months	Utilities: \$	12,000
Brief description of expense: \$500/mo * 12 months	Building Maintenance: \$	6,000
Brief description of expense: \$55/mo * 70 mobile phones * 12 months	Mobile Phones \$	46,200
Total Occupancy: \$		136,200

Materials & Supplies:

Brief description of expense: \$15/employee/month x 70 employees x 12 months	Office Supplies: \$	12,600
Brief description of expense: \$3000/mo * 12 mo, including, but not limited to employee uniforms, medical supplies (gloves, hand sanitizer, masks, lice, flea and tick treatments, etc.), containers, and vehicle supplies (wipes, disinfectant spray, air freshener, etc.).	Program Supplies: \$	36,000
Total Materials & Supplies: \$		48,600

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
Program Name: SFHOT
Funding Term: 07/01/17-06/30/18

Appendix #: B-1c
Page #: 8

General Operating:

	Training/Staff Development	\$	28,000
Brief description of expense: \$2,334/mo * 12 months for trainings for the SFHOT team, including but not limited to CPR, First Aid, Course fees, specialized homeless and trauma experts			
	Equipment Lease and Maintenance:	\$	2,400
Brief description of expense: Equipment Leases & Maintenance to support the SFHOT operations including but not limited to Copier lease at \$200/mo * 12 months			
	Offsite Storage:	\$	2,112
Brief description of expense: Storage at \$176/mo * 12 months			
	Audit & Accounting:	\$	10,000
Brief description of expense: Annual expense \$10,000			
	Total General Operating:	\$	42,512

Staff Travel:

	Local Travel		
Brief description of expense:			
	Out-of-Town Travel	\$	10,000
Brief description of expense: \$2000 * 5 staff for Healthcare for Homeless and Street Medicine conferences			
	Total Staff Travel:	\$	10,000

Consultants/Subcontractors:

	Consultants/Subcontractors:	\$	75,000
Brief description of expense: \$75,000 annually for Representative Payee Services			
	Consultants/Subcontractors:	\$	36,000
Brief description of expense: \$3000 per month x 12 months for software updates for RTZ at direction of IT dept for building electronic med record for homeless services			
	Consultants/Subcontractors:	\$	107,350
Brief description of expense: \$107,350 to professional registries for bringing in on-call medical and driver services during staff shortage			
	Consultants/Subcontractors:	\$	5,000
Brief description of expense: Homeless best practice consultants to align with nation-wide initiatives			
	Total Consultants/Subcontractors:	\$	223,350

DPH 6: BHS BUDGET JUSTIFICATION

Contractor Name: Public Health Foundation Enterprises, Inc.
 Program Name: SFHOT
 Funding Term: 07/01/17-06/30/18

Appendix #: **B-1c**
 Page #: **9**

Other:

Other Client Related Supplies & Expenses: \$ 60,000

\$5000/mo for 12 months for client related supplies and expenses to support homeless clients. Expenses include, but not limited to obtaining IDs, documents, engagement incentives and supplies, gift cards, food,

Brief description of expense: clothing, bedding, hygiene supplies, moving costs for transporting client related supplies, etc.

Other Vehicle parking: \$ 64,000

Brief description of expense: 280.70 per vehicle x 19 vehicles x 12 months

Other Vehicle Maintenance: \$ 10,000

Required maintenance on vehicles, including but not limited to oil changes, tires maintenance, and damage

Brief description of expense: repair

Other- Vehicle Expenses \$ 3,600

\$300 per month for 12 months. Vehicle expenses includes installation and interest expenses, as approved by program directors, related to SFHOT Vehicles, including but not limited to the installation of GPS (including monthly charges), radios, and other supplies and equipment needed for the safety and monitoring of the SFHOT

Brief description of expense: fleet.

Other van leasing: \$ 16,800

Brief description of expense: \$700/mo * 2 vans * 12 months

Total Other: \$ 154,400

TOTAL OPERATING EXPENSES: \$ 615,062

3) CAPITAL EXPENDITURES:

(If needed. A unit valued at \$5,000 or more)

Capital Expenditure 1: _____

Brief description of expense: _____

Capital Expenditure 2: _____

Brief description of expense: _____

Capital Expenditure 3: _____

Brief description of expense: _____

TOTAL CAPITAL EXPENDITURES: \$ -

TOTAL DIRECT COSTS: \$ 5,120,031

4) INDIRECT COSTS

Brief description of Indirect Cost Expenses:

Amount

Indirect costs cover fiscal and human resources management staff and systems costs.	\$ 614,404
Costs calculated at 12% of total costs.	

An allocation of administrative & support staff salary and related fringe benefits and general overhead expenses related to the contract. Rate is 12% of Direct Cost.

TOTAL INDIRECT COSTS: \$ 614,404

TOTAL EXPENSES: \$ 5,734,435

DPH 7: Contract-Wide Indirect Detail

Contractor Name: Public Health Foundation Enterprises, Inc. Appendix#: B-1c
 Program Name: SFHOT Page #: 10
 Document Date: 2/26/15
 Fiscal Year: 2017-2018

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Benefits Coordinator	0.10	7,491
Workers Comp & Safety Administrator	0.20	10,920
LOA Coordinator	0.20	13,655
HR Assistant	1.00	42,000
HR Generalist - San Francisco	1.00	78,750
HR Manager	0.08	14,981
Contract & Grant Manager	0.53	44,520
Sr Admin Analyst - San Francisco	1.00	84,000
Sr. Budget Analyst	0.40	32,977
Accounts Payable Specialist	0.20	11,143
Payroll Specialist	0.20	9,964
Director, Contract and Grant Management	0.15	23,625
Controller	0.05	6,300
CFO	0.05	10,000
CEO	0.07	22,050
SUBTOTAL SALARIES		412,377
EMPLOYEE FRINGE BENEFITS	31.10%	128,249
TOTAL SALARIES & BENEFITS		540,626

2. OPERATING COSTS

Expense line item:	Amount
Occupational Inoculations	3,050
Employee Background Checks	5,080
Job Posting/Recruitment	1,200
HR Materials (policy procedure manuals, training manuals)	3,000
Staff Travel	27,448
Physical Check	12,000
Check Delivery	2,000
Liability Insurance	5,000
Staff Travel/SFHOT EE Mileage	15,000
TOTAL OPERATING COSTS	73,778

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

614,404

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-1a (GF-SA)
PAGE A

Control Number

Contractor: Public Health Foundation Enterprises, Inc.

Address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Tel. No.: (562) 699-7320

Fax No.:



Funding Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 15

Ct. Blanket No.: BPHM

User Cd

Ct. PO No.: POHM

Fund Source: General Fund

Invoice Period: July 2015

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1a SFHOT												
SecPrev-19 SA-Sec Prev Outreach	93,681	825			-	-	0%	0%	93,681	825	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 3,230,806.00	\$ -	\$ -	0.00%	\$ 3,230,806.00
Fringe Benefits	\$ 1,123,673.00	\$ -	\$ -	0.00%	\$ 1,123,673.00
Total Personnel Expenses	\$ 4,354,479.00	\$ -	\$ -	0.00%	\$ 4,354,479.00
Operating Expenses:					
Occupancy	\$ 136,200.00	\$ -	\$ -	0.00%	\$ 136,200.00
Materials and Supplies	\$ 97,060.00	\$ -	\$ -	0.00%	\$ 97,060.00
General Operating	\$ 32,512.00	\$ -	\$ -	0.00%	\$ 32,512.00
Staff Travel	\$ 10,000.00	\$ -	\$ -	0.00%	\$ 10,000.00
Consultant/ Subcontractor	\$ 407,964.00	\$ -	\$ -	0.00%	\$ 407,964.00
Other: Client Related Supplies & Expenses,	\$ 154,400.00	\$ -	\$ -	0.00%	\$ 154,400.00
Car Parking, Van Parking, Vehicle Maintenance,	\$ -	\$ -	\$ -	0.00%	\$ -
Vehicle Expenses, Van Lease	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 838,136.00	\$ -	\$ -	0.00%	\$ 838,136.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 5,192,615.00	\$ -	\$ -	0.00%	\$ 5,192,615.00
Indirect Expenses	\$ 623,113.00	\$ -	\$ -	0.00%	\$ 623,113.00
Total Expenses	\$ 5,815,728.00	\$ -	\$ -	0.00%	\$ 5,815,728.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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 contract approved 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-1a (GF-WO)
PAGE A

Control Number

Contractor: **Public Health Foundation Enterprises, Inc.**

Address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Tel. No.: (562) 699-7320

Fax No.:



Funding Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S02 JL 15

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: SA Work Order-Public Library SFHOT

Invoice Period: July 2015

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1a SFHOT - HMHSHOMEELSWO												
SecPrev-19 SA-Sec Prev Outreach	5,964	30			-	-	0%	0%	5,964	30	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 120,369.00	\$ -	\$ -	0.00%	\$ 120,369.00
Fringe Benefits	\$ 30,121.00	\$ -	\$ -	0.00%	\$ 30,121.00
Total Personnel Expenses	\$ 150,490.00	\$ -	\$ -	0.00%	\$ 150,490.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 150,490.00	\$ -	\$ -	0.00%	\$ 150,490.00
Indirect Expenses	\$ 18,059.00	\$ -	\$ -	0.00%	\$ 18,059.00
Total Expenses	\$ 168,549.00	\$ -	\$ -	0.00%	\$ 168,549.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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 contract approved 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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-1b (GF-SA)
PAGE A

Control Number

Contractor: Public Health Foundation Enterprises, Inc.

Address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Tel. No.: (562) 699-7320

Fax No.:

CBHS

Funding Term: 07/01/2016 - 06/30/2017

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: S01 JL 16

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2016

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1b SFHOT												
SecPrev-19 SA-Sec Prev Outreach	93,681	825			-	-	0%	0%	93,681	825	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 3,230,806.00	\$ -	\$ -	0.00%	\$ 3,230,806.00
Fringe Benefits	\$ 1,123,673.00	\$ -	\$ -	0.00%	\$ 1,123,673.00
Total Personnel Expenses	\$ 4,354,479.00	\$ -	\$ -	0.00%	\$ 4,354,479.00
Operating Expenses:					
Occupancy	\$ 136,200.00	\$ -	\$ -	0.00%	\$ 136,200.00
Materials and Supplies	\$ 48,600.00	\$ -	\$ -	0.00%	\$ 48,600.00
General Operating	\$ 42,512.00	\$ -	\$ -	0.00%	\$ 42,512.00
Staff Travel	\$ 10,000.00	\$ -	\$ -	0.00%	\$ 10,000.00
Consultant/ Subcontractor	\$ 366,983.00	\$ -	\$ -	0.00%	\$ 366,983.00
Other: Client Related Supplies & Expenses,	\$ 154,400.00	\$ -	\$ -	0.00%	\$ 154,400.00
Van Parking, Vehicle Maintenance,	\$ -	\$ -	\$ -	0.00%	\$ -
Vehicle Expenses, Van Lease	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 758,695.00	\$ -	\$ -	0.00%	\$ 758,695.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 5,113,174.00	\$ -	\$ -	0.00%	\$ 5,113,174.00
Indirect Expenses	\$ 613,582.00	\$ -	\$ -	0.00%	\$ 613,582.00
Total Expenses	\$ 5,726,756.00	\$ -	\$ -	0.00%	\$ 5,726,756.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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 contract approved 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: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-1b (GF-WO)
PAGE A

Control Number

Contractor: **Public Health Foundation Enterprises, Inc.**

Address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Tel. No.: (562) 699-7320

Fax No.:



Funding Term: 07/01/2016 - 06/30/2017

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: **S02 JL 16**

Ct. Blanket No.: BPHM **TBD**

Ct. PO No.: POHM **TBD**

Fund Source: **SA Work Order-Public Library SFHOT**

Invoice Period: **July 2016**

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1b SFHOT - HMHSHOMEISWO												
SecPrev-19 SA-Sec Prev Outreach	5,964	30			-	-	0%	0%	5,964	30	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 120,369.00	\$ -	\$ -	0.00%	\$ 120,369.00
Fringe Benefits	\$ 30,121.00	\$ -	\$ -	0.00%	\$ 30,121.00
Total Personnel Expenses	\$ 150,490.00	\$ -	\$ -	0.00%	\$ 150,490.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 150,490.00	\$ -	\$ -	0.00%	\$ 150,490.00
Indirect Expenses	\$ 18,059.00	\$ -	\$ -	0.00%	\$ 18,059.00
Total Expenses	\$ 168,549.00	\$ -	\$ -	0.00%	\$ 168,549.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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 contract approved 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: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-1c (GF-SA)
PAGE A

Control Number

Contractor: Public Health Foundation Enterprises, Inc.

Address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Tel. No.: (562) 699-7320

Fax No.:

CBHS

Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

S01 JL 17

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

TBD

Fund Source:

General Fund

Invoice Period:

July 2017

Final Invoice:

(Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1c SFHOT												
SecPrev-19 SA-Sec Prev Outreach	93,681	825			-	-	0%	0%	93,681	825	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 3,230,806.00	\$ -	\$ -	0.00%	\$ 3,230,806.00
Fringe Benefits	\$ 1,123,673.00	\$ -	\$ -	0.00%	\$ 1,123,673.00
Total Personnel Expenses	\$ 4,354,479.00	\$ -	\$ -	0.00%	\$ 4,354,479.00
Operating Expenses:					
Occupancy	\$ 136,200.00	\$ -	\$ -	0.00%	\$ 136,200.00
Materials and Supplies	\$ 48,600.00	\$ -	\$ -	0.00%	\$ 48,600.00
General Operating	\$ 42,512.00	\$ -	\$ -	0.00%	\$ 42,512.00
Staff Travel	\$ 10,000.00	\$ -	\$ -	0.00%	\$ 10,000.00
Consultant/ Subcontractor	\$ 223,350.00	\$ -	\$ -	0.00%	\$ 223,350.00
Other: Client Related Supplies & Expenses,	\$ 154,400.00	\$ -	\$ -	0.00%	\$ 154,400.00
Van Parking, Vehicle Maintenance,	\$ -	\$ -	\$ -	0.00%	\$ -
Vehicle Expenses, Van Lease	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 615,062.00	\$ -	\$ -	0.00%	\$ 615,062.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 4,969,541.00	\$ -	\$ -	0.00%	\$ 4,969,541.00
Indirect Expenses	\$ 596,345.00	\$ -	\$ -	0.00%	\$ 596,345.00
Total Expenses	\$ 5,565,886.00	\$ -	\$ -	0.00%	\$ 5,565,886.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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 contract approved 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: _____

Printed Name: _____

Title: _____

Phone: _____

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Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F-1c (GF-WO)
PAGE A

Control Number

Contractor: **Public Health Foundation Enterprises, Inc.**

Address: 12801 Crossroads Parkway South, Suite 200, City of Industry, CA 91746

Tel. No.: (562) 699-7320

Fax No.:



Funding Term: 07/01/2017 - 06/30/2018

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:	S02 JL 17
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	SA Work Order-Public Library SFHOT
Invoice Period:	July 2017
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1c SFHOT - HMHSHOMELSWO												
SecPrev-19 SA-Sec Prev Outreach	5,964	30			-	-	0%	0%	5,964	30	100%	100%

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Total Personnel Expenses	\$ 150,490.00	\$ -	\$ -	0.00%	\$ 150,490.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
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Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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 contract approved 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.

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Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/30/2015

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 Arthur J. Gallagher & Co. Insurance Brokers of CA, Inc. LIC # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Michelle Gonzalez PHONE (A/C, No, Ext): 818-539-2300 E-MAIL ADDRESS: Michelle_Bielen@ajg.com	FAX (A/C, No): 818-539-2301													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Landmark American Insurance Company</td> <td>33138</td> </tr> <tr> <td>INSURER B : Philadelphia Indemnity Insurance Co</td> <td>18058</td> </tr> <tr> <td>INSURER C : RSUI Indemnity Company</td> <td>22314</td> </tr> <tr> <td>INSURER D : Berkley Regional Insurance Company</td> <td>29580</td> </tr> <tr> <td>INSURER E : Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Landmark American Insurance Company	33138	INSURER B : Philadelphia Indemnity Insurance Co	18058	INSURER C : RSUI Indemnity Company	22314	INSURER D : Berkley Regional Insurance Company	29580	INSURER E : Starr Indemnity & Liability Company	38318	INSURER F :
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INSURER F :															
INSURED Public Health Foundation Enterprises, Inc. 12801 Crossroads Pkwy So.#200 City of Industry, CA 91746															

COVERAGES **CERTIFICATE NUMBER: 1173503359** **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	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Prof Liab\$5M/\$5M <input checked="" type="checkbox"/> AbuseLiab\$1M/\$1M GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		LHC824736	9/5/2014	9/5/2015	EACH OCCURRENCE \$5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$5,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMP/OP AGG \$5,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	Y		PHPK1227045	9/5/2014	9/5/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Comp/Coll Ded: \$1,000/\$1,000
C	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			NHA236307	9/5/2014	9/5/2015	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000 Over WC & Auto \$
E	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below Y/N N/A		Y	1000001023	6/1/2015	6/1/2016	<input type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
D	Fidelity Coverage			BCR7100095914	9/5/2014	9/5/2015	Blanket Limit \$2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: SFHOT Program. City and County of San Francisco, its Officers, Agents and Employees are named additional insured with respect to the General/Automobile Liability policy of the named insured per the attached AI endorsement. Such insurance is primary. Waiver of Subrogation for Workers Compensation policy applies in favor of certificate holder.

CERTIFICATE HOLDER San Francisco Dept of Public Health 101 Grove Street, Room 402 San Francisco CA 94102 USA	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 
--	--

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2 % of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Any person or organization to whom you become obligated to waive your rights of recovery against, under any contract or agreement you enter into prior to the occurrence of loss.

Where required by contract.

San Francisco Dept of Public Health
101 Grove Street, Room 402
San Francisco, CA 94102

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.
(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 06/01/2015

Policy No.: 1000001023

Endorsement No.: 1

Insured: Public Health Foundation Enterprises, Inc.

Premium:

Insurance Company: Starr Indemnity & Liability Company

Countersigned by: _____

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

DESIGNATED INSURED


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.

This endorsement changes the policy effective on the inception date of the policy unless another date is indicated below.

Endorsement Effective: 09/05/2014	Countersigned By:  (Authorized Representative)
Named Insured: PUBLIC HEALTH FOUNDATION ENTERPRISE	

SCHEDULE

Name of Person(s) or Organization(s): The City and County of San Francisco, Department of Public Health, its offices, agents, and employees

(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.

This Endorsement Changes The Policy. Please Read It Carefully.

ADDITIONAL INSURED BLANKET - PRIMARY

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE FORM

SCHEDULE

Name of Person or Organization:

Any person or organization to whom or to which you are obligated by virtue of a written contract or by the issuance or existence of a written permit, to provide insurance such as is afforded by this policy.

- A. SECTION II - WHO IS AN INSURED** is amended to include as an additional insured the person(s) or organization(s) shown on 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:
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(s) at the location(s) designated above.
- B.** With respect to the insurance afforded to these additional insured, the following additional exclusions apply:
- This insurance does not apply to "bodily injury" or "property damage" occurring after:
1. 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
 2. 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.

If you are required by a written contract to provide primary insurance, this policy shall be primary as respects to your negligence and **SECTION IV - COMMERCIAL GENERAL LIABILITY CONDITIONS, 4. Other Insurance** does not apply, but only with respect to coverage provided by this policy.

All other terms, conditions and warranties remaining unchanged.

This endorsement effective 9/5/2014
forms part of Policy Number LHC824736
issued to PUBLIC HEALTH FOUNDATION
ENTERPRISES INC
by: Landmark American Insurance Company

Endorsement No.: 06